•									
SAINT LOUIS PUBLIC SCHOOLS									
Date: May 26, 2010									
To: Dr. Kelvin R. Adams, Superintendent									
From: Dr. Cleopatra Figgures, Dep. Supt., Accountability									
VENDOR SELECTION METHOD:									
☐ RFP/Bid ☐ Sole Source ☐ Contract Renewal ☐ Ratification Previous Bd. Res. #: 05	Agenda Item: 6 24 10 63 Information:								
SUBJECT: To approve the purchase of the MAP End of Course (EOC) test materials and scoring and reporting services from the state appointed vendor, Riverside Publishing Company, in an amount not to exceed \$15,000.00.									
BACKGROUND: The EOC's are the state-mandated tests used as the measurement for Adequate Yearly Progress (AYP) in secondary schools, as a part of No Child Left Behind, and also the Annual Performane Report (APR), used for District accreditation									
CSIP: Goal 1: Performance Row:	MSIP: 8.1.1								
FUNDING SOURCE: (ex: 110 Fund Type – 2218 Function– 641	1 Object Code - 111 Location Code - 00 Project Code)								
Fund Source: 110-2822-984-00-110-6412 GOB Requisition #:									
Amount: \$15,000.00									
Fund Source:	Requisition #:								
Amount:	•								
Fund Source:	Requisition #:								
Amount:									

Pending Funding Availability

Department: Accountability

Cost not to Exceed: \$15,000.00

Requestor: Cleopatra Figgures

Dr. Cleopatra Figgures, Dep. Supt., Accountability

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: _____

Vendor #:



REQUEST FOR SOLE SOURCE PURCHASE

Requestor: Dr. Bertha Doar	Date: 5/25/10						
Department / School:	Phone Number: 345-2360						
Accountability / Assessment							
	aat is <u>only</u> available from one (1) source (vendor						
manufacturer, etc)							
Unique Goods / Services Requested for Sole	e Source Purchase (describe in detail below)						
End of Course Assessments for High Schools; NCLB compliance	State Assessment required for Accreditation and						
Vendor Name: Riverside Publishing Co.	Email:						
Vendor Contact: Assessment Office	Phone Number: 877-553-3035						
Justification	on Information						
1. Why the uniquely specified goods are req	uired?						
State required for accreditation and NCLB cor	npliance						
2. Why good or services available from other	er vendors /competitors are not acceptable?						
State required for accreditation and NCLB cor							
3. Other relevant information if any (i.e., at exclusive availability of product etc)	tach manufacturer's statement verifying						
State required for accreditation and NCLB cor	npliance						
4. List the Names of other Vendors contacte	ed & Price Ouotes:						
None							
I certify the above information is true and corn beneficial interest in the specified vendor.	rect and that I have no financial, personal or other						
Your sole source request will not be approv	ed without the required signatures below:						
Department Head	Date						
CFO	Date						
Superintendent	Date						
Superintendent Date							

Sole Source Checklist

1. Check one of the following:

One-of-a-kind The commodity or service has no competitive product and is available from only one supplier.
Prior to checking this box you must complete each of the following tasks:
• Search the internet for companies providing similar services.
• Search purchasing files to determine if district has a record of vendors(s) that have provided similar services.
• Document search activities and findings
Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor.
Prior to checking this box you must complete the following task:
 Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question
Replacement Part The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier.
Prior to checking this box you must complete the following task:
 Document a search for additional suppliers
☐ Delivery Date Only one supplier can meet necessary delivery requirements.
Prior to checking this box you must complete each of the following tasks:
• Document delivery date and quotes from at least two other vendors
• Document rationale in support of treating the delivery date as mission critical
☐ Research Continuity The commodity or service must comply with established District standards and is available from only one supplier.



Vendor Performance Report

Type of report: Final x Quarterly		Report Date: 5/25/10						
Dept / School: Accountability/Assessi	nent	Reported By: B. Doar						
Vendor: Riverside Publishing Co		Vendor #: 600002150						
Contract # / P.O/ #: 4600003231		Contract Name: Riverside Publishing						
Contract Amount: \$ 36,000.00		Award Date: 5/28/09						
Purpose of Contract (Brief Descriptio	n):							
MAP EOC Testing Materials								
Performance Ratings: Summarize the vend in that category. See Vendor Performance Re	port Instruction	the and circle the number which best describes their performance is for explanations of categories and numeric ratings (<i>please</i> hal; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 =						
Category	Rating	Comments (Brief)						
Quality of Goods / Services	5							
	X 3							
	2							
	1							
Timeliness of Delivery or	5							
Performance	х 3							
	2							
	1							
Business Relations	X	•						
	4 3							
	2							
	1							
Customer Satisfaction	X	Customer Service is excellent						
	3							
	2							
	1							
Cost Control	X	Delivery of state secondary test materials is timely and						
	4 3	efficient.						
	2							
	1							
Average Score	4.6	Add above ratings: divide the total by the number of areas being rated.						
Would you select / recommend this vendor again? Please be aware that an answer of yes authorizes the Purchasing Department to seek renewal of the available option year for this contract. All items and conditions within the current contract								
shall be honored during this renewal period.	Please Check	Yes x No 🗌						



December 2009

Dear District Test Coordinator:

Missouri End-of-Course Assessments - Spring 2010 Enrollments

The time has come to submit enrollment quantities for the Missouri Assessment Program End-of-Course (EOC) Assessments. For the Spring 2010 test event you will be entering your enrollment quantities electronically, using our online system called **ServicePointTM**. Please note that you will need to have your **PO number** (for Phase I orders) and **Test Window** (for Phase I and Phase II orders) readily accessible to complete the enrollment process. If you are testing content areas during different weeks, please enter the first week you will be testing.

Availability:

The EOC ServicePoint online enrollment system will be available to enter enrollment counts beginning **January 4**, **2010** and closing on **January 29**, **2010**. Additional Material Orders (AMOs) can be requested February 15, 2010 using the ServicePoint System.

Each district has the responsibility and authority to match its' course content with the Course Level Expectations (CLEs) that are being tested in the EOC Assessments. All assessments are available in both an online and paper/pencil version.

Navigation:

Enter the EOC enrollment page on the DESE website http://dese.mo.gov/divimprove/assess/eoc enrollment.html
Click the link entitled "End-of-Course Online Enrollment (Servicepoint)". Enter the Username and Password your district used during the fall administration. Choose Address Book under business area to enter enrollments. Use the Spring 2010 Quick Reference Guide for additional information to help enter enrollments, update contact information, and export enrollments submitted.

Spring 2010 EOC Assessments							
Phase I Tests	Phase II Tests						
English II Algebra I Biology	English I Algebra II Geometry Am. History Government						

Note:

- Districts will enter enrollment counts by building. Buildings will receive 5 percent overage of enrollments entered.
- Districts will enter a PO number when ordering EOC Phase I Assessments. The cost is \$1.80 per student per assessment. Districts will not be charged for any Phase II materials.
- If you are testing content areas during different weeks, enter the first week you will be testing. Please make sure to enter the same test window for each building. Failure to do so will result in multiple shipments.
- Districts will upload a pre-ID file to DESE via the MOSIS pre-code system. The information provided in the file is used to print Student Barcode Labels and/or pre-populate the Online Test System.

If you need additional assistance or clarification, please contact Riverside Publishing at 1-877-553-3035. Business Hours: Monday-Friday, 8:00 AM-6:00 PM CT.

Who takes the EOC Assessments?

- Students in Missouri are required to take the Algebra I, Biology, English II and Government assessments. A few groups of students may be exempt from certian End-of-Course assessments. Those include:
 - Students whose IEP teams have determined that the MAP-A is the appropriate assessment do not have to take End-of-Course assessments.
 - English Language Learners (ELL) who have been in the United States 12 months or fewer at the time of administration may be exempted from taking the English II and/or English I assessments.
 - o Foreign exchange students are allowed, but are not required to take the assessments. This is a district decision.
 - o Homeschooled students may take part in the assessment at the local district's discretion.
 - o Private school students are not required to take the End-of-Course assessments.

What is the cost of the test?

Assessment	Cost
Algebra I	\$1.80
Biology	\$1.80
English II	\$1.80
Government	Free
American History	Free
English I	Free
Algebra II	Free
Geometry	Free



Sharonica Hardin, Chief Human Resource Officer

Reviewed By

SAINT LOUIS PUBLIC SCHOOLS

Date: June 14, 2010 Dr. Kelvin R. Adams, Superintendent To: From: Sharonica Hardin, Chief Human Resource Officer **VENDOR SELECTION METHOD:** 06-24-10-64 RFP/Bid Agenda Item: Sole Source Information: **WALK ON ITEM** Contract Extension Conference: Ratification Action: SUBJECT: To approve a contract extension with Human Resources Partnership (HRP) to provide a professional temporary employee to serve as a Benefits Specialist for the period of July 1, 2010 through July 31, 2010. The cost of the extension will not exceed \$6,080.00. **BACKGROUND:** HRP is a temporary service agency that specializes in providing Human Resource professionals. Of the firms interviewed, HRP had an individual available who met the qualifications required by SLPS. Duties of the employee include a number of day to day activities in the benefits area as well as assisting in a number of other critical benefit projects. The individual selected has been able to step in and be immediately productive. She has been able to review RFP responses, prepare an initial draft of an RFP, run and transmit weekly eligibility files, run and transmit the bi-weekly Flexible Spending Account file, set-up Tax Shelter Annuity for new enrollees in SAP, and perform an audit of UHC medical premiums. The temporary will assist with transition from one on-line enrollment carrier to a new carrier. This is a very time consuming project and will require an employee to be dedicated to this project, work closely with the new vendor and perform set up and testing of our system, troubleshooting any errors identified. This individual will also work closely with the vendors during the dependent audit. HR will also launch an very informative Open Enrollment communication process to ensure employees remove non-qualified dependents, to ensure the District receives a performance guarantee of \$137,000 as indicated by the vendor. CSIP: Row# MSIP: Goal # SLPS Goal #2 - Process and Performance 5.1 FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code) Fund Source: 110 -2199 - 6319 -GOB Requisition #: Amount: 6,080.00 Requisition #: **Fund Source:** Amount: Requisition #: **Fund Source:** Amount: 6,080.00 600014005 **Pending Funding Availability** Vendor #: Cost not to Exceed: **Department: Human Resources** Angela Banks, Interim Budget Director Requestor: Patricia Canada Enos Moss, CFO/Treasurer

Reviewed By Budget # 415

Dr. Kelvin R. Adams, Superintendent

Reviewed By _____



Vendor Performance Report

Type of report: Final X Quarterly	. [Report Date: 6/9/10							
Dept / School: Human Resources	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Reported By: Patricia Canada							
Vendor: Human Resource Partnersh	ip	Vendor #: 600014005							
Contract # / P.O/ #:		Contract Name: Professional Temporary Employee							
Contract Amount: \$ 24,000.		Award Date:							
Purpose of Contract (Brief Description): To provide a professional temporary employee to serve as a Benefits Specialist									
Performance Ratings: Summarize the vendor's performance and circle the number which best describes their performance in that category. See Vendor Performance Report Instructions for explanations of categories and numeric ratings (<i>please attach additional sheets if necessary</i>). Ratings 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory									
Category	Rating	Comments (Brief)							
Quality of Goods / Services	5 4 x 3 2								
Timeliness of Delivery or Performance	5 x 3 2								
Business Relations	5 x 3 2								
Customer Satisfaction	5 x 3 2								
Cost Control	5 x 3 2								
Average Score	4.0	Add above ratings: divide the total by the number of areas being rated.							
Would you select / recommend this vendor again? Please be aware that an answer of yes authorizes the Purchasing Department to seek renewal of the available option year for this contract. All items and conditions within the current contract shall be honored during this renewal period. Please Check Yes x No									

VENDOR PERFORMANCE REPORT INSTRUCTIONS

Type of report

Identify if this the final report or a quarterly report (3 months)

Report Date

the date the report is prepared

Department

Indicate the name of the reporting department

Reported By Vendor

Please sign your name Enter the vendor's name

Vendor Number

Enter the vendor's assigned number

Contract # / PO #

Enter the assigned contract # or the purchase order # for the goods or Services being reported

Contract Name

This the official name used when the contract was solicited

Contract Amount

The total dollar value of the contract: the amount listed on the Board Resolution

Award Date

Enter the date that the Board approved this contract

Contract Description Provide a brief description of the work being done under the contract Performance Ratings In the comment column provide the rationale for the rating you give.

Indicate the contract requirements that were exceeded, were not exceeded, or were not met by the

vendor

Performance Ratings Guidelines

Rating	Category	Description
5	Exceptional	Met all performance requirements; Minor problems; Effective corrective actions; Improved
	-	performance; Quality results
4	Very Good	Met all performance requirements; Minor problems; Effective corrective actions
3	Satisfactory	Met all performance requirements; Minor problems; Satisfactory corrective actions
2	Marginal	Some performance requirements not met; Performance reflects some serious problem;
	_	Ineffective corrective actions
1	Unsatisfactory	Most performance requirements are not met; Recovery not likely

Performance Categories Descriptions

Category	Description
Quality of Goods and / or	Rate the vendor's technical performance or the quality of the product or services
Services	delivered under the contract
Timeliness of Delivery or	Rate the vendor's performance based on the delivery requirements of the contract.
Performance	If the vendor significantly exceeded the requirements (to SLPS benefit); quickly
	resolved delivery issues
Business Relations	Rate the vendor's professionalism; responsiveness; significantly exceeded
	expectations; customer service; limited change orders
Customer Satisfaction	Rate the vendor based on feedback you receive from your customers (end-users)
Cost Control	Make your ratings based on the vendor's effectiveness in forecasting, managing
	and controlling contract cost. This assesses whether the vendor met original cost
	estimated or needed to negotiate cost changes to meet contract requirements



SAINT LOUIS PUBLIC SCHOOLS

Date: June 17, 2010 Dr. Kelvin R. Adams, Superintendent To: From: Blake Youde, Dep. Supt. - Institutional Advancement 16-24-10-66 **VENDOR SELECTION METHOD: WALK ON ITEM** RFP/Bid Agenda Item: Sole Source Information: Conference: Contract Renewal Previous Bd. Res. # X Contract Action: SUBJECT: To ratify a contract with Gaytha Harris to complete the St. Louis Public Schools Investing in Innovation competitive grant application for funding for the International Welcome School. The period of the contract is for the period 4/1/2010 to June 30, 2010 at a cost not to exceed \$7,950. **BACKGROUND:** Gaytha Harris' original scope was to draft Sections A, C, E, and F of the grant application at a cost of \$4,950. Harris' scope was expanded two days prior to the grant application deadline due to hospitalization of the individual who was to draft Sections B and D. The expanded scope increased Harris' fee to a total of \$7,950.

CSIP:	Goal	# 5	SLP	S Goal #	2 - P	rocess ar	nd P	erform	ance		Row#	69			MSIP:	2.1.1	
FUN	NDING	SOU	JRC	CE: (I	Tund	l Type)	-	(Fun	ction	1) -	(Object Code)	- (Loca	ation	Code) - (Project Code)		
Fund So	urce:	110	-	2518	-	6319	-	973	-	00	GOB	Red	uisi	tion	#:		
Amount:		\$		7,950	.00	esittees denning sometimes and decomposite											

Fund Source: Requisition #: Amount: **Fund Source:** Requisition #: Amount: Cost not to Exceed: \$ 7,950.00 **Pending Funding Availability** Vendor #:

Development Department:

Requestor:

Linda Riekes

Angela Banks, Interim Budget Director

Biake Youde, Dep. Supt. - Institutional Advancement Dr. Kelvin R. Adams, Superintende The International Welcome School is a transitionary school within the St. Louis Public Schools for students with limited English or low formal education; many illiterate in their native language and some struggling with Post Traumatic Stress Disorder. The kindergarten to Grade 9 school serves approximately 200 students at any time with an age range of five to eighteen in ten classrooms. Currently, 23 countries and 17 different non-English languages are represented. 100% of the students come from interrupted formal schooling and 100% qualify for free and reduced price lunch.

