

**Washington State Library  
Statewide Database Licensing (SDL)  
Intent to Participate (Gale)**

**YES**, this Educational Service District (ESD) will participate in the SDL Project [subscription from Gale](#).

**NO**, this ESD does not choose to participate in the SDL [subscription from Gale](#) at this time for these reasons:

---

If “YES,” I understand that this subscription covers a 12-month period from July 1 through June 30 of each year, and during this period participating entities in Washington State will be invoiced by Gale for approximately half the cost of providing these databases. The remaining costs will be paid with federal Library Services and Technology Act funds from the Institute of Museum and Library Services administered by the Washington State Library, a division of the Office of the Secretary of State.

I understand that by agreeing to participate in the Statewide Database Licensing contract with Gale, this ESD is agreeing to pay its share of the total cost once the ESD receives an invoice from Gale. I understand that renewals for subsequent years are automatic, unless a Cancellation form is submitted to the State Library by the announced deadline, usually in May.

I also agree that having reviewed the terms of the [Gale Product and Services License Agreement](#) as modified for the State of Washington and [posted on the WSL SDL web site](#), this ESD agrees to comply with those terms and to insure that all participating school districts or individual schools are informed of the terms.

**Library Contact:**

ESD Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile (optional): \_\_\_\_\_

Email: \_\_\_\_\_ Fax (optional): \_\_\_\_\_

**Authorization (Either digital or actual physical signatures will be accepted):**

---

Signature of individual authorized to make this commitment / Date

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

***Return completed, signed form as follows:***

***E-mail saved or scanned PDF version to: [intent@sos.wa.gov](mailto:intent@sos.wa.gov)***

***Or fax to: 360-586-7575***

***Or mail to: Statewide Database Licensing Project***

***Washington State Library***

***P.O. Box 42460***

***Olympia, WA 98504-2460***