

CAMBRIDGE PUBLIC SCHOOLS

159 THORNDIKE STREET, CAMBRIDGE, MASSACHUSETTS 02141

14-227



13

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.

<u>Contractor</u>	<u>Period of Contract</u>	<u>Amount</u>
Family Lives 36 West Main Street Westborough, MA 01581	9/1/14– 6/30/15	\$67,000.00

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.
Superintendent of Schools

A handwritten signature in blue ink, appearing to read 'Jeffrey M. Young', written over the printed name and title.

14

NOV 10 '14 4:08:06

CAMBRIDGE PUBLIC SCHOOLS

REQUEST FOR CONSULTING OR PROFESSIONAL DEVELOPMENT SERVICES CONTRACT

Account		Fund	Dept	Proj/Grant	For Contracts exceeding \$5,000, check one:	
<input checked="" type="checkbox"/>	53101 Prof/Tech	15000	852360		<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

AU Administrator
Department:

Dr. Victoria Greer
Office of Student Services

Vendor Name:
Street Address:
City:
Email:
 Phone: 508 475 - 0493

Family Lives/Shriver Nursing Services			
36 West Main St.			
Westborough	State: MA	Zip:	01581
			Mary Carrigan, RN

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

In School and transportation nursing services to a CPS/OSS student as outlined in their IEP. This includes any summer program and any other school activities.

Contract Period: **Start Date:** **End Date:**

Contract Amount: **Not to exceed:** **Not to exceed :**

Payment Terms:

Flat amount at end of project:	
Daily Rate of:	
Hourly Rate of:	Based on yearly Salary
Progress Payments as follows:	Monthly

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: **X**
CORI Not Required:

AU Administrator: **Date:**