



## APPROVAL OUTSIDE VENDOR (NON-CUSD) CONTRACT

*All contracts must be approved by the Board of Education*

Please return this signed cover sheet and the contract to the Business Office for review  
**at least fourteen (14) working days prior to the next Board meeting.**

Once received and approved by the Business Office, **the contract will be returned to the requesting department and you must agendize the item for approval by the Board of Education** at their next regularly scheduled meeting.

**Site/Department:** Technology (IT) & Student Services

**Date(s) of Contracted Service:** 7/21/2021 - 6/30/2022

**Contractor Name:** Site Improve

**Cost (not to exceed):** \$9,000.00

**Description of Service:** Website Compliance software

**Contract Terms:** Prepayment Penalty: ☐ Yes ☒ No Auto Renewal: ☐ Yes ☒ No

☐ Venue for Legal Disputes Reviewed by Cabinet Member ☐ Legal Counsel Reviewed

☐ Pupil Records Rider ☐ New Vendor (if checked, need W9) ☐ Other \_\_\_\_\_

☐ Fingerprinting/TB Questionnaire completed ☐ Insurance Received

☐ Ratified, reason \_\_\_\_\_

**Funding Source:** ☒ District ☐ ASB ☐ PTO/PTA ☐ Other \_\_\_\_\_

☐ Fund 40 ☐ Fund 14 ☒ Fund 01 **Budget Source** 01-0000-0-0000-2420-5811-00-029-0108-0028

***I have read and understand the terms of and approve the attached contract:***

Paul G. Behan  
Site/Department Administrator Signature

07/08/2021  
Date

☒ Reviewed by C.B.O. before being agendized. yp  
initials

Board Approval Date: \_\_\_\_\_

☐ Copy sent to the Site/Department \_\_\_\_\_  
Date



Siteimprove, Inc  
5600 West 83rd Street  
Suite 400  
Bloomington Minnesota 55437  
United States

Order Form for Carmel Unified School District  
Offer Valid Through: 6/30/2021  
Proposed by: Antawan Walker  
Quote Number: Q-57624.1

# ORDER FORM

## Address Information

**Bill To:**

Carmel Unified School District  
Purchasing P.O. Box 222700  
Carmel CA 93922-2700  
United States

**Ship To:**

Carmel Unified School District  
4380 Carmel Valley Rd  
Carmel CA 93923-7942  
United States

**Contact Name:**

Paul Behan

**Phone:**

(831) 624-1546

**Email Address:**

pbehan@carmelunified.org

## Term & Payment Details

**Start Date\*:**

8/1/2021

**Subscription Term:**

12 Months

**Renewal Price Increase:**

3%

**Payment Term:**

Net 30 days

**Billing Frequency:**

Annual

**Payment Method:**

Bank Transfer

**Billing Method:**

Email

**Automatic Renewal:**

☒

**Invoice Date:**

8/1/2021

Extension to 81565. Except as set forth in this Order Form, the Terms and Conditions in 81565 will remain unaffected.

## Included Services

Subscription Services	Limit Type	Quantity*
Response	Response Check Points	3
Quality Assurance & Policy	Pages	2,000
SEO	Pages	2,000
PDF-check of documents	PDFs	1,500
Accessibility	Pages	2,000
Usability	Usability Maps	10



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Subscription Services	Limit Type	Quantity*
Premium Support	N/A	1

*\*When Subscription Services share the same Limit Type, the Quantity specified represents an aggregated amount, which is shared by these services.*

**Annual Subscription Fee:** USD 8,089.36

At least 0 days prior the start of a new Billing Frequency Period, Siteimprove will send an invoice for the proportionate Subscription Fee.



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## Purchase Order Information

*(Customer to complete)*

Is a Purchase Order (PO) required for the purchase or payment of the products on this Order Form?

☐ **No**

☐ **Yes**

vdx1\_poReq\

Is PO renewal required for each invoicing term?

☐ **No**

☐ **Yes**

vdx1\_poRenew\

PO Number:

vdx1\_PONum\

PO requests must be sent to:

vdx1\_POContact\

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## Billing Information

*(Customer to complete)*

Billing Contact Name:

vdx1\_BillContactName\

Billing E-mail:

vdx1\_BillContactEmail\

Billing References:

vdx1\_BillRef\

E-invoicing Information:

vdx1\_EInvoice\

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## Sales Tax Information

*(Customer to complete)*

You may be subject to sales tax (or equivalent) unless you can provide proof of exemption. Are you exempt from sales tax?

☐ **Yes, please attach exemption form.**

☐ **No.**

vdx1\_poReq\



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## Customer Signature

By signing below, Carmel Unified School District agrees to the subscription and payment terms of this Order Form.

### On behalf of Customer:

Name:

Wt/

Date:

Wt/

Wt/

Signature

*The Order Form must be executed and/or returned to Siteimprove before the first applicable access date. If not, Siteimprove may, without changing price or term length, adjust the first applicable access date.*