Appendix C STATEMENT OF WORK (SOW-012265)

(Statement of Work Dated August 5, 2016)

This Statement of Work (SOW) is made under and governed by the Online Tutoring Services Agreement, entered into between Reedley College (Client) and NCS Pearson, Inc. operating through its Smarthinking Division (Smarthinking) dated April 7, 2014. Pricing offered in this SOW is valid until <u>September 15, 2016</u>.

A. Term of SOW: Start Date:

July 1, 2016

	June 30, 2017				
-	es and Professional Services mu his SOW and are not refundable.	st be used during	the term of this SOW. Unused hours expire at th		
Overages: Any hou pasis at a rate of \$	•	of the Total Hours s	et forth in this SOW shall be charged on an ongoin		
. The following lis	st of purchases and deliverables	are agreed to by t	he Parties:		
Online Tutorin	g Services used:		(NT)		
<u>.</u> .	• 60 # of Hours @ \$25.00		per hour ("Total Hours")		
• Total	# of roll-over hours Fee for Tutoring Services:	10%x\$25.00 \$3,175.00	per hour ("Rollover Hours")		
		Greens	Pate this SOW is signed by Client.		
CLIENT: Reedley College		Phone:	559-638-0300 ext 3152		
Δma	nda Taintor				
Attn:		Fax:	amanda.taintor@reedleycollege.edu		
Address: 995 N. Reed Ave.		email:	amanda:tainton@reedieyconege.edd		
Reedley, CA	93654	■ I would	like to receive additional invoices via email.		
Aonus Signature Donna Berry Vice		Joseph Signature	Marinaro		
Printed Name and	e and Title V		ance		
Date Signed by Client		Printed Na	Aug 18, 2016		
559-638-0300		Fax: 206-	260-8525		
Telephone			Remit Payment by Check to: NCS Pearson, Inc.		
□ I would like to receive any additional invoices via email. Email Address:		mail. 13036 Col	13036 Collection Center Drive Chicago, IL 60693 Smarthinking Rep Email: Kindra.Merrill@pearson.com		

STATE CENTER COMMUNITY COLLEGE DISTRICT CONTRACT/AGREEMENT/GRANT APPROVAL COVER SHEET

Title of Contract/Agreement/C	Grant:		
Contract/Agreement/Grant Ty	ype:		
New (If yes, may require Board approval)	Continuing (no changes)	Continuing (with changes, note changes in description)	Addendum to existing
SCCCD Generated	Requires Legal Review	Requires Insurance (If yes, complete insurance form)	Resolution Required Board approval required
Contract/Agreement/Grant: Total Amount: \$3,175	Application Fina	al	Initial Initial
Total Amount:	-	Date final approved:	
Yr 1: Yr 2:	Yr 3:	Yr 4:	Yr 5:
Budget No.	Match:	Period:	
Agreement between Reen hours from the previous soused last semester. This who do not have the ability	emester and purchase service is highly valual	e additional hours equ ble to our distance ed	ivalent to the total ucation students
Insurance (If requested):			
Approval Signatures: Intriator: Title: DE COORDING Monna Berry Title: VP Admin Scr	·		
PLEASE NOTE: HPONI	EVECUTION OF CON	JTDACT A CODY M	FICTE IDE CENTE TOA

PLEASE NOTE: UPON EXECUTION OF CONTRACT, A COPY MUST BE SENT TO THE OFFICE OF THE VICE CHANCELLOR OF FINANCE AND ADMINISTRATION.