EDUCATION SERVICE CENTER, REGION 2
2018-2019 PROGRAMS & SERVICES CONTRACT

District Name: [_____]   Estimated ADA for 2018-2019: [_____]

Date [_____]   ○ Original Submission ○ Edited Submission

To be used in calculations below.

Final invoice based on ADA from TEA's 2018 fall release.

PROGRAMS

1. ☐ **ADVANCED ACADEMIC SERVICES COOPERATIVE**
$700 + $1.50 per ADA, $13,000 max.

[_____]

2. **BILINGUAL/ESL COOPERATIVE**
(min. $1,000; max. $6,100)

[_____]

☐ Number of LEP Students [_____] x $33.00

Additional Days [_____] x $795/day/consultant/up to 40 participants

[_____]

☐ Non-Cooperative Members On-Site Days [_____] x $995/day/consultant/up to 40 participants

[_____]

3. **CAREER & TECHNOLOGY EDUCATION (CTE) LOCAL COOPERATIVE**
*Fee based on Perkins Amount Received

☐ $15,001 - $25,000   ☐ $45,001 - $75,000
☐ $25,001 - $35,000   ☐ $75,001 - $125,000
☐ $35,001 - $45,000   ☐ $125,001 +

[_____]

Additional Days [_____] x $795/day/consultant/up to 40 participants

[_____]

4. **CARL PERKINS CAREER & TECHNOLOGY EDUCATION (CTE) SSA**

[_____]

☐ Carl Perkins SSA *(eGrant allotment)
*Final SSA membership determined by district's eGrants submission

5. **COASTAL BEND APPLICATION TRACKING SYSTEM (CBATS) CONSORTIUM**

[_____]

	Price per unit	Quantity
☐ Campus licenses	$350	[_____]
Global Admin eApplication	$225	1
Global eReference Module	$100	1
☐ On-Site Training 1st Time Subscribers	$450	
Administrative Fee	10 %	10%

6. **COUNSELOR SUPPORT SERVICES**

ADA	Fee
1-499	$550
500-999	$750
1,000-2,999	$1,050
3,000-5,999	$1,350
6,000 +	$2,350

☐

[_____]

Additional Days [_____] x $795/day/consultant/up to 40 participants

[_____]

District Name: _____

○ Original Submission ○ Edited Submission Date: _____

7. **DISTANCE LEARNING COOPERATIVE**

☐ Full Distance Learning Membership

ADA	Fee
1-1,000	$3,000
1,001-2,500	$5,000
2,501+	$8000

☐ Student Events Only

ADA	Fee
1-1,000	$2,000
1,001-2,500	$3,500
2,501+	$5,000

☐ TETN Events Only

ADA	Fee
1-1,000	$1,500
1,101-2,500	$2,500
2,500+	$3,500

_____

8. **DMAC SOLUTIONS COOPERATIVE**

DMAC Application Purchased by District:
☐ State Assessment ($1,200)
☐ TEKScore ($1,000)
☐ TPRI/Tejas LEE ($500)
☐ CIA Alignment (Curriculum, Instruction, Assessment) ($500)

DMAC Application Purchased by Campus:
☐ TAG ($250/Campus) [____] Campuses
☐ Appraisals (PDAS an T-TESS) ($250/Campus) [____] Campuses
☐ FormWorks ($100/Campus) [____] Campuses
☐ PGP (HS) & PGP Intervention (MS/HS) (Personal Graduation Plans ($400/Campus) [____]
☐ RtI ($500/Campus) [____] Campuses
☐ SIP ($500/Campus) [____] Campuses
☐ SSI ($500/Campus) [____] Campuses
☐ Lead4Ward($295/Campus) [____] Campuses
☐ LPAC ($400/Campus) [____] Campuses

Class Roster Fees: Student Enrollment as per Ask TED [____]
☐ Option 1 - Six Updates ($0.65 per student)
☐ Option 2 - Weekly Updates ($1.00 per student)
☐ Option 3 - Daily Updates ($1.50 per student)
On site support/training days included.
☐ Additional on site days ($795 per day) [____] days

Please email dmac@esc2.net for assistance.
*Estimate of your total cost for services; final balance due will be reflected on the official DMAC Service Agreement.

_____

9. ☐ **EARLY CHILDHOOD COOPERATIVE**   # of campuses: [____]
EARLY CHILDHOOD ONLY: $2,000 per campus

_____

10. **EDUCATIONAL MEDIA COOPERATIVE**

_____

☐ **Option 1:** Media Combo Package $6.75 per ADA (Min. $1,000)
   (Option 1 includes DE Streaming Plus, Living Materials and Van Mail)

☐ **Option 2:** Living Materials and Van Mail Combo Package $4.75 per ADA (Min. $775)

☐ **Option 3:** DE Streaming Plus **ONLY** $2.35 per ADA (Min. $750)

☐ **Additional On-Site Days** [____] x $795/day/consultant/up to 40 participants
   (see commitment form)

_____

*Campus pricing available upon request.

