

ORDER FORM

This Order Form is entered into between Management Information Technology USA, Inc. d/b/a ChildPlus® Software ("ChildPlus") and the organization executing this Agreement and identified below as "Customer" ("Customer") on behalf of itself and the agencies or partner organizations identified in this Order Form (each, for purposes of this Agreement, an "Agency"). Customer, together with all such Agencies shall be defined collectively as "Licensee". ChildPlus and Licensee are each referred to as a "Party" and are collectively referred to as the "Parties."

CUSTOMER INFORMATION

Customer Name: County of Webb
Customer Code: TXLAWEB
Address: PO Box 2397
City, State, Zip: Laredo, TX 78044-2397
Website:
Facebook:
Twitter:
Instagram:

Principal Contact: *Gerardo Espinoza*
Title: *IT*
Phone & Extension: *(956) 795-1515*
Email Address: *jespinoza@webbcountytx.gov*

Billing Contact: *Ana M^a Huerta*
Title: *Specialized Service Director*
Phone & Extension: *(956) 722-6571*
Email: *anhuerta@webbcountytx.gov*

Secondary Billing Contact: *Margie Gonzalez*
Title: *Accounts Payable*
Phone & Extension: *(956) 722-6571*
Email Address: *mgonzalez@webbcountytx.gov*

Education Coordinator: *Luay Trejo*
Phone & Extension:
Email Address: *ltrejo@webbcountytx.gov*

System Administrator Contact:
Phone & Extension:
Email Address:

Technical Contact: Gerardo Espinoza
Title: IT
Phone & Extension: (956) 795-1515
Email Address: jespinoza@webbcountytx.gov

Training Contact: _____
Title: _____
Phone & Extension: _____
Email: _____

Please use another page if you would like to provide additional contacts.

LICENSEE INFORMATION

Types of Programs You Serve *Please include the number of children enrolled in each type of program.

Head Start: 1218 Pre-K: _____ Migrant/Seasonal: _____
 EHS: 144 Early Learn: _____ Other: _____

What assessment does your agency use? *For example, Teaching Strategies GOLD, ASQ, etc.

Teaching Strategies, Decca, L&P-D, ASQ, ASQ-SE
Gold

What are your funding sources?

Federal/Head Start Federal/EHS State Funded
 Other _____

Are you a grantee with delegates?

Yes No
(If yes, please continue below. If no, skip to the Services section.)

Will your delegates use ChildPlus under your annual subscription?

Yes No

(If yes, please continue below. If no, skip to the Services section.)

Will your delegates be able to contact us? Yes No

(If yes, please continue below. If no, skip to the Services section.)

What are your policies for supporting the delegates?
(Please select one of the choices on the right.)

- Delegates can contact ChildPlus.
 Delegates will go through the grantee who will contact ChildPlus.
 Other. (Please explain)

Please list each delegate agency's contact information.

Delegate Agency 1: _____

Contact Name: _____
Phone: _____
Email: _____

Delegate Agency 2:

Contact Name: _____
Phone: _____
Email: _____

(If you have additional delegates, please attach a separate piece of paper and include the delegates' name, contact name, phone number, and email.)

SERVICES

Annual License Subscription

Number of Enrolled Participants 1362 \$19,005.85

Optional Services

Place a check in any of the checkboxes below to sign-up for any of these optional services.

- DRDP® Assessment Module \$12,189.90
- VPN Database Access \$3,910.88
- Additional Archives \$
- Learning Library 12-month subscription \$ 1,599.00
includes up to 20 users [View Benefits](#)

Additional Learning Library Users
 X \$100.00 \$

Unlimited Users \$10,000.00

Taxes *if applicable \$

Alabama, Arizona, North Carolina, New Mexico, New York, Ohio,
Pennsylvania, South Carolina, Texas, Utah, Washington

ChildPlus offers a variety of learning opportunities. For in-person and online options visit university.childplus.com.

State Tax Exemption Number: _____

W-9 Form

Taxpayer Identification Number (TIN) _____

Please be sure to send us your State Tax Certificate and your W9-Form.

TERMS

Service Agreement: The ChildPlus Service Agreement (the "Agreement") governs Licensee's use of the ChildPlus services. The Agreement is located at childplus.com/agreement.

Authorized Signature: Customer represents that the signer below has the authority to bind Customer to the terms of this Order Form and the Agreement.

Service Commencement Date: The Service Commencement Date for this Order will be the date indicated above. This is the date Customer will commence using Services as described in this Agreement.

Effective Date: The effective date of this Order Form and Agreement is the date this Order Form is signed by ChildPlus.

Counterparts: This Order Form and the Agreement may be executed in any number of counterparts, each of which when so executed shall be deemed to be an original and all of which when taken together shall constitute one Agreement.

By signing this Order the Parties agree to be bound by the terms and conditions of this Order Form and the Agreement.

Customer Information

ChildPlus Information

Name:

Webb County Head Start

Address:

P.O. Box 2397, Laredo Texas 78044

Signature:

Ara Ma Huerta

Print Name:

Ara Ma Huerta

Title:

Specialized Service Director

Date:

9-1-2020

Name:

Management Information Technology USA, Inc.
d/b/a ChildPlus® Software, a Georgia Corporation

Address:

303 Perimeter Center North, Suite 400
Atlanta, GA 30346-2487

Signature:

Stacy Lewis

Print Name:

Stacy Lewis

Title:

Director of Business Development

Date:

August 28, 2020