

**DATE:**

05/14/2025

**AGENDA ITEM (ACTION ITEM):**

**Consider/Approve entering into an agreement with Microsoft for 3 Year EES extension beginning with the 2025-2026 school year.**

**APPLICABLE BOARD POLICY:**

01.11 General Powers and Duties of the Board

**HISTORY/BACKGROUND:**

KCSD annual renewals for Microsoft Licensing are purchased through a state approved vendor. Insight is the current holder of the Microsoft contracts. In order to leverage aggressive pricing, KCSD can enter into a 3 year contract with Microsoft to secure consistent pricing through Insight for the next 3 years.

**FISCAL/BUDGETARY IMPACT:**

None

**RECOMMENDATION:**

**Approval to entering into an agreement with Microsoft for 3 Year EES extension beginning with the 2025-2026 school year.**

**CONTACT PERSON:**

**Matthew Winkler, Director of Technology**

  
Principal/Administrator

  
District Administrator

  
Superintendent

*Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.*

*Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.*

## Program Signature Form

MBA/MBSA number

Agreement number

8803658

**Note:** Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Agreement>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
<Choose Enrollment/Registration>	Document Number or Code
Enrollment for Education Solutions Change of Duration Extension Request Form	X20-12959 (62618872)

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Customer
<b>Name of Entity (must be legal entity name)*</b> Kenton County School District
<b>Signature*</b> _____
<b>Printed First and Last Name*</b> _____
<b>Printed Title</b> _____
<b>Signature Date*</b> _____
<b>Tax ID</b> _____

\* indicates required field

<b>Microsoft Affiliate</b>
<b>Microsoft Corporation</b>
<b>Signature</b> _____ <b>Printed First and Last Name</b> <b>Printed Title</b> <b>Signature Date</b> (date Microsoft Affiliate countersigns)
<b>Agreement Effective Date</b> (may be different than Microsoft's signature date)

**Optional 2<sup>nd</sup> Customer signature or Outsourcer signature (if applicable)**

<b>Customer</b>
<b>Name of Entity (must be legal entity name)*</b> <b>Signature*</b> _____ <b>Printed First and Last Name*</b> <b>Printed Title</b> <b>Signature Date*</b>

*\* indicates required field*

<b>Outsourcer</b>
<b>Name of Entity (must be legal entity name)*</b> <b>Signature*</b> _____ <b>Printed First and Last Name*</b> <b>Printed Title</b> <b>Signature Date*</b>

*\* indicates required field*

If Customer requires additional contacts or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract Documents to Customer's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

**Microsoft Corporation**  
 Dept. 551, Volume Licensing  
 6880 Sierra Center Parkway  
 Reno, Nevada 89511  
 USA

## Enrollment for Education Solutions Change of Duration Extension Request Form

**This form must be attached to a signature form to be valid.**

May 5, 2025

To: Contracting Microsoft Affiliate

**Note:**

1. Institution can request up to five 12-month extensions on an initial 12-month term. Alternatively, it can request one 36-month extension but cannot request both.
2. Institution can request up to three 12-month extensions on an initial 36-month term. Alternatively, it can request one 36-month extension but cannot request both.
3. Extension requests must be received by Microsoft prior to the expiration of the Enrollment.
4. An extension request will mean that an Institution has requested an extension of its Enrollment term and the end date of the Enrollment will be moved out either by 12 months or by 36 months depending on Institution's choice. For example, if the current enrollment is due September 30<sup>th</sup> 2018, a 36-month extension will mean that the enrollment is valid for three additional years from October 1<sup>st</sup> 2018 – September 30<sup>th</sup> 2021.
5. If there is any change in the Organization-wide Count and / or Student Count, as applicable, Institution must provide updated counts below to set the price level for the extension term:

Category Licensed	Institution's Selection	Organization-wide Count and/or Student Count, as applicable
1. Education Qualified Users	<input checked="" type="checkbox"/>	1252
2. Students	<input checked="" type="checkbox"/>	25000

6. Microsoft will confirm via a "Change of Contract Duration" notification when the extension request form has been completed. When the confirmation is received, the reseller can then place the order via MOET.

**End Customer Name**  
Kenton County School District

**Agreement Number**  
8803658

**Enrollment Number**  
62618872

**Reseller Name**  
Insight Direct USA, Inc.

**Requested Extension Period**  
12 months  
X 36 months

Please note that this form is not a legal document. Its purpose is to ensure that all necessary contact information is provided to Regional Operating Center to process the request.