



Financial Life Cycle Education
65 Bleecker Street, 5th Floor
New York, NY 10012
www.ficycle.org

School/Client Name
Primary Contact
Address
Phone
Email

Thank you for your interest in Financial Life Cycle Mathematics (the “Course”). This letter describes the relationship between us (“FiCycle”) and your school.

Please have the principal or authorized party at your school fill out Schedule A and sign below so that we can give you access to the Course.

In plain English, we give you access to the Course via Dropbox for free for the first year. After that, you pay fees based on the number of teachers and students using the Course. You agree not to share or distribute copies of the Course to third parties and you agree not to use it or keep copies of it after this contract expires. If you want to continue using the Course after the first year, simply have the principal or authorized party complete Schedule B and return it to us. We provide two professional development sessions, ongoing email and telephone support during normal business hours, and a pre- and post-course student performance report.

In legal terms: The math teachers shown on Schedule A are authorized to access and use the Course for one year, without charge. Thereafter, the Course will be provided in accordance with Schedule B. The following terms are express conditions of your receipt and review of the Course:

1. Granting access and use of the Course is not a transfer of ownership in or of the Course and you agree to honor the copyright of the Course. You acknowledge and agree the Course is the sole and exclusive property of FiCycle and all right, title and interest in and to the Course is retained by FiCycle.

2. The Course is provided to you for internal use and review only and neither you nor the authorized teachers will share access, reproduce, or distribute the Course to any third party. Access to and use of the Course is being provided at no charge on a trial basis solely for the purpose of evaluating the Course in order to determine whether to extend this agreement past the trial term, in accordance with Schedule B.

3. This agreement will terminate upon the later of (a) expiration of the trial term set forth on Schedule A, or (b) expiration of the term shown on Schedule B. Upon the termination or expiration of this agreement, access and use of the Course shall be suspended and you must immediately stop using the Course. Adoption fees are non-refundable.

4. If there is a dispute between us, we agree to apply the laws and judicial decisions of the State of New York, file action in state or federal courts in the County of New York, State of New York, and waive jurisdictional and venue defenses.

5. This letter and its schedules contain the entire agreement between us and to change it both our signatures or initials are required. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which when taken together shall constitute the Agreement. It is anticipated that Schedule B will be updated from time to time and such changes will be valid only after signed by both of us.

If the terms of this letter are agreeable to you, please execute in the space below and initial the appropriate Schedule. You may return your agreement to us by email (info@ficycle.org) or by post (FiCycle, 65 Bleecker Street, 5th Floor, New York, NY 10012).

Sincerely,

Financial Life Cycle Education Corp. (FiCycle)
TAX ID# 47-2623955
NYC DOE/FAMIS #FIN623955

Agreed,

School: _____

By: _____

Title: _____

Date: _____

SCHEDULE A – FREE FIRST YEAR TRIAL

School Name: _____
School District: _____
Title I/High Needs School: Yes / No
School Year 20__ to 20__
Expiration Date: June 30, ____
Purchase Order#: _____

Billing Contact:
Name: _____
Title: _____
Email: _____
Phone: _____
Billing Address: _____ _____ _____

TABLE OF TEACHERS (add more on separate page)

Name	E-mail	Mobile (optional)	Preferred Method of Communication	# of Sections and Term

Course name: _____ Term: Fall (F) Spring (S) Full Year (Y)

Pricing

Teachers: \$200/teacher per year
High Needs* \$100/teacher per year

Teacher Total \$ *First Year Free*

Estimated Students	Base Price /Year	Base Price /6 Year
1-50	\$1,000	\$4,500
51-100	\$2,000	\$9,500
101-150	\$3,000	\$14,500
151-200	\$4,000	\$19,500
201+	TBD	TBD

Number of Students: _____

Student Total \$ *First Year Free*

50% Discount

High Needs/Title I Schools: *N/A*

Workbooks: *Orders require three-week lead time.*

Unit 1: _____ x \$7.00 = _____
 Unit 2/3: _____ x \$7.00 = _____
 Unit 4/5: _____ x \$7.00 = _____
 All Three: _____ x \$20.00 = _____

Book Total \$ _____

Customized Professional Development:

(\$_____/hour) Hours Requested: _____ (subject to availability)

Initials: _____

SCHEDULE B – ANNUAL ADOPTION

School Name: _____
 School District: _____
 Title I/High Needs School: Yes / No
 School Year 20__ to 20__
 Expiration Date: June 30, ____
 Purchase Order#: _____

Billing Contact:
 Name: _____
 Title: _____
 Email: _____
 Phone: _____
 Billing Address:

TABLE OF TEACHERS (add more on separate page)

Name	E-mail	Mobile (optional)	Preferred Method of Communication	# of Sections and Term

Course name: _____ Term: Fall (F) Spring (S) Full Year (Y)

Pricing

Teachers: \$200/teacher per year
 High Needs* \$100/teacher per year

Teacher Total: \$ _____

Estimated Students	Base Price /Year	Base Price /6 Year
1-50	\$1,000	\$4,500
51-100	\$2,000	\$9,500
101-150	\$3,000	\$14,500
151-200	\$4,000	\$19,500
201+	TBD	TBD

Number of Students: _____

Student Total: \$ _____

50% Discount for High Needs/Title I Schools: \$ _____

Workbooks: Orders require three-week lead time.

Unit 1: _____ x \$7.00 = _____
 Unit 2/3: _____ x \$7.00 = _____
 Unit 4/5: _____ x \$7.00 = _____
 All Three: _____ x \$20.00 = _____

Book Total \$ _____

Customized Professional Development:

(\$_____/hour) Hours Requested: _____ (subject to availability)

Initials: _____