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eSchool
SOLUTIONS
A PeopleAdmin Company

Order Form

Order Number: 2018-20339

Quote Expiration Date: 6/29/2018

Contract Term (Months): 36

Presented To:

Larry Reznicek

Subscription Products

Product Name	Annual Subscription Fee
SmartFind Express - Sub Eligible Profiles	\$8,800.00
Total Annual Subscription	\$8,800.00

Services and Training

Product Name	Quantity	One Time Fee
Guided SS Implementation for SmartFind Express: Online	1	\$5,500.00
Total Sales Price		\$5,500.00

Annual Increase: 4.00 %	Total	\$14,300.00
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Terms and Conditions:

Products/Services are subject to the terms of the Master Services Agreement located at <https://www.peopleadmin.com/eschool-terms-conditions/>.

The term of the Agreement is for 36 months and will renew upon the customer's consent for successive 12-month terms.

Product start date will be based on delivery.

Subscriptions

All Subscription fees will be due upon execution of this Order Form. Subscription Fees will be prorated from the date of go live through the end of the current contract term. Subsequent Subscription Fees for any Renewal Term will be due no later than thirty (30) days before the first day of such Renewal Term and are subject to a 4.00 % % yearly increase.

Services

All Service fees will be due upon execution of this Order Form. All training services must be completed within three (3) months of purchase.

Either party may terminate this Agreement, for any reason, with at least forty-five (45) days' prior written notice to the other party, with such termination to be effective at the end of then-current Term.

Except where required by law, the contents of this proposal should not be duplicated, used, or disclosed in whole or in part for any other purpose other than to evaluate this proposal or solicitation without express written permission of PeopleAdmin, Inc. Information provided within this proposal is valid for 90 days from the date on the cover letter.

Customer: Campbell County School District #1

Customer Signature

Name: _____

Title: _____

Date: _____

Contact Information for Accounts Payable/Billing

Name: _____

Email: _____

Phone: _____

Company

eSchool Solutions LLC

Name: _____

Title: _____

Date: _____