CAMBRIDGE PUBLIC SCHOOLS

14-227



159 Thorndike Street, Cambridge, Massachusetts 02141

November 18, 2014-REVISED*

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

Amount \$67,000.00

36 West Main Street

Westborough, MA 01581

DESCRIPTION:

This contract is for in-school and on transportation Nursing

Services to a CPS Students as outlined in their IEP. *Revision to Recommendation 14-201, approved on

October 7, 2014. Original contract amount of \$57,305 has been

changed to \$67,000 based on student need.

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

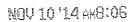
Office of Student Services/Mental

Health

PROJ:

Respectfully Submitted,

Jeffrey M. Young, Ed.D. (4 Superintendent of Schools



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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 | ts excee | eding \$5,000 | <u>, check one:</u> |
|---|--|---|-------------|----------------------------------|--------------------------|------------|---|-------------------------------|---------------------|
| | 101 Prof/Tech 304 CP/Software | 15000 | 852360 | | | Three Qu | otes Sol | elpoment Co licited (pleas | e attach) |
| AU Administrator Department: | | Dr. Victoria Greer Office of Student Services | | | X | 1 | rce Procurement (docs attached) Education Related Services | | |
| Vendor Name: Street Address: City: Email: Phone: 508 475 - 0493 | | Family Lives/Shriver 36 West Main St. Westborough | | r Nursing Ser | vices State: | MA | Zip: | (Mary Carrig | 01581 gan, RN |
| In S | School and transpi nmer program and | tation nursir | ng servic | | | | | | ncludes any |
| | | | | | | | | | |
| | | | | | | | | | |
| Contrac | t Period: | Start I | Date: | 07/01 | /14 |] End | Date: | 0 | 6/30/15 |
| Contract Amount: | | Not to e | xceed: | \$67,00 | 0.00 | Not to e | xceed : | | |
| <u>Paymen</u> | nt Terms: | F | | | y Rate of: y Rate of: | Based on | yearly S | alary | |
| | RI Authorization: background che | | ~ | h the state lav | wand the Required: | CORI polic | | | • |
| , to rull | | | <u>uuu</u> | $a_{A^{\prime},\Delta^{\prime}}$ | | | J == ~~~. | | (T |