

INSTRUCTIONS FOR SCHOOL DISTRICT PERSONNEL PRE-EMPLOYMENT TRANSITION (PETS) CONTRACTS

The following steps assume you, the school district, have already entered discussions with Vocational Rehabilitation (VR) staff and would like to formally enter into a contractual agreement. The school superintendent or designee will sign the contract first (duplicate originals) and the Department of Public Health and Human Services (DPHHS) will sign last. Note: When the document is fully executed, each party will maintain an original copy.

School Personnel Steps:

1. If the contractor is receiving the contract document electronically and the school information has not been previously pre-populated by vocational rehabilitation staff, please perform the following sub-steps (or verify the information if VR staff did fill out in advance):

- Page 1 – Section 1: Fill in the contractor’s information in the appropriate fields.
- Page 6 – Section 6(D)(3) – Fill in the contractor payment information.
- Page 25 – Section 28: Fill in the liaison information for the contractor. Remove highlights.
- **Page 29 – Contract Signature lines.**
- Pages 30 and 31 – Department Assurances: Fill in the contractor name. Remove highlights.
- Pages 33 and 34 – Department Assurances (continued): Fill in the contractor name, address, email, phone number and FEIN. Please remove the yellow highlights when completed.
- Page 38 – Assurances, Non-Construction: Sign, print title and name of organization and date.
- Page 40 – Lobby Disclosures: If funds are expended by the contractor for political or lobbying activities please sign, print title, print name of organization and date this form.
- Pages 43 and 44-Federal Funding Accountability & Transparency: Contractor completes if applicable.
- Page 45 – Attachment H: Fill in your information in the header fields of the Business Associate Agreement form. Make sure you remove the yellow highlights.
- Page 51 – Signature Page, Business Associate Agreement: fill in all data fields for your organization, sign and date. Remove the yellow highlights.
- **Page 53 – Attachment J - Work Plan:** School personnel should completely fill out their work plan, with the aid of VR staff guidance if necessary. This attachment will be the crux of the services that the school will provide. Please sign and date your completed work plan.

2. Print the contract in duplicate and sign both. There will be two originals: one for the school district and one for DPHHS. Both must contain original signatures by the school district personnel.

3. Send both original contracts *and insurance verification* to the following address for DPHHS’s signature:

Disability Employment and Transitions Division
Attn: Jim Marks, DET Division Administrator
PO Box 4210
111 North Last Chance Gulch, Suite 4C
Helena, MT 59604

4. Finally, After DPHHS signs both contracts, one will be returned to the school via USPS mail for their records, and the other will be retained by the department.