

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: NWEA EMAIL: _____

ADDRESS: 121 NW Everett Street Portland, OR 97209

DATES OF SERVICE TO BE COMPLETED: 2026-2027 school year

SCHOOL DISTRICT CONTACT: Stacey Golz

COMPENSATION: \$ 88,580.00

DESCRIPTION OF DUTIES:

MAP assessment for the 2026-2027 school year - \$84,680
MAP Growth Foundation Annual License - \$1,100
Professional Learning (on-site for 3 hours, up to 35 participants) \$2,800

Is this a Subscription/Software: Yes or No

If NO, go to next section. If YES, complete below, then go to next section (no vendor signature)

Subscription/Software Name: NWEA Website: www.NWEA.org

Subscription/Software Start Date: 07/01/2026 End Date: 06/30/2027

SOPPA Approved: Yes or No

Requester Name/Building: RIMSD #41

Budget Code: 1-5-080-016-2660-3160-0

Signature of Vendor: _____ Date: _____

Signature of Budget Administrator:  Date: 5/12/2026

Superintendent or School Board President Date: 5/12/2026