



Behavioral Healthcare Referral Agency

**Delta-T Group Rate Sheet  
For  
Township of Union Public Schools  
Till January 22nd, 2014**

Delta-T Group specializes in referring intermittent professionals in the Human Services, Nursing and Education fields for long and short term needs. Our 24 hours a day 7 days a week availability and unique portfolio of services allow access to a strong network of professionals possessing a wide variety of experience and training. Delta-T Group is able to refer independent professionals with the appropriate Degree(s), Certification(s), Licensure and Experience to meet each organization's requirements.

<u>Professional</u>	<u>Hourly Bill Rate</u>
BA with ABA experience	\$26.00
MA with ABA experience	\$28.00
Program Coordinator BCABA/BCBA	\$75-80
RN	\$41.25
LPN	\$33.50
One to One Aides/ Paraprofessionals/Teachers Aid	\$21.00
Teachers (can provide day rates as needed)	\$29.50
PT, OT, SLP	\$75-85
Special Education Teachers	\$40.00
School Psychologist	\$55-60
School Social Worker	\$32-34
Home Instructor	\$38.00
LDTG	\$52.00
	<u>Per Evaluation</u>
Psychological Evaluations or Re-Evaluation	\$850.00
Psychiatric Evaluations or re -Evaluations	\$850.00
Neurological Evaluations, FBA, VBMAP	\$450.00
Speech, OT and PT Evaluation	\$800.00
LDTG Evaluations	\$400.00
IEP Meeting	\$125.00

**Temporary to Permanent:** Once the School notifies DTG of their intention to hire referred professional and that professional completes 750 hours a facility is free to hire that professional with no fee or charge.

*Please call for information on any of the following:*

- Classroom Aides & Tutors
- Certified Teachers & Substitutes
- 1:1 Paraprofessionals
- Physical, Occupational & Speech Therapist
- Psychologists & Psychiatrists
- Wrap Around Professionals
- Creative Arts & Recreational Therapists
- Social Workers / Clinicians / Counselors
- Case Managers
- Addiction Counselors
- Direct Care / Residential Counselors
- RN, LPN, CNA
- Home & Community Based Counselors
- Mentors

Thank You!  
Daniel M. Spalango, Jr.  
Educational Sales Manager  
1-732-791-2981  
dspalango@deltatg.com

**BEHAVIORAL HEALTHCARE REFERRAL AGENCY**

DELTA-T GROUP  
www.delta-tgroup.com



Behavioral Healthcare Referral Agency

**Delta-T Group Rate Sheet  
for  
Township of Union Public Schools  
From January 22<sup>nd</sup>, 2014- June 30<sup>th</sup> 2015 School Year**

<u>Professional</u>	<u>Hourly Bill Rate</u>
BA with ABA experience	\$26.00
MA with ABA experience	\$28.00
Program Coordinator BCABA/BCBA	\$55.00
RN	\$41.75(MRESC)
LPN	\$33.00
One to One Aides/ Paraprofessionals/Teachers Aid	\$21.00
Teachers (can provide day rates as needed)	\$29.50
PT, OT, SLP	\$75-85
Special Education Teachers	\$40.00
School Psychologist	\$55-60
School Social Worker	\$32-34
Home Instructor	\$38.00
LDTTC	\$52.00
	<u>Per Evaluation</u>
Psychological Evaluations or Re-Evaluation	\$850.00
Psychiatric Evaluations or re-Evaluations	\$850.00
Neurological Evaluations.FBA.VBMAP	\$450.00
Speech, OT and PT Evaluation	\$800.00
LDTTC Evaluations	\$400.00
IEP Meeting	\$125.00

**Temporary to Permanent:** Once notifies DTG of their intention to hire referred professional and that professional completes 750 hours a facility is free to hire that professional with no fee or charge.

\_\_\_\_\_  
Signature of Client Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

**BEHAVIORAL HEALTHCARE REFERRAL AGENCY**

**DELTA-T GROUP**

www.deltatgroup.com

Acceptance of Bid and Contract Award  
Bid #: MRESC 11/12-31 - Nursing Services

ACCEPTANCE OF BID  
And  
CONTRACT AWARD

TO BE COMPLETED BY RESPONDENT  
AND SUBMITTED WITH RESPONSE

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the Instructions to Respondents, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the MRESC's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the MRESC as stated in the evaluation section will be a consideration in making the award.

Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op Member.

The parties intend this contract to constitute the final and complete agreement between the MRESC and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby.

The term of the agreement shall commence on award and continue for 12 months unless terminated, canceled or extended in accordance with N.J.A.C. 18A:18A-1 et. seq. by mutual written agreement.

