



Quote

Amira Q-75393

Prepared For

Redlands Unified School District
ACCOUNTS PAYABLE
P. O. Box 3008
Redlands, CA, 92373-1508

Your Amira Partner

Ricardo Ruiz
Senior Account Executive
ricardo.ruiz@amiralearning.com

Quote: Q-75393

Prepared For: Redlands Unified School District

Expires On: 7/31/2025

Amira - CA Dyslexia PD Bundle (K-2) - \$19 per student

QTY	Product	Campus	Start Date	Months	Sales Price
3750	Amira - CA Dyslexia PD Bundle (K-2)	District Wide	7/01/2025	12	\$71,250.00

Access to the AI Reading Tutoring Program, Benchmark Assessments, Parent reports and letters in 8 different languages, when they purchase our robust live PD Package at **\$20 per student** which includes: Amira Professional Development Subscription:

- (1) District Leadership Implementation Webinar and (1) District Leadership Data Review Webinar. Before training with teachers begins, the Customer Success Manager will meet with District Leadership to conduct a District Leader Planning Meeting.
- Live, Virtual Professional Development:
- Three webinars (typically 45-60 minutes each)
 - Introduction to Amira
 - Administering the Amira Screener
 - Interpreting Amira Data
- Two virtual “office hours” per year are provided, offering valuable live training sessions for educators to learn about Amira's capabilities, how to administer the instrument, best practices, and how to understand and use the screening data.
- Asynchronous On-Demand Training and Resources
 - These resources are included with the purchase at no additional cost, allowing educators to access training materials and modules at their convenience, supporting flexible and self-paced professional development.
- On-Demand User Support

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Expires On: 7/31/2025

Start Date: 7/01/2025

Term: 12

End Date: 6/30/2026

List Amount	\$75,000.00
Discount Amount	\$3,750.00
Tax Amount	\$0.00
Customer Total	\$71,250.00

Disclaimer: Pricing is as quoted and is subject to change based on any modifications to bundle configurations, enrollment updates, or other adjustments. Additional options are to be paid in full. Totals include applicable taxes, which should be reflected on your Purchase Order (if applicable).

To avoid delays in processing your order, please ensure the following:

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- Email your Purchase Order, including the provided quote number, to orders@amiralearning.com.
- Digitally sign the contract provided upon commitment with your Amira partner.

Amira Terms of Use: <https://amiralearning.com/amira-terms>

Amira Privacy Policy: <https://amiralearning.com/amira-privacy>

Istation Terms of Use: <https://amiralearning.com/istation-terms>

Istation Privacy Policy: <https://amiralearning.com/istation-privacy-policy>

Agreement Execution

By signing below, the Parties agree to the terms outlined in this Agreement. This document has been executed and delivered by the authorized representatives of each Party.

I have read and agree to the linked Terms and Conditions: ☒

Amira

Signature  Richard Watson

Printed Signature:
Richard Watson

Title: Chief Revenue Officer

Dated: 5/28/2025

Customer

Signature  Amy Drummond

Printed Signature:
Amy Drummond

Title: Director of Purchasing

Dated: 5/28/2025

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To ensure timely and accurate fulfillment, please provide the requested contact information below:

Primary Implementation Contact

Name:

Erika Devilliers

Email:

erika_devilliers@redlands.k12.ca.us

Phone:
"required":

909-307-5300

Accounts Payable / Billing Contact

Name:

Fernanda Naves

Email:

fernanda_naves@redlands.k12.ca.us

Phone:
"required":

909-307-5300

District Technology Contact

Name:

David Monaco

District Data Contact

Name:

Jamie Cortz

Quote: Q-75393

Prepared For: Redlands Unified School District

Expires On: 7/31/2025

Email:

erika_devilliers@redlands.k12.ca.us

Phone:

"required":

909-307-5300

Email:

amy_drummond@redlands.k12.ca.us

Phone:

"required":

909-307-5300

Effective June 2024, Istation is a 100% wholly owned subsidiary of Amira Learning, Inc. As part of our integration efforts and to enhance efficiency across our organization, we are integrating our financial and banking structures under a single Federal Employer Identification Number (FEIN).

