

159 Thorndike Street, Cambridge, Massachusetts 02141

October 21, 2014

TO THE HONORABLE MEMBERS OF THE SCHOOL COMMITTEE:

CONTRACT AWARD:

Home Tutoring Services

RECOMMENDATION:

That the School Committee award a contract to the following vendor for Applied Behavior Analysis Support; 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

Crossroads School 11 Huron Drive Natick, MA 01760 Period of Contract 7/1/14-6/30/15

Amount \$40,040.00

DESCRIPTION:

This contract is for Home Base Applied Behavior Analysis

Support as outlined in student's 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:

873262 Office of Student Services/Home

Instruction/Home Tutoring

PROJ:

Young, Ed.D. Superintendent of Schools

CAMBRIDGE PUBLIC SCHOOLS

REQUEST FOR CONSULTING OR PROFESSIONAL DEVELOPMENT SERVICES CONTRACT

	Account	Fund	Dept	Proj/Grant		Fo	r Contrac	ts excee	ding \$5,000, check one:	
Х	53101 Prof/Tech 55804 CP/Software	15000	852310		F		Professional Develpoment Contract Three Quotes Solicited (please attach)			
AU Administrator Department:		Dr. Victoria Greer Office of Student Services				Sole Source Procurement (docs attached) X Special Education Related Services				
Vendor Name:		Crossroads								
Street Address:		11 Huron	Drive							
City:		Natick			Sta	State: MA			01760	
Email:		flossani@crossroadsschoolma.org							Frank Lossani	
		sed ABA sı	upport as		udent	'S IEF	P. 8 hours	of direct s	services per week @ \$65.00	
					· · · · · · · ·					
Contract Period:		Start Date:		07/01/14			End I	Date:	06/30/15	
Contract Amount:		Not to e	exceed:	\$40,04	0.00		Not to ex	ceed:		
Payment Terms:		F		ount at end c Dail Hourl Payments as	y Rat y Rat	e of: e of:	Monthly b	ill		
	CORI Authorization: The undersigned "AU Administator 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: Date:									
AU F	wiiiiiiou atti.	L						Date.		