The International Welcome School [IWS] proposes to: 1) Expand the current K-9 program to PreK-9; 2) Implement a PreK-9 literacy intervention that support the Show Me Standards; 3) Use data to support a standards-based instructional program; 4) Expand transition activities for students and families; and, 5) Implement the Sheltered Instructional Observation Protocol [SIOP] to support grade-level academic content.

IWS's rigorous assessment plan follows the recommendations of the Institute of Education Science [IES] and lays the foundation for future study.

IWS proposes a professional development plan based on a synthesis of research. Summer Institutes, led by experts, will focus on the implementation of research-based instructional practices and involve active learning experiences for participants. A SIOP literacy coach will provide in-class follow-up during the day and lead weekly study groups on teaching traumatized children, diversity, and acculturation issues surrounding refugees. Staff will meet monthly to dissect formative assessment data and create student individual intervention plans; and, quarterly to discuss and review formative and summative data, update benchmarks, and develop individual staff professional development goals. The goal of our i3 proposal is to increase student achievement by providing refugee children with educational supports at school and home to be productive future citizens.

St. Louis Public Schools/International Welcome School 13 Development Grant

SAINT LOUIS PUBLIC SCHOOLS Date: June 8, 2010 **Special Administrative Board** To: From: Dr. Kelvin R. Adams, Superinter **WALK ON ITEM VENDOR SELECTION METHOD:** Agenda Item Qo 24-1 RFP/Bid Sole Source Information: Contract Renewal Previous Bd. Res. #: Conference: X Authorization ■ Action: SUBJECT: Authorization of Superintendent to excerise discretion in the placement of surplus staff. BACKGROUND: The philosophy of the SAB has always been to fully support School Principal autonomy in the selection of staff within their schools. However, in the light of the current fiscal situation and the statutory requirements of the school has turnaround initiative it become necessary to suspend the practice School Principals to make staff selections within their schools for the 2010-2011 school year. Therefore, the Superintendent will be responsible for staffing the schools with surplus staff on an as needed basis for this school year only. The process will be collaborative and will involve principal input. **CSIP:** Goal 2: Process Performance Row: **MSIP**: 5.1 8.5.4 FUNDING SOURCE: (ex: 110 Fund Type - 2218 Function - 6411 Object Code - 111 Location Code - 00 Project Code) **Fund Source:** Requisition #: Amount: **Fund Source:** Requisition #: Amount: Requisition #: **Fund Source:** Amount: Vendor #: Cost not to Exceed: \$ 0.00 Pending Funding Availability **Department:** Human Resources

Requestor: Sharonica Hardin

Dr. Kelvin R. Adams, Superintendent



SAINT LOUIS PUBLIC SCHOOLS Date: June 11, 2010 To: Dr. Kelvin R. Adams, Superintendent From: Dr. Cleopatra Figgures, Dep. Supt., Accountability **VENDOR SELECTION METHOD:** Agenda Item: RFP/Bid Information: Sole Source Conference: Contract Renewal Previous Bd. Res. #: School Calendar Action: SUBJECT: To approve the St. Louis Public Schools District Assessment Calendar for 2010-2011. There is no cost associated with this request. BACKGROUND: The District Assessment Calendar details all systemic formative and summative assessments for District schools. Results from the assessments are used for instructional planning and placement, to document AYP and APR and also for grant applications and program evaluations. The assessment calendar is required by the Department of Secondary and Elementary Education (DESE). **CSIP:** Goal 1: Performance Row: 6.1 MSIP: 8.1.1 FUNDING SOURCE: (ex: 110 Fund Type – 2218 Function–6411 Object Code - 111 Location Code – 00 Project Code) **Fund Source:** Requisition #: Amount: Requisition #: **Fund Source:** Amount: Requisition #: Fund Source: Amount: Pending Funding Availability Cost not to Exceed: \$ 0.00 Vendor #: **Department:** Accountability Angela Banks, Interim Budget Director Requestor: Cleopatra Figgures Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget:

St. Louis Public School District

	St. Louis I ubite School District													
WK	S	M	Т	W	Th	F	Sa							
				1	2	3	4	SEPT '10						
4	5	Н	7	8	9	10	11	6	Labor Day Holiday 13	MAP A Enrollment				
5	12	13	14	15	16	PR	18	8-10	ACUITY A testing 11	ACT National Test				
6	19	20	21	22	23	PD	25							
7	26	27	28	29	30			27-4	TerraNova Testing (Grades 1 - 8)					
						1	2	OCT '10						
8	3	4	5	6	7	8	9	8	TerraNova MAKE-UPS 23	ACT National Test				
9	10	11	12	13	14	15	16		High School Benchmark 1					
10	17	SQ	19	20	21	PCD	23	19-21	PLAN GR 10 & EXPLORE Gr 9 Testing					
11	24/31	25	26	27	28	29	30							
12		1	2	3	4	5	6	NOV '10	5	MAP-A enroll ends				
13	7	8	9	10	Н	12	13		Veterans' Day Holiday					
14	14	15	16	17	18	PR	20		ACUITY B testing					
15	. 21	22	23	FD	Н	Н	27		Thanksgiving Holiday					
16	28	29	30						MAP EOC Makeups/Specials					
		-		1	2	3	4	DEC '10						
17	5	6	7	8	9	10	11		MAP EOC Makeups/Specials					
18	12	13	14	15	16	17	18	8	High School Benchmark 2	ACT National Test				
19	19	WB	WB		WB	Н	Н	18-J3	Winter Break					
20	26	WB	WB	WB	WB	Н								
							Н	JAN '11						
21	2	FD	TQ/CR	5	6	7	8		Holiday 7	MAP-A tranfer end				
22	9	10	11	12	13	14	15	10-14	MAP EOC Am. Government J10-F4	MAP ALT Per 1				
23	16	Н	18	19	20	21	22	4	Classes Resume					
24	23	24	25	26	27	28	29	17	Dr. Martin Luther King, Jr. Holiday					
	30	31		-				J18-F25	ACCESS-ELL testing					
25			1	2	3	4/PD	5	FEB '11						
26	6	7	- 8	9	10	PR	12	J18-F25	ACCESS-ELL testing 12	ACT National Test				
27	13	14	15	16	17	FD	19	8-10	ACUITY C testing J10-F4	MAP ALT Per 1				
28	20	Н	22	23	24	25	26	7-11	High School Benchmark 3 F7-M4	MAP ALT Per II				
29	27	28												
			1	2	3	4/PD	5	MAR '11						
30	6	7	8	9	10	11	12		F7-M4	MAP ALT Per II				
31	13	SB	SB	SB	SB	SB	19	14-18	Spring Break					
32	20	FQ	22	23	24	PCD	26							
33	27	28	29	30	31									
						1	2	APRIL'11						
34	3	4*	5	6	7	8	9		MAP GLE Testing (gr 3-8)					
35	10	11	12	13	14	PR	16		MAP EOC Core courses testing					
36	17	18	19	20	21	FD	23	27	ACT PROJECT TEST 19	ACT National Test				
37	24	25*	26	27	28	29	30							
	1	2	3	4*	5	6	7	MAY '11						
38	8	9	10	11	12	13	14		TerraNova Post-Testing (Grades K - 4)					
39	15	16	17	18	19	20	21	4-12	Advanced Placement (dates set by Colle	,				
40	22	23	24	25	LCD	FD	28			ACT National Test				
41	29	Н	SN					30	Memorial Day Holiday					
42														
				SN	SN	SN	4	JUNE '11						
	5	SN	SN	8	. 9	10	11		Last Class Day					
	12	13	14	15	16	17	18		Summer School Begins					
	19	20	21	22	23	24	25	28-30	MAP EOC Summer Testing					
	26	27	28	29	30	SN								

SAINT LOUIS PUBLIC SCHOOLS

Date: June 14, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Dr. Cleopatra Figgures, Dep. Supt., Accountability

CSIP: Goal 2: Process Performance

VENDOR	SET	ECTION	METHOD:

☐ RFP/Bid		Agenda Item: 07-06-10-02
⊠ Sole Source		Information:
	Previous Bd. Res. #: 10-08-09-11	Conference:
☐ Ratification		Action: \square

SUBJECT:

To approve a sole source contract renewal with the American College Testing (ACT) Inc. for the period July 9, 2010 to June 30, 2011, to purchase the EXPLORE and PLAN tests at grades 9 and 10 respectively, including the purchase of test booklets and score reports from ACT, Inc., in an amount not to exceed \$40,000.00.

BACKGROUND:

Administered at grades 9 and 10 respectively, the EXPLORE and PLAN assessments address the MSIP Standard 9.6 (ACT calculation). The results of the tests are: 1) used to inform programs and services aligned to the Career Education and Advanced Courses Standards - 9.4; 2) essential elements for high school career planning, and 3) prediction of future student performance on the ACT.

Row: 36

MSIP:

FUNDING SOURCE: (ex: 110 Fund Type – 2218 Function – 6411 Object Code – 111 Location Code – 00 Project Code)

Fund Source: 110-2822-6412-984-00	GOB	Requisition #:
Amount: \$40,000.00		
Fund Source:		Requisition #:
Amount:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$40,000.00	Pending Funding Availability	Vendor #: 600010181

Department: Accountability

Requestor: Cleopatra Figgures

Dr. Cleopatra Figgures, Dep. Supt., Accountability

Angela Banks, Interim Budget Director

9.6

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: \(\begin{aligned} \tau.(5.10) \\ \tau.(5.10) \end{aligned} \]



REQUEST FOR SOLE SOURCE PURCHASE

Requestor: Bertha Doar	Date: 6/8/2010
Department / School:	Phone Number: 345-2360
Accountability/Assessment	
Definition: Sole Source is a good or service that	is <u>only</u> available from one (1) source (vendor
manufacturer, etc)	
Unique Goods / Services Requested for Sole Se	
ACT EXPLORE and PLAN testing at grades 9	
Online instruction at grade 11 as scheduled on the	
the purchase of test booklets, score reports and or	nline instruction from ACT, Inc.
Vendor Name: ACT, Inc.	Email:
Vendor Contact: Customer Service	Phone Number: 800-553-6244
Justification	Information
1. Why the uniquely specified goods are require	
ACT products address the MSIP Standard 9.6 (
used to inform progams and services aligned to	the Career Education and Advanced Courses
Standards (9.4) and are essential elements for	high school career planning, and prediction of
future student performance on the ACT.	
2. Why good or services available from other v	
No other vendors provide the same products a	
whose results directly impact MSIP calculations	for accreditation.
3. Other relevant information if any (i.e., attac	h manufacturer's statement verifying
exclusive availability of product etc)	
4. List the Names of other Vendors contacted	& Price Quotes:
None	
I certify the above information is true and correct	t and that I have no financial, personal or other
beneficial interest in the specified vendor.	
Your sole source request will not be approved	without the required signatures below:
Department Head	Date
CFO	Date
Cynosintardant	Data
Superintendent	Date

Sole Source Checklist Check one of the following: One-of-a-kind The commodity or service has no competitive product and is available from only one supplier. Prior to checking this box you must complete each of the following tasks: • Search the internet for companies providing similar services. • Search purchasing files to determine if district has a record of vendors(s) that have provided similar services. • Document search activities and findings Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor. Prior to checking this box you must complete the following task: Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question Replacement Part The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier. Prior to checking this box you must complete the following task: • Document a search for additional suppliers **Delivery Date** Only one supplier can meet necessary delivery requirements. Prior to checking this box you must complete each of the following tasks: • Document delivery date and quotes from at least two other vendors • Document rationale in support of treating the delivery date as mission critical Research Continuity The commodity or service must comply with established District standards and is available from only one supplier. Prior to checking this box you must complete the following task: • Document district adoption of standard (i.e. Textbook adoption) Unique Design The commodity or service must meet physical design or quality requirements and is available from only one supplier. Prior to checking this box you must complete the following task: Sole supplier (i.e. Regional Distributor) **Emergency** URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disasters, etc. Prior to checking this box you must complete the following task: • Complete Emergency Purchase Form

Purchasing Department

2. If the Sole Source Criteria is met, then complete the Sole Source Form;

3. If the Sole Source Criteria are no met, then the item must be bid.



Vendor Performance Report

Type of report: Final x Quarterly		Report Date: 6/9/10	
Dept / School: Accountability		Reported By: C. Figgures	
Vendor: ACT, Inc.		Vendor #: 600002303	
Contract # / P.O/#: 4500149499		Contract Name: ACT/Plan/Explore	
Contract Amount: \$ 68,200.		Award Date: 18/8/09	
Purpose of Contract (Brief Description):			
Performance Ratings: Summarize the vendor's performance and circle the number which best describes their performance in that category. See Vendor Performance Report Instructions for explanations of categories and numeric ratings (please attach additional sheets if necessary). Ratings 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory			
Category	Rating	Comments (Brief)	
Quality of Goods / Services	5 4 x 3 2		
Timeliness of Delivery or Performance	5 x 3 2		
Business Relations	5 x 3 2		
Customer Satisfaction	5 x 3 2		
Cost Control	5 x 3 2		
Average Score	4.0	Add above ratings: divide the total by the number of areas being rated.	
Would you select / recommend this vendor again? Please be aware that an answer of yes authorizes the Purchasing Department to seek renewal of the available option year for this contract. All items and conditions within the current contract shall be honored during this renewal period.			

VENDOR PERFORMANCE REPORT INSTRUCTIONS

Type of report

Identify if this the final report or a quarterly report (3 months)

Report Date

the date the report is prepared

Department

Indicate the name of the reporting department

Reported By Vendor

Please sign your name Enter the vendor's name

Vendor Number

Enter the vendor's assigned number

Contract # / PO #

Enter the assigned contract # or the purchase order # for the goods or Services being reported

Contract Name

This the official name used when the contract was solicited

Contract Amount

The total dollar value of the contract: the amount listed on the Board Resolution

Award Date

Enter the date that the Board approved this contract

Contract Description Provide a brief description of the work being done under the contract Performance Ratings In the comment column provide the rationale for the rating you give.