☐ Non-Cooperative Memebers On-Site Days [____] x $995/day/consultant/up to 40 participants

District Name ☐ _____   ○ Original Submission   ○ Edited Submission   Date ☐ _____

11. **ENGLISH LANGUAGE ARTS READING & SOCIAL STUDIES COOPERATIVE**
 (formerly Regional School Improvement)

☐ Annual fee for district/charter: $2,000 + per ADA

Days of support included: ☐

Days of support may be used for ELA/R, Social Studies, RtI, Assessment and Accounability

Additional Days ☐_____ x $795 per day/per consultant/up to 40 participants

☐ _____

12. **GRANTS & GRANT SERVICES COOPERATIVE**

☐ Option A - $500 per year (Est. Cost Savings of $1,125)

☐ _____

☐ Option B - $1,500 per year (Est Cost Savings of $2,950)

☐ Option C - $3,000 per year (Est. Cost Savings of $4,290)

13. **INSTRUCTIONAL LEADERSHIP COOPERATIVE (ILC)**

ADA	Fee
1-299	$400
300-1,249	$550
1,250-2,999	$1,000
3,000-9,999	$1,500
10,000 +	$4,000

☐

☐ _____

ADA step-based* The Enrollment count is retrieved from the published Texas School Directory.

☐
- OPTION A ILC Co-op Member $375
- 5 hours of technical support /assistance via virtual, email, and phone*
- $100/hr for additional support
- On-site visit/training fee: $795 per day or $450 per 1/2 day.

☐
- OPTION B ILC District Co-op Member $750
- 10 hours of technical support / assistance via virtual, email, and phone*
- $100/hr for additional support
- On-site visit/training fee: $795 per day or $450 per 1/2 day.

☐ _____

☐
- OPTION C ILC District Co-op Member $1500
- 20 hours of technical support/assistance via virtual, email, and phone*
- $100/hr for additional support
- On-site visit/training fee: $795 per day or $450 per 1/2 day.

☐
- OPTION D LC District Co-op Member $4000
- Unlimited technical support/assistance via virtual, email, and phone*
-       -- No additional charges will apply $100/hr for additional support
- On-site visit/training fee: $795 per day or $450 per 1/2 day

14. **INSTRUCTIONAL TECHNOLOGY COOPERATIVE**

For package descriptions, see Commitment Worksheet

☐ _____

☐

OPTION A: $3.00 per ADA (Min. $2,500/Max. $12,000)
 * "Option A" Days included ☐
 * Additional "Option A" Days ☐_____ ($795/day)

☐

OPTION B: $995 per day (includes in-region travel)
 "Option B" Days ☐_____ x $995/day/consultant

☐ _____

District Name _____   ○ Original Submission   ○ Edited Submission   Date _____

15. LEADERSHIP SERVICES COOPERATIVE

Phone/Remote Assistance
Board Trainings
Up to two on-site days. Each additional on-site day is at discounted rate of $795.
Member Fees based on UIL Classification

- ☐ 6A, 5A $7,495
- ☐ 4A $6,495
- ☐ 3A $5,495
- ☐ 2A $3,995
- ☐ 1A $2,495
- ☐ Charter Schools $2,495

16. LIBRARY SUPPORT SERVICES

ADA	Fee
☐ 1-1500..........................$1,000
1501-10,000................$3,000
10,001+.......................$5,000

17. ☐ MANAGEMENT INFORMATION SYSTEMS

Coastal Bend Network (CoBeNet)

☐ **DIRECT INTERNET ACCESS (DIA)**   ☐ I have a quote (insert amount here)

Contact MIS for a quote, Email: helpdesk@esc2.net or call 361-561-8481

18. MANAGED IT SERVICES

☐ Call MIS Manager for quote. 361-561-8436
(See Commitment Worksheet for more details.)   ☐ I have a quote (insert amount here.)

19. MATH/SCIENCE COOPERATIVE

☐ Option A: Best Value $9.00 per ADA (minimum $2,000) - Days of Support Included ☐

☐ Option B: $3.00 per ADA + $1,200 - Days of Support Included ☐

☐ Optional:
Additional Days _____ x $795 per day/per consultant/up to 40 participants

20. PERSONNEL SERVICES ADVISORY COOPERATIVE

☐ $800 per LEA for 2 attendees

☐ # of additonal participants ☐

Please note there will be a $125 fee assessed for non-cooperative member attendees that are not covered by the annual membership.

21. ☐ POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS

This is a three (3) year commitment at $7,000 per campus/per year totaling $21,000.
This includes Positive Behavior Interventions and Support Framework & Restorative Discipline Practices.

