

CAMBRIDGE PUBLIC SCHOOLS

159 THORNDIKE STREET CAMBRIDGE, MASSACHUSETTS 02141

15-31



12

February 3, 2015

TO THE HONORABLE MEMBERS OF THE SCHOOL COMMITTEE:

CONTRACT AWARD: Special Education Student Services

RECOMMENDATION: That the School Committee award a contract to the following vendor for direct student 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>
Center for Autism & Related Disorders Inc. 19019 Ventura Blvd. Suite 300 Tarzana, CA 91356	9/1/14 – 6/30/15	\$49,200.00

DESCRIPTION: This contract is for home based student and parent training as outlined in student's Individual Education Plan.

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:	852320	Office of Student Services/Speech Language
PROJ:		

Respectfully Submitted,

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

13

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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	852320		<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>	Center for Autism and Related Disorders Inc. (CARD Inc.)				
<u>Street Address:</u>	19019 Ventura Blvd. Suite 300				
<u>City:</u>	Tarzana	<u>State:</u>	CA	<u>Zip:</u>	91356
<u>Email:</u>	b.miller@centerforautism.com			Bryce Miller	

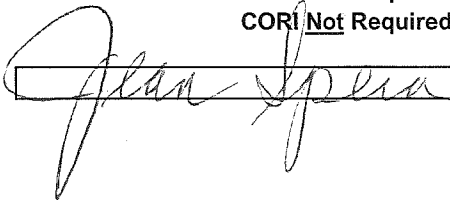
Scope of Services: Please attach consultant proposal if available.

Provision of home based ABA training to CPSD/OSS Student as outlined in student's IEP up to 12 hours of in-home ABA services per week. Up to 8 hours/month of parent training by CARD BCBA, up to 4 hours/month of supervision of in-home therapist provided by CARD BCBA

<u>Contract Period:</u>	<u>Start Date:</u>	09/01/14	<u>End Date:</u>	06/30/15
<u>Contract Amount:</u>	<u>Not to exceed:</u>	\$49,200.00	<u>Not to exceed :</u>	
<u>Payment Terms:</u>	<u>Flat amount at end of project:</u>			
	<u>Daily Rate of:</u>			
	<u>Hourly Rate of:</u>			
	<u>Progress Payments as follows:</u> 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.

<u>CORI Required:</u>	<input checked="" type="checkbox"/>
<u>CORI Not Required:</u>	<input type="checkbox"/>

AU Administrator:  Date: 1/26/15