Indicate the contract requirements that were exceeded, were not exceeded, or were not met by the

vendor

Performance Ratings Guidelines

Rating	Category	Description	
5	Exceptional	Met all performance requirements; Minor problems; Effective corrective actions; Improved	
	_	performance; Quality results	
4	Very Good	Met all performance requirements; Minor problems; Effective corrective actions	
3	Satisfactory	Met all performance requirements; Minor problems; Satisfactory corrective actions	
2	Marginal	Some performance requirements not met; Performance reflects some serious problem;	
		Ineffective corrective actions	
1	Unsatisfactory	Most performance requirements are not met; Recovery not likely	

Performance Categories Descriptions

Category	Description	
Quality of Goods and / or	Rate the vendor's technical performance or the quality of the product or services	
Services	delivered under the contract	
Timeliness of Delivery or	Rate the vendor's performance based on the delivery requirements of the contract.	
Performance	If the vendor significantly exceeded the requirements (to SLPS benefit); quickly	
	resolved delivery issues	
Business Relations	Rate the vendor's professionalism; responsiveness; significantly exceeded	
	expectations; customer service; limited change orders	
Customer Satisfaction	Rate the vendor based on feedback you receive from your customers (end-users)	
Cost Control	Make your ratings based on the vendor's effectiveness in forecasting, managing	
	and controlling contract cost. This assesses whether the vendor met original cost	
	estimated or needed to negotiate cost changes to meet contract requirements	



source SAIN.	r Louis Public S	CHOOLS
Date: June 14, 2010		
To: Dr. Kelvin R. Adams, Superinte	ndent	
From: Dr. Cleopatra Figgures, Dep. Su	pt., Accountability	
VENDOR SELECTION METHOD:		
☐ RFP/Bid ☐ Sole Source ☐ Contract Renewal ☐ Ratification	evious Bd. Res. #: 10-08-09	Agenda Item: 01-06-10-03 Information: Conference: Action:
SUBJECT: To approve the purchase of the American College Testing (ACT) Project test and Online instruction at grade 11 as scheduled on the District's school and test calendars, including the purchase of test booklets and score reports from ACT, Inc., in an amount not to exceed \$50,500.00.		
	rams and services aligned	s the MSIP Standard 9.6 (ACT calculation). The to the Career Education Standard (9.4) and are ure student performance on the ACT.
CSIP: Goal 1: Performance	ce Row: 17	MSIP : 9.6
FUNDING SOURCE: (ex: 110 Fund Type	- 2218 Function- 6411 Object	ct Code - 111 Location Code – 00 Project Code)
Fund Source: 110-2822-6412-984-00	GOB	Requisition #:
Amount: \$50,500.00		
Fund Source:		Requisition #:
Amount:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$50,500.00 Pendi	ng Funding Availability	Vendor #: 600010181
Department: Accountability		-Angelo Banks
Requestor: Cleopatra Figgures)	Angela Banks, Interim Budget Director
Dr. Cleopatra Figgures, Dep. Supr., Account	ability	Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent



REQUEST FOR SOLE SOURCE PURCHASE

Requestor: Bertha Doar	Date: 6/8/2010
Department / School:	Phone Number: 345-2360
Accountability/Assessment	a mone i vannou . 545-2500
Definition: Sole Source is a good or service that	is only available from one (1) source (vendor
manufacturer, etc)	<u></u>
Unique Goods / Services Requested for Sole S	ource Purchase (describe in detail below)
	and 10 respectively and ACT Project test and
	he District's school and test calendars, including
the purchase of test booklets, score reports and o	
Vendor Name: ACT, Inc.	Email:
Vendor Contact: Customer Service	Phone Number: 800-553-6244
Justification	Information
1. Why the uniquely specified goods are requi	
	(ACT calculation). The results of the tests are
used to inform progams and services aligned to	
	high school career planning, and prediction of
future student performance on the ACT.	
2. Why good or services available from other v	
No other vendors provide the same products	
whose results directly affect MSIP calculations for	
3. Other relevant information if any (i.e., attacexclusive availability of product etc)	ch manufacturer's statement verifying
4. List the Names of other Vendors contacted	& Price Quotes:
None	
I certify the above information is true and correc	t and that I have no financial, personal or other
beneficial interest in the specified vendor.	·
Your sole source request will not be approved	without the required signatures below:
Department Head	Date
CFO	Date
Superintendent	Date

Sole Source Checklist Check one of the following: One-of-a-kind The commodity or service has no competitive product and is available from only one supplier. Prior to checking this box you must complete each of the following tasks: • Search the internet for companies providing similar services. • Search purchasing files to determine if district has a record of vendors(s) that have provided similar services. • Document search activities and findings Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor. Prior to checking this box you must complete the following task: Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question Replacement Part The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier. Prior to checking this box you must complete the following task: • Document a search for additional suppliers **Delivery Date** Only one supplier can meet necessary delivery requirements. Prior to checking this box you must complete each of the following tasks: • Document delivery date and quotes from at least two other vendors • Document rationale in support of treating the delivery date as mission critical Research Continuity The commodity or service must comply with established District standards and is available from only one supplier. Prior to checking this box you must complete the following task: • Document district adoption of standard (i.e. Textbook adoption) Unique Design The commodity or service must meet physical design or quality requirements and is available from only one supplier. Prior to checking this box you must complete the following task: Sole supplier (i.e. Regional Distributor) **Emergency** URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disasters, etc. Prior to checking this box you must complete the following task: • Complete Emergency Purchase Form 2. If the Sole Source Criteria is met, then complete the Sole Source Form;

Purchasing Department

3. If the Sole Source Criteria are no met, then the item must be bid.



Vendor Performance Report

Type of report: Final x Quarterly		Report Date: 6/9/10	
Dept / School: Accountability		Reported By: C. Figgures	
Vendor: ACT, Inc.		Vendor #: 600002303	
Contract # / P.O/ #: 4500149499		Contract Name: ACT/Plan/Explore	
Contract Amount: \$ 68,200.	DIOXECTION DE CONTROL	Award Date: 18/8/09	
Purpose of Contract (Brief Description):			
Performance Ratings: Summarize the vendor's performance and circle the number which best describes their performance in that category. See Vendor Performance Report Instructions for explanations of categories and numeric ratings (please attach additional sheets if necessary). Ratings 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory			
Category	Rating	Comments (Brief)	
Quality of Goods / Services	5 4 x 3 2		
Timeliness of Delivery or Performance	5 x 3 2		
Business Relations	5 x 3 2		
Customer Satisfaction	5 x 3 2		
Cost Control	5 x 3 2		
Average Score	4.0	Add above ratings: divide the total by the number of areas being rated.	
Would you select / recommend this vendor again? Please be aware that an answer of yes authorizes the Purchasing Department to seek renewal of the available option year for this contract. All items and conditions within the current contract shall be honored during this renewal period. Please Check Yes x No			

VENDOR PERFORMANCE REPORT INSTRUCTIONS

Type of report

Identify if this the final report or a quarterly report (3 months)

Report Date

the date the report is prepared

Department

Indicate the name of the reporting department

Reported By Vendor

Please sign your name Enter the vendor's name

Vendor Number

Enter the vendor's assigned number

Contract # / PO #

Enter the assigned contract # or the purchase order # for the goods or Services being reported

Contract Name

This the official name used when the contract was solicited

Contract Amount

The total dollar value of the contract: the amount listed on the Board Resolution

Award Date

Enter the date that the Board approved this contract

Performance Ratings

Contract Description Provide a brief description of the work being done under the contract In the comment column provide the rationale for the rating you give.

Indicate the contract requirements that were exceeded, were not exceeded, or were not met by the

vendor

Performance Ratings Guidelines

Rating	Category	Description	
5	Exceptional	Met all performance requirements; Minor problems; Effective corrective actions; Improved	
	-	performance; Quality results	
4	Very Good	Met all performance requirements; Minor problems; Effective corrective actions	
3	Satisfactory	Met all performance requirements; Minor problems; Satisfactory corrective actions	
2	Marginal	Some performance requirements not met; Performance reflects some serious problem;	
		Ineffective corrective actions	
1	Unsatisfactory	Most performance requirements are not met; Recovery not likely	

Performance Categories Descriptions

Category	Description
Quality of Goods and / or	Rate the vendor's technical performance or the quality of the product or services
Services	delivered under the contract
Timeliness of Delivery or	Rate the vendor's performance based on the delivery requirements of the contract.
Performance	If the vendor significantly exceeded the requirements (to SLPS benefit); quickly
	resolved delivery issues
Business Relations	Rate the vendor's professionalism; responsiveness; significantly exceeded
	expectations; customer service; limited change orders
Customer Satisfaction	Rate the vendor based on feedback you receive from your customers (end-users)
Cost Control	Make your ratings based on the vendor's effectiveness in forecasting, managing
	and controlling contract cost. This assesses whether the vendor met original cost
	estimated or needed to negotiate cost changes to meet contract requirements

SAINT LOUIS PUBLIC SCHOOLS Date: June 14, 2010 To: Dr. Kelvin R. Adams, Superintendent From: Dr. Cleopatra Figgures, Dep. Supt., Accountability VENDOR SELECTION METHOD: Agenda Item: 07-06 RFP/Bid Information: Sole Source Contract Renewal Previous Bd. Res. #: 05-28-09-16 Conference: __ ☐ Ratification Action: SUBJECT: To approve a sole source contract with CTB/McGraw-Hill to purchase the Missouri Assessment Program (MAP GLE) tests as scheduled on the District's school calendar. Cost includes the purchase of test booklets/scoring/reporting services from CTB/McGraw-Hill for the 2010-2011 school year, at a cost not to exceed \$25,000.00. BACKGROUND: The MAP GLE is the state-mandated test used as the measurement for Adequate Yearly Progress (AYP) in elementary and middle schools, as a part of No Child Left Behind, and also for the Annual Performance Report (APR), used for District accreditation. **CSIP:** Goal 1: Performance **Row: 17** MSIP: 9.1 FUNDING SOURCE: (ex: 110 Fund Type - 2218 Function - 6411 Object Code - 111 Location Code - 00 Project Code)

Fund Source: 110-2822-6412-984-00	O GOB	Requisition #:
Amount: \$25,000.00		
Fund Source:		Requisition #:
Amount:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$25,000.00	Pending Funding Availability	Vendor #: 600000498

Department: Accountability

Requestor: Cleopatra Figgures

Dr. Cleopatra Figgures, Dep. Supt., Accountability

ngela Banks, Interim Budget Director

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: VM U1610

Revised 11/30/09



Department / School: Accountability/ Assessment Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc)	Requestor: Bertha Doar	Date: 6/9/2010
Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc) Unique Goods / Services Requested for Sole Source Purchase (describe in detail below) MAP Assessments for Grades 3-8; State Assessment required for Accreditation and NCLB compliance Vendor Name: CTB/McGraw-Hill Email: Vendor Contact: Assessment Office Phone Number: 800-544-9868 Justification Information 1. Why the uniquely specified goods are required?	Department / School: Accountability/	Phone Number: 345-2360
MAP Assessments for Grades 3-8; State Assessment required for Accreditation and NCLB compliance Vendor Name: CTB/McGraw-Hill Vendor Contact: Assessment Office Phone Number: 800-544-9868 Justification Information 1. Why the uniquely specified goods are required?		
Unique Goods / Services Requested for Sole Source Purchase (describe in detail below) MAP Assessments for Grades 3-8; State Assessment required for Accreditation and NCLB compliance Vendor Name: CTB/McGraw-Hill Email: Vendor Contact: Assessment Office Phone Number: 800-544-9868 Justification Information 1. Why the uniquely specified goods are required?	Definition: Sole Source is a good or service that	is <u>only</u> available from one (1) source (vendor
MAP Assessments for Grades 3-8; State Assessment required for Accreditation and NCLB compliance Vendor Name: CTB/McGraw-Hill Email: Vendor Contact: Assessment Office Phone Number: 800-544-9868 Justification Information 1. Why the uniquely specified goods are required?		
compliance Vendor Name: CTB/McGraw-Hill Email: Vendor Contact: Assessment Office Phone Number: 800-544-9868 Justification Information 1. Why the uniquely specified goods are required?		
Vendor Contact: Assessment Office Phone Number: 800-544-9868 Justification Information 1. Why the uniquely specified goods are required?		essment required for Accreditation and NCLB
Justification Information 1. Why the uniquely specified goods are required?	Vendor Name: CTB/McGraw-Hill	Email:
1. Why the uniquely specified goods are required?	Vendor Contact: Assessment Office	Phone Number: 800-544-9868
	Justification	Information
	1. Why the uniquely specified goods are requi	red?
2. Why good or services available from other vendors /competitors are not acceptable?	2. Why good or services available from other	vendors /competitors are not acceptable?
State required for accreditation and NCLB compliance	State required for accreditation and NCLB comp	liance
3. Other relevant information if any (i.e., attach manufacturer's statement verifying	3. Other relevant information if any (i.e., attac	ch manufacturer's statement verifying
exclusive availability of product etc)	exclusive availability of product etc)	
State required for accreditation and NCLB compliance	State required for accreditation and NCLB comp	liance
4. List the Names of other Vendors contacted & Price Quotes:	4. List the Names of other Vendors contacted	& Price Quotes:
None	None	
I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.		t and that I have no financial, personal or other
Your sole source request will not be approved without the required signatures below:	Your sole source request will not be approved	without the required signatures below:
Department Head Date	Department Head	Date
CFO Date	CFO	Date
Superintendent Date	Superintendent	Date

Sole Source Checklist Check one of the following: One-of-a-kind The commodity or service has no competitive product and is available from only one supplier. Prior to checking this box you must complete each of the following tasks: • Search the internet for companies providing similar services. • Search purchasing files to determine if district has a record of vendors(s) that have provided similar services. • Document search activities and findings Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor. Prior to checking this box you must complete the following task: Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question Replacement Part The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier. Prior to checking this box you must complete the following task: • Document a search for additional suppliers **Delivery Date** Only one supplier can meet necessary delivery requirements. Prior to checking this box you must complete each of the following tasks: • Document delivery date and quotes from at least two other vendors • Document rationale in support of treating the delivery date as mission critical Research Continuity The commodity or service must comply with established District standards and is available from only one supplier. Prior to checking this box you must complete the following task: • Document district adoption of standard (i.e. Textbook adoption) Unique Design The commodity or service must meet physical design or quality requirements and is available from only one supplier. Prior to checking this box you must complete the following task: • Sole supplier (i.e. Regional Distributor) **Emergency** URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disasters, etc. Prior to checking this box you must complete the following task: • Complete Emergency Purchase Form

Purchasing Department

2. If the Sole Source Criteria is met, then complete the Sole Source Form:

3. If the Sole Source Criteria are no met, then the item must be bid.



Vendor Performance Report

Type of report: Final x Quarterly		Report Date: 6/9/10	
Dept / School: Accountability/Assessment		Reported By: C. Figgures	
Vendor: CTB McGraw/Hill		Vendor#: 600000498	
Contract # / P.O/#: 4500148593		Contract Name: TerraNova 3 / MAP GLE	
Contract Amount: \$ 420,000.00 Award Date: 5/28/09		Award Date: 5/28/09	
Purpose of Contract (Brief Description	on):		
Norm Reference Assessment; results s	and for good	amic angreem and great evaluation	
Performance Ratings: Summarize the vend in that category. See Vendor Performance Re	dor's performan	ice and circle the number which best describes their performance as for explanations of categories and numeric ratings (please nal; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 =	
Category	Rating	Comments (Brief)	
Quality of Goods / Services	5 X 3 2 1		
Timeliness of Delivery or Performance	5 X 3 2 1		
Business Relations	5 X 3 2		
Customer Satisfaction	X 4 3 2 1		
Cost Control	5 4 X 2 1		
Average Score	4.0	Add above ratings: divide the total by the number of areas being rated.	
		aware that an answer of yes authorizes the Purchasing this contract. All items and conditions within the current contract	

Please Check

Yes X No

VENDOR PERFORMANCE REPORT INSTRUCTIONS

Type of report

Identify if this the final report or a quarterly report (3 months)

Report Date

the date the report is prepared

Department

Indicate the name of the reporting department

Reported By Vendor Please sign your name Enter the vendor's name

Vendor Number

Enter the vendor's assigned number

Contract # / PO #

Enter the assigned contract # or the purchase order # for the goods or Services being reported

Contract Name

This the official name used when the contract was solicited

Contract Amount

The total dollar value of the contract: the amount listed on the Board Resolution

Award Date
Contract Description

Enter the date that the Board approved this contract Provide a brief description of the work being done under the contract

Performance Ratings In the comment column provide the rationale for the rating you give.

