

**STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
MEMORANDUM OF UNDERSTANDING
Public and Charter Schools**

**Amendment to Agreement between State of Louisiana
Department of Education**

AND

Local Education Agency: _____
LEA Code *LEA Name*

Amendment Provisions

The 2019-2020 Memorandum of Understanding (MOU) regarding implementation of the ACT Assessment Series was entered into by the Louisiana Department of Education (hereinafter referred to as the "State" and

_____ (hereinafter referred to as "LEA").
LEA Code *LEA name*

I. CHANGE AGREEMENT FROM:

16. Term of Agreement

Upon signature of both Parties, this agreement shall be effective on October 1, 2019 and shall terminate on August 13, 2020.

CHANGE AGREEMENT TO:

16. Term of Agreement

Upon signature of both Parties, this agreement shall be effective on October 1, 2019 and shall terminate on October 31, 2020.

II. CHANGE AGREEMENT TO:

Add the following provision:

17. Additional Testing Windows

The State agrees to offer additional testing dates on **June 2, 2020, October 6, 2020 and October 20, 2020**. These testing windows would be available to the following students:

- a. SY2019-2020 Louisiana public and charter school 11th grade students
- b. SY2019-2020 Louisiana public and charter school 12th grade students

III. CHANGE AGREEMENT TO:

Add the following to **4. Payment Terms:**

For LEAs utilizing the additional testing dates (June 2, 2020, October 6, 2020 and October 20, 2020), the LEA agrees to make **one** payment (equal to 75% of total testers) to the State by September 15, 2020. See the June/October Estimated LEA Cost for ACT Testers worksheet.

Pricing for the June 2 test dates shall be as follows:

- \$35.50 per ACT test administered

Pricing for testing on the October dates shall be as follows:

- \$36.00 per ACT test administered

IV. CHANGE AGREEMENT TO:

Add the following to **4. Payment Terms:**

- b. The State will issue an invoice or credit memo to LEA for testing that was scheduled for the spring of 2020 and cancelled due to COVID-19 by July 15, 2020.

THUS DONE, SIGNED AND EXECUTED by the parties on the dates next to their respective signatures below.

LEA PARTICIPANT SIGNATURES

LEA Superintendent Name **LEA Superintendent Signature** **Date**

LEA Superintendent Email Address

Fiscal Contact Name **Fiscal Contact Signature** **Date**

Fiscal Contact Email Address

Witness Name **Witness Signature** **Date**

STATE AGENCY SIGNATURES

Assistant Superintendent Signature **Date**

State Superintendent Signature **Date**