



MEMORANDUM  
Office of the Vice President for Administrative Services

To: Dr. Ponce and Board of Trustees

From: Glenn Graham

Date: February 16, 2026

Re: Consideration for the approval of a contract for Microsoft licensing from SHI Government Solutions through the Texas DIR cooperative.

Staff Recommendation: Approval

The Board is asked to approve a contract for Microsoft licensing from SHI Government Solutions through the Texas DIR cooperative.



## TEMPLE COLLEGE

### Purchase Requisition

2/10/26

Date

Suggested Supplier:

SHI GS

**GRANT EXPENDITURE ACCOUNTS:** As director of a state or federal grant, I certify that this expenditure has met the conditions of the grant and all is an allowable expense under grant rules and regulations.

Vendor #:

Grant Director

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Microsoft Renewal 3/1/2026-2/28/2027 36 Month Agreement - Year 1 of 3		
5.00	Power BI Pro EDU	\$21.94	\$109.70
5.00	Project Professional 1 Server CAL	\$61.52	\$307.60
4.00	Power Automate EDU	\$72.73	\$290.92
650.00	M365 A5 Unified EDU Per User	\$115.31	\$74,951.50
20,000.00	M365 A3 Unified EDU Student Use Benefit	\$0.00	\$0.00
6.00	SQL Server Enterprise Core	\$1,235.39	\$7,412.34
3.00	Win Server DC Core 16L	\$346.30	\$1,038.90
18.00	CIS Suite Datacenter Core 16L	\$543.30	\$9,779.40
50.00	Microsoft 365 Copilot EDU	\$206.74	\$10,337.00
	Reference #: 57867335 Contract: DIR-CPO-5237		
		TOTAL:	\$104,227.36
	<i>Please attach a quote from the company with your requisition</i>		

Please include a fax number or email address where order is to be sent:

Fax Number:

\_\_\_\_\_

Email:

ceasar\_qaona@shi.com

Departmental Account #

10-01-6-11-180000-603451

Requested By:

Cesar H. Gue

Departmental Supervisor/Requestor

IT : Software Lease/Maint.-Other

Deliver To:

\_\_\_\_\_

Approved By:

\_\_\_\_\_

Vice President/President

#### PURCHASING OFFICE USE ONLY

Funds Available: Yes No

P.O. # \_\_\_\_\_

Approved By: \_\_\_\_\_

Director of Purchasing

Date: \_\_\_\_\_

Rev. 09/19



Pricing Proposal  
Quotation #: 27137680  
Reference #: 57867335  
Created On: 2/5/2026  
Valid Until: 2/28/2026

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## TX-Temple College

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**Caleb Hogue**  
2600 South First Street  
Attn: Randy Roberts/WTC  
Temple, TX 76504  
United States  
Phone: 2542988609  
Fax:  
Email: caleb.hogue@templejc.edu

All Prices are in US Dollar (USD)

Product	Qty	Your Price	Total
1 Power BI Pro Edu Sub Per User Microsoft - Part#: NK5-00001 Contract Name: Adobe/Microsoft Software & Related Services Contract #: DIR-CPO-5237 Coverage Term: 3/1/2026 – 2/28/2027 <b>Note:</b> ACP	5	\$21.94	\$109.70
2 Project Professional ALng LSA 1 Server CAL Microsoft - Part#: H30-00237 Contract Name: Adobe/Microsoft Software & Related Services Contract #: DIR-CPO-5237 Coverage Term: 3/1/2026 – 2/28/2027 <b>Note:</b> ACP	5	\$61.52	\$307.60
3 Power Automate Edu Sub Per User Microsoft - Part#: SFQ-00001 Contract Name: Adobe/Microsoft Software & Related Services Contract #: DIR-CPO-5237 Coverage Term: 3/1/2026 – 2/28/2027 <b>Note:</b> ACP	4	\$72.73	\$290.92
4 M365 A5 Unified Edu Sub Per User Microsoft - Part#: AAD-38400 Contract Name: Adobe/Microsoft Software & Related Services Contract #: DIR-CPO-5237 Coverage Term: 3/1/2026 – 2/28/2027 <b>Note:</b> FAC B	650	\$115.31	\$74,951.50
5 M365 A3 Unified Edu Sub Student Use Benefit Per User Microsoft - Part#: AAD-38397 Contract Name: Adobe/Microsoft Software & Related Services Contract #: DIR-CPO-5237 Coverage Term: 3/1/2026 – 2/28/2027 <b>Note:</b> STU	20000	\$0.00	\$0.00

