

# Contract for Service Form

## Rock Island-Milan School District 41

**VENDOR NAME:** Explore Learning **EMAIL:** alison.gould@explorellearning.com

**ADDRESS:** PO Box 844615, Boston, MA 02284-4615

**DATES OF SERVICE TO BE COMPLETED:** 2025-2026 school year

**SCHOOL DISTRICT CONTACT:** Stacey Golz

**COMPENSATION:** \$ additional 4,467.50 (original amount \$38,032.54)

### DESCRIPTION OF DUTIES:

Denkmann site license for Reflex - \$1647.50  
RIHS Gizmos licenses - \$2820.00

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:** Reflex **Website:**

**Subscription/Software Start Date:** 12/2025 **End Date:** 6/2026

**SOPPA Approved:** Yes ☒ or No ☐

**Requesting School:** District

**Budget Code:** Building Funds and RIHS Prime Grant

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

**Signature of Budget Administrator:**  **Date:** 12/1/25

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**Superintendent or School Board President**

\_\_\_\_\_  
**Date**