**The information on this worksheet is used to draft your license agreement. Please type information into this word document and email to** **Licensing@playproject.org**

|  |  |
| --- | --- |
| **Today’s Date** | **What cohort did you participate?** |
|  |  |

|  |
| --- |
| **Contact Information for Agreement and Billing** |
| Organization or Individual Name: |
| Contact Person: |
| Legal Address: |
| Phone: email address: |
| Who do we send invoice to?  |

|  |
| --- |
| **Authorizer Information (Who will sign the agreement)** |
| Authorizing Official Name: |
| Authorizing Official Title: |
| Authorizing Official Email:  |

|  |
| --- |
| **Consultant Information** |
| **List name(s) of PLAY Project consultant(s):***
 |

**Once an active licensing agreement is in place, your organization is listed as a licensed PLAY Project provider on our international directory at www.playproject.org**

|  |  |
| --- | --- |
| **Website:** |  |
| **Street Address:** **City, State and Zip:** |  |
| **Contact person:** |  |
| **Email:** |  |
| **Phone:** |  |

1. How many children do you anticipate participating in PLAY Autism Intervention in the next 12 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What can we do from The PLAY Project Organization to support your efforts as a PLAY Autism Intervention provider? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License Fee (1st year free)**

**The annual fee for a PLAY Project license is $315.00 plus $99.00 per consultant. If you are both the license holder AND the consultant, the fee then is $315.00.**

|  |  |
| --- | --- |
| **Annual license fee Scenarios**  | **Annual Fee (1st year free)** |
| Agency/Individual fee | $315.00 |
| w/1 consultant | $414.00 |
| w/2 consultants | $513.00 |
| w/3 consultants | $612.00 |