

## Contract for Service Form

### Rock Island-Milan School District 41

**VENDOR NAME:** Lexia **EMAIL:** kimberly.manzi@lexialearning.com

**ADDRESS:** PO Box 88315  
Woburn, MA 01813

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

**SCHOOL DISTRICT CONTACT:** Stacey Golz

**COMPENSATION:** \$ 47,250

#### DESCRIPTION OF DUTIES:

Lexia Core5 Reading Grades 3-5

**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:** Lexia **Website:** www.lexialearning.com

**Subscription/Software Start Date:** 07/01/2025 **End Date:** 06/30/2026

**SOPPA Approved:** Yes ☒ or No ☐

**School Board President or Superintendent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Requesting School:** 9 elementary schools

**Budget Code:** Title I

**Signature of Vendor:** N/A **Date:** \_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Budget Administrator:** R. Dixon **Date:** 5/20/25

Stacey Golz 5/20/25