

**Bill To**

Accounts Payable
Boone County Schools
8330 US Highway 42
Florence KY 41042

Ship To

Boone County School District
8330 US Highway 42
Florence KY 41042

QT70442

Date 9/24/2019**Valid Until** 11/8/2019**Partnership
Manager** Kristen Scherer

This proposal is provided as a courtesy to you, our customer. Please direct any questions to your Area Partnership Manager, at (859) 319-5268 or kristen.scherer@imaginelearning.com.

Quantity	Item	Unit Price	Ext. Price
1	(1) Imagine Math Pilot Unlimited student licenses for use in a program pilot for Florence Elementary for the 2019-2020 School year; signed Pilot Partnership Agreement required. Pilot will end July 31st 2020	\$7,500.00	\$7,500.00
	(1) Imagine Language & Literacy + Galileo K-12 Integrated Assessment Pilot Unlimited student licenses for use in a program pilot for Florence Elementary for the 2019-2020 School year; signed Pilot Partnership Agreement required. Pilot will end July 31st 2020		
	(1) Imagine Math Facts Pilot Unlimited student licenses for use in a program pilot for Florence Elementary for the 2019-2020 School year; signed Pilot Partnership Agreement required. Pilot will end July 31st 2020		
	(1) 90-minute in-person professional learning event to be scheduled as needed		
	TOTAL PILOT BUNDLE PRICE		\$7,500.00

Include the quote number (#QT70442) and Accounts Payable email on all Purchase Orders.
Please fax, email or mail to:

Fax: (866) 507-9270
Email: PO@imaginelearning.com
Mail: Imagine Learning, Inc.
382 W. Park Circle, Ste 100
Provo, UT 84604

Subtotal \$7,500.00**Total Tax** \$0.00**Total:** \$7,500.00**Thank you for choosing Imagine Learning!**

Any taxes, duties, and fees, included on this quote, are estimates only and are provided for planning purposes. Actual amounts will be invoiced.

For information about imagine Learning's License Agreement, Terms of Use, and Privacy Policy, please visit our website or email:
privacy@imaginelearning.com.



Customer Registration

Thank you for considering Imagine Learning as your partner. We are committed to providing an excellent experience and delivering ongoing, high-quality service to you. **To get started, please enter the information listed below at the following link:**

<https://www.imaginelearning.com/onboarding/f825c7505e590e2af176277ba0a45cf1>

The following information will be requested to ensure a successful implementation:

1. **Selected Quote Number** - located in the upper right corner of the quote
2. **Schools** - List sites where the licenses will be utilized
3. **Contact Information** - Provide email and phone number for the following:
 - Implementation Contact - Who will be helping the sites implement the products?
 - Technical Contact - Who is responsible for reviewing technical specifications?
 - Rostering Contact - Who is responsible for rostering students?
 - Accounts Payable Contact - Who will be handling the financial aspect of the transaction?
4. **Billing & Shipping Addresses**
5. **Target Launch Date** - State the desired start date for student access
6. **Technical Specifications** - including:
 - Rostering Method
 - Device Type
 - Approximate number of students using licenses at each school
 - Review technical specifications at this website: [Imagine Learning System Requirements](#)

In order to achieve the desired success with student outcomes, customer agrees to implement and use the program(s) with fidelity in accordance with the minimum usage recommendations shown on the chart below:

Product	Grades	Session Length	Number of Sessions per Week
Imagine Language & Literacy	PreK - K	15 minutes	Struggling Readers: 3+ Students on or above grade level: 2+
	1 - 2	20 minutes	
	3 +	25 - 30 minutes	
Imagine Español	PreK - 2	15 - 20 minutes	All Students: 3
Imagine Math Facts	All	30 minutes	All Students: 1
Imagine Math	All	30 - 45 minutes	All Students: 2 +

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Pilot Partnership Agreement

Pilot Partnership Objectives:

1. Determine suitability of the Imagine Learning software for student populations.
2. Verify compatibility of program specifications with school and/or district infrastructure.
3. Allow for observation of student engagement and progress with Imagine Learning software.
4. Facilitate purchase decision.

Deliverable Elements:

1. Provide APM support to coordinate and monitor the pilot.
2. Provide Customer Success support, which includes the following:
 - Initial implementation planning meeting to set expectations regarding implementation tasks, timing, roles, and responsibilities to ensure pilot is successful.
 - One launch interaction.
 - One data review.
3. Meet with school representative and appropriate staff regularly to review implementation and student progress.
4. Meet with school representative no later than 14 days after conclusion of pilot to discuss purchase of Imagine Learning product(s).

Under this agreement, the Partnership Contact will do the following:

1. Work with the APM to complete and sign this Pilot Partnership Agreement.
2. Identify the appropriate timeframe for the pilot.
3. Serve as the school specialist or delegate this responsibility to another; the specialist will coordinate with Imagine Learning on the execution of the pilot.
4. Attend the initial implementation planning meeting.
5. Ensure proper student usage and proper teacher usage (including appropriate dashboards, reports, and resources).
6. Meet with APM regularly during the pilot and again within 14 days of the conclusion of the pilot.

Acknowledgement by Partnership Contact:

By signing the Pilot Partnership Agreement, I confirm that my Imagine Learning Area Partnership Manager and I have discussed the pricing structure of any Imagine Learning products that my school or district will pilot. The probability of a purchase has been explored, and there is a reasonable expectation that a successful pilot experience will result in a purchase order. Company will provide Customer access to the educational software product(s) as listed on #QT70442.

Boone County School District (KY)

Imagine Learning, Inc.

By: _____	By: _____
Print: _____	Print: Kristen Scherer
Title: _____	Title: Area Partnership Manager
Date: _____	Date: _____

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