Indicate the contract requirements that were exceeded, were not exceeded, or were not met by the

vendor

Performance Ratings Guidelines

Rating	Category	Description	
5	Exceptional	Met all performance requirements; Minor problems; Effective corrective actions; Improved	
		performance; Quality results	
4	Very Good	Met all performance requirements; Minor problems; Effective corrective actions	
3	Satisfactory	Met all performance requirements; Minor problems; Satisfactory corrective actions	
2	Marginal	Some performance requirements not met; Performance reflects some serious problem;	
	-	Ineffective corrective actions	
1	Unsatisfactory	Most performance requirements are not met; Recovery not likely	

Performance Categories Descriptions

Category	Description
Quality of Goods and / or	Rate the vendor's technical performance or the quality of the product or services
Services	delivered under the contract
Timeliness of Delivery or	Rate the vendor's performance based on the delivery requirements of the contract.
Performance	If the vendor significantly exceeded the requirements (to SLPS benefit); quickly
	resolved delivery issues
Business Relations	Rate the vendor's professionalism; responsiveness; significantly exceeded
	expectations; customer service; limited change orders
Customer Satisfaction	Rate the vendor based on feedback you receive from your customers (end-users)
Cost Control	Make your ratings based on the vendor's effectiveness in forecasting, managing
	and controlling contract cost. This assesses whether the vendor met original cost
	estimated or needed to negotiate cost changes to meet contract requirements



Date: June 14, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Dr. Cleopatra Figgures, Dep. Supt., Accountability

VENDOR SELECTION ME	TENDOR	SELE	TION	METHOD:
---------------------	--------	------	------	---------

RFP/Bid		Agenda Item: <u>07-06-10-05</u>
Sole Source		Information:
Contract Renewal	Previous Bd. Res. #: 05-28-09-16	Conference:
☐ Ratification		Action:

SUBJECT:

To approve a sole source contract renewal with CTB/McGraw-Hill for the period July 10, 2010 to June 30, 2011 to purchase and administer the TerraNova 3 norm-reference assessments for grades K to 8, as scheduled on the District's test calendars. This includes the purchase of test booklets, scoring, online and paper reporting, and professional development in an amount not to exceed \$398,133.00.

BACKGROUND:

In 2009, the District entered into a contract with CTB/McGraw-Hill to purchase TerraNova 3 nationally normed assessments. The District is in the second year of that two year contract. The TerraNova 3 assessment is administered at kindergarten through grade eight, provides longitudinal diagnostic data for instructional planning, research grants and program evaluation.

CSIP: Goal 1: Performance MSIP: 9.1 **Row: 17**

FUNDING SOURCE: (ex: 110 Fund Type - 2218 Function - 6411 Object Code - 111 Location Code - 00 Project Code)

Fund Source: 110-2822-6412-984-	00	GOB	Requisition #:
Amount: \$398,133.00			
Fund Source:			Requisition #:
Amount:			
Fund Source:			Requisition #:
Amount:	_		
Cost not to Exceed: \$398,133.00	⊠ Pendin	g Funding Availability	Vendor #: 600000498

Department: Accountability

Requestor: Cleopatra Figgures

Angela Banks, Interim Budget Director

Engs Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: 40 41540



Requestor: Bertha P. Doar	Date: June 9, 2010
Department / School: Accountability and	Phone Number: 345-2360
Assessment	
Definition: Sole Source is a good or service that	is <u>only</u> available from one (1) source (vendor
manufacturer, etc)	
Unique Goods / Services Requested for Sole S	ource Purchase (describe in detail below)
The TerraNova 3 assessment is administered at k	
3 assessment provides longitudinal diagnostic da	ta for instructional planning, research grants and
program evaluation	
Vendor Name: CTB McGraw/Hill	Email: Dennis Bullard@ctb.com
Vendor Contact: Dennis Bullard	Phone Number: 816-554-2282
Justification	
1. Why the uniquely specified goods are requi	
	essment currently in use in the District with
established longitudinal data for instructional mo	
2. Why good or services available from other v	
Different vendors cannot continue the uniformity	
uniformity and consistency of data used for progr	
3. Other relevant information if any (i.e., attac	ch manufacturer's statement verifying
exclusive availability of product etc)	and and an arrange and setting Chardens 01
Provides student performance data used for	
compliance, and information for Standard 9.1, str 4. List the Names of other Vendors contacted	
4. List the Names of other vendors contacted	& Frice Quotes:
I certify the above information is true and correc	t and that I have no financial personal or other
beneficial interest in the specified vendor.	i und that I have no financial, personal or other
Your sole source request will not be approved	without the required signatures below:
Tour soile source request will not be approved	Without the required signatures serow.
Department Head	Date
CFO	Date
Superintendent	Date

Sole Source Checklist Check one of the following: One-of-a-kind The commodity or service has no competitive product and is available from only one supplier. Prior to checking this box, you must complete each of the following tasks: • Search the internet for companies providing similar services. • Search purchasing files to determine if district has a record of vendors(s) that have provided similar services. • Document search activities and findings Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor. Prior to checking this box you must complete the following task: • Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question Replacement Part The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier. Prior to checking this box you must complete the following task: • Document a search for additional suppliers **Delivery Date** Only one supplier can meet necessary delivery requirements. Prior to checking this box you must complete each of the following tasks: • Document delivery date and quotes from at least two other vendors • Document rationale in support of treating the delivery date as mission critical Research Continuity The commodity or service must comply with established District standards and is available from only one supplier. Prior to checking this box you must complete the following task: • Document district adoption of standard (i.e. Textbook adoption) Unique Design The commodity or service must meet physical design or quality requirements and is available from only one supplier. Prior to checking this box you must complete the following task: Sole supplier (i.e. Regional Distributor) **Emergency** URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disasters, etc. Prior to checking this box you must complete the following task: • Complete Emergency Purchase Form

2. If the Sole Source Criteria is met, then complete the Sole Source Form;

3. If the Sole Source Criteria are no met, then the item must be bid.



Vendor Performance Report

Type of report: Final x Quarterly		Report Date: 6/9/10	
Dept / School: Accountability/Assessment		Reported By: C. Figgures	
Vendor: CTB McGraw/Hill		Vendor #: 600000498	
Contract # / P.O/ #: 4500148593		Contract Name: TerraNova 3	
Contract Amount: \$ 420,000.00		Award Date: 5/28/09	
Purpose of Contract (Brief Description	on):		
Norm Reference Assessment; results s	ued for acade	emic program and grant evaluation	
Performance Ratings: Summarize the vend	lor's performan	ce and circle the number which best describes their performance	
		is for explanations of categories and numeric ratings (please	
Unsatisfactory	gs 5 = Exception	nal; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 =	
Category	Rating	Comments (Brief)	
Quality of Goods / Services	5		
Quantity of Decision Services	X		
	3		
	2		
Timeliness of Delivery or	5		
Performance	X 3		
	2		
	1		
Business Relations	5		
	X		
	3 2		
	1		
Customer Satisfaction	X	Company is very responsive to concerns	
	4	Company of the property of the	
	3		
	2		
	I.		
Cost Control	5		
	4 X		
	2		
	1		
Average Score	4.0	Add above ratings: divide the total by the number of	
		areas being rated.	
		aware that an answer of yes authorizes the Purchasing	
Department to seek renewal of the available of shall be honored during this renewal period.	opuon year for t	his contract. All items and conditions within the current contract	

Please Check

Yes X No

VENDOR PERFORMANCE REPORT INSTRUCTIONS

Type of report Identify if this the final report or a quarterly report (3 months)

Report Date the date the report is prepared

Department Indicate the name of the reporting department

Reported By
Vendor

Please sign your name
Enter the vendor's name

Vendor Number Enter the vendor's assigned number

Contract # / PO # Enter the assigned contract # or the purchase order # for the goods or Services being reported

Contract Name This the official name used when the contract was solicited

Contract Amount The total dollar value of the contract: the amount listed on the Board Resolution

Award Date Enter the date that the Board approved this contract

Contract Description Provide a brief description of the work being done under the contract **Performance Ratings** In the comment column provide the rationale for the rating you give.

Indicate the contract requirements that were exceeded, were not exceeded, or were not met by the

vendor

Performance Ratings Guidelines

Rating	Category	Description	
5	Exceptional	Met all performance requirements; Minor problems; Effective corrective actions; Improved	
		performance; Quality results	
4	Very Good	Met all performance requirements; Minor problems; Effective corrective actions	
3	Satisfactory	Met all performance requirements; Minor problems; Satisfactory corrective actions	
2	Marginal	Some performance requirements not met; Performance reflects some serious problem;	
	te f	Ineffective corrective actions	
1	Unsatisfactory	Most performance requirements are not met; Recovery not likely	

Performance Categories Descriptions

Category	Description
Quality of Goods and / or	Rate the vendor's technical performance or the quality of the product or services
Services	delivered under the contract
Timeliness of Delivery or	Rate the vendor's performance based on the delivery requirements of the contract.
Performance	If the vendor significantly exceeded the requirements (to SLPS benefit); quickly
	resolved delivery issues
Business Relations	Rate the vendor's professionalism; responsiveness; significantly exceeded
	expectations; customer service; limited change orders
Customer Satisfaction	Rate the vendor based on feedback you receive from your customers (end-users)
Cost Control	Make your ratings based on the vendor's effectiveness in forecasting, managing
	and controlling contract cost. This assesses whether the vendor met original cost
	estimated or needed to negotiate cost changes to meet contract requirements



SAINT LOUIS PUBLIC SCHOOLS

Date: June 14, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Dr. Cleopatra Figgures, Dep. Supt., Accountability

VENDOR SELECTION ME

RFP/Bid		Agenda Item: 01-06-10-06
⊠ Sole Source		Information:
Contract Renewal	Previous Bd. Res. #: 05-28-09-15	Conference:
Ratification		Action:

SUBJECT:

To approve a sole source contract renewal with CTB/McGraw-Hill for the period July 10, 2010 to June 30, 2011 to purchase and administer the Acuity formative assessment program for grades 3-8. This includes the purchase of tests, scoring, reporting and professional development from CTB/McGraw-Hill in an amount not to exceed \$295,000.00.

BACKGROUND:

The District entered into a contract with CTB/McGraw-Hill for Acuity predictive assessments administered at grades 3-8 in 2005. The District is in the 5th year of that contract. The Acuity formative assessment serves as the District's elementary and middle school benchmark test and provides predictive data to inform instructional planning and prepare for MAP GLE testing.

CSIP: Goal 1: Performance Row: 17 MSIP: 9.1

FUNDING SOURCE: (ex: 110 Fund Type – 2218 Function – 6411 Object Code - 111 Location Code – 00 Project Code)

Fund Source: 110-2822-6412-984-00	GOB	Requisition #:
Amount: \$295,000.00		
Fund Source:		Requisition #:
Amount:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$295,000.00	nding Funding Availability	Vendor #: 600000498

Department: Accountability

Requestor: Cleopatra Figgures

Dr. Cleopatra Figgures, Dep. Supt., Accountability

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: 4M 4.115 10



Requestor: Bertha P. Doar	Date: June 8, 2010
Department / School: Accountability and	Phone Number: 345-2360
Assessment Office	
Definition: Sole Source is a good or service that	is <u>only</u> available from one (1) source (vendor
manufacturer, etc)	
Unique Goods / Services Requested for Sole S	
Purchase and administer the Acuity formative	
includes the purchase of tests, scoring, re	
CTB/McGraw-Hill. These copyrighted mater	ials help to predict and improve MAP GLE
performance.	
Vendor Name: CTB McGraw/Hill	Email: <u>Dave Irby@ctb.com</u>
Vendor Contact: Dave Irby	Phone Number: 817-3014386
Justification	
1. Why the uniquely specified goods are requi	
Allows the District to maintain a consistent grade	이 마이트 그는 그는 그는 그는 그는 그는 그는 그는 그는 그를 가는 그를 가는 그를 가는 것이 되었다. 그는 그는 그를 가는 그를 가는 그를 가는 것이 없는 것이다.
Part of MSIP 9.1 assessment standard requirement	
2. Why good or services available from other v	
These are copyrighted materials from CTB/McC	
change would cause assessment misalignment	and require training and modification of the
student data warehouse system.	
3. Other relevant information if any (i.e., attac	ch manufacturer's statement verifying
exclusive availability of product etc)	
CTB McGraw/Hill is the DESE vendor for MAP	GLE. The company and assessment are on the
DESE recommended assessment list.	
4. List the Names of other Vendors contacted	& Price Quotes:
I certify the above information is true and correc	t and that I have no financial, personal or other
beneficial interest in the specified vendor.	
Your sole source request will not be approved	without the required signatures below:
Department Head	Date
CFO	Date
Superintendent Date	
Superintendent	Date

Sole Source Checklist Check one of the following: One-of-a-kind The commodity or service has no competitive product and is available from only one supplier. Prior to checking this box you must complete each of the following tasks: • Search the internet for companies providing similar services. • Search purchasing files to determine if district has a record of vendors(s) that have provided similar services. • Document search activities and findings Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor. Prior to checking this box you must complete the following task: Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question Replacement Part The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier. Prior to checking this box you must complete the following task: • Document a search for additional suppliers **Delivery Date** Only one supplier can meet necessary delivery requirements. Prior to checking this box you must complete each of the following tasks: • Document delivery date and quotes from at least two other vendors • Document rationale in support of treating the delivery date as mission critical Research Continuity The commodity or service must comply with established District standards and is available from only one supplier. Prior to checking this box you must complete the following task: • Document district adoption of standard (i.e. Textbook adoption) Unique Design The commodity or service must meet physical design or quality requirements and is available from only one supplier. Prior to checking this box you must complete the following task: Sole supplier (i.e. Regional Distributor) **Emergency** URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disasters, etc. Prior to checking this box you must complete the following task: • Complete Emergency Purchase Form 2. If the Sole Source Criteria is met, then complete the Sole Source Form;

3. If the Sole Source Criteria are no met, then the item must be bid.



Vendor Performance Report

Type of report: Final x Quarterly [Report Date: 6/8/10
Dept / School: Accountability/Assessment	Reported By: C. Figgures
Vendor: CTB McGraw/Hill	Vendor #: 600000498
Contract # / P.O/ #: 4500148599	Contract Name: Acuity
Contract Amount: \$ 200,000.00	Award Date: 5/28/09

Purpose of Contract (Brief Description):

Formative Assessment for middle and elementary schools

Performance Ratings: Summarize the vendor's performance and circle the number which best describes their performance in that category. See Vendor Performance Report Instructions for explanations of categories and numeric ratings (*please attach additional sheets if necessary*). **Ratings** 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory

Category	Rating	Comments (Brief)
Quality of Goods / Services	5 4 3 2 1	
Timeliness of Delivery or Performance	5 4 3 2 1	Kinks in file uploads
Business Relations	5 4 3 2 1	Company is very responsive
Customer Satisfaction	5 4 3 2 1	Company is very responsive to concerns
Cost Control	5 4 3 2 1	
Average Score	4.0	Add above ratings: divide the total by the number of areas being rated.

Would you select / recommend this vendor again? Please be aware that an answer of yes authorizes the Purchasing Department to seek renewal of the available option year for this contract. All items and conditions within the current contract shall be honored during this renewal period.

Please Check Yes X No

VENDOR PERFORMANCE REPORT INSTRUCTIONS

Type of report

Identify if this the final report or a quarterly report (3 months)

Report Date

the date the report is prepared

Department

Indicate the name of the reporting department

Reported By Vendor

Please sign your name Enter the vendor's name

Vendor Number

Enter the vendor's assigned number

Contract # / PO #

Enter the assigned contract # or the purchase order # for the goods or Services being reported

Contract Name

This the official name used when the contract was solicited

Contract Amount

The total dollar value of the contract: the amount listed on the Board Resolution

Award Date

Enter the date that the Board approved this contract

Contract Description Provide a brief description of the work being done under the contract Performance Ratings In the comment column provide the rationale for the rating you give.

