

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

VENDOR NAME: Rock Island County Regional Office of Education **CONTACT NAME:** Hannah Reade

PHONE: 309-736-1111 **EMAIL:** hannah.reade@riroe.com

ADDRESS: 3561 60th St suite 310, Moline IL 61265

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

SCHOOL DISTRICT CONTACT: Paulette Risdien-Rice

COMPENSATION: \$72,000

Description	Base Contract Amount
<ul style="list-style-type: none">● Monthly School Improvement Coaching and Consulting	\$30,000
<ul style="list-style-type: none">● Leadership Training and Support @ a rate of \$1,000/person for up to 12 leaders	\$12,000
<ul style="list-style-type: none">● Miscellaneous Professional Development for ALL Staff District-Wide	\$30,000
Grand Total	\$72,000

Invoicing Details: Invoice on the last day of each month.

Is this a Subscription/Software: Yes X or No

If yes, this is an internal form that does not need to be sent to the vendor.

Subscription/Software Name: N/A **Website:** N/A

Subscription/Software Start Date: N/A **End Date:** N/A

SOPPA Approved: Yes or No

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

Requesting School: District-Wide

Budget Code: Title I, Title II, and Title I SIG

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

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

Signature of Budget Administrator: _____ **Date:** _____