# CAMBRIDGE PUBLIC SCHOOLS

14-201



159 Thorndike Street, Cambridge, Massachusetts 02141

October 7, 2014

#### TO THE HONORABLE MEMBERS OF THE SCHOOL COMMITTEE:

CONTRACT AWARD:

**Nursing Services** 

RECOMMENDATION:

That the School Committee award a contract to the following vendor for Student Nursing Services; funds to be provided from the General Fund. Procurement procedures for this contract have complied with Chapter 30B of the laws of the Commonwealth of

Massachusetts.

Contractor

Family Lives

Period of Contract 9/1/14-6/30/15

<u>Amount</u>

36 West Main Street Westborough, MA 01581 \$57,305.00

DESCRIPTION:

This contract is for in-school and on transportation Nursing

Services to a CPS Students as outlined in their IEP.

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:

852360

Office of Student Services/Mental

Health

PROJ:

## **CAMBRIDGE PUBLIC SCHOOLS**

### REQUEST FOR CONSULTING OR PROFESSIONAL DEVELOPMENT SERVICES CONTRACT

	Account	<u>Fund</u>	<u>Dept</u>	Proj/Grant	<u>F</u>	or Contrac	cts excee	ding \$5,00	0, check one:	
Х	53101 Prof/Tech 55804 CP/Software	15000 8	352360			Three Qu	Professional Develpoment Contract Three Quotes Solicited (please attach)			
AU Administrator Department:		Dr. Victoria Greer Office of Student Ser		ervices			rce Procurement (docs attached) Education Related Services			
Vendor Name:		Family Lives/Shriver Nursing Services								
Street Address: City:		36 West Ma			Ctata	INA A	7:	T	01581	ļ I
Email:		vvesboroug	}!!		State:	MA	Zip:	Mary Cari		
Scope of Services: Please attach consultant proposal if available.  In-School and on transportation nursing services to a CPS/OSS Student as outlined in their IEP										
										ALL STATES OF THE STATES OF TH
Contract Period:		Start D	ate:	09/01	/14	End	Date:		06/30/15	
Con	tract Amount:	Not to ex	cceed:	\$57,30	4.80	Not to e	xceed :			]
Payment Terms: Flat amo			_	y Rate of		r DN 37 /	8 For I PN			
		Pi	rogress	Payments as			TON OI	O T OF LET IN		
	CORI Authorization: background che			h the state lav	v and the Required	CORI polic				nal
<u>AU .</u>	Administrator:	Os.V	ww	D. A.	ULV		Date:	9/24	14	]