



Program Order Form

Organization: Raytown C-2 School District
Attn: Chris Greiner
6608 Raytown Rd.
Raytown, MO 64138

Date: 8/22/2023

Program and Program Fees:

Organization will have access to the Program services set forth below (the “Services”), which are as described in greater detail in each applicable Program Scope available here:

Research - <https://scopes.eab.com/research>

During the Program Term, the Services will be delivered in all material respects as described in each applicable Program Scope.

Program Term: September 18, 2023 - September 17, 2024	Quantity	Fees
District Leadership Forum (EDIL)		\$ 49,900.00
Administrative & Travel Fee		\$ 0.00
Total		\$ 49,900.00

Program Term: September 18, 2024 - September 17, 2025	Quantity	Fees
District Leadership Forum (EDIL)		\$ 52,395.00
Administrative & Travel Fee		\$ 1,500.00
Total		\$ 53,895.00

Program Term: September 18, 2025 - September 17, 2026	Quantity	Fees
District Leadership Forum (EDIL)		\$ 55,014.75
Administrative & Travel Fee		\$ 1,500.00
Total		\$ 56,514.75

The fees offered in this Program Order Form are based on the Programs above and any other existing Programs you may have purchased from us. In the event you terminate or discontinue any Program, including any Program in this Program Order Form, prior to the expiration of its Program Term, the fees may be subject to increase. Any fees, unless denoted as one-time, reflect the annual price for each year of the Program Term or any portion thereof (each, a “Year”).

The Program Order Form is made pursuant to the Master Agreement available at <https://eab.com/terms/master>, which along with the applicable Program Scope which are incorporated herein by reference, form the entire agreement between the parties with respect to the Programs (and together with any other applicable agreements or supplements, the “Agreement”).

Invoicing:

Services will commence on the initial date of the first Program Term (the "Start Date"). EAB will invoice Organization in advance of Services and payment is due within 30 days of the invoice date. Any One-Time Fees will be invoiced at 100% with the Program Fees on the initial invoice of each Year of this Agreement as outlined below.

All Program Fees for the first Year will be billed and due within 30 days of the signature of this Agreement or Start Date, whichever is later. In subsequent years, all Program Fees will be billed and due on or before the start of each Year.

Additional Terms:

Organization may elect to discontinue the Program(s) effective 9/17/2024 (the "Early Termination Date") by providing written notice of its intent to terminate the Program(s) no less than 90 days prior to the Early Termination Date, in which case the Program(s) will cease on the Early Termination Date and Organization will not owe any fees for the period after the Early Termination Date. If you do not provide such written notification, the Program(s) will continue in accordance with the terms of this Program Order Form.

Each party represents and warrants to the other that the individual signing below on its behalf is authorized to enter into this Agreement and bind such party. The parties agree and acknowledge that any purchase order or other document subsequently provided by Organization with respect to the Programs above that contain additional, conflicting, or different term and condition or otherwise would amend, modify, or supplement this Agreement are unenforceable and shall be deemed null and void.

Please sign this Program Order Form and return it to Kaitlyn Carter kaitlyncarter@eab.com to initiate your participation in the Program(s) **no later than 9/13/2023** (after which fees and terms set forth above are subject to change).

EAB Global, Inc.:

Raytown C-2 School District:

Signature: *Alyssa M. Franklin*
Name: Alyssa Franklin
Title: Executive Director
Date: 8/22/2023

Signature: _____
Name: _____
Title: _____
Date: _____

OPTIONAL FOR BILLING PURPOSES ONLY

Invoices should be sent by EAB to this Email Address: _____

Billing Contact Name: _____

Billing Contact Email Address: _____

Billing Contact Phone: _____

Purchase Order No. (if applicable): _____