

Sales Order For: **Contact Information:**

Account HERNANDO COUNTY PUBLIC SCHOOLS - FL Company Name Nearpod, LLC

2911 Peach Street Address 919 N BROAD ST Address Wisconsin Rapids, WI 54494

BROOKSVILLE, Florida 34601

UNITED STATES Nearpod Contact Leandro Beer – Geina Rotti

Contact Jesse Diaz leandrob@nearpod.com

Company Phone 305-677-5030

Service Start: 07/01/2024 Please Note: If you are a Tax-Exempt Customer, please

include your Sales Tax-Exempt Certificate with signed documents/proof of payment. Otherwise, applicable tax will

be included in your invoice.

Ask your Nearpod Rep about locking in your rate for up to 3 years with multi-year pricing.

PRODUCTS

Service End: 06/30/2025

Product	Quantity	List Price	Discount	Total
Nearpod Premium Plus - District	24000 - Students	\$137,760.00	(\$62,328.00)	\$75,432.00
Online Training	2 - Trainings	\$900.00	(\$0.00)	\$900.00
			Total	(USD) \$76,332.00

Quote Date: April 11, 2024

Product Description Detail

Nearpod Premium Plus - District

Nearpod Premium Plus - District:

Nearpod Premium Plus, including unlimited access to:

- Nearpod's lesson, video, and activity creation and delivery platform with 20+ formative assessment and media features
- Nearpod Lesson Library with 8,500+ standards-aligned, interactive lessons for all K-12 subject areas, featuring favorite educational brands
- Nearpod Video & Activity Library with 10,200+ standards-aligned interactive videos and 3,300+ activities for all K-12 subject areas, featuring favorite educational brands, that can be used on their own, or added to Nearpod slides lessons
- District features including larger class sizes, unlimited storage, School and District shared Libraries, LMS integration, and more
- Premium Plus lesson delivery features, including Live Teacher Annotation, Co-Teaching, and Live to Student-Paced

Online Training

Online Training:

Webinar: Up to 2-hour session with a Nearpod Trainer for up to 50 participants.

Training Policy

Training Cancellation Policy

Nearpod requests 48 hours notice to cancel or reschedule a confirmed session. If the session is not canceled but no one attends, this session will be considered expired.

Minimum Attendance Policy

Nearpod requests that at least 10 participants attend a confirmed training session. If there are fewer than 10 participants, the session may be modified and will not be recorded.

Free Training Resources

Access to daily public webinars, on-demand webinars and how-to resources and videos can be accessed here: http://nearpod.com/resources

Nearpod Confidential. All rights reserved.

Quote ID: 230404 Quote Date: April 11, 2024

Terms

This Sales Order is valid until: 06/31/2024

Service will run from 07/01/2024 until 06/30/2025, or from when customer is first provided access to the purchased service(s) for a length of time equal to the time between the Start Date and End Date, whichever is later. The agreed upon price for this timeframe is (USD) \$76,332.00.

Nearpod price quotes are confidential, unless disclosure is required by subpoena or state law. Education List Pricing is only available for PreK-12 Education customers. Please submit this price quote attachment with your Purchase Order. Tax-exempt customers should include their tax-exempt number on their Purchase Order.

This Sales Order covers the Nearpod and/or Flocabulary Services described herein and is governed by the Terms of Service and License Agreement and Data Protection Addendum available at: https://docs.renaissance.com/R67464.

Customers providing a Purchase Order are required to remit payment within 30 days of invoicing. Otherwise, payment is required within 7 business days. Failure to remit payment may cause a disruption in service. By signing this Agreement, I certify that I am authorized to sign on behalf of the Customer and agree to the Terms and Conditions of this Sales Order and any documents incorporated herein.

If you are a Tax-exempt customer, please include your Sales Tax-Exempt Certificate with signed documents/proof of payment. Otherwise, applicable tax will be included in your invoice.

Quote ID: 230404

Quote Date: April 11, 2024

Purchase Order Information (REQUIRED):

Yes []	- Please provide PO number below
No []	1
PO Number:	
Name:	Vendor's proposed Purchase Order terms rejected to the extent inconsistent with School Board's purchasing instructions. Purchase subject to
Signature:	terms of School Board Standard Addendum.
Date:	http://www.hernandoschools.org/departments/ purchasing/vendor-information
Tax Exempt	:#:

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

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.

Befor	e you begin. For guidance related to the purpose of Form W-9, see Pu	rpose of Form, below.								
	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.)								egarded	
	Nearpod, LLC									
	2 Business name/disregarded entity name, if different from above.									
ige 3.	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.					4 Exemptions (codes apply only to certain entities, not individuals;				
on ps	✓ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate				see instructions on page 3):					
pe.	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				Exempt payee code (if any)					
Print or type. c Instructions	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.				Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)					
F S	Other (see instructions)				code (ii ariy)					
Print or type. See Specific Instructions on page 3.	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					(Applies to accounts maintained outside the United States.)				
See	5 Address (number, street, and apt. or suite no.). See instructions. 2911 Peach St		Request	er's n	ame a	and address (optional)				
	6 City, state, and ZIP code		1							
	Wisconsin Rapids, WI 54494									
	7 List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)									
Enter	your TIN in the appropriate box. The TIN provided must match the nan	ne given on line 1 to av	oid	Soc	ial sec	curity r	umber	, ,		
	p withholding. For individuals, this is generally your social security nun		or a			_		_		
	nt alien, sole proprietor, or disregarded entity, see the instructions for l s, it is your employer identification number (EIN). If you do not have a r		eta .							
TIN, la			,	or Emr	lover	identit	fication	numb	er	
Note:	If the account is in more than one name, see the instructions for line 1	. See also What Name	and [T	7					$\overline{}$
Number To Give the Requester for guidelines on whose number to enter.				4	6 -	- 0	9 9	3	6 7	9
Par	Certification									
	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 3. I am a U.S. citizen or other U.S. person (defined below); and										
	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reportin	ng is corr	ect.						
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 Robert Blackwood	C	oate 0	4 /	04	/ 202	24			
	and Instructions	New line 3h has h	een add	ed to	thie	form	A flow-t	hrou	ah entit	/ is
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. 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 V to another flow-through entity in which it has an ownership interest. To					ect orm W-9					
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. to another flow-through entity in which it has an ownership interes 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, and it is indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements.					ion					
	at's New	partners may be req Partnership Instructi	uired to	com	plete	Sched	lules K-	2 and	d K-3. S	
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.		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								

Cat. No. 10231X Form **W-9** (Rev. 3-2024)

Quote Date: April 11, 2024