Company Name Delta-T Group, Inc. Date 10/24/2011  
Company Address 850 Haverford Rd, Ste 200 City Bryn Mawr Sta PA Zip 19010  
Contact Person Rehana Patel Title Vice President  
Authorized Signature (ink only) [Signature] Title Executive Vice President

ACCEPTANCE OF BID AND CONTRACT AWARD TO BE COMPLETED ONLY BY  
MRESC

Awarding Agency: Middlesex Regional Educational Services Commission

Agency Executive: [Signature]  
Patrick M. Moran, SBA/BS

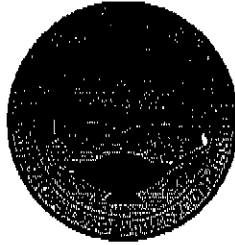
Awarded this 20 day of JANUARY 2012 Contract Number MRESC 11/12-31

MRESC State Approved Coop # 65 MCESCCP

**Bid #: MRESC 11/12-31**

**Bid Term: 1/23/12 – 1/22/14**

*“Nursing Services”*



**Delta-T Group, Inc.  
One Woodbridge Center  
Suite 225  
Woodbridge, NJ 07095  
800-426-0932**

**Ask for Lori Calcaterra or Frank Calandrino**

*Pricing*

1.) Licensed Registered Nurse hourly rate	
2.) Licensed Registered Nurse overtime hourly rate	
3.) Licensed Registered Nurse holiday hourly rate	
4.) Licensed Registered Nurse weekend hourly rate	
5.) Licensed Registered Nurse per diem rate	
6.) Licensed Registered Nurse overtime per diem rate	
7.) Licensed Registered Nurse holiday per diem rate	
8.) Licensed Registered Nurse weekend per diem rate	

**New Jersey State Approved Co-op #: 65MCESCCP**



January 9, 2014

Township of Union Public Schools  
2369 Morris Ave  
Union, NJ 07083

This Letter Agreement outlines the terms under which Delta-T Group North Jersey Inc. ("Delta-T") will refer interim professionals to **Township of Union Public Schools** ("Client"). This Agreement shall commence on the date first stated above and continue for an initial term of one (1) year. This Agreement may be terminated without cause by either party upon thirty (30) days written notice to the other party.

The professionals referred to Client through Delta-T are Independent Contractors ("Contractor(s)"). Delta-T requires, as part of our arrangement with the Contractors, that each Contractor sign an operating agreement with Delta-T before they are contracted out to a facility such as yours.

You must immediately notify Delta-T of any and all job offers made to Contractors that were referred to you by Delta-T. Delta-T's Temp to Perm Policy is that from the time Client notifies Delta-T of its intention to hire or contract directly with a Contractor, the Contractor must work seven hundred and fifty (750) hours through Delta-T at a Client facility before the Contractor may accept a position with Client. Client may hire or contract with Contractor without meeting this 750-hour requirement by making payment to Delta-T the sum of \$7,500.00 or a sum equal to 1/3 of the total compensation package (including bonuses and fringe benefits) offered to Contractor, whichever sum is greater. This 750-hour requirement remains in effect for a period of six (6) months after the last date of a Contractor's assignment with Client.

All invoices for services are will be billed on a monthly basis in accordance with the Payment of Bills, 2014 document, attached. Client shall notify Delta-T of any disputed amounts within ten (10) business days of Client's receipt of invoice. Any specific disputed amounts will be dealt with on a case by case basis. Client shall not withhold payment of any undisputed amounts. If payment is not made in accordance with these terms, Delta-T will cease referring Contractors to Client and Contractors will not be released for referral until payment is received in full. The prevailing party shall be entitled to recover reasonable attorneys fees in the event legal action is necessary to enforce the terms of this Letter Agreement.

Thank you for choosing Delta-T. We look forward to continuing our business relationship. If these terms are acceptable, please sign and return this to our office as soon as possible.

Respectfully,

Scott R. McAndrews

Scott R. McAndrews, EVP

By: \_\_\_\_\_  
Signature of Client Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

**BEHAVIORAL HEALTH REFERRAL AGENCY**

DELTA-T GROUP NORTH JERSEY, INC.

ONE WOODBRIDGE CENTER • SUITE 225 • WOODBRIDGE, NJ 07095 • 800/426-0932 • FAX: 732/283-8804 • www.delta-tgroup.com



# DELTA-T GROUP

## New Organization Profile Set-Up

PRINT OR TYPE ALL RESPONSES

Customers less than 3 years old or less than \$3 million in annual revenue and requesting more than \$5000 in credit may require a personal guaranty by the two highest executives and a confession of judgment. For customer convenience we accept a-check, credit card and ACH payments.

