Health-e Pro 🍏

New Berlin CUSD 16

Prepared For

New Berlin CUSD #16
Heather Pidcock
600 Cedar Street
New Berlin, IL 62670

This quote has not been approved. Please review the terms, and sign below.

> 🔲 **I accept the above conditions** ❗
>
> Your Initials:
> _____
>
> Your Email Address:
> _____

Prepared By

Megan Claysen MS, RD, LDN
Regional Sales Manager
Direct: (800) 838-4856 x119
megan.claysen@healthepro.com

Megan A Claysen

1. Your Proposal

Download and review your PDF document here:

[PDF Adobe]

2. Review and Select Your Options

Save Time. Save Money. Stay Compliant.

Your Available Options

2026 Menu Planning Package

Optional Quick Start Data Setup Services *Optional*

Quote Summary	One-Time
🔘 2026 Menu Planning Package Subtotal	$5,830.00
⚪ Optional Quick Start Data Setup Services Subtotal	$5,020.00
Total Amount	$5,830.00

Annual Term Information	Periods	Payments	Amount
First Year Total	One-Time	1	$5,830.00
Successive Annual Payments	Annual	1	$4,505.00
Total of One-Time Payments			**$5,830.00**

[Update Options]

3. Purchase Approval

Taxes may apply. We reserve the right to cancel orders arising from pricing or other errors. Terms are Net 45.

Additional Terms. This supersedes the 12 month term defined in section 5.1 of our standard Terms of Service: This agreement is for 36 months with School Board approval. The 3 year term will be billed in 3 payments. Early termination by the Customer, also called Subscriber in the attached Terms of Service, will result in a cancellation fee equal to 50% of the remaining payments due on the contract. Customer and Subscriber are used interchangeably within this Proposal and within the attached Terms of Service. The contract will begin on the 1st day of the month following the date of signature. The first payment will be due within 30 days of the contract start date. Invoices for subsequent payments will be sent electronically 45 days before the payment due date. A 1.5% per month late fee will apply to payments received after the due date. Company reserves the right to suspend access at any time and for any reason. Company may suspend access for unpaid accounts 30 days after the payment due date unless other arrangements have been made. If account is suspended because of an unpaid account or because of other actions or inactions of Subscriber or User(s) then Company may assess a reconnection fee of $500. After the account is suspended, the reconnection fee must be paid before reconnection. After the initial term, the subscription renews automatically for annual terms unless Health-e Pro is notified of the intent to cancel at least 30 days in advance of the renewal date. Your signature (electronic or otherwise) on this Proposal constitutes your agreement to these terms and to the Terms of Service which are attached for your review. This Proposal is incorporated into the Terms of Service. By signing below, the undersigned individual represents and warrants that they are the duly authorized representative of the Subscriber, possessing the full power and legal authority to execute this agreement on behalf of the Subscriber. The undersigned further warrants that they have obtained all requisite approvals, consents, and authorizations required by the Subscriber or governing bodies to enter into and be bound by the terms of this agreement. Signature of Authorized Signer

Scope of Work

Licensing FAQ

❗ 🔲 **I accept the above conditions**

02:00

Why Health-e Pro Powtoon

Your Active Quotes:

007855 New Berlin CUSD 16

Comments or questions?

If you have any comments or questions about this quote, please feel free to enter it here. Your comment will be logged and emailed to megan.claysen@healthepro.com.

[   ]

[Submit Question / Comment]

E-Signature

Your Initials:

[   ] (!)

Your Email Address:

[   ] (!)

Purchase Order Number:

[   ]

Sign Here:

X _____

Clear Signature

Please fill out the required fields above and check 'I accept the above conditions'

Accept Order