

CAMBRIDGE PUBLIC SCHOOLS

159 THORNDIKE STREET, CAMBRIDGE, MASSACHUSETTS 02141

14-160



25

September 2, 2014

TO THE HONORABLE MEMBERS OF THE SCHOOL COMMITTEE:

CONTRACT AWARD: Tutoring Services

RECOMMENDATION: That the School Committee award a contract to the following vendor for Student Services; funds to be provided from the General Fund budget, Chapter 30B of the laws of the Commonwealth of Massachusetts having been complied with.

<u>Contractor</u>	<u>Period of Contract</u>	<u>Amount</u>
Education Inc. P.O. Box 3345 Plymouth, MA 02478	9/1/14-6/30/15	\$35,000.00

DESCRIPTION: This contract is for home and hospital tutoring as assigned by the Office of Student Services.

SUPPORTING DATA: RULES OF THE SCHOOL COMMITTEE: Chapter III, Section 12... "motions calling for the appropriation or expenditure of money shall require the affirmative vote of four members."

BUDGET REFERENCES:

ACCOUNT: 53101 Professional/Technical Services
FUND: 15000 General Fund
ORG: 852310 Office of Student Services
Home Instruction/Home Tutoring
PROJ:

Respectfully Submitted,

Jeffrey M. Young, Ed.D.
Superintendent of Schools

CS

26

CAMBRIDGE PUBLIC SCHOOLS

REQUEST FOR CONSULTING OR PROFESSIONAL DEVELOPMENT SERVICES CONTRACT

<u>Account</u>		<u>Fund</u>	<u>Dept</u>	<u>Proj/Grant</u>	<u>For Contracts exceeding \$5,000, check one:</u>	
<input checked="" type="checkbox"/>	53101 Prof/Tech	15000	852310		<input type="checkbox"/>	Professional Development Contract
<input type="checkbox"/>	55804 CP/Software				<input type="checkbox"/>	Three Quotes Solicited (please attach)
					<input type="checkbox"/>	Sole Source Procurement (docs attached)
					<input checked="" type="checkbox"/>	Special Education Related Services

<u>AU Administrator</u>	Dr. Victoria Greer
<u>Department:</u>	Office of Student Services

<u>Vendor Name:</u>	Education Inc				
<u>Street Address:</u>	P.O. Box 3345				
<u>City:</u>	Plymouth	<u>State:</u>	MA	<u>Zip:</u>	02478
<u>Email:</u>	intel@educationinc.us				
<u>Phone:</u>	508-732-9101	<u>Send to: Contact Name:</u>	Rachel Bird		
<u>Fax:</u>	508-732-9717				

Scope of Services: *Please attach consultant proposal if available.*

Provision of home and hospital tutoring as assignend by OSS Administration.

Contract Period: Start Date: End Date:

Contract Amount: Not to exceed:

Payment Terms:

<u>Flat amount at end of project:</u>	
<u>Daily Rate of:</u>	
<u>Hourly Rate of:</u>	\$40 + \$8 admin fee = \$48
<u>Progress Payments as follows:</u>	

CORI Authorization: The undersigned "AU Administrator hereby certifies that the services do/do not require a criminal background check in accordance with the state law and the CORI policy of the Cambridge Public Schools.

CORI Required:

CORI Not Required:

AU Administrator: Date: