



Sharon Williams, Ed.D.
Superintendent of Schools

To: RIMSD 41 Board of Education
From: Dr. Sharon Williams
Cabinet Champion: Ramona Dixon, Director of Grants, Accountability, and Assessments
Date: June 23, 2026
Re: **NWEA/HMH Company Vendor Increase for 26-27**

The Board of Education approved a contract for service with NWEA/HMH Education on May 12, 2026, for \$88,580. We are seeking approval for an increase of \$17,640 to the prior contract for professional development services.

Body of Work	Total Cost
MG: Connecting MAP Growth Data to Standards-Aligned Instruction (Virtual, 2-hour session, up to 30 participants) — 11 sessions	\$13,860
MAP: Action Planning with MAP Data (Virtual, 2-hour session, up to 30 participants) — 1 session	\$1,260
MG: Reports for Leaders: Analyze Start of Year Data (Virtual, 2-hour session, up to 30 participants) — 1 session	\$1,260
MAP: Empowering MTSS with MAP Data for Leaders (Virtual, 2-hour session, up to 30 participants) — 1 session	\$1,260
Total:	\$17,640

Therefore, it is recommended that the Rock Island-Milan School District’s Board of Education approve the increase from \$88,580 to \$106,220 to NWEA/HMH Company 121 NW Everett Street, Portland, OR 97209.

Investment Period: July 2026- June 2027
Total Investment: \$106,220
Funding Source: Title II Funds

Rock Island-Milan School District #41
2000 7th Avenue, Rock Island, IL 61201
309-793-5900 x10210 | 309-793-5905 fax
Sharon.williams@rimsd41.org
www.rimsd41.org

Contract for Service Form **Rock Island-Milan School District 41**

VENDOR NAME: NWEA/HMH Education Company **CONTACT NAME:** Lindsay Hudak

PHONE: N/A **EMAIL:** lindsay.hudak@hnhco.com

ADDRESS: 14046 Collection Center Drive Chicago IL 60693-0140

DATES OF SERVICE TO BE COMPLETED: 2026/2027 School Year

SCHOOL DISTRICT CONTACT: Paulette Risdén-Rice

COMPENSATION: \$17,640

Description	Base Contract Amount
MG: Connecting MAP Growth Data to Standards-Aligned Instruction (Virtual, 2-hour session, up to 30 participants) — 11 sessions	\$13,860
MAP: Action Planning with MAP Data (Virtual, 2-hour session, up to 30 participants) — 1 session	\$1,260
MG: Reports for Leaders: Analyze Start of Year Data (Virtual, 2-hour session, up to 30 participants) — 1 session	\$1,260
MAP: Empowering MTSS with MAP Data for Leaders (Virtual, 2-hour session, up to 30 participants) — 1 session	\$1,260
Grand Total	\$17,640

Invoicing Details:

1. Invoice the Rock Island Milan School District #41 after each session.

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: _____ **Website:** _____

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

SOPPA Approved: Yes or No _____

School Board President/Superintendent: _____ **Date:** _____

Requesting School: Administration Center

Budget Code: Title II

Signature of Vendor: Lindsay Hudak **Date:** 6/15/26

Signature of Requestor: R. Dixon **Date:** 6/15/26

Signature of Budget Administrator: R. Dixon **Date:** 6/15/26



SALES ORDER

Order Date: 05/29/2026

Start Date: 07/01/2026

Order #: 00143358

End Date: 06/30/2027

Prepared For

Account Name: Rock Island/Milan SD 41

Agency Code: 11976

Primary Contact: Ramona Dixon

Email: ramona.dixon@rimsd41.org

Customer Information

Rock Island/Milan SD 41
2101 6th Ave
Rock Island, IL 61201
United States

Bill-To Information

Rock Island/Milan SD 41
2101 6th Ave
Rock Island, IL 61201
United States

NWEA Sales Point of Contact

Lindsay Hudak

lindsay.hudak@hnhco.com

Products & Services

Product	Sales Price	Quantity	Total Price
MG: Connecting MAP Growth Data to Standards-Aligned Instruction (2 hr virtual, up to 30 participants)	\$1,260.00	11	\$13,860.00
MAP: Action Planning with MAP Data (Virtual, 2-hour session, up to 30 participants)	\$1,260.00	1	\$1,260.00
MG: Reports for Leaders- Analyze Start of Year Data (Virtual, 2-hour session, up to 30 participants)	\$1,260.00	1	\$1,260.00
MAP: Empowering MTSS with MAP Data for Leaders (2 hr virtual, up to 30 participants)	\$1,260.00	1	\$1,260.00

Subtotal	\$17,640.00
Estimated Tax	\$0.00
Grand Total	\$17,640.00

Invoicing Information

Unless otherwise specified, payment terms are Net 30. Remittance instructions will be included with your invoice.

Until this Sales Order is signed, the pricing is valid for 30 days from the Order Date listed at the top of this document. Please confirm the billing address or specify changes to your Sales Point of Contact.



For a copy of the latest NWEA division W-9, it is available at <https://support.hmhco.com/s/article/Billing-and-Invoices>. Click on "Requesting a W-9" and select "NWEA".

The Tax ID for NWEA, a division of HMH Education Company, is 04-1456030.

Terms and Conditions

This Sales Order is between Customer and NWEA, a division of HMH Education Company, and is subject to the HMH Standard PreK-12 Terms of Purchase located at <https://www.hmhco.com/terms-of-purchase> (the "Agreement") for the Products and Services listed above. By signing this Sales Order, you agree you have read, understand, and agree to the Agreement.

Signature

Customer
Signature: _____

Customer
Printed Name: _____

Date: _____

Customer Title _____



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) HMH Education Company</p> <p>2 Business name/disregarded entity name, if different from above. NWEA</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) _____</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 125 High Street *****Not a remittance address****</p> <p>6 City, state, and ZIP code Boston, MA 02110</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
			-			-			
or									
Employer identification number									
0	4	-	1	4	5	6	0	3	0

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person **Nicholas J. Iannone, Jr.**

Digitally signed by Nicholas J. Iannone, Jr.
 Date: 2025.05.18 11:53:29 -04'00'

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they