



**ALLEGHENY INTERMEDIATE UNIT**

475 East Waterfront Drive | Homestead, PA 15120 | 412-394-5700 | [aiu3.net](http://aiu3.net)

9/16/24

Jade Fiore, Director of Pupil Services  
Chartiers Valley School District  
2030 Swallow Hill Road  
Pittsburgh, PA 15220

Dear Mrs. Fiore,

This letter is to confirm our agreement to provide the Chartiers Valley School District with 1.0 FTE's and coverage of 1 therapist from August 22, 2024 through November 30, 2024 of Speech/Language Support Services for the 2024-25 school year. Based on the FTE rate of \$137,500 for a full time SLP, the total cost for the 67 days is calculated for your convenience:

$\$137,500 \times 1.0 \text{ FTEs (67 days)} = \$50897.79$

The parties agree to indemnify, defend, and hold harmless each other, their respective directors, officers, employees and agents, against all claims, damages, losses, or penalties that result from the acts or omissions of their own employees or agents, any real property owned or leased by such party, or the operation or maintenance of any equipment or vehicles provided or used by such party. None of the administrative, professional, paraprofessional or support personnel provided by the parties shall be considered employees or agents of the other party hereto for any purpose. The parties agree to indemnify, defend and hold harmless each other against all claims, damages, losses, or penalties resulting from any judicial, administrative or other determination that any staff member of one party hereto is an employee or agent of the other party hereto.

Please sign and date below to indicate your agreement and return a scanned copy to me through email.

Feel free to contact me ([thomas.rea@aiu3.net](mailto:thomas.rea@aiu3.net), (c) 412-417-5081) with any questions about this service agreement.

Sincerely,

**Thomas Rea**

Program Director  
Speech/Language Support Program

Allegheny Intermediate Unit  
475 East Waterfront Drive  
Homestead PA 15120  
412-298-7671

*Thomas Rea*

Signature – AIU3 Representative

9/16/24

Date

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Signature – District Representative

\_\_\_\_\_  
Date