



## **eLearning Services Proposal to San Leandro Unified School District**

**Prepared by:**

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111 Corning Road, Suite 250,  
Cary, North Carolina 27518

**Submitted:**

8/19/2015



## Purchase Schedule

**San Leandro Unified School District**

835 E. 14th street  
San Leandro, California 94577

The term of this agreement is: 36 Months

Method of Payment (Check One):  ACH\*  Check\*\*

Billing Frequency: Annually

The Subscription Start Date is: 9/1/2015

Name	Subscription Type	Subscription Metric	Subscription Quantity
RLMS Portal	License	Per User	50
Autism and Applied Behavior Analysis (ABA) Core	Library	Per Employee	50

**Software – List Price**

**\$6,500.00**

**Year 1 Annual Subscription Total**

**\$6,500.00**

Service	Metric	Quantity	Price
Intellectual/Developmental Disability Site Setup - Basic	Flat Rate	1	\$1,500.00

**Professional Services – List Price**

**\$1,500.00**

**Professional Services Total**

**\$1,500.00**

**Due Upon Receipt of Invoice**

**\$8,000.00**

The Subscription Services provided under this Purchase Schedule are provided only on the condition that Customer agrees to the Terms and Conditions linked below. By signing below, Customer acknowledges it has read, understands, and agrees to be bound by the following terms and conditions:

<http://reliaslearning.com/MSA-rev2014-07-15>

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**PRICING EXPIRES IF NOT EXECUTED BY 8/31/2015**

**CONFIDENTIAL**

[Terms and Conditions](http://reliaslearning.com/MSA-rev2014-07-15) (<http://reliaslearning.com/MSA-rev2014-07-15>)

Quote Number: **2015-58722**



**CONTACT INFORMATION**

Same as Liaison Contact

**Liaison Contact**

**Billing Contact**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:**

**Address:**