Effective immediately, all transactions, invoices, and financial documentation should be processed using the following federal employer identification number and banking information:

Federal Employer Identification Number (FEIN): 82-2207220

Banking Information

ACH Payments (preferred):

Bank Name: Western Alliance Bank

ABA Routing Number: 121143260

Bank Address: One East Washington Street Ste 2500 Phoenix, Arizona 85004 U.S.A

Account Name: Amira Learning Inc

Account Number: 8996514912

Beneficiary Address: 5214f Diamond Heights Blvd # 3255 San Francisco, CA 94131

Check Payments:

Amira Learning Inc

PO BOX 92448

Las Vegas, NV 89193-2448

(Note: Please do not send check payments to the beneficiary address noted on the W-9. Check payments should be sent to Amira Learning, Inc.'s lockbox, which is administered by Western Alliance Bank. This address differs from the one listed on the W-9.)

To assist in updating your records, we have attached the following documents:

- Amira Learning, Inc. Form W-9
- Official Banking Letters confirming our updated banking details

Please update your records to reflect this change and ensure that all future payments and correspondence are directed accordingly.

If you have any questions or require additional information, please do not hesitate to reach out to AccountsReceivable@amiralearning.com.

We appreciate your partnership and cooperation.

Sincerely,

Monika Flood

Monika Flood, CFO
Amira Learning, Inc.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Amira Learning, Inc.		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 5214F Diamond Heights Blvd #3255	Requester's name and address (optional)	
6 City, state, and ZIP code San Francisco, CA 94131			
7 List account number(s) here (optional)			
Remit to: P.O. Box 92448, Las Vegas, NV 89193-2448			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
8	2	-	2	2	0	7	2	2	0

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here	Signature of U.S. person <i>Monika Flood</i>	Date April 27, 2025
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

BANK ACCOUNT VERIFICATION LETTER**2/18/2025****RE: Amira Learning Inc**

To Whom It May Concern,

This letter is to inform you that **Amira Learning Inc** has an account with Western Alliance Bank.The routing number: **122105980**Account number: **8996514912**

We are pleased to confirm the account is in good standing and the information below for Incoming Wire Transfer and Incoming ACH Payments:

Beneficiary Bank Information

Bank Name: Western Alliance Bank
SWIFT Code: BBFXUS6S
ABA Routing #: 122105980
Bank Address: One East Washington Street Ste 2500
Phoenix, Arizona 85004 U.S.A

Beneficiary Information

Account Name: **Amira Learning Inc**
Account Number: **8996514912**
Beneficiary Address: **5214f Diamond Heights Blvd # 3255**
San Francisco, CA, 94131

The information is supplied solely for the purposes of reference, without any responsibility on the part of Western Alliance Bank, its agents, representatives, or affiliates for errors or omissions.

Sincerely,



Matthew Benidt

Head of Branch Banking

**REDLANDS UNIFIED SCHOOL DISTRICT
AGREEMENT FOR CONSULTANT SERVICES FORM FOR USE WITH OTHER SCHOOL
DISTRICTS/COUNTY SUPERINTENDENT OF SCHOOLS/COUNTY OR CITY ENTITIES
FOR OVER \$5000**

INSTRUCTIONS

1. FORM: Fill out agreement form completely, with dates, times, fees, the Consultant's signature and your Site Administrator (and fund administrator, if necessary). Assistant Superintendent, Business Services (CBO) who is a board authorized contract signer will co-sign the documents AFTER the Board meeting authorizing the agreement. The signed documents will be returned to you after approval by the board with a copy of your purchase order.

2. CONSULTANT QUALIFICATIONS: Please give a brief summary of consultant's qualifications below both in education and experience, and the name of the management code/funds to be charged.

3. REQUISITION: Please submit an electronic requisition for payment of consultant. Please send this attachment and agreement with the requisition number noted on it along the path of the Requisition. Each approver must see the agreement in order to approve your requisition. Business Services will insert the Board approval date on your requisition after agendizing the agreement. The requisition and agreement **MUST BOTH** be received in Business Services for the Agreement to be agendized. (You **DO NOT** need to attach a printed copy of the requisition to the agreement.)

4. CONSULTANT REQUEST FOR PAYMENT FORM: Please give the consultant a Payment form (also included in this file) for submittal after services are performed. Consultant will need to return this payment form to YOUR department and it will need to be signed by an administrator to verify that services have been received. Please complete your site info on this form before you send it to the consultant.

