



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: TRC Healthcare

Start Date: Sept 1, 2026 End Date: August 31, 2027

Building/Department Name: Student Services

Total Cost of Contract: \$ 1,514

Scope of Work: Providing continuing education credits for licensed individuals in the district

Funding Source: General

Budget Account Code 10-2111-810-000-00-00-110-000-0054

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: Kathleen Date: 7/29/26
- ☐ Office Director Reviewed: _____ Date: _____
- ☐ Superintendent/Designee Reviewed: Kristal Palmer Date: 7/29/26

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.

Service Order Form

The Service Order Form (the “**SOF**”) confirms the Customer's intent to subscribe to the Service Provider's services as listed below and at the annual subscription fees listed (the “**Services and Fees**”). A Purchase Order number may be provided by the Customer as further confirmation of the Customer's intent to purchase. Capitalized terms not defined in this Service Order Form are as defined in the Terms and Conditions (collectively the “**Agreement**”).

Customer

20580679
Harrisburg School District
Stacey Nornhold
1010 N 7th St
Harrisburg, PA 17102-1400
snornhold@hbgsd.us
7178184224

Service Provider

Therapeutic Research Center, LLC
1025 Creekside Ridge Dr., Suite 100
Roseville, CA 95678
Email: ar@trchealthcare.com
209.472.2240

Notice Address:

McKissock Investment Holdings, LLC, dba Colibri Group
Attn: Corporate Legal Department
399 South Spring Street, Suite 108
St. Louis, MO 63110

Purchase Order No: _____

Billing Frequency: Annual - Invoices will be issued up to 60 days prior to each related service period.

Invoice Terms: Net 30

Payment by Credit Card: Therapeutic Research Center, LLC accepts credit card payments from Visa, MasterCard and Amex. A 3% credit card processing fee will apply.

1. Services and Fees:

- a. **Quantity Definition:** Users
- b. **Initial Term End Date:** 08/31/27

Qty	Description	Start Date	End Date	Sub-Total
25	NetCE All Access: Social Worker	09/01/26	08/31/27	\$ 1,514.00

Sub-Total: \$ 1,514.00

Estimated Sales Tax: \$ 0.00

Total: \$ 1,514.00

2. **Billing:** Upon receipt of this Service Order Form signed by Customer, Service Provider will invoice the Customer based on the Fees listed above for the Services, and the invoice(s) will be due based on the billing frequency listed above after Customer's receipt of the invoice(s). Any such payment made by Customer under this Service Order Form is non-refundable. For organic growth (including, but not limited to, location count/hospital bed count, user count, or additional facilities), these additions will be accounted for on the subscription anniversary date. Customer shall inform Service Provider of any increases to location count/hospital bed count, user count, or additional facilities at least sixty (60) days prior to the anniversary date. For material acquisition or merger of 5% or more locations/hospital beds, users, or additional facilities, Service Provider reserves the right to pro-rata invoice the additions based on the time of acquisition or merger.

Invoices: Invoices will be directed to:
Harrisburg School District
Stacey Nornhold
1010 N 7th St
Harrisburg, PA 17102-1400
snornhold@hbgsd.us

3. **Permitted Access:** As of 09/01/2026, members of Customer's Authorized User list detailed in this Service Order Form are authorized to access the Service(s) listed. Any change to this list shall be agreed in writing between Service Provider and Customer with an amendment to this Service Order Form.
4. **Term and Termination:** This Service Order Form is effective on 09/01/2026 ("Effective Date") and the initial term for each respective service as listed in the Services and Fees section above will automatically renew for successive one-year terms ("renewal term(s)") unless both parties agree to extended contract terms beyond the initial commitment term. Service Provider may increase the fees for any renewal term as follows:
- a) unless Service Provider provides written notice of a price increase pursuant to subsection (ii) of this paragraph, the fees shall automatically increase for each renewal term in an amount equal to the increase in the annual CPI Index for Medical Care Services unadjusted 12-month rate (<https://www.bls.gov/news.release/cpi.nr0.htm>), but not to exceed 7%; or
 - b) Service Provider may, not less than ninety (90) days prior to the expiration of the then-current term, provide written notice specifying a specific fee increase, such increase to be automatically effective for the next renewal term, unless Customer provides written notice of termination at least sixty (60) days prior to the expiration of the then-current term as set forth above.

Notwithstanding the above, in the event that this Service Order Form does not automatically renew pursuant to the above paragraph but Customer continues to access and use the Services (a "Holdover"), Service Provider shall have the right to invoice Customer on a monthly basis for each calendar month during which Customer accesses and uses the Services during the Holdover period, at Service Provider's then-current fees charged to its customers for the Services generally. Such invoiced amounts will be due and payable on the same terms set forth in this Service Order Form. The parties further acknowledge and agree that: (a) during the period of the Holdover, the terms and conditions of this Service Order Form shall continue to apply to Customer's access to and use of the Services; and (b) Service Provider shall have no obligation to make available the Services for access and use by Customer following a Holdover, and may at any time, in its sole and absolute discretion, cease making available the Services for access and use by Customer following a Holdover.

5. **Authorized Locations and/or Users:** Permitted Customer locations and/or users are listed in Appendix A as attached to this Service Order Form.



Terms and Conditions ("Agreement"):

By signing this Service Order Form, the Customer agrees to the Terms and Conditions provided at <https://www.colibrihealthcare.com/enterprisettermsandconditions/> and agrees that they are incorporated into this Service Order Form and may be updated from time to time at Service Provider's sole discretion.

IN WITNESS THEREOF, the Parties have executed this Service Order Form as of the Effective Date.

Signed for on behalf of Customer

Signed for on behalf of Service Provider

Signature:

Signature:

Print Name:

Print Name:

Title:

Title:

Date:

Date:

Appendix A – Authorized Locations List

Total Locations: 1

Location Name	Street Address	City	State	Zip	Location #
Harrisburg School District	1010 N 7th St	Harrisburg	PA	17102-1400	1

*Users may access the Services remotely as well as onsite at the location(s) listed above.