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## Microsoft Inside Account Manager

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**Cesar Gaona**  
290 Davidson Avenue  
Somerset, New Jersey  
Phone: N/A  
Fax: N/A  
Email: cesar\_gaona@shi.com



Pricing Proposal  
Quotation #: 27080966  
Reference #: 57867335  
Created On: 1/22/2026  
Valid Until: 1/30/2026

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## TX-Temple College

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### Caleb Hogue

2600 South First Street  
Attn: Randy Roberts/WTC  
Temple, TX 76504  
United States  
Phone: 2542988609  
Fax: (254) 298-8587  
Email: caleb.hogue@templejc.edu

All Prices are in US Dollar (USD)

Product	Qty	Your Price	Total
1 Microsoft 365 Copilot EDU Add-on Microsoft - Part#: AAU-89322 Contract Name: Adobe/Microsoft Software & Related Services Contract #: DIR-CPO-5237 Coverage Term: 3/1/2026 – 2/28/2027 <b>Note:</b> ADP 12 Months Budget	50	\$206.74	\$10,337.00
		Shipping	\$0.00
		Total	\$10,337.00

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### Additional Comments

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**This quote has been marked as budgetary, as certain pricing may require approval from Microsoft. Please note, SHI is unable to process Purchase Orders against budgetary quotes. Kindly reach out to your SHI sales team for a Final Quote once you have determined your required counts and licenses.**

**Due to the potential impact of any current or future tariffs, the price and availability of hardware items on this quote may be subject to change.**

**Thank you for choosing SHI-GS! The pricing offered on this quote proposal is valid through the expiration date set above. To ensure the best level of service, please provide End User Name, Phone Number, Email Address and applicable Contract Number when submitting a Purchase Order. SHI Government Solutions, Inc. is 100% Minority Owned, Woman Owned Business. TAX ID# 22-3695478; DUNS# 14-724-3096**

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*The products offered under this proposal are resold in accordance with the terms and conditions of the Contract referenced under that applicable line item.*



# Enrollment for Education Solutions Change of Duration Extension Request Form

**This form must be attached to a signature form to be valid.**

02/04/2026

**To:** Contracting Microsoft Affiliate

**Note:**

1. Institution can request up to five 12-month extensions on an initial 12-month term. Alternatively, it can request one 36-month extension but cannot request both.
2. Institution can request up to three 12-month extensions on an initial 36-month term. Alternatively, it can request one 36-month extension but cannot request both.
3. Extension requests must be received by Microsoft prior to the expiration of the Enrollment.
4. An extension request will mean that an Institution has requested an extension of its Enrollment term and the end date of the Enrollment will be moved out either by 12 months or by 36 months depending on Institution's choice. For example, if the current enrollment is due September 30<sup>th</sup> 2018, a 36-month extension will mean that the enrollment is valid for three additional years from October 1<sup>st</sup> 2018 – September 30<sup>th</sup> 2021.
5. If there is any change in the Organization-wide Count and / or Student Count, as applicable, Institution must provide updated counts below to set the price level for the extension term:

Category Licensed	Institution's Selection	Organization-wide Count and/or Student Count, as applicable
1. Education Qualified Users	<input checked="" type="checkbox"/>	650
2. Students	<input checked="" type="checkbox"/>	20000

6. Microsoft will confirm via a "Change of Contract Duration" notification when the extension request form has been completed. When the confirmation is received, the reseller can then place the order via MOET.

<b>End Customer Name</b> Temple College
<b>Agreement Number</b> 7349359
<b>Enrollment Number</b> 57867335
<b>Reseller Name</b> SHI International Corp
<b>Requested Extension Period</b> 12 months <input checked="" type="checkbox"/> 36 months

Please note that this form is not a legal document. Its purpose is to ensure that all necessary contact information is provided to Regional Operating Center to process the request.

## Program Signature Form

MBA/MBSA number

Agreement number

7349359

**Note:** Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

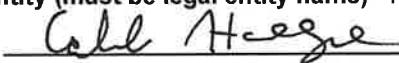
This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
EES Change of Duration Extension Request Form	X20-12959
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

**Customer**

Name of Entity (must be legal entity name)\* Temple College

Signature\* 

Printed First and Last Name\* Caleb Hogue

Printed Title Chief Information Officer

Signature Date\* February 16, 2026

Tax ID 74-6020689

\* indicates required field