

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: ThoughtExchange **EMAIL:** kyle.wierks@thoughtexchange.com

ADDRESS: 1990 Suite E, Columbia Avenue, PO Box 2260, Rossland, BC V0G 1Y0

DATES OF SERVICE TO BE COMPLETED: SY 2025-2026

SCHOOL DISTRICT CONTACT: Laura Meyers - Dr. Sharon Williams

COMPENSATION: \$ 30,721.58

DESCRIPTION OF DUTIES:

Exchanges for up to 7 Leaders, Surveys for up to 5 Leaders, Access to CustomerSuccess, Events and Resources and Product Support, Administrative Controls, AIAdvisory and AI Article, Analytics and Data Visualization, Contact Box, Customisable Branding and Domain Limiting, Expanded Survey Question Comparison, Engagement Templates, Data Downloads, Integrations-Calendar and Participant Invitation, Machine Moderation, Multilingual Participation, and Participation Groups, Rooms, Unique Participation Link, Access Codes, and Contributor Bulk Upload, Up to 20 Survey Data Imports, etc.

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: _____ **Website:** _____

Subscription/Software Start Date: _____ **End Date:** _____

SOPPA Approved: Yes ☐ or No ☐

Requester Name/Building: District

Budget Code: Title II Funds

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

Signature of Budget Administrator: [Signature] **Date:** 9/18/25

Superintendent or School Board President _____ **Date** _____