Indicate the contract requirements that were exceeded, were not exceeded, or were not met by the

vendor

Performance Ratings Guidelines

Rating	Category	Description
5	Exceptional	Met all performance requirements; Minor problems; Effective corrective actions; Improved
	-	performance; Quality results
4	Very Good	Met all performance requirements; Minor problems; Effective corrective actions
3	Satisfactory	Met all performance requirements; Minor problems; Satisfactory corrective actions
2	Marginal	Some performance requirements not met; Performance reflects some serious problem;
		Ineffective corrective actions
1	Unsatisfactory	Most performance requirements are not met; Recovery not likely

Performance Categories Descriptions

Category	Description
Quality of Goods and / or	Rate the vendor's technical performance or the quality of the product or services
Services	delivered under the contract
Timeliness of Delivery or	Rate the vendor's performance based on the delivery requirements of the contract.
Performance	If the vendor significantly exceeded the requirements (to SLPS benefit); quickly
	resolved delivery issues
Business Relations	Rate the vendor's professionalism; responsiveness; significantly exceeded
	expectations; customer service; limited change orders
Customer Satisfaction	Rate the vendor based on feedback you receive from your customers (end-users)
Cost Control	Make your ratings based on the vendor's effectiveness in forecasting, managing
	and controlling contract cost. This assesses whether the vendor met original cost
	estimated or needed to negotiate cost changes to meet contract requirements

SAIN	r Louis Public s	CHOOLS	
Date: June 14, 2010			
To: Dr. Kelvin R. Adams, Superinter	ndent		
From: Dr. Cleopatra Figgures, Dep. Su	pt., Accountability		
VENDOR SELECTION METHOD:			
☐ RFP/Bid ☐ Sole Source ☐ Contract Renewal ☐ Ratification	evious Bd. Res. #:		Item: 07-06-10-07 ion:
SUBJECT: To approve a sole source contract with Scant new High School Benchmarks aligned to the curriculum for the 2010 – 2011 school year, a	State mandated MAP End	Of Course (EOC) assess	•
BACKGROUND: Administered in the high schools, these for benchmark tests and provide diagnostic data			ewly updated high school
CSIP: Goal 1: Performance		MSIP:	9.1
FUNDING SOURCE: (ex: 110 Fund Type	– 2218 Function– 6411 Obje	ct Code - 111 Location Co	de – 00 Project Code)
Fund Source: 110-2822-6412-984-00	GOB	Requisition #:	
Amount: \$55,000.00			
Fund Source:		Requisition #:	·
Amount:			
Fund Source:		Requisition #:	
Amount:			
Cost not to Exceed: \$55,000.00 Pendi	ng Funding Availability	Vendor #: 60000273	9
Department: Accountability		Angle	ands

D

Requestor: Cleopatra Figgures

Dr. Cleopatra Figgures, Dep. Supt., Accountability

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: 44 1510



Requestor: Bertha Doar	Date: 6/9/2010	
Department / School: Accountability and	Phone Number: 345-2360	
Assessment		
Definition: Sole Source is a good or service that	is <u>only</u> available from one (1) source (vendor	
manufacturer, etc)	·	
Unique Goods / Services Requested for Sole S	ource Purchase (describe in detail below)	
Scantron Benchmark Assessments		
Vendor Name: Scantron Corporation	Email: Tim_Butterfield@scantron.com	
Vendor Contact: Tim Butterfield Phone Number: 815-9399587		
Justification	Information	
1. Why the uniquely specified goods are requi	red?	
Allows for the reduction in assessment costs for assessments to the current curriculum and MAP	2010-11, and aligns the High School Benchmark EOCs.	
2. Why good or services available from other	vendors /competitors are not acceptable?	
Other vendors are not able to develop and delive standards in a timely manner that can be used on in place in SLPS.		
3. Other relevant information if any (i.e., attacked exclusive availability of product etc)	ch manufacturer's statement verifying	
4. List the Names of other Vendors contacted	& Price Quotes:	
I certify the above information is true and correct beneficial interest in the specified vendor.	et and that I have no financial, personal or other	
Your sole source request will not be approved	without the required signatures below:	
Department Head Date		
CFO	Date	
Superintendent Date		

Sole Source Checklist Check one of the following: One-of-a-kind The commodity or service has no competitive product and is available from only one supplier. Prior to checking this box you must complete each of the following tasks: • Search the internet for companies providing similar services. • Search purchasing files to determine if district has a record of vendors(s) that have provided similar services. • Document search activities and findings Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor. Prior to checking this box you must complete the following task: Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question Replacement Part The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier. Prior to checking this box you must complete the following task: • Document a search for additional suppliers **Delivery Date** Only one supplier can meet necessary delivery requirements. Prior to checking this box you must complete each of the following tasks: • Document delivery date and quotes from at least two other vendors • Document rationale in support of treating the delivery date as mission critical Research Continuity The commodity or service must comply with established District standards and is available from only one supplier. Prior to checking this box you must complete the following task: • Document district adoption of standard (i.e. Textbook adoption) Unique Design The commodity or service must meet physical design or quality requirements and is available from only one supplier. Prior to checking this box you must complete the following task: Sole supplier (i.e. Regional Distributor) **Emergency** URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disasters, etc. Prior to checking this box you must complete the following task: • Complete Emergency Purchase Form

- 2. If the Sole Source Criteria is met, then complete the Sole Source Form;
- 3. If the Sole Source Criteria are no met, then the item must be bid.

shirt is	SAINT LOUIS PUBL	IC SCHOOLS	
Date: June 14, 2010			
To: Dr. Kelvin R. Adams, Superintendent			
From: Dr. Cleopatra Figgure	es, Dep. Supt., Accountability		
VENDOR SELECTION METHO	DD:		
☐ RFP/Bid ☐ Sole Source ☐ Contract Renewal ☐ Ratification	Previous Bd. Res. #:	Informa	Item: 01-06-0-08 ation:
SUBJECT: To approve a sole source purchas to June 30, 2011 for the NCS Se evaluations at a cost not to exceed	canner used by the District to	<u> </u>	· · · · · · · · · · · · · · · · · · ·
BACKGROUND: A new scanner was purchased in The service agreement will allow formative assessments and evalut	w timely repairs should they b		
CSIP: Goal 1:	Performance Row: 17	MSIP:	9.1
FUNDING SOURCE: (ex: 11	0 Fund Type — 2218 Function— 641 1	l Object Code - 111 Location C	ode – 00 Project Code)
Fund Source: 110-2822-6338-984-00 GOB		Requisition #:	
Amount: \$7,900.00			
Fund Source:		Requisition #:	
Amount:			
Fund Source:		Requisition #:	
Amount:			
Cost not to Exceed: \$7,900.00	☑ Pending Funding Availabi	lity Vendor #:	

Department: Accountability

Requestor: Cleopatra Figgures

Dr. Cleopatra Figgures, Dep. Sapt., Accountability

Angela Banks, Interim Budget Director

(1601) SAFO

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: Multi-(U



Requestor: Bertha Doar	Date: June 9, 2010
Department / School: Accountability and	Phone Number: 345-2360
Assessment	
Definition: Sole Source is a good or service that	is <u>only</u> available from one (1) source (vendor
manufacturer, etc)	
Unique Goods / Services Requested for Sole S	ource Purchase (describe in detail below)
Scanner Service Agreement	
Vendor Name: Harland Technology	Email: Catherine.Dewitt@harlandts.com
Vendor Contact: Katie Dewitt	Phone Number: 402-697-3103
Justification	Information
1. Why the uniquely specified goods are requi	
Service agreement for the scanner used to score	formative assessments.
2. Why good or services available from other	vendors /competitors are not acceptable?
Service agreement for the specific scanner used by	by the District.
3. Other relevant information if any (i.e., attac	ch manufacturer's statement verifying
exclusive availability of product etc)	
Annual service agreement for scanner.	
4. List the Names of other Vendors contacted	& Price Quotes:
None	
I certify the above information is true and correct beneficial interest in the specified vendor.	t and that I have no financial, personal or other
Your sole source request will not be approved	without the required signatures below:
Department Head	Date
CFO	Date
Superintendent	Date

Sole Source Checklist Check one of the following: One-of-a-kind The commodity or service has no competitive product and is available from only one supplier. Prior to checking this box you must complete each of the following tasks: • Search the internet for companies providing similar services. • Search purchasing files to determine if district has a record of vendors(s) that have provided similar services. • Document search activities and findings Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor. Prior to checking this box you must complete the following task: • Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question Replacement Part The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier. Prior to checking this box you must complete the following task: • Document a search for additional suppliers **Delivery Date** Only one supplier can meet necessary delivery requirements. Prior to checking this box you must complete each of the following tasks: • Document delivery date and quotes from at least two other vendors • Document rationale in support of treating the delivery date as mission critical Research Continuity The commodity or service must comply with established District standards and is available from only one supplier. Prior to checking this box you must complete the following task: • Document district adoption of standard (i.e. Textbook adoption) Unique Design The commodity or service must meet physical design or quality requirements and is available from only one supplier. Prior to checking this box you must complete the following task: Sole supplier (i.e. Regional Distributor) **Emergency** URGENT NEED for the item or service does not permit soliciting competitive bids, as in cases of emergencies, disasters, etc. Prior to checking this box you must complete the following task: • Complete Emergency Purchase Form

- Complete Emergency 1 drendse 1 offi
- 2. If the Sole Source Criteria is met, then complete the Sole Source Form;
- 3. If the Sole Source Criteria are no met, then the item must be bid.



	,				
Date: June 15, 2010					
To: Dr. Kelvin R. Adams,	To: Dr. Kelvin R. Adams, Superintendent				
From: Dr. Carlinda Purcell,	Dep. Supt.,	Academics			
VENDOR SELECTION METHO	D:				
☐ RFP/Bid ☐ Sole Source ☐ Contract Renewal ☐ Ratification	Pre	vious Bd. Res. #:	Agenda Item: 01-06-10-69 Information: □ Conference: □ Action: □		
determined by their IEP teams	as the mos	st viable augmentative/	aVox Mayer-Johnson for two specific students as alternative communication option to help these nunicators will not exceed \$19,084.00.		
, ,	cial for the	students' use. The Dist	s were identified during a trial period as the type of rict has had prior experience with equipment from ble.		
CSIP: Goal 2: P	rocess Peri	formance Row: 134	MSIP : 7.1.2		
FUNDING SOURCE: (ex: 110) Fund Type -	– 2218 Function– 6411 Ob	eject Code - 111 Location Code – 00 Project Code)		
Fund Source: 110-2332-6541-828	-00	GOB	Requisition #:		
Amount: \$19,084.00		· ·			
Fund Source:			Requisition #:		
Amount:					
Fund Source:			Requisition #:		
Amount:					
Cost not to Exceed: \$19,084.00	Pendin	ng Funding Availability	Vendor #: 600012158		
Department: Special Education	<u> </u>		AngelBank		
Requestor: Dr. Chip Jones	cell		Angela Banks, Interim Budget Director Enos Moss, CFO/Treasurer		
Dr. Carlinda Purcell, Dep. Supt., Academics					
			Dr. Kelvin R. Adams, Superintendent		

	*		
	The state of the s		



Requestor: Dr. Chip Jones/Yvonne R. Tate	Date: June 9, 2010
Department / School: Special	Phone Number: 314.633.5357
Education/Speech-Language	
Definition: Sole Source is a good or service that	is <u>only</u> available from one (1) source (vendor
manufacturer, etc)	
Unique Goods / Services Requested for Sole So	ource Purchase (describe in detail below)
See attached.	
Vendor Name: Dynavox-Mayer Johnson	Email: cari.jesse@dynavoxtech.com
Vendor Contact: Cari Jesse	Phone Number 618-444-0635 (cell)
Justification	Information
1. Why the uniquely specified goods are requi	red?
This request is for specific students who are augr	
reportedly not Medicaid eligible and currently the	
The IEP teams of these students have determined	
(AAC) is the viable option for these students to b	
2. Why good or services available from other v	
The requested goods are the premier augmentative	
available today. A trial period, using various typ	
the type of device that would most beneficial for	
comprehensive features and many customization	
students' needs as identified in their Individual E	
statems needs as identified in their marviadar E	ducation i rograms (i.e.).
3. Other relevant information if any (i.e., attac	h manufacturer's statement verifying
exclusive availability of product etc)	
The District's AAC team determined, though dev	vice trials, review of the students' educational
history, and IEP team determinations, that the rec	
Additionally, similar devices/equipment from this	
4. List the Names of other Vendors contacted	
The AAC team explored products from the Premi	
reasons, Dynavox-Mayer Johnson was the preferr	
reasons, Dynavox-Mayer Johnson was the prefer	ted vendor.
I coutify the above information is two and course	t and that I have no financial nongonal on other
I certify the above information is true and correct	i ana inai 1 nave no financiai, personai or oiner
beneficial interest in the specified vendor.	
Your sole source request will not be approved	without the required signatures below:
(a. 1. 1/ +	
arlinga rircell	
Department Head	Date
CFO	Date
Superintendent	Date

Sole Source Checklist

- Check one of the following:
 - X One-of-a-kind The commodity or service has no competitive product and is available from only one supplier.

Prior to checking this box, you must complete each of the following tasks:

- Search the internet for companies providing similar services.
- Search purchasing files to determine if district has a record of vendors(s) that have provided similar services.

Document search activities and findings
Compatibility The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor. Prior to checking this box, you must complete the following task: • Provide documentation from the provider of the original
equipment/services that the equipment/services in question must be provided by the vendor in question
Replacement Part The commodity is a replacement part for a specific brand of
existing equipment and is available from only one supplier.
Prior to checking this box, you must complete the following task:
 Document a search for additional suppliers
Delivery Date Only one supplier can meet necessary delivery requirements.
Prior to checking this box, you must complete each of the following tasks:
 Document delivery date and quotes from at least two other vendors
 Document rationale in support of treating the delivery date as mission critical
Research Continuity The commodity or service must comply with established District
standards and is available from only one supplier.
Prior to checking this box, you must complete the following task:
 Document district adoption of standard (i.e. Textbook adoption)
Unique Design The commodity or service must meet physical design or quality
requirements and is available from only one supplier.
Prior to checking this box, you must complete the following task:

- Prior to checking this box, you must complete the following task: • Complete Emergency Purchase Form
- 2. If the Sole Source Criteria is met, then complete the Sole Source Form;
- 3. If the Sole Source Criteria are no met, then the item must be bid.

competitive bids, as in cases of emergencies, disasters, etc.

Sole supplier (i.e. Regional Distributor)

Emergency URGENT NEED for the item or service does not permit soliciting

DynaVox Mayer-Johnson

2100 Wharton St.

Suite 400

Pittsburgh, PA 15203

DynaVox Xpress

Product	Product Number	er	Price
DynaVox Xpress	8002021+7503	11	7, 500.00
Xpress Transportation case	501725		139.00
Replacement power supply cord	200402		61.00
Extended Warranty (4 yrs.)	450141		1,709.00
		Total	\$9409.00
Product			Price
Dynavox V	750259		7,820.00
4 yr. warranty	450092		1,709.00
Transportation Case	501232		85.00
Spare Power Cord	200402		61.00
		Total Amount	\$ 9675.00

Saltillo http://www.saltillo.com/shop/catalog/product_info.php?cPath=27&products_id=114

Product	Product Number	Price
Echo Voice	n/a	495.00

Note: Tom Chuday provided the AAC department with 3 voice amplifiers this week. They attach to the belt, similar to the amplifier that was initially trailed with E.B. The student did not care for it because it was bulky and noticeable. The ECHO Voice attaches to the collar, less visible.

