



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		
	<i>Please attach a quote from the company with your requisition</i>	TOTAL:	\$104,227.36

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

Fax Number:

Email:

ceasar_gaona@shi.com

Departmental Account #

10-01-6-11-180000-603451

Requested By:

Calil Hague

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

TX-Temple College

Caleb Hogue

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

Microsoft Inside Account Manager

Cesar Gaona

290 Davidson Avenue
Somerset, New Jersey
Phone: N/A
Fax: N/A
Email: cesar_gaona@shi.com

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 Note: 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 Note: 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 Note: 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 Note: 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 Note: STU	20000	\$0.00	\$0.00



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

TX-Temple College

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

Microsoft Inside Account Manager

Cesar Gaona

290 Davidson Avenue
Somerset, New Jersey
Phone: N/A
Fax: N/A
Email: cesar_gaona@shi.com

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 Note: ADP 12 Months Budget	50	\$206.74	\$10,337.00
			Shipping \$0.00
			Total \$10,337.00

Additional Comments

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

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 30th 2018, a 36-month extension will mean that the enrollment is valid for three additional years from October 1st 2018 – September 30th 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.

End Customer Name Temple College
Agreement Number 7349359
Enrollment Number 57867335
Reseller Name SHI International Corp
Requested Extension Period 12 months x 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

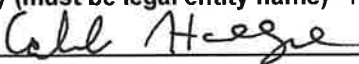
Note: Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

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
<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