

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Black Hawk Area Special Education District (BHASED) **EMAIL:** info@bhased.org
ADDRESS: 4670 11th Street, East Moline, IL 61244-4432
DATES OF SERVICE TO BE COMPLETED: July 1, 2025 - June 30, 2026
SCHOOL DISTRICT CONTACT: Alicia Sanders, Director of Student Services
COMPENSATION: \$ not to exceed \$2,600,000.00

DESCRIPTION OF DUTIES:

Administration recommends approval of the annual contract with BHASED for the 2025-2026 school year. This contract covers:
-Specialized instructional programs
-Related services (e.g., occupational therapy, physical therapy, deaf/hard of hearing, vision itinerant, hearing itinerant)
-Psychological and diagnostic services
-Professional development and consultation for district staff

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 RIMSD 41

Budget Code: District Special Education Funds and IDEA Grant Funds

Signature of Vendor: N/A **Date:** _____

Signature of Budget Administrator: Alicia Sanders **Date:** 7/16/2025

7.16.25

Superintendent or School Board President

Date