

## Contract for Service Form

### Rock Island-Milan School District 41

**VENDOR NAME:** Curriculum Associates **EMAIL:** becky.breetz@ellevationeducation

**ADDRESS:** 153 Rangeway Road  
North Billerica, MA 01862

**DATES OF SERVICE TO BE COMPLETED:** 2025-2026

**SCHOOL DISTRICT CONTACT:** Stacey Golz

**COMPENSATION:** \$ 26,910.00

#### DESCRIPTION OF DUTIES:

2025-2026 ELlevation Software: for EL students

Is this a Subscription/Software: Yes ☒ or No ☐

*If yes, this is an internal form that does not need to be sent to the vendor.*

**Subscription/Software Name:** ELLevations **Website:** www.ellevationeducation.com

**Subscription/Software Start Date:** 07/01/2025 **End Date:** 06/30/2026

**SOPPA Approved:** Yes ☒ or No ☐

**School Board President or Superintendent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Requesting School:** RIMSD #41

**Budget Code:** Title I Funding

**Signature of Vendor:** N/A **Date:** \_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Budget Administrator:** R. Dixon **Date:** 5/20/25

5/26/25