

**Schedule A**

Company Address: 121 NW Everett Street  
Portland, OR 97209  
License Start Date: 07/01/2018  
License End Date: 06/30/2019

Created Date: 07/13/2018  
Quote Number: 00008331  
Partner ID: 8543

Prepared By: Amanda Towerman  
Phone: (503) 444-6492  
Email: susan.maginnis@nwea.org

Contact Name:  
Phone:  
Email:

Bill To Name: Yonkers City School District  
Bill To Address: ACCOUNTS PAYABLE  
1 Larkin Center  
Yonkers, NY 10701

Ship To Name: Yonkers City School District  
Ship To Address: 1 Larkin Center  
Yonkers, NY 10701

Product	List Price	Sales Price	Quantity	Total Price	Item Discount
MAP Growth Math, Reading, & Language	\$13.50	\$11.75	13,563	\$159,365.25	\$23,735.25
Custom Professional Learning Workshop	\$4,000.00	\$2,500.00	15	\$37,500.00	\$22,500.00
MAP Growth K-2	\$13.50	\$11.75	5,700	\$66,975.00	\$9,975.00
MAP Growth Spanish Math Supplement	\$2.50	\$0.00	1,691	\$0.00	\$4,227.50
MAP Skills	\$4.00	\$0.00	750	\$0.00	\$3,000.00
Custom Professional Learning Workshop	\$4,000.00	\$0.00	2	\$0.00	\$8,000.00

Quote Discount \$71,437.75  
Grand Total \$263,840.25

**Notes**

The following pricing applies to the 2018-2019 school year ONLY: MAP Growth/ K-2 - \$11.75 per license MAP Growth Spanish Math Supplement - No cost MAP Skills - No cost Custom Professional Learning Workshop - \$2,500 per day (15 purchased by the district. 2 at no cost for a total of 17)

**Terms and Conditions**

This Schedule A is subject to NWEA's terms and conditions located at: <https://legal.nwea.org/>. By signing this Schedule A you agree you have read and understood the terms and agree to them.

If this schedule includes virtually delivered professional learning or workshops, then cancellation is subject to the Virtual Workshop Cancellation Policy: at <http://legal.nwea.org/supplementalterms.html>.

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 90 days from the date above. Please confirm the billing address, or specify changes to your account manager.

**Signature**

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

Printed Name: \_\_\_\_\_

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

Title \_\_\_\_\_