

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Embrace Education **EMAIL:** accounting@EmbraceEducation.com

ADDRESS: P.O. Box 305, Highland, IL 62249

DATES OF SERVICE TO BE COMPLETED: July 1, 2025 - June 30, 2026

SCHOOL DISTRICT CONTACT: Alicia Sanders, Director of Student Services

COMPENSATION: \$ 5% of the total cost settlement, not to exceed \$35,000

DESCRIPTION OF DUTIES:

5% of Healthcare and Family Services reimbursements facilitated by Embrace Cost Settlement and Skyward Student Information System secure transfer protocol for student import and export

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: 1-5-080-045-1200-3190-0

Signature of Vendor: **Date:**

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

Superintendent or School Board President

Date

7.16.25