

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Imagine Learning **EMAIL:** susan.jones@imaginelearning.com

ADDRESS: 100 S. Mill Aven Ste 1700
Tempe, AZ 85281

DATES OF SERVICE TO BE COMPLETED: 2025-2026

SCHOOL DISTRICT CONTACT: Stacey Golz

COMPENSATION: \$ 69,221

DESCRIPTION OF DUTIES:

Illustrative Math 6-8 licenses - \$28,707.00
Illustrative Math 6-8 materials - \$22,264.00
Illustrative Math PD x3 - \$15,000.00
MyPath Reading and Math Licenses - \$2500.00
My Path PD - \$750.00

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: Illustrative Math/MyPath **Website:** www.imaginelearning.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: 9 Elementary, 2 Junior Highs, TMLC (grades 6-8)

Budget Code: \$3250 - Title 3; \$15,000 - Title I SIP; \$50,971 - Title I

Signature of Vendor: _____ **Date:** _____

Signature of Requestor: _____ **Date:** _____

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

Stacey Golz 5/20/25