SAUTE CONTRACTOR OF THE PROPERTY OF THE PROPER	SAINT LOUIS PUBLIC S	SCHOOLS
Date: June 14, 2010		
To: Dr. Kelvin R. Adams,	Superintendent	
From: Dr. Carlinda Purcell,	Dep. Supt., Academics	
VENDOR SELECTION METHO	DD:	
☐ RFP/Bid ☐ Sole Source ☐ Contract Renewal ☐ Membership	Previous Bd. Res. #:	Agenda Item: 01001010 Information: Conference: Action:
	wal with CHARACTERplus, in an am c Schools, for the period beginning Jul	nount not to exceed \$5,370.00 for the annual by 10, 2010 and ending June 30, 2011.
These services will help educator		ents to advance the cause of Character Education. petencies of SLPS students. This aligns with the h is essential for student learning.
CSIP: Goal 3: F	Resource Row: 149	MSIP : 1.2.2 9.6
FUNDING SOURCE: (ex: 110	Fund Type – 2218 Function– 6411 Obje	ct Code - 111 Location Code – 00 Project Code)
Fund Source: 620-2214-6381-814	-T2 Non-GOB	Requisition #:
Amount: \$5,370.00		
Fund Source:		Requisition #:
Amount:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$5,370.00	⊠ Pending Funding Availability	Vendor #: 600001292
Department: Academics		Angela Banks, Interim Budget Director
Requestor: Linda Bell	-00	END MOS AB
Br. Carlinda Purcell, Dep. Supt.,	Academics	Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Revised 11/30/09

Reviewed by Budget: ___



CHARACTER plus

Team Leaders: Tiffany King & Linda Bell

MISSION: To develop positive character traits in young people by providing a high quality character education process and resources to schools, homes, and communities.

HISTORY: CHARACTER*plus*® was founded in 1988 by Sanford N. McDonnell, as a project of Cooperating School Districts. It was known then as the Personal Responsibility Education Process (PREP).

MEMBERS: 46 school districts and three individual schools in the St. Louis area are CHARACTERplus® members.

Overall CHARACTERplus currently serves more than 700 schools in over 130 districts, reaching 25,000 teachers and more than 360,000 students throughout Missouri and parts of Illinois. Most recently, the Sprint Foundation has committed to provide funding for CHARACTERplus to expand into Kansas.

SERVICES: Advanced trainings, resources, collegial meetings, scholarships to conferences and workshops, and many community collaboratives. The membership allows educators, school administrators, school board members, parents, and community members of these school districts access to all the CHARACTERplus services and materials. These services include workshops that focus on character and moral development, ethics, literacy, service learning, bully & sexual harassment prevention & intervention, and many more issues related to character education.

Intelligence plus character - that is the goal of true education.

~ Martin Luther King



SAINT LOUIS PUBLIC SCHOOLS

Date: June 14, 2010 Dr. Kelvin R. Adams, Superintendent To: From: Dr. Carlinda Purcell, Dep. Supt. - Academics 07-06-10-11 **VENDOR SELECTION METHOD:** RFP/Bid Agenda Item: Information: Sole Source 12-12-06-12 Conference: Contract Renewal Previous Bd. Res. # Action: Ratification SUBJECT: To approve the contract renewal with the University of Missouri - St. Louis (UMSL) for: The Leadership Academy for Character Education (LACE). Service to be provided from January, 2011 through December, 2011. The cost of the contract will not exceed \$15,000.00. **BACKGROUND:** UMSL will provide Central Office and principal development to thirty people (30) to institutionalize character education in the district. This will fulfill the five year contractual agreement. MSIP: CSIP: Goal# Row# 6.7.2 SLPS Goal #2 - Process and Performance FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code)

Fund Source: 730 - 2331 - 6319 - 825 - FM Non GOB Requisition #: Wallace Foundation 15,000.00 Amount: Requisition #: **Fund Source:** Amount: **Fund Source:** Requisition #: Amount: 15,000.00 600012604

Pending Funding Availability

Department:

Cost not to Exceed:

Leadership Development

Requestor:

Sheila Smith-Anderson

\$

r. Carlinda Purcell, Dep. Supt. - Academics

Angela Banks, Interim Budget Director

Vendor #:

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent



Request for Contract Renewal Form

Date of Submittal:	
June 9, 2010	
Name of Department Head submitting Request:	
Sheila Smith-Anderson	
Name of Contract:	
The Leadership Academy for Character Education (LACE)	
Purpose of Contract:	
Central Office and principal development	
Are there changes versus prior year contract \(\subseteq \text{Yes} \subseteq \text{No} \)	
If Yes explain Changes:	
Total Cost of Contract (estimated cost of expenses inclusive):	
\$15,000	
Vendor Name:	Vendor Number:
The Leadership Academy for Character Education (LACE)	600012604
Start Date of Contract:	
July 1, 2010	
Expiration Date of Contract:	
June 30, 2011	
Department Responsible for Vendor Performance Monitoring:	
Approved Disapproved Date:	· .
Superintendent Signature	

Please attach the Vendor Performance Report and Proposed Contract



Vendor Performance Report

Type of report: Final Quarterly		Report Date: June 4. 2010		
Dept / School: Office of Leadership De	evelopment	Reported By: Sheila Smith-Anderson		
Vendor: University of Missouri-STL/C	haracter	Vendor #: 600012604		
Contract # / P.O/ #:		Contract Name: The Leadership Academy for Character Education		
Contract Amount: \$ 15,000.00 per year	ır	Award Date: 10-18-07 / 12-12-06- Bd. Resolution		
Purpose of Contract (Brief Description	n):			
	Lavia Dublia	Schools along with Control Office Administrators in		
		Schools along with Central Office Administrators in participate in the academy spanning over five (5) years.		
• • • • • • • • • • • • • • • • • • • •	•			
Performance Ratings: Summarize the vendor's performance and circle the number which best describes their performance in that category. See Vendor Performance Report Instructions for explanations of categories and numeric ratings (<i>please attach additional sheets if necessary</i>). Ratings 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory				
Category	Rating	Comments (Brief)		
Quality of Goods / Services	5			
	3			
	2			
	1			
Timeliness of Delivery or	5			
Performance	3			
	2			
	1			
Business Relations	5			
	3			
	2			
	1			
Customer Satisfaction	5			
	4			
	3 2			
	1			
Cost Control	5			
	4			
	3			
	2 1			
A vowa go Caorro	,	Add above ratings: divide the total by the number of		
Average Score	5	areas being rated.		
Would you select / recommend this vendor again? Please be aware that an answer of yes authorizes the Purchasing Department to seek renewal of the available option year for this contract. All items and conditions within the current contract				
shall be honored during this renewal period.				
	Please Check	Yes 🛛 No 🗌		

Smith-Anderson, Sheila M.

From:

Berkowitz, Marvin W. [berkowitz@umsl.edu]

Sent:

Friday, May 28, 2010 11:41 AM

To: Cc: Smith-Anderson, Sheila M.

Hoppe, Mary Anne; ShiversB@umsl.edu; Stirling Diane

Subject:

FW: 2011 LACE

Sheila,

We already had to make two changes in the proposed 2011 LACE calendar (changed one date in Feb and both dates in May). Use the dates below to check against the impending SLPS calendar.

Month	STL	WI	NOTES
Jan Characterplus a	19-21 and then for LACE	19)	Phil Vincent will present here on the 20 th and 21 st (first for
Feb WI	10, 17	open	I am the presenter so we just need to find a date when I can come to
Mar	9-10	8 or 11	Presenter TBA
April	27-28	open	These are site visits so you can pick any date that works for you
May	11-12	10 or 13	Presenter TBA
June	20-21	confer.	I am assuming that your conference will be the prior week.
July	21-22	open	For STL this is the Characterplus conference (tent.); you are open.
Aug	none	open	We will likely not meet in Aug to save some \$\$\$.
September	6-7	5 or 8	Presenter TBA
Oct	12-13	11 or 14	Presenter TBA
Nov	14	open	This is our best practices day; you are on your own
Dec	7, 14	open	This is graduation; you are on your own for a date.

Marvin W. Berkowitz, Ph.D.

Sanford N. McDonnell Professor of Character Education

Co-Director, Center for Character and Citizenship

402 Marillac Hall

University of Missouri-St. Louis

One University Blvd.

St. Louis, MO 63121-4499

PH: 314-516-7521 FAX: 314-516-7356

email: berkowitz@umsl.edu

Website: www.characterandcitizenship.org



SAINT LOUIS PUBLIC SCHOOLS

Date: June 2, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Dr. Carlinda Purcell, Dep. Supt., Academics

V	TNDOR	STI	ECTION	METHOD:
- 8	BILL SEP SPES	لقانقال		17221 X 22X V X X 6

RFP/Bid		Agenda Item: 07-06-10-12
Sole Source		Information:
Contract Renewal	Previous Bd. Res. #:	Conference:
Ratification		Action:

SUBJECT:

To approve a renewal contract with St. Louis Program for Exceptionally Gifted Students to be provided from August 2010 - June 30, 2011.

BACKGROUND:

The St. Louis Program for Exceptionally Gifted Students (PEGS) provides a full-time, multi-aged, enriched and extended academic program for those highly gifted students who need an alternative to the regular classroom. Students attend full time at this site. Students needing this service are few in number and the program assists local districts in providing for the unique needs of these academically superior students. SLPS has five students who have met the exceptional criteria for the program and are to continue their enrollment in the program, in addition to one newly accepted student for a savings of \$19,200 from previous year.

CSIP: Goal 1: Performance Row: 41 MSIP: 7.6.1

FUNDING SOURCE: (ex: 110 Fund Type - 2218 Function - 6411 Object Code - 111 Location Code - 00 Project Code)

Fund Source: 110-1272-6311-110-828-00 G 0 B	Requisition #:
Amount: \$28,800.00	
Fund Source:	Requisition #:
Amount:	
Fund Source:	Requisition #:
Amount:	
Cost not to Exceed: \$28,800.00	Vendor #:

Department: Gifted

Requestor: Diane Cox

Dr. Carlinda Purcell, Dep. Supt., Academics

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: 4M 615.10



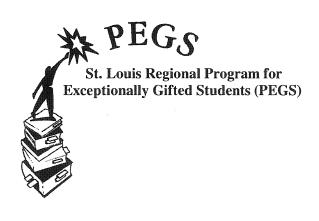
Request for Contract Renewal Form

Date of Submittal:
June 2, 2010
Name of Department Head submitting Request: Mary Anne Hoppe, Gifted
Name of Contract: PEGS (Program for Exceptionally Gifted Students)
Purpose of Contract: The St. Louis Program for Exceptionally Gifted Students (PEGS) provides a full-time, multi-aged, enriched and extended academic program for those highly gifted students who need an alternative to the regular classroom. Students attend full time at this site. Students needing this service are few in number and the program assists local districts in providing for the unique needs of these academically superior students. SLPS has five students who have met the exceptional criteria for the program and are to continue their enrollment in the program, in addition to one newly accepted student.
Are there changes versus prior year contract \(\subseteq \text{Yes} \subseteq \text{No} \)
If Yes explain Changes:
Total Cost of Contract (estimated cost of expenses inclusive):
\$28,800.00
Vendor Name: Vendor Number: PEGS
Start Date of Contract:
July 1, 2010
Expiration Date of Contract:
June 30, 2011
Department Responsible for Vendor Performance Monitoring:
Gifted
Approved Disapproved Date:
Superintendent Signature



Vendor Performance Report

Type of report: Final Quarterly		Report Date: June 2, 2010		
Dept / School: Gifted		Reported By: Mary Anne Hoppe		
Vendor: PEGS		Vendor #:		
Contract # / P.O/ #:		Contract Name: PEGS		
Contract Amount: \$ 28,800.00		Award Date: July 1, 2010		
Purpose of Contract (Brief Description): The St. Louis Program for Exceptionally Gifted Students (PEGS) provides a full-time, multi-aged, enriched and extended academic program for those highly gifted students who need an alternative to the regular classroom. Students attend full time at this site. Students needing this service are few in number and the program assists local districts in providing for the unique needs of these academically superior students. SLPS has five students who have met the exceptional criteria for the program and are to continue their enrollment in the program, in addition to one newly accepted student.				
in that category. See Vendor Performance Re	port Instruction	the and circle the number which best describes their performance is for explanations of categories and numeric ratings (<i>please</i> hal; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 =		
Category	Rating	Comments (Brief)		
Quality of Goods / Services	(5) 4 3 2 1			
Timeliness of Delivery or Performance	5 4 3 2 1			
Business Relations	5 4 3 2 1			
Customer Satisfaction	5) 4 3 2			
Cost Control	5 4 3 2 1			
Average Score	5	Add above ratings: divide the total by the number of areas being rated.		
Department to seek renewal of the available of shall be honored during this renewal period.		ware that an answer of yes authorizes the Purchasing his contract. All items and conditions within the current contract Yes No		



May 4, 2010

Ms. Elizabeth Hines St. Louis Public Schools 801 N. 11th Street St. Louis, MO 63101

Dear Ms. Hines,

We are pleased to inform you that Sophie Sowell, who resides in your district has been accepted into the St. Louis Regional Program for Exceptionally Gifted Students (PEGS). Spencer Barrett, Shane Combs, Claire Eiler, Aiden Kelly, and Savannah Sowell, who are also from your district, will continue their enrollment in PEGS for the 2010-2011 school year.

Enclosed, you will find an Agreement for Services Contract for each of these students. The contract enumerates the responsibility of your district and that of Lindbergh Schools. Kindly return the signed contracts to me by June 1, 2010.

Tuition for the 2010-2011 school year has been set at \$4800 per student. You will be billed by Lindbergh Schools, fiscal agent for PEGS.

If you have any questions, please contact me or Cathie Page, Administrative Assistant for PEGS, at 729-2400 ext. 7520. Thank you for your support of the St. Louis Regional Program for Exceptionally Gifted Students.

Sincerely,

Michelle Ryder

Administrator for PEGS

Michelle Ryper

12225 Eddie & Park Road St. Louis, MO 63127-1413 Phone: 314-729-2470 Fax: 314-729-2472

- Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally Gifted Students ("PEGS"), providing an educational program for SOPHIE SOWELL that meets all requirements of state law and Lindbergh.
 In consideration of said services St. Louis agrees to pay Lindbergh \$4800 as
- 2. In consideration of said services St. Louis agrees to pay Lindbergh \$4800 as tuition for the above student. Tuition will be payable in two (2) equal payments, one-half by September 1 and one-half by February 1.
- 3. Upon request, Lindbergh further agrees to certify to St. Louis a copy of the 2010-2011 budget for the PEGS program.
- 4. This Agreement shall be deemed accepted and entered into in St. Louis County, Missouri.

