

# Contract for Service Form

## Rock Island-Milan School District 41

**VENDOR NAME:** The Center of HS Success **EMAIL:** cbresnahan@highschoolsucces.org

**ADDRESS:** 2121 SW Broadway, Ste 130Portland, OR 97201

**DATES OF SERVICE TO BE COMPLETED:** July 1, 2026 - June 30, 2027

**SCHOOL DISTRICT CONTACT:** Dr. Patricia Ulrich, Principal of Rock Island High School

**COMPENSATION:** \$ 72,100.00

### DESCRIPTION OF DUTIES:

The Center for High School Success will continue the partnership with Rock Island High School to improve graduation rates by raising 9th Grade On-Track Rates.

Is this a Subscription/Software: Yes  or No

*If NO, go to next section. If YES, complete below, then go to next section (no vendor signature)*

**Subscription/Software Name:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Subscription/Software Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**SOPPA Approved:** Yes  or No

**Requesting School:** Rock Island High School

**Budget Code:** TBD (Title II and/or Title IV budget code for 2026-2027 school year)

**Signature of Vendor:** Kaaren Andrews **Date:** 04/30/2026

**Signature of Budget Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Initials of Dept ELT:** \_\_\_\_\_

\_\_\_\_\_  
**Superintendent or School Board President**

\_\_\_\_\_  
**Date**