



**FiCYCLE**

**Financial Life Cycle Education**

65 Bleecker Street, Fl. 5

New York, NY 10012

[www.ficycle.org](http://www.ficycle.org)

School District/Client Name:

Primary Contact:

Address:

Phone:

Email:

Thank you for your interest in Financial Life Cycle Mathematics (the “Course”). This Letter of Agreement describes the relationship between us (“FiCycle”) and your school district/organization.

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

In plain English, we provide new FiCycle schools free access to the Course via our course website for the current school year. You agree not to share or distribute copies of the Course to third parties, and you agree not to use or keep copies of it after this contract expires. If you want to continue using the Course after the current school year, simply have the teacher or authorized party complete Schedule A again reflecting the new school year and return it to us. We provide a two-day professional development session and an asynchronous option, as well as ongoing email and telephone support during normal business hours.

**In legal terms:** The teachers shown on Schedule A are authorized to access and use the Course for the current school year, without charge

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.

3. This agreement will terminate upon the later of expiration of the term set forth on Schedule A. 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. Adoptions do not automatically renew. Again, if you want to continue using the Course after the current school year, simply have the authorized party at your school complete Schedule A again reflecting the new school term and return it to us.
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 the pricing schedule will be updated from time to time and such changes will be valid only after signed by both of us.
6. 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 at [ficycle.org/AdoptFiCycle](http://ficycle.org/AdoptFiCycle), by email: [info@ficycle.org](mailto:info@ficycle.org), or by post at:

Financial Life Cycle Education  
65 Bleecker Street, Fl. 5  
New York, NY 10012

Sincerely,

Financial Life Cycle Education Corp. (FiCycle)  
TAX ID: #47-262-3955  
NYC DOE/FAMIS #FIN623955

Agreed,

District: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Schedule A**

<b>School District:</b>	<b>FiCycle 2-Day Virtual PD:</b>
<b>Number of Schools using FiCycle:</b> _____	Mandatory for new FiCycle Math Teachers
<b>Number of Students using FiCycle:</b> _____	Open/optional for returning FiCycle Math Teachers
<b>School District Type:</b>  <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Homeschool <input type="checkbox"/> Other	(Hybrid at NYC office if enough interest)  <u>Day 1: Course Overview &amp; Units 1-3</u>  Introduce the course structure, website, and resources. Deep dive into Units 1-3, providing a clear plan for the first three weeks and building confidence in foundational finance skills.
<b>Title I / High Needs District:</b>  <input type="checkbox"/> Yes / <input type="checkbox"/> No	<u>Day 2: Spreadsheets as a Calculator (Units 1-5)</u>  Guide teachers through using spreadsheets across all units, from basics to advanced applications.
<b>School Year:</b> 20____ to 20____	<b><u>Choose PD dates that work best for your teachers on following page:</u></b>
<b>Expiration Date:</b> June 30, _____	<b><u>Interested in doing PD at our NYC Office?</u></b>
<b>(Optional) Will any of your schools be purchasing physical workbooks?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	June: 6/22-23 <input type="checkbox"/> Yes July: 7/20-21 <input type="checkbox"/> No August: 8/31-9/1 Async Option

(Add school/teacher details on following page)

**Add Ons**

<b>(Optional) Physical Workbooks:</b> Orders require three week's lead time when ordered mid school year.
Unit 1: _____ x \$10 = _____
Units 2/3: _____ x \$10 = _____
Units 4/5: _____ x \$10 = _____
All Three: _____ x \$25 = _____
Book Total: \$ _____
(Shipping add'l 15% of Book Total)

<b>Will you be using a PO?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Billing Contact:</b>
<b>Title:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Billing Address:</b>

Schedule A

TABLE OF TEACHERS

If new to FiCycle Math, please note the PD date that works for each teacher below from the following: "June" | "July" | "August" | "Async" | "Contact" » We will reach out to teachers directly

Course Name(s): \_\_\_\_\_

School 1: \_\_\_\_\_

Address: \_\_\_\_\_

Teacher Name	Teacher Email	# of Sections and Terms	PD Date:

School 2: \_\_\_\_\_

Address: \_\_\_\_\_

Teacher Name	Teacher Email	# of Sections and Terms	PD Date:

School 3: \_\_\_\_\_

Address: \_\_\_\_\_

Teacher Name	Teacher Email	# of Sections and Terms	PD Date:

\*Please contact us ([info@ficycle.org](mailto:info@ficycle.org)) if you need more tables or rows for your school district