# of Campuses ☐   X $21,000

Additional On-site support or training days (maximum of 40 participants)

Additional Days ☐ x $995 per day/consultant

22. SCHOOL BUSINESS ADVISORY

Annual Fee for District/Charter Members:
$1,200 (Two District Personnel Attendees per meeting)

☐ Additional Attendees: _____ $450 per person (Annual)

Optional: Non-Member Rate: $125 /per person/ per meeting

District Name [_____]   ○ Original Submission   ○ Edited Submission   Date [_____]

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23. **SCHOOL HEALTH AND SAFETY COOPERATIVE**

☐

ADA	Fee	ADA	Fee
1-499	$400	1,500-2,999	$1,050
500-999	$550	3,000-5,999	$1,250
1,000-1,499	$750	6000+	$3,750

[_____]

Onsite training/technical assistance [____] x $795 per day

[_____]

Emergency Preparation Guide [____] x $795 per day at ESC-2

[_____]

Wellness Plan [____] x $795 per day available onsite or ESC-2

[_____]

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24. **TCMPC TEKS RESOURCE SYSTEM COOPERATIVE**

☐ TCMPC Curriculum Cooperative Package: (reference fee schedule)

[_____]

   I. TCMPC Curriculum Documents $5.00 x ADA

   II. TCMPC Online System Annual Subscription - REQUIRED

[_____]

   Number of Campuses [_____]

   ☐ New TCMPC District (Initial Set Up Fee)

Additional Days [_____] x $795/day/consultant/up to 40 participants

[_____]

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25. **TEXAS STUDENT DATA SYSTEM (TSDS)**

[_____]

TSDS Member Enrollment		Tech Support	Workshop Fee
Option A: < 3,000	$1,575	20 hours	$75 per seat
☐ **Option B:** 3,000 - 4,000	$2,075	25 hours	$75 per seat
Option C: 4,000 +	$2,575	30 hours	$75 per seat
☐ **Option D:** Any size district	$4,500	Unlimited Support	Free

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26. **TEXAS ENTERPRISE INFORMATION SYSTEM (TxEIS)**

☐ Business Only - Fee is based on annual maintenance, plus per user.

☐ Student Only - Fee is based on annual maintenance, plus per user and per campus.

[_____]

☐ TSDS Software Module - Included in annual maintenance fee. Discounted option of $500

   for membership of TSDS training cooperative.

Please contact Information Systems/TSDS Manager for quote. 361-561-8656   ☐ I have a quote

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27. **TITLE I, PART A COOPERATIVE**

Annual Fee for district/charter

Option A: Title I, Part A Cooperative

[_____]

	District Level	# of Students	Min. Fee Schedule	Max. Fee Schedule	Cost
☐	1	0 - 1,600	$800.00	$800	$800
☐	2	1,601 - 3,000	$0.50 per ADA	$1,100	ADA x $0.50 =
☐	3	3,001 - 5,000	$0.50 per ADA	$2,100	
☐	4	5,001 - 10,000	$0.50 per ADA	$3,600	
☐	5	10,000 +	$5,100.00	$5,100	$5,100

Option B: Fee $800

   ESC2 Specialist will contact LEA staff to determine one option from each component.

☐ Component 1:
   - SMART Goal Development, Parent Connection or Grown Locally
Component 2:
   - Parental Involvement Policies & Compacts, Parental Involvement Documentation,
     District or Campus Comprehension Needs Assessment or Compliance Conversion.

[_____]

Additional Days [_____] x $795/day/consultant/up to 40 participants

[_____]

District Name: _____   ○ Original Submission   ○ Edited Submission   Date: _____

28. TITLE III LEP SSA

☐ Fee per District: Title III E-Grant Allotment

    Membership to the SSA is dependent on district submitting ESSA Form GS-2230 Applicant Designation and Certification Schedule by checking the correct box district is participating in ESC Region 2 SSA.

_____

SERVICES

29. BUSINESS CONSULTING SERVICES

☐ $100 per hour consulting fee

Consulting Hours _____

_____

30. EDUHERO

☐ Heroic Package - $500 + 7 FTE per year
      Includes compliance, technology integration, and substitute teacher

☐ Custom Portal - $500 + 7 FTE per year
      allows district to upload, manage, and distribute custom content

☐ Heroic Package & Custom Portal - $500 + $12.60 FTE per year (includes 10% discount)

☐ Customization - minimum $7,500 per year

_____

31. MIS ON-SITE TECHNICAL SUPPORT

☐ For information regarding on-site technical support email: helpdesk@esc2.net or call 361-561-8481

☐ I have a quote

_____

32. STAAR TEST BANKS

☐ TEKSbank requires a district wide commitment. Individual campuses may not subscribe.

☐ Check here if your district/charter **DOES NOT** subscribe to Eduphora Suite or Aware. Districts who do not subscribe to Eduphora Suite or Aware will have to pay a Licensing Fee.

Pricing Campuses	Item Bank Fee	Eduphoria Licensing Fee
1-10	$500/Campus	$250/Campus
11+	$200/Campus	$250/Campus

# of Campuses _____

To Subscribe to DMAC TAG Applications please see DMAC Solutions Cooperative above.

☐ TXBank One requires a district wide purchase. Not available for individual campuses.

_____

_____

_____

Estimated 2018-2019 Totals: _____

Certify and type your name and title below to indicate your acceptance of this contract.

☐ I certify that I am authorized to submit this request on behalf of the entity listed on this contract, that I have examined this contract, and that all of the information provided is true and correct to the best of my knowledge.

Name: _____   Title: _____

FOR OFFICE USE ONLY

Date Received _____   Received By: _____