5. IMPORTANT: Agreements for consultant services must be Board approved BEFORE services are rendered. If the agreement forms are submitted to Business **AFTER** date of service, you **MUST** attach a statement to this agreement form signed by your administrator indicating why this happened.

6. PLEASE NOTE: This form is for outside consultants **ONLY**. Employees of RUSD or any school district will need to submit a "Request To Employ" form though Human Resources.

MEMORANDUM

Req#	From:	School/Dept.Code:	Fund: (management code)
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Consultant Qualifications:

See quote Q-75393 attached

CONSULTING AGREEMENT

Redlands Unified School District

Phone (909) 307-5300

Fax (909) 307-5325

THIS AGREEMENT is made effective on 05.22.25, and it is made by and between Amira Learning,
hereafter called "Consultant," and the Redlands Unified School District, hereafter called "District."

RECITALS

A. The District desires to obtain special services and advice regarding accounting, administrative, economic, engineering, financial, legal and like matters, as provided in this Agreement.

B. The Consultant is specially trained, experienced, qualified, competent and authorized under State and Federal law as applicable, to provide the special services and advice required by the District.

Accordingly, the parties agree with the above and as follows:

AGREEMENTS

1. In consultation and cooperation with the District, the Consultant shall provide professional and diligent services consistent with generally acceptable industry practices or better as follows:

Please check if applicable:



A statement of work is attached.



A specification is attached.



Other attachment described as: _____

Any attachment is hereby incorporated into this Agreement and made a part of it. In the event of any conflict between the language in this Agreement and any attachment incorporated herein, the language in this Agreement will govern and take precedence over any attachment.

2. The Consultant will commence providing services under this Agreement on 07.01.25, and will diligently, properly
and in full compliance perform as required and complete the performance of services by 06.30.26. Time shall be of the

essence in the performance of this Agreement. If the Consultant at any time during the term of this Agreement becomes noncompliant with any of the terms and conditions hereof or noncompliant with any applicable regulatory requirement including any suspension, revocation or termination of any permit, certification or license which is required in order for the Consultant to properly perform under this Agreement, then the Consultant shall immediately notify the originating department, copying the notification to Purchasing in writing at 20 W. Lugonia, Redlands, CA 92399.

3. The Consultant is an independent contractor and will perform said services as an independent calling and not as an employee of the District. Accordingly, nothing in this Agreement shall be construed as establishing a relationship of employer and employee, or principal and agent, between the District and the Consultant or between the District and any of Consultant's agents or employees. Consultant is solely responsible for its own acts and the acts of any of its agents or employees as they relate to any services provided. Consultant and its agents and employees shall not be entitled to any rights and or privileges of the District's employees and shall not be considered in any way to be the employees of the District. Each party acknowledges that the Consultant is not an employee for state or federal tax purposes or any other purpose.

4. The District will prepare and furnish to the Consultant upon request such existing information as is reasonably necessary for the performance of the Consultant. The Consultant shall provide its own equipment, vehicle, materials, supplies, food, incidentals and tools, etc. which may be required for the proper performance of this Agreement. Each party shall cooperate with the other party.

5. The total amount to be paid to the Consultant for any and all services satisfactorily rendered inclusive of all expenses, supplies and materials pursuant to this Agreement shall not exceed \$71,250.00.



If this is an Agreement to pay the Consultant by the hour, then this box shall be checked and the hourly rate indicated as follows:

(i.e. # of hours X \$rate per hour/day)

It is the sole obligation of the Consultant to ensure that the sum of the hours worked multiplied by the hourly rate does not exceed the total not to exceed amount authorized under this Agreement.

The total not-to-exceed amount and any hourly rate of the Consultant shall be inclusive of any and all expenses such as overhead and profit, fees, subcontract costs, automobile insurance to the amount required under California State law or more, materials, supplies, taxes, worker's compensation, mileage, travel, incidentals, food and the like.

6. Payment shall be made to the Consultant within thirty (30) days after receipt of a fully supported and detailed invoice which clearly indicates as applicable, any progress completed, milestones achieved, any reports (draft, preliminary or final) issued, dates worked, increments of hourly work (rounded to the nearest quarter hour increment), subcontract cost, etc. The District will not be obligated to make more than one (1) payment to the Consultant each month.

