

## Individual Project Agreement – Home/Group

IdahoSTARS ★ 1471 Shoreline Drive, suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

### AGREEMENT

This agreement dated \_\_\_\_\_, is made by and between \_\_\_\_\_ (mentor/coach name),  
\_\_\_\_\_ (provider), and \_\_\_\_\_ (director).

Name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

### TO BE COMPLETED BY MENTOR/COACH

1. This agreement will begin \_\_\_\_\_. Any party may cancel this agreement in writing with a thirty (30) day notice to the other party as well as to the IdahoSTARS Mentor/Coaching office.
2. It is anticipated that the mentor/coach will spend no more than \_\_\_\_\_ sessions, which includes contact and preparation time, in instruction and support in \_\_\_\_\_ (purpose of request), in fulfilling-the obligations under this agreement. The provider will know that the goals have been met when: \_\_\_\_\_. The particular amount of time may vary from day to day or week to week.
3. The mentor/coach will perform most services in accordance with this agreement at the site of the child care provider. In addition the mentor/coach will perform services on the telephone and at such other places as necessary to perform these services in accordance with this agreement.
4. The mentor/coach agrees to complete an on-line survey concerning the outcomes of the goals set.
5. The mentor/coach will submit an invoice for payment monthly to Idaho AEYC.

### TO BE COMPLETED BY PROVIDER

1. Agrees to complete the agreed upon number of sessions of mentor/coaching with the **primary focus** on \_\_\_\_\_ (purpose for request).
2. Agrees to implement the knowledge gained into practice at the child care center at which he/she is employed.
3. Agrees to complete an on-line survey concerning the outcomes of the goals set.
4. Understands that the mentor/coach may be employed by another child care facility in the same region and may also be eligible to receive IdahoSTARS funding.
5. Understands that all day care personnel are required to report suspected child abuse and neglect within 24 hours to local Child Protection personnel. (<http://www3.state.id.us/cgi-bin/newidst?sctid=160160005.K>).

### SIGNATURES

Mentor/coach signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_