IN WITNESS WHEREOF, the	e Parties have executed this Agreement effective as of the
day of	, 2010.
LINDBERGH SCHOOLS	ST. LOUIS PUBLIC SCHOOLS
Ву:	By:
Authorized Officer	Authorized Officer

- Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally
 Gifted Students ("PEGS"), providing an educational program for <u>SPENCER BARRETT</u>
 that meets all requirements of state law and Lindbergh.
- 2. In consideration of said services St. Louis agrees to pay Lindbergh \$4800 as tuition for the above student. Tuition will be payable in two (2) equal payments, one-half by September 1 and one-half by February 1.
- 3. Upon request, Lindbergh further agrees to certify to St. Louis a copy of the 2010-2011 budget for the PEGS program.
- 4. This Agreement shall be deemed accepted and entered into in St. Louis County,
 Missouri

iviissouri.	
IN WITNESS WHEREOF,	the Parties have executed this Agreement effective as of the
day of	, 2010.
LINDBERGH SCHOOLS	ST. LOUIS PUBLIC SCHOOLS
Ву:	Ву:
Authorized Officer	Authorized Officer

- 1. Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally Gifted Students ("PEGS"), providing an educational program for <u>SHANE COMBS</u> that meets all requirements of state law and Lindbergh.
- 2. In consideration of said services St. Louis agrees to pay Lindbergh \$4800 as tuition for the above student. Tuition will be payable in two (2) equal payments, one-half by September 1 and one-half by February 1.
- 3. Upon request, Lindbergh further agrees to certify to St. Louis a copy of the 2010-2011 budget for the PEGS program.
- 4. This Agreement shall be deemed accepted and entered into in St. Louis County, Missouri.

IN WITNESS WHEREOF, th	e Parties have executed this Agreement effective as of the
day of	, 2010.
LINDBERGH SCHOOLS	ST. LOUIS PUBLIC SCHOOLS
Ву:	Ву:
Authorized Officer	Authorized Officer

- 1. Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally Gifted Students ("PEGS"), providing an educational program for <u>CLAIRE EILER</u> that meets all requirements of state law and Lindbergh.
- 2. In consideration of said services St. Louis agrees to pay Lindbergh \$4800 as tuition for the above student. Tuition will be payable in two (2) equal payments, one-half by September 1 and one-half by February 1.
- 3. Upon request, Lindbergh further agrees to certify to St. Louis a copy of the 2010-2011 budget for the PEGS program.
- 4. This Agreement shall be deemed accepted and entered into in St. Louis County, Missouri.

IN WITNESS WHEREOF, the	e Parties have executed this Agreement effective as of th
day of	, 2010.
LINDBERGH SCHOOLS	ST. LOUIS PUBLIC SCHOOLS
Ву:	By:
Authorized Officer	Authorized Officer

This agreement is entered into by and between LINDBERGH SCHOOLS DISTRICT ("Lindbergh") and the ST. LOUIS PUBLIC SCHOOLS ("St. Louis"), pursuant to Section 70.220 RSMo.

Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally 1. Gifted Students ("PEGS"), providing an educational program for AIDEN KELLY that meets all requirements of state law and Lindbergh. 2. In consideration of said services St. Louis agrees to pay Lindbergh \$4800 as tuition for the above student. Tuition will be payable in two (2) equal payments, one-half by September 1 and one-half by February 1. 3. Upon request, Lindbergh further agrees to certify to St. Louis a copy of the 2010-2011 budget for the PEGS program. 4. This Agreement shall be deemed accepted and entered into in St. Louis County, Missouri. IN WITNESS WHEREOF, the Parties have executed this Agreement effective as of the day of ______, 2010. LINDBERGH SCHOOLS ST. LOUIS PUBLIC SCHOOLS By: By:

Authorized Officer

Authorized Officer

- Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally
 Gifted Students ("PEGS"), providing an educational program for <u>SAVANNA SOWELL</u>
 that meets all requirements of state law and Lindbergh.
- 2. In consideration of said services St. Louis agrees to pay Lindbergh \$4800 as tuition for the above student. Tuition will be payable in two (2) equal payments, one-half by September 1 and one-half by February 1.
- 3. Upon request, Lindbergh further agrees to certify to St. Louis a copy of the 2010-2011 budget for the PEGS program.
- 4. This Agreement shall be deemed accepted and entered into in St. Louis County, Missouri.

IN WITNESS WHEREOF, the	Parties have executed this Agreement effective as of the
day of	, 2010.
LINDBERGH SCHOOLS	ST. LOUIS PUBLIC SCHOOLS
Ву:	By:
Authorized Officer	Authorized Officer



Date: June 11, 2010

SAINT LOUIS PUBLIC SCHOOLS

To: Dr. Kelvin R. Adams, Superintendent From: Dr. Carlinda Purcell, Dep. Supt. - Academics 07-06-10-13 **VENDOR SELECTION METHOD:** RFP/Bid Agenda Item: Sole Source Information: Conference: Contract Renewal Previous Bd. Res. # Memorandum of Understanding (MOU) Action: SUBJECT: To approve the MOU with MERS/Goodwill to provide school to work transition training for special education students. This service will be provided at CAJT at Nottingham. The MOU will cover the period July 10, 2010 to June 30, 2011. **BACKGROUND:** The program will provide instruction in necessary job skills for the food service / custodial housekeeping industry. Once the student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with MERS/Goodwill or other appropriate placement in the food service / custodial housekeeping industry. CSIP: Row # MSIP: 7.6.1 Goal # SLPS Goal #2 - Process and Performance FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code) **Fund Source:** Requisition #: Amount: Not Applicable **Fund Source:** Requisition #: Amount: **Fund Source:** Requisition #: Amount: Not Applicable **Pending Funding Availability** Vendor #: Cost not to Exceed: Department: CAJT at Nottingham Requestor: Brian O'Gonnor, Principal Angela Banks, Interim Budget Director Blake You'de, Dep. Supt. - Institutional Advancement Dr. Kelvin R. Adams, Superintendent

MEMORANDUM OF UNDERSTANDING (NON-FUNDRAISING)

This Memorandum of Understanding ("MOU") is entered into by and between the Saint Louis Public Schools ("SLPS") and MERS/Goodwill on this 10th day of July, 2010.

The purpose of this Memorandum of Understanding is to establish a partnership between MERS/Goodwill and the St. Louis Public Schools in order to provide school to work transition training for special education students.

- 1. <u>Fundraising:</u> It is understood by The Agency that the SLPS does not endorse any fundraising efforts by the Agency, whether or not associated with the activities and duties contemplated by this MOU. To the extent that the Agency believes in the future that its activities require fundraising, the parties agree that all documents and activities associated with any such fundraising effort will be cooperatively prepared and separately agreed to, and **must be approved by the Special Administrative Board of the Transitional School District of the City of St. Louis prior to implementation.**
- 2. <u>Limitation of Liability</u>: Each party to this MOU shall be solely responsible for any and all actions, suits, damages, liability, or other proceedings brought against it as a result of the alleged negligence, misconduct, error, or omission of any of its officers, agents or employees. Neither party is obligated to indemnify the other party or to hold the other party harmless from costs or expenses incurred as a result of such claims, and the SLPS shall continue to enjoy all rights, claims, and defenses available to it under law, to specifically include Mo.Rev.Stat. §537.600, et seq. Nothing in the MOU shall be construed as an indemnification by one party or the other for liabilities of a party or third persons for property or any other loss, damage, death, or personal injury arising out of the performance of this MOU. Any liabilities or claims for property or other loss, damage, death, or personal injury by a party or its agents, employees, contractors, or assigns or by third persons arising out of and during this MOU shall be determined according to applicable law. SLPS does not relinquish or waive any of its rights under applicable state governmental immunities law.
- 3. <u>Background Checks</u>: All Personnel providing services under this MOU that may in any way come into contact with students must undergo background checks consistent with those used by the SLPS and state-licensed facilities; all such checks must be performed and passed prior to any Personnel providing any services hereunder. At a minimum, checks hereunder shall include a Department of Family Services background check, a criminal background check, and fingerprinting. The cost of all such background checks shall be borne by the Agency, and the SLPS shall not be liable for such cost under any circumstance. The Agency will provide written confirmation to SLPS that the background checks on all Personnel hereunder reflected no negative findings, that said Personnel passed the background checks and are, therefore, eligible to provide services under this MOU.
- **4.** <u>Student Information</u>: The Agency acknowledges that it shall now, and in the future may, have access to and contact with confidential information of students, including but not limited to the education and/or medical records of students. Both during the term of this MOU and

thereafter, the Agency covenants and agrees to hold such information in trust and confidence and to exercise diligence in protecting and safeguarding such information, as well as any other information protected from public disclosure by federal or state law or by the policies or procedures of the SLPS. The Agency will not disclose any confidential information to any third party except as may be required in the course of performing services for the SLPS hereunder or by law, and any disclosure will be in compliance with the Family Education Rights and Privacy Act ("FERPA") and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

5. Obligations of SLPS:

- (a) Nottingham CAJT High School shall have total responsibility for planning and determining the adequacy of the educational experience of students in basic skills, attitude, and behavior and will assign to each MERS/Goodwill site only those students whom it deems satisfactory in those areas.
- (b) Nottingham CAJT High School shall inform its students and faculty that they must abide by the rules and regulations of MERS/Goodwill while performing activities pursuant to this Agreement and they may not enter a location or engage in any activity with MERS/Goodwill not authorized by MERS/Goodwill staff.
- (c) Nottingham CAJT High School shall designate a member of its faculty to coordinate the programs with designated members of MERS/Goodwill staff. This assignment shall include on-site visits when practical and a continuing exchange of information on the progress of the programs.
- (d) Nottingham CAJT High School shall have the right to withdraw a student from assignment with MERS/Goodwill.
- (e) The Nottingham CAJT High School 'teachers-in-charge' will provide constant supervision for all students performing work with MERS/Goodwill and shall be responsible for arranging immediate emergency care of students in the event of accidental injury or illness. MERS/Goodwill shall not be responsible for costs involved in follow-up care or hospitalization.
- (f) Nottingham CAJT High School shall maintain worker medical/accident insurance for each student worker assigned to MERS/Goodwill. A copy of the policy will be provided to the MERS/Goodwill program representatives.
- (g) Nottingham CAJT High School students and staff assigned to MERS/Goodwill will fully participate in a background check provided by MERS/Goodwill.

6. Obligations of Agency:

- (a) MERS/Goodwill shall designate a member of its staff from each site where students are located to be coordinator of the program and function as a supervisor with whom the Nottingham CAJT High School's program coordinator is to communicate for the conduct of the program, which may include the development of objectives, methods of instruction and other details of the experience.
- (b) MERS/Goodwill shall make available to assigned Nottingham CAJT High School students and staff appropriate facilities, equipment, and supplies in order to provide a complete experience. This includes a space for instruction and lunch for each student. Once a student has received sufficient training and gained proficiency in necessary skills and tasks, MERS/Goodwill may, with the consent of Nottingham CAJT High School's program coordinator, place the student in a volunteer/paying position with MERS/Goodwill or other appropriate placement.
- (c) MERS/Goodwill shall have the right to remove a student from assignment to MERS/Goodwill and will notify Nottingham CAJT High School's representative of the basis of that decision.

7. Success of this program will be measured using the following Performance Standards:

Performance Standards: Agency performance at the end of the term of this Memorandum of Understanding will be measured by the Agency's compliance with the following performance standards:

- (a) See 6. Obligations of Agency.
- **8.** <u>Term and Termination</u>: The term of the MOU will be one year from the Effective Date. Either party shall have the right to terminate this MOU without cause with thirty (30) days written notice to the person who has signed as a representative of the parties below.

Saint Louis Public Schools	MERS/Goodwill
By:	By:
Name:	Name:
Title:	Title:

<u>Addendum</u>

Performance Standard: Five (5) or more students will complete the program with favorable performance evaluations.



Date: June 11, 2010

SAINT LOUIS PUBLIC SCHOOLS

Dr. Kelvin R. Adams, Superintendent To: From: Dr. Carlinda Purcell, Dep. Supt. - Academics **VENDOR SELECTION METHOD:** 27-06-10-14 RFP/Bid Agenda Item: Sole Source Information: Conference: Contract Renewal Previous Bd. Res. # Memorandum of Understanding (MOU) Action: SUBJECT: To approve the MOU with Kenrick Seminary to provide school to work transition training for special education students. This service will be provided at CAJT at Nottingham. The MOU will cover the period July 10, 2010 to June 30, 2011. **BACKGROUND:** The program will provide instruction in necessary job skills for the custodial housekeeping industry. Once the student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with Kenrick Seminary or other appropriate placement in the custodial housekeeping industry. MSIP: CSIP: Goal# Row # 7.6.1 SLPS Goal #2 - Process and Performance FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code) **Fund Source:** Requisition #: Amount: Not Applicable Requisition #: **Fund Source:** Amount: **Fund Source:** Requisition #: Amount: Not Applicable **Pending Funding Availability** Vendor #: Cost not to Exceed: Department: CAJT at Nottingham Requestor Brian O'Connor, Principal Angela Banks, Interim Budget Director Blake Youde, Dep. Supt. - Institutional Advancement Dr. Carlinda Purcell, Dep. Supt. - Academics Dr. Kelvin R. Adams, Superintendent

MEMORANDUM OF UNDERSTANDING (NON-FUNDRAISING)

This Memorandum of Understanding ("MOU") is entered into by and between the Saint Louis Public Schools ("SLPS") and Kenrick Seminary on this 10th day of April, 2010.

The purpose of this Memorandum of Understanding is to establish a partnership between Kenrick Seminary and the St. Louis Public Schools in order to provide school to work transition training for special education students.

- 1. <u>Fundraising:</u> It is understood by The Agency that the SLPS does not endorse any fundraising efforts by the Agency, whether or not associated with the activities and duties contemplated by this MOU. To the extent that the Agency believes in the future that its activities require fundraising, the parties agree that all documents and activities associated with any such fundraising effort will be cooperatively prepared and separately agreed to, and **must be approved by the Special Administrative Board of the Transitional School District of the City of St. Louis prior to implementation.**
- 2. <u>Limitation of Liability</u>: Each party to this MOU shall be solely responsible for any and all actions, suits, damages, liability, or other proceedings brought against it as a result of the alleged negligence, misconduct, error, or omission of any of its officers, agents or employees. Neither party is obligated to indemnify the other party or to hold the other party harmless from costs or expenses incurred as a result of such claims, and the SLPS shall continue to enjoy all rights, claims, and defenses available to it under law, to specifically include Mo.Rev.Stat. §537.600, et seq. Nothing in the MOU shall be construed as an indemnification by one party or the other for liabilities of a party or third persons for property or any other loss, damage, death, or personal injury arising out of the performance of this MOU. Any liabilities or claims for property or other loss, damage, death, or personal injury by a party or its agents, employees, contractors, or assigns or by third persons arising out of and during this MOU shall be determined according to applicable law. SLPS does not relinquish or waive any of its rights under applicable state governmental immunities law.
- 3. <u>Background Checks</u>: All Personnel providing services under this MOU that may in any way come into contact with students must undergo background checks consistent with those used by the SLPS and state-licensed facilities; all such checks must be performed and passed prior to any Personnel providing any services hereunder. At a minimum, checks hereunder shall include a Department of Family Services background check, a criminal background check, and fingerprinting. The cost of all such background checks shall be borne by the Agency, and the SLPS shall not be liable for such cost under any circumstance. The Agency will provide written confirmation to SLPS that the background checks on all Personnel hereunder reflected no negative findings, that said Personnel passed the background checks and are, therefore, eligible to provide services under this MOU.
- **4. Student Information:** The Agency acknowledges that it shall now, and in the future may, have access to and contact with confidential information of students, including but not limited to the education and/or medical records of students. Both during the term of this MOU and

thereafter, the Agency covenants and agrees to hold such information in trust and confidence and to exercise diligence in protecting and safeguarding such information, as well as any other information protected from public disclosure by federal or state law or by the policies or procedures of the SLPS. The Agency will not disclose any confidential information to any third party except as may be required in the course of performing services for the SLPS hereunder or by law, and any disclosure will be in compliance with the Family Education Rights and Privacy Act ("FERPA") and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

5. Obligations of SLPS:

- (a) Nottingham CAJT High School shall have total responsibility for planning and determining the adequacy of the educational experience of students in basic skills, attitude, and behavior and will assign to each Kenrick Seminary site only those students whom it deems satisfactory in those areas.
- (b) Nottingham CAJT High School shall inform its students and faculty that they must abide by the rules and regulations of Kenrick Seminary while performing activities pursuant to this Agreement and they may not enter a location or engage in any activity with Kenrick Seminary not authorized by Kenrick Seminary staff.
- (c) Nottingham CAJT High School shall designate a member of its faculty to coordinate the programs with designated members of Kenrick Seminary staff. This assignment shall include on-site visits when practical and a continuing exchange of information on the progress of the programs.
- (d) Nottingham CAJT High School shall have the right to withdraw a student from assignment with Kenrick Seminary.
- (e) The Nottingham CAJT High School 'teachers-in-charge' will provide constant supervision for all students performing work with Kenrick Seminary and shall be responsible for arranging immediate emergency care of students in the event of accidental injury or illness. Kenrick Seminary shall not be responsible for costs involved in follow-up care or hospitalization.
- (f) Nottingham CAJT High School shall maintain worker medical/accident insurance for each student worker assigned to Kenrick Seminary. A copy of the policy will be provided to the Kenrick Seminary program representatives.
- (g) Nottingham CAJT High School students and staff assigned to Kenrick Seminary will fully participate in a background check provided by Kenrick Seminary.