7. All reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, work products and other materials produced by Consultant under this Agreement shall be the sole and exclusive property of District. No such materials produced, either in whole or in part, under this Agreement shall be subject to private use, copyright or patent right by Consultant in the United States or in any country without the prior written consent of the District. The District shall have unrestricted authority to publish, disclose, distribute, transfer and use copyright or patent any such materials produced by Consultant under this Agreement.

8. The District may at any time and for any reason suspend performance by the Consultant or terminate this Agreement and compensate Consultant only for services satisfactorily rendered to the date of such suspension or termination. Written notice by the District shall be sufficient to suspend or terminate any further performance of services by the Consultant. The notice shall be deemed given when received, upon electronic confirmation of a facsimile transmission, or no later than three days after the day of mailing, whichever is soonest. Upon receipt of any notification of termination by the District, the Consultant shall promptly provide and deliver to the District any and all work product in progress or completed to date including any reports, drafts, electronic information or the like to the District. Unless otherwise identified, notice will be provided to the address shown at the signature block area on the last page of this Agreement. Facsimile notices shall be accepted.

9. Indemnification:

(a) Consultant, to the extent permitted by law, agrees to indemnify and hold harmless the District, its officers, agents, employees and volunteers from any and all claims, actions or losses, damages, and/or liability resulting from Consultant's negligent acts or omissions which arise from Consultant's performance of its obligations under this Agreement.

(b) The District, to the extent permitted by law, agrees to indemnify and hold harmless Consultant and its officers, employees, agents and volunteers from any and all claims, actions, losses or damages and/or liability arising out of the District's performance of its obligations under this Agreement.

10. It is acknowledged that the school district, County Superintendent of Schools, county or city are insured and will maintain that insurance during the time period of this agreement.

11. The Consultant shall maintain and preserve any and all written and electronic records relating to this Agreement, including without limitation, invoice support (e.g., hours and days worked and other detail) for a period of not less than three (3) years after final payment under this Agreement. The District, its employees and agents and the Office of the State Auditor shall have the right to audit, examine, inspect and copy any and all of Consultant's records relating to this Agreement at any time during normal business hours. Additionally, pursuant to Government Code Section 8546.7, the Consultant is hereby advised that every contract involving the expenditure of public funds in excess of ten thousand dollars (\$10,000.00) shall be subject to examination and audit of the State Auditor as specified in the code.

12. This Agreement is not assignable or delegable by either party, except upon the prior written consent of the other party.

13. The Consultant shall comply with all applicable District, federal, state, and local laws, rules, regulations, policies and ordinances and workers' compensation laws. The Consultant represents and warrants it does not have any potential, apparent or actual conflict of interest relating in any way to this Agreement.

14. The Consultant, if an employee of another public agency, certifies that Consultant will not receive salary or remuneration, other than vacation pay, as an employee of another public agency for the actual time in which services are actually performed pursuant to this Agreement.



15. Any modification of this Agreement shall be effective only if it is in writing and signed by the parties, except that the District may unilaterally amend this Agreement in writing to accomplish the following changes:

- a) Increase dollar amounts;
- b) Effect administrative changes; and
- c) Effect other changes as required by law.

16. This Agreement constitutes the entire Agreement between the parties and supersedes any and all prior or contemporaneous oral or written Agreements.

17. This Agreement shall be governed and construed by the law of the State of California regardless of any conflicts of laws or rules that would require the application of the laws of another jurisdiction. Venue shall be in San Bernardino County, California.

Authorized representatives of the parties have executed this Agreement as indicated below.

Consultant: Amira Learning 5214F Diamond Heights Blvd #2255 San Francisco, CA 94131	District: Redlands Unified School District 20 West Lagonia Ave. Redlands, CA 92374
 (Signature, Authorized Representative)	Assistant Superintendent, Business Services Chief Business Officer  Supervisor/ Principal/ District Administrator
866-883-7323 (Telephone)	
orders@amiralearning.com (email address)	Funding Administrator (if Applicable)
(Date) 5/22/2025	(Date)

District Board of Education Approval Date: _____
District Requisition number: _____ P.O. number _____
Attachment: Certification by Contractor Criminal Records Check