San Leandro Unified School District
Information Technology

To: Board of Education

From: Larry Simon, Chief Technology Officer

Date: April 22, 2020

Re: Software contracts to facilitate emergency distance learning

Background: To facilitate Emergency Distance Learning staff have identified Seesaw, Zearn and Zoom as critical programs and best available fit for SLUSD. The purpose of this request is to obtain Board approval for 1 year agreements for these products.

Staff have obtained pricing - see attached documents.

The Technology Department is requesting the following amounts:

Seesaw 1 year agreement	$20,790.00
Zearn 1 year agreement	$20,000.00
Zoom for Education 1 year agreement	$25,395.12
Total Amount Requested	**$66,185.12**

Funding Source: Resource 7388 COVID Expenses

DocuSign Envelope ID: 017BBD87-B2E6-4153-B0CB-573FF0746C7E

Seesaw

Company Address	180 Montgomery St. Suite 750 San Francisco, CA 94104 United States	Bill To Name	San Leandro Unified School District
		Created Date	4/17/2020
		Expiration Date	4/24/2020
		Quote Number	00017724
Phone	(415) 870-4468		

Please send any billing questions to accounting@seesaw.me

Contract Summary

Contract Start Date	7/1/2020	Contract End Date	6/30/2021
# of Students	4,200.00	Contract Notes	• 10% district discount with 2,500+ students • April - June of 2020 added on for free
Grand Total	USD 20,790.00		

Contract Details

Product	Quantity	Sales Price	Total Price	Invoice Date
Seesaw for Schools	4,200.00	USD 5.50	USD 23,100.00	5/1/2020
Volume Discount (2,500 - 4,999)	4,200.00	USD -0.55	USD -2,310.00	5/1/2020

School Admin Contact (e.g. Principal, Director of Instructional Tech, etc.)

Name: Joanne Clark
Email: joanneclark@slusd.us
Title: Senior Director
Phone: 510-667-3552

Tech Contact (Who can help set up your school?)

Name: Iuliana Papuc
Email: ipapuc@slusd.us
Title: Data Information Specialist
Phone: 510-667-3512

Billing Contact (Who should we send invoices to?)

Name: Michael Cubacub
Email: mcubacub@slusd.us
Title: Director for Assessment
Phone: 510-667-3529

School Address

Address: 835 E 14th St Ste 200
City: San Leandro
State: California
Zip / Post Code: 94577

This contract is a binding agreement. By signing, your school or district must pay the full amount quoted per the payment schedule above. Please make sure you have proper payment authorization (including a PO # if required) before signing.

Name: Michael Cubacub
Title: Director of Assessment, Research and Evaluation
Accepted By: DocuSigned by: Michael Cubacub 7069B611163A405...
PO Number (if required):

Zearn Math: School Accounts & PD
Quote-0004397-1
2020-2021

SAN LEANDRO UNIFIED SCH DIST
Michael M Cubacub
mcubacub@slusd.us

Product	Price	Quantity	Subtotal
School Account School Account services through June 30, 2021. Includes an unlimited number of staff, student, and administrator accounts within the school.	$ 2,500.00	8	$20,000.00

Total $20,000.00

**Tax may not be included in the above quote, and will be added to your invoice if applicable. If your school or district is tax exempt, we will need a copy of your tax exemption certificate in order to not include tax on your invoice.*

To Order

Email your Zearn contact or info@zearn.org referencing this quote, and include the name and title of the person that the purchase agreement should be addressed to. Once the agreement is signed, services will begin and an invoice will be issued.

Vendor Information for your Purchase Order:

- Vendor Name - Zearn, Inc.
- Email - info@zearn.org
- Phone - 212-967-6070
- Fax - 646-365-7815
- W-9 attached

Please note: *These instructions only apply for purchases of Zearn School Accounts or Zearn On-Demand PD. If you are purchasing Zearn Printed Materials, please make the Purchase Order out to Mimeo, not Zearn.*

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Zearn, Inc.

Business name/disregarded entity name, if different from above
Zearn, Inc.

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☒ Other (see instructions) ▶ 501 (c) 3 nonprofit organization

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
261 W 35th Street, 15 FL

Requester's name and address (optional)

City, state, and ZIP code
New York, NY 10001

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
			-		-				

Employer identification number
3	7	-	1	6	6	5	7	4	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here — Signature of U.S. person ▶  Date ▶ 11/14/2017

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Order Form Number: Q534716
Valid Until: 04/30/2020

Zoom Video Communications Inc. ("Zoom")
55 Almaden Blvd, 6th Floor
San Jose, CA
Email: bruce.steele@zoom.us

Billed To	**Delivered To**
Customer: San Leandro USD **Contact Name**: Larry Simon 835 E. 14th Street, Suite 200 San Leandro, California 94577, United States **Email Address**: lsimon@slusd.us **Phone**: 5106706207	**Customer**: San Leandro USD **Contact Name**: Larry Simon 835 E. 14th Street, Suite 200 San Leandro, California 94577, United States **Email Address:** lsimon@slusd.us **Phone:** 5106706207
Auto Renew: No **Initial Paid Subscription Term:** 12 Month **Paid Period Start Date:** 04/17/2020	**Billing Method:** Email **Currency:** USD **Payment Method:** Other **Payment Term:** Net 30

This Zoom Order Form and any other Order Forms that reference this Order Form are governed by Zoom Terms and Conditions found at http://www.zoom.us/terms (unless Customer and Zoom have entered a written governing Master Subscription Agreement, in which case such written agreement will govern). Information regarding Zoom's support services can be found at http://support.zoom.us.

SERVICE	BILLING PERIOD	QUANTITY	PRICE	TOTAL
Education Annual	Annual	9300	USD 0.00	USD 0.00
Education Annual	Annual	900	USD 28.22	USD 25,395.12
Webinar 500 Annual	Annual	2	USD 0.00	USD 0.00

(Before Taxes) Annual Payment:	**USD 25,395.12**

Payment Schedule Summary (Before Taxes)

First Payment: USD 25,395.12

Other Terms & Notes

Named Host - means any licensed host who may host an unlimited number of meetings, one meeting at a time, during the Term using the Service. Any meeting will have at least one Named Host. Unless Customer has purchased an extended capacity, the number of participants (participants do not require a license) will not exceed 300 per meeting. Named Host license may not be shared or used by anyone other than the individual to whom the Named Host license is assigned.

Fees - The fees for the Services, if any, are described in the Order Form. The actual fees may also include overage amounts or per use charges for audio and/or cloud recording in addition to the fees in the Order, if such use is higher than the amounts described in the Order, and you agree to pay these amounts or charges if you incur them. Invoicing for Services begins on the first day that the service is available for use by the Customer and monthly thereafter for the duration Term, except for annual pre-pay option which is invoiced once in the first month of the annual term. Invoices are pro-rated from paid period start date to base subscription end date. Purchase order, if any, issued in connection with this order should reference the above order form number. Commitments not utilized by the Customer during the month for which they are committed may not be carried forward into any subsequent month or term.

State and/or local taxes may apply to Zoom services.

Professional Services, if purchased, will be presented in a separate Order Form.

Accepted and agreed as of the date specified below by the authorized representative of Customer

Signature:
Print Name:
Date:
Zoom Service Effective Date: 04/17/2020
PO # (If Applicable):
VAT # (If Applicable):

The Services will be activated within 48 hours of order signature or Zoom Service Effective Date, whichever is later.

If a PO# is required for processing the invoice related to this order, please provide a PO with this order. If issuance of PO is delayed, please provide a PO within 5 days of the service effective date via email to billing@zoom.us. Notwithstanding the foregoing, the period for payment shall commence as of the applicable invoice date. Such payment period shall not restart based on any delays in issuing a Purchase Order or any procurement process.