6. Obligations of Agency:

- (a) Kenrick Seminary shall designate a member of its staff from each site where students are located to be coordinator of the program and function as a supervisor with whom the Nottingham CAJT High School's program coordinator is to communicate for the conduct of the program, which may include the development of objectives, methods of instruction and other details of the experience.
- (b) Kenrick Seminary shall make available to assigned Nottingham CAJT High School students and staff appropriate facilities, equipment, and supplies in order to provide a complete experience. This includes a space for instruction and lunch for each student. Once a student has received sufficient training and gained proficiency in necessary skills and tasks, Kenrick Seminary may, with the consent of Nottingham CAJT High School's program coordinator, place the student in a volunteer/paying position with Kenrick Seminary or other appropriate placement.
- (c) Kenrick Seminary shall have the right to remove a student from assignment to Kenrick Seminary and will notify Nottingham CAJT High School's representative of the basis of that decision.

7. Success of this program will be measured using the following Performance Standards:

Performance Standards: Agency performance at the end of the term of this Memorandum of Understanding will be measured by the Agency's compliance with the following performance standards:

- (a) See 6. Obligations of Agency.
- **8.** <u>Term and Termination</u>: The term of the MOU will be one year from the Effective Date. Either party shall have the right to terminate this MOU without cause with thirty (30) days written notice to the person who has signed as a representative of the parties below.

Kenrick Seminary
By:
Name:
Title:

Addendum

Performance Standard: Five (5) or more students will complete the program with favorable performance evaluations.



SAINT LOUIS PUBLIC SCHOOLS

Date: June 11, 2010 To: Dr. Kelvin R. Adams, Superintendent From: Dr. Carlinda Purcell, Dep. Supt. - Academics 7-06-10-15 **VENDOR SELECTION METHOD:** RFP/Bid Agenda Item: Information: Sole Source Conference: Contract Renewal Previous Bd. Res. # Memorandum of Understanding (MOU) Action: **SUBJECT:** To approve the MOU with Industrial Aid to provide school to work transition training for special education students. This service will be provided at CAJT at Nottingham. The MOU will cover the period July 10, 2010 to June 30, 2011. **BACKGROUND:** The program will provide instruction in necessary job skills for sheltered workshop placement upon graduation. Once the student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with Industrial Aid or other appropriate placement in the sheltered workshop industry. CSIP: Row # MSIP: 7.6.1 Goal# SLPS Goal #2 - Process and Performance FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code) Requisition #: **Fund Source:** Amount: Not Applicable **Fund Source:** Requisition #:

Requisition #:

Pending Funding Availability

Department:

Cost not to Exceed:

Amount:
Fund Source:

Amount:

CAJT at Nottingham

Not Applicable

Requestor:

Brian O'Connor, Principal

Blake Youde, Dep. Supt. - Institutional Advancement

Dr. Carlinda Purcell, Dep. Supt. - Academics

Angela Banks, Interim Budget Director

Vendor #:

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

MEMORANDUM OF UNDERSTANDING (NON-FUNDRAISING)

This Memorandum of Understanding ("MOU") is entered into by and between the Saint Louis Public Schools ("SLPS") and Industrial Aid on this 10th day of July, 2010.

The purpose of this Memorandum of Understanding is to establish a partnership between Industrial Aid and the St. Louis Public Schools in order to provide school to work transition training for special education students.

- 1. <u>Fundraising:</u> It is understood by The Agency that the SLPS does not endorse any fundraising efforts by the Agency, whether or not associated with the activities and duties contemplated by this MOU. To the extent that the Agency believes in the future that its activities require fundraising, the parties agree that all documents and activities associated with any such fundraising effort will be cooperatively prepared and separately agreed to, and **must be approved by the Special Administrative Board of the Transitional School District of the City of St. Louis prior to implementation.**
- 2. <u>Limitation of Liability</u>: Each party to this MOU shall be solely responsible for any and all actions, suits, damages, liability, or other proceedings brought against it as a result of the alleged negligence, misconduct, error, or omission of any of its officers, agents or employees. Neither party is obligated to indemnify the other party or to hold the other party harmless from costs or expenses incurred as a result of such claims, and the SLPS shall continue to enjoy all rights, claims, and defenses available to it under law, to specifically include Mo.Rev.Stat. §537.600, et seq. Nothing in the MOU shall be construed as an indemnification by one party or the other for liabilities of a party or third persons for property or any other loss, damage, death, or personal injury arising out of the performance of this MOU. Any liabilities or claims for property or other loss, damage, death, or personal injury by a party or its agents, employees, contractors, or assigns or by third persons arising out of and during this MOU shall be determined according to applicable law. SLPS does not relinquish or waive any of its rights under applicable state governmental immunities law.
- 3. <u>Background Checks</u>: All Personnel providing services under this MOU that may in any way come into contact with students without an SLPS employee present must undergo background checks consistent with those used by the SLPS and state-licensed facilities; all such checks must be performed and passed prior to any Personnel providing any services hereunder. At a minimum, checks hereunder shall include a Department of Family Services background check, a criminal background check, and fingerprinting. The cost of all such background checks shall be borne by the Agency, and the SLPS shall not be liable for such cost under any circumstance. The Agency will provide written confirmation to SLPS that the background checks on all Personnel hereunder reflected no negative findings, that said Personnel passed the background checks and are, therefore, eligible to provide services under this MOU.
- **4.** <u>Student Information</u>: The Agency acknowledges that it shall now, and in the future may, have access to and contact with confidential information of students, including but not limited to the education and/or medical records of students. Both during the term of this MOU and

thereafter, the Agency covenants and agrees to hold such information in trust and confidence and to exercise diligence in protecting and safeguarding such information, as well as any other information protected from public disclosure by federal or state law or by the policies or procedures of the SLPS. The Agency will not disclose any confidential information to any third party except as may be required in the course of performing services for the SLPS hereunder or by law, and any disclosure will be in compliance with the Family Education Rights and Privacy Act ("FERPA") and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

5. Obligations of SLPS:

- (a) Nottingham CAJT High School shall have total responsibility for planning and determining the adequacy of the educational experience of students in basic skills, attitude, and behavior and will assign to each Industrial Aid site only those students whom it deems satisfactory in those areas.
- (b) Nottingham CAJT High School shall inform its students and faculty that they must abide by the rules and regulations of Industrial Aid while performing activities pursuant to this Agreement and they may not enter a location or engage in any activity with Industrial Aid not authorized by Industrial Aid staff.
- (c) Nottingham CAJT High School shall designate a member of its faculty to coordinate the programs with designated members of Industrial Aid staff. This assignment shall include on-site visits when practical and a continuing exchange of information on the progress of the programs.
- (d) Nottingham CAJT High School shall have the right to withdraw a student from assignment with Industrial Aid.
- (e) The Nottingham CAJT High School 'teachers-in-charge' and support staff will provide constant direct supervision for all students performing work with Industrial Aid and shall be responsible for arranging immediate emergency care of students in the event of accidental injury or illness. Industrial Aid shall not be responsible for costs involved in follow-up care or hospitalization.
- (f) Nottingham CAJT High School shall maintain worker medical/accident insurance for each student worker assigned to Industrial Aid. A copy of the policy will be provided to the Industrial Aid program representatives.
- (g) Nottingham CAJT High School staff assigned to Industrial Aid must have participated in a background check provided by SLPS.

6. Obligations of Agency:

- (a) Industrial Aid shall designate a member of its staff from each site where students are located to be coordinator of the program and function as a supervisor with whom the Nottingham CAJT High School's program coordinator is to communicate for the conduct of the program, which may include the development of objectives, methods of instruction and other details of the experience.
- (b) Industrial Aid shall make available to assigned Nottingham CAJT High School students and staff appropriate facilities, equipment, and supplies in order to provide a complete experience. This includes a space for instruction and lunch for each student. Once a student has received sufficient training and gained proficiency in necessary skills and tasks, Industrial Aid may, with the consent of Nottingham CAJT High School's program coordinator, place the student in a volunteer/paying position with Industrial Aid or other appropriate placement upon the student's graduation from the Nottingham CAJT program.
- (c) Industrial Aid shall have the right to remove a student from assignment to Industrial Aid and will notify Nottingham CAJT High School's representative of the basis of that decision.

7. Success of this program will be measured using the following Performance Standards:

Performance Standards: Agency performance at the end of the term of this Memorandum of Understanding will be measured by the Agency's compliance with the following performance standards:

- (a) See 6. Obligations of Agency.
- **8.** Term and Termination: The term of the MOU will be one year from the Effective Date. Either party shall have the right to terminate this MOU without cause with thirty (30) days written notice to the person who has signed as a representative of the parties below.

Bv:
- J ·
Name:
Title:

<u>Addendum</u>

Performance Standard: Five (5) or more students will complete the program with favorable performance evaluations.



Date: June 14, 2010

SAINT LOUIS PUBLIC SCHOOLS

o: Dr. Kelvin R. Adams, Superintendent	
rom: Roger L. CayCe, Exec. Director - Operations	
VENDOR SELECTION METHOD: RFP/Bid Sole Source Contract Renewal Previous Bd. Res. # Memorandum of Understanding (MOU)	Agenda Item: Information: Conference: Action:
SUBJECT: To approve the MOU with The City of St. Louis Department of Health bioterrorist attack or other disease outbreak. The District is agreeing the dispensing sites (PODs). The MOU will cover the period July 10, 201	to provide staffing to ensure safety at four (4) of the point of
BACKGROUND:	
Under this agreement the District staff would be responsible for traffic environment for both the storage of medications that will be dispensed	
CSIP: Goal # SLPS Goal #2 - Process and Performance Row #	44 MSIP:
FUNDING SOURCE: (Fund Type) - (Function) - (Object Code	e) - (Location Code) - (Project Code)
Fund Source:	Requisition #:
Fund Source: Amount:	Requisition #:
Fund Source: Amount:	Requisition #:
Cost not to Exceed: Not Applicable Pending Funding	Availability Vendor #:
Department: Safety and Security	
Requestor: Sgt. Cecil Jenkins	Angela Banks, Interim Budget Director
Blake Youde Dep. Supt Institutional Advancement	Enos Moss, CFO/Treasurer
Roger L. CayCe, Exed Director - Operations	Dr. Kelvin R. Adams, Superintendent

Reviewed By Budget

MEMORANDUM OF UNDERSTANDING

St. Louis Public Schools Security and the City of St. Louis Department of Health

This Memorandum of understanding is entered into by and between the City of St. Louis Department of Health (DOH) and St. Louis Public Schools Security (Agency).

I: Mutual Goal

An effective public health response to a bioterrorist attack or other disease outbreak hinges on the ability to recognize the outbreak, mobilize supplies or needed materials to affected populations in a timely manner, and provide ongoing medical care for affected individuals. Provision of security personnel at medication distribution and dispensing sites is a key component of an effective response.

During a city-wide bioterrorist attack or other disease outbreak, the main role of an emergency medical dispensing site will be to administer antibiotics or vaccinations. Key security functions of a dispensing site include but are not limited to: traffic control, crowd control, and maintenance of a secured environment for both the storage of medications that will be dispensed and for the personnel staffing the dispensing site.

In furtherance of ensuring an effective public health response to certain public health emergencies the City of St. Louis Department of Health (DOH) participates in the Missouri Department of Health and Senior Services' (MDHSS) Strategic National Stockpile Program (SNS).

The SNS has large quantities of medicines and medical supplies to protect the public if there is a public health emergency severe enough to cause supplies in the St. Louis metropolitan area to run out. In this program MDHSS transfers medical material from the National Pharmaceutical Stockpile into the custody and control of DOH.

In an effort to reach the mutual MDHSS and DOH goal of dispensing antibiotics or vaccinations during certain public health emergencies to 100% of the population in a 48-hour time frame, DOH has collaborated with strategically located community based organizations throughout the City of St. Louis to provide the physical structures for point-of-dispensing sites (PODs). The DOH enters this agreement with above Agency to ensure POD sites are fully secured. These collaborations translate into a major step forward toward an effective response to a bioterrorist attack or other disease outbreak for the City of St. Louis.

II: Agency

As a condition of this Memorandum of Understanding, Agency agrees to maintain a working relationship with the DOH. Agency agrees to:

- A. Assist in the preparation of the POD site plan that details how the Agency will:
 - 1. Provide adequate staff to ensure safety at <u>four (4)</u> of the POD site in accordance with guidelines for POD-specific security concerns issued by the Centers for Disease Control and the Strategic National Stockpile. These POD site plans will address the following security issues:
 - a. potential risk areas (e.g., large number of access points to PODs)
 - b. analysis of surrounding area (e.g., adequate onsite or nearby parking)
 - c. specific physical security measures and measures to effectively safeguard personnel at the POD
 - d. security measures to mitigate risk (e.g., reducing # of access points to the POD)
 - e. POD layout (e.g., allowing a controlled patient flow)
 - f. procedures for managing disorderly persons or crowds
 - g. traffic plans that incorporate the mix of roads, streets, highways at each POD site
 - h. number of security-support team members needed per shift per POD
 - i. communications resources and plans for security team members
 - j. security management structure (chain of command)
- B. Have appropriate Agency representatives participate in required training related to the maintenance and operation of the POD site;
- C. Abide by Federal, State, and DOH established protocols for POD operations;
- G. Maintain accurate records of staffing at POD locations and make those records accessible for inspection and copying by DOH;
- H. Participate in preparing an After Action Report with DOH identifying shortfalls and accomplishments of operations.

Agency designates the following individual as the official contact for this Memorandum of Understanding:

Col. Lisa A. Taylor 314-574-5977

Lt. Stanley C. Williams 314-574-5989

Sgt. Cecil Jenkins 314-565-1168

Sgt. Misty Dobynes 314-568-0417

III: Department of Health

As a condition of this Memorandum of Understanding, DOH agrees to maintain a working relationship with Agency: DOH agrees to:

- A. Arrange for set-up of the pre-determined POD site for mass prophylaxis dispensing;
- B. Coordinate the transfer prophylaxis supplies and equipment to POD site;
- C. Arrange security for transfer of POD prophylaxis supplies during event;
- D. Arrange for ambulance transfer of patients during event;
- E. Abide by Federal, State, and DOH established protocols for the transfer and delivery of mass prophylaxis equipment, supplies, medications;