



IMPORTANT: This form must be completed and received
30 business days prior to the Committee of the Whole Meeting.

FISCAL YEAR: 2027

CONTRACT APPROVAL COVER SHEET

Please attach a copy of the contract/agreement (signed and dated by the vendor). Please note that all contracts must be solicitor-reviewed prior to submitting contracts for Board approval.

PLEASE PRINT LEGIBLY

Vendor/Consultant Name: Living Unlimited

Start Date: September 1, 2026 End Date: June 2027

Building/Department Name: _____

Total Cost of Contract: \$ up to 80,000

Scope of Work: to provide music therapy services to students in autism support classrooms in multiple elementary bldgs.

Funding Source: General | _____

Budget Account Code ~~10-1290-390-000-00-310-000-0053~~

The attached document has been prepared for accuracy and is ready for approval.

Any supporting documentation regarding this request has been attached.

☐ Document Submitted by: Kathleen

Date: 9/16/26

☐ Office Director Reviewed: Krista Palmer

Date: 9/16/26

☐ Superintendent/Designee Reviewed: _____

Date: _____

10-1290-390-000-00-00-310-000-0053

For Office Use Only:

Notes/Comments: _____

Board of Directors Approval / Denial was obtained on this date: _____

Please note: For questions regarding denial, please speak with your immediate supervisor.



Group Music Therapy Terms of Service Agreement
Community Based

The following Terms of Service will be effective beginning September 2026 to June 2027 for the 26/27 School Year.

Between: Living Unlimited Inc. (Service Provider)
4601 Locust Lane, Suite 202, Harrisburg, PA 17109
(717)526-2111

And: Harrisburg School District

Outline of Group Services:

The Service Provider will provide music therapy treatment to the client in the care of the above mentioned. The services provided will include direct and indirect services. Direct services may include face-to-face time spent with the group, clinical treatment, attendance at meetings, and documentation. Documentation and meetings are required components of treatment. Documentation will be included as part of each session. Attendance at meetings held by the school district will be held at the discretion of the school district which may be billed to the school district. Half-hour sessions include: 25 minutes of face-to-face clinical treatment and 5 minutes of documentation. Hour sessions include: 50 minutes of face-to-face clinical treatment and 10 minutes of documentation.

Attendance and Cancellation Policy:

Regular attendance is expected in order to provide most effective treatment. If there is a need to cancel a session 24 hour notice is expected and a make-up session should be attempted as per the Living Unlimited Inc. Cancellation Policy. If a session is missed and the therapist is not informed prior to the start of the session, 100% of the session cost will be charged. Therefore, a missed half-hour session charge will be \$87.50, and a missed hour session charge will be \$175.00.

Service Options:

Music Therapy sessions will be provided in half-hour or hour increments. Half-hour sessions are billed at a rate of \$87.50. Hour sessions are billed at a rate of \$175.00.

Cost Calculation for Services:

<u> x </u> 30 Minutes (\$87.50)	<u> </u> 60 Minutes (\$175.00)
<u> 21 </u> Sessions per week	<u> </u> Maximum sessions
<u> \$87.50 </u> Cost per session	<u> \$80,000.00 </u> Maximum cost for 26/27 school year

Billing:

Billing takes place once per month and is sent out on the 15th of the following month or the next business day. If there is a need to obtain billing information prior to this time, other arrangements may be made.

I agree to abide by the terms outlined above:

Program Director

Date

Authorized Signature

Date

Printed Name

School District Representative