

Schedule A
SALES ORDER

Company Address: 121 NW Everett Street
Portland, OR 97209
Start Date: 07/01/2023
End Date: 06/30/2024

Created Date: 05/31/2023
Quote Number: 00077564
Agency Code: 2374

Prepared By: Lindsey Skirtich
Phone:
Email: lindsey.skirtich@nwea.org

Contact Name: Brooke Stinson
Phone: 859-494-7255
Email: brooke.stinson@fayette.kyschools.us

Bill To Name: Fayette County Public Schools
Bill To Address: 1126 Russell Cave Road
Lexington, KY 40505-3412

Ship To Name: Fayette County Public Schools
Ship To Address: 1126 Russell Cave Road
Lexington, KY 40505

Product	Sales Price	Quantity	Total Price
Virtual (2-hour session, up to 30 participants) MAP Reading Fluency- Essential Reports for Teachers	\$1,260.00	1	\$1,260.00
Virtual (2-hour session, up to 30 participants) MAP Reading Fluency- Basics for Teachers	\$1,260.00	1	\$1,260.00
Virtual (2-hour session, up to 30 participants) MAP Reading Fluency- Informing Instruction Responsive Planning	\$1,260.00	1	\$1,260.00
MAP Reading Fluency Add-on for Bundle price (incl. English & Spanish)	\$6.00	6,000	\$36,000.00
Onsite (3-hour session, up to 30 participants) MAP Reading Fluency- Informing Instruction Responsive Planning	\$1,980.00	2	\$3,960.00

Quote Subtotal \$43,740.00
Estimated Tax \$0.00
Grand Total \$43,740.00

Terms and Conditions

This Schedule A is subject to the terms and conditions located at: <https://legal.nwea.org/> (the "Agreement") for the Products and Services listed above. By signing this Schedule A, you agree you have read, understand, and agree to the terms of the Agreement.

General. Product and Onsite/Virtual Services-specific terms are located at: http://legal.nwea.org/msa_supplemental_terms.pdf.

Information about NWEA's collection, use, and disclosure of Student Information can be found here: <https://legal.nwea.org/nwea-privacy-and-security-for-pii.html>

NWEA's W9 can be found at: <https://legal.nwea.org/nwea-w-9.html>

Until this Schedule A is signed, the terms identified here are valid for 30 days from the date above. Please confirm the billing address or specify changes to your Account Manager.

Signature

Signature: _____

Printed Name: _____

Date: _____

Title: _____

BS
6-16-23

