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Columbus, OH 43235  
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December 18, 2014

Galion City Health Department  
113 Harding Way East  
Galion, Ohio 44833  
419-468-1075

This contract is made and entered into by and between the Association of Ohio Health Commissioners, Inc., (hereafter referred to as AOHC), 110A Northwoods Blvd., Columbus, OH 43235 and Galion City Health Department, 113 Harding Way East, Galion, OH 44833, for **the provision of licenses for Skillsoft, an online learning and e-learning solution.**

**A. AOHC will:**

1. Provide a 30 course catalog in each of the three years of this contract, 2015-2017. In 2016 and 2017, participating local health districts (LHDs) will have input into the courses selected for the AOHC catalog. Midway through each year, six original courses will be switched out for six new courses. Thus, the total number of courses available for each license purchased will be 36 per year. See attachment for list of initial courses to be offered in 2015.
2. Assure web access to the AOHC course catalog, either through a custom entry webpage for each participating local health district or through an AOHC entry webpage. In 2015, web access will be provided no later than March 1; in 2016-17, access will be provided no later than February 1.
3. Invoice [LHD] yearly for no more than \$30 per license, **or a total of [total \$] for [number of licensed purchased] licenses.** All fees shall be invoiced annually and are due and payable net 100% net 60 days from the date of invoice.

**B. Galion City Health Department will:**

1. Purchase a minimum of 6 Skillsoft licenses in each of the next 3 years (2015, 2016, and 2017). LHD has the option to add licenses at any time over the three year period. However, LHD has committed to purchase at least the total number stated above in each of the three years. The cost per license per year will be no more than \$30.
2. Return a copy of the executed contract no later than January 28, 2015.
3. Submit payment within 60 days of the date of the invoice.

The statements above comprise the full and complete scope of this agreement.

**On behalf of the Association of Ohio Health Commissioners:**

**Date:**

12/18/14

Beth Bickford, MS, RN, CAE  
Executive Director

**On behalf of [LHD]:**

**Date:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Printed Name and Title