Organization Name (entity responsible for invoices):		
Department Name (department we are contracting with):		Year Entity Established:
Parent Ownership Name (if owned by another organization):		Tax Identification Number (EIN, SS):
Entity Type: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government <input type="checkbox"/> Partnership	Entity Employees: <input type="checkbox"/> Under 25 <input type="checkbox"/> 26 to 50 <input type="checkbox"/> 51 to 100 <input type="checkbox"/> Over 101	Entity Size (\$): <input type="checkbox"/> Under 3 million <input type="checkbox"/> 10 to 25 million <input type="checkbox"/> 5 to 10 million <input type="checkbox"/> Over 25 million
<input type="checkbox"/> Yes <input type="checkbox"/> No    The information below generally applies globally to all service locations within this organization. (If NO, we will contact all future service locations for clarification)		

**Address Primary**

Street Address:

City:

State & Zip code:

Telephone:                      Fax:

**Service Location (if different than Primary)**

Street Address:

City:

State & Zip code:

Telephone:

**Contact Primary**

Name:

Title:

Telephone:

E-mail:

**Accounts Payable Contact**

AP Contact:

AP Title:

AP Contact Phone:                      Fax:

AP Contact E-mail:

**Billing Send Invoice To** Invoices mailed to Primary Address and Contact unless noted otherwise below

Invoice Attention to:     Primary Contact     AP Contact     Other

Inv Attention Title

Department

Street Address:

City

State & Zip

**Schedule Requirements**

Yes     No    Do you **Require** unpaid breaks?  
 If yes, please indicate "xx" break required per "xx" hours  
 (ex. 15 minutes per 4 hours of work)  
 \_\_\_ : \_\_\_ breaks per \_\_\_ hours worked

Yes     No    Do you **Require** a representative to sign an acceptance of service?  
 Yes     No    If **YES** to above, can only specific people sign?  
 (List names)

Shift/Schedule Times (select one):  
 You have specific shift start and end times.  
 -or-  
 You will pay for hours your manager signs for.  
 Explain:

Billable Hours (select appropriate):  
 You enforce a maximum number of hours per DAY;  
 You enforce a maximum number of hours per WEEK;  
 You will pay for hours your manager signs for.  
 Explain:

Completed By DTG Staff (print name/sign):

Client Signature:

Date:

Client Name/Title (print):

**UNION TOWNSHIP BOARD OF EDUCATION  
2369 MORRIS AVENUE  
UNION, NEW JERSEY 07083**

**PAYMENT OF BILLS 2014**

The Union Township Board of Education approves payment of all bills on the **third Tuesday of each month**. In order for payment to be made, vendor invoices, signed receiving copies of purchase orders, signed Board of Education invoice and other requests for payment must be submitted to the Business Office on or before the scheduled dates listed below:

<u>PAYMENT REQUEST DUE IN BUSINESS OFFICE</u>	<u>MONTH CLOSED</u>	<u>DATE PAYMENT APPROVED BY BOARD OF EDUCATION</u>
December 23, 2013	December 31, 2013	January 21, 2014
January 24, 2014	January 31, 2014	February 25, 2014
February 21, 2014	February 28, 2014	March 18, 2014
March 24, 2014	March 31, 2104	April 22, 2014
April 23, 2014	April 30, 2014	May 20, 2014
May 23, 2014	May 31, 2014	June 17, 2014
June 23, 2014	June 30, 2014	July 15, 2014
July 24, 2014	July 31, 2014	August 19, 2014
August 22, 2014	August 31, 2014	September 16, 2014
September 23, 2014	September 30, 2014	October 21, 2014
October 24, 2014	October 31, 2014	November 18, 2014
November 21, 2014	November 30, 2014	December 16, 2014





PAYMENT OF BILLS (cont)

2014

Please note that according to New Jersey State Laws pertaining to bills (NJSA 18A:19 thru 19-4), all Government Agencies, including school districts, must comply with the following:

1. No bill or invoice shall be paid until the Business Office has:
  - a) attached the receiving copy of the purchase order indicating that the order has been completely filled;
  - b) verified all extensions and additions;
  - c) verified that the vendors copy of the Board of Education invoice form for all amounts that exceed \$150. have been properly executed;
  - d) compared prices and costs with the original purchase order;
  - e) verified that no taxes are included in the total cost;
  - f) deducted all applicable discounts.
2. Partial payments will not be made unless approved in advance by the Business Administrator or Secretary to the Board.
3. The Union Township School District will not be responsible for a bill resulting from a vendor accepting an order from a Board of Education employee without a coded purchase order signed by the Business Administrator or Secretary to the Board. This type of order is considered an **unauthorized order** and becomes the responsibility of the person who placed the order.

Please refer all questions concerning this schedule to the Business Office (908-851-6408).

Manuel E. Vieira  
School Business Administrator