IMPORTANT: This form must be completed and received **30 business days** prior to the Committee of the Whole Meeting.

FISCAL YEAR: 26-27

CONTRACT APPROVAL COVER SHEET

Please attach a copy of the contract/agreement (signed and dated by the vendor). Please note that all contracts must be solicitor-reviewed prior to submitting contracts for Board approval.

PLEASE PRINT LEGIBLY

Vendor/Consultant Name: Acellus Educational Services

Start Date: August 1, 2026 End Date: June 30, 2027

Building/Department Name: Student Services

Total Cost of Contract: $ 31,600

Scope of Work: providing HS students, in the graduating cohort, online curriculum for credit recovery

Funding Source: _____ | _____

Budget Account Code _____ | _____

The attached document has been prepared for accuracy and is ready for approval. Any supporting documentation regarding this request has been attached.

☐ Document Submitted by: Katlin Cano Date: 7/10/26

☐ Office Director Reviewed: Krystal Palmer. Date: 7/10/26.

☐ Superintendent/Designee Reviewed: _____ Date: _____

For Office Use Only:

Notes/Comments: _____

Board of Directors Approval / Denial was obtained on this date: _____

Please note: For questions regarding denial, please speak with your immediate supervisor.

Acellus Quote

ACELLUS EDUCATIONAL SERVICES | 11025 N. Ambassador Drive, Kansas City MO 64153

Date: 07/08/2026
Proposal Valid Through: 08/07/2026
Proposal Number: 1056868

Contact Information	
Harrisburg City School District Edit 1010 N 7th Street Harrisburg, PA 17102	**Contact**: Ms. Krystal Palmer, Director of Special Education Edit **Phone**: 717-703-1421 **Email**: kpalmer@hbgsd.us

QTY	DESCRIPTION	PRICE	EXTENDED PRICE
400	Acellus Gold Monthly Student License • Valid for the 2026/27 School Year • Additional students added to Acellus will be billed at the rate of $79/student/month through the volume discount	$ 79.00	$ 31,600.00
		Balance to be Paid:	**$ 31,600.00**

☐ Click here to indicate that you have read and agree to the Standard Purchase and License Terms.

ACCEPTED BY:

NAME:	TITLE:	EMAIL:

PO NUMBER: (Optional)

Accept this Proposal