

# FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS

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## Professional Development Contract for Santa Rosa County 2018-2019

1. Professional development day will be the district's day hosted by the Superintendent and facilitated by FASA.
2. Professional development provided by FASA will be one day. It should be aligned with the district's professional development goals and include sustained year-long learning. Superintendent's staff will work with FASA staff to select topics and speakers based on district priorities. An initial list of possible speakers will be provided by FASA.
3. District will choose the date for the event between time of acceptance of proposal and October 31, 2019. The budget for the event will be no more than \$7,000.
4. District will provide the facility and media (Wi-Fi, mics, LCDs, screens).
5. A FASA representative will attend all or some portion of the meeting. Please allow 2-3 minutes for s/he to speak to the group. The fee will include morning snacks and lunch that FASA will coordinate with your district staff and a local vendor and may have an education-related company sponsor a meal or break. FASA requests that district provide water and ice.
6. FASA will negotiate all contracts necessary for speakers, meals, etc.
7. District will provide FASA an Excel file of administrators that will participate in the professional development. The list should include name, title, work location and email address. FASA will provide district with an invoice at a rate of \$195.00 per administrator (total of \$18,720 for 96 administrators).
8. The district will announce the professional development event to administrators.
9. FASA will give each administrator on the list you provide, a full service membership for 12 months to commence with contract approval. This membership includes all benefits of an individual or institutional member and will begin upon receipt of the district payment for the professional development. If any of these administrators are currently a FASA member paying regular individual or institutional dues we will change their current membership to reflect this change.

Accepted By:

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District Representative (Print Name)

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FASA Representative

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Signature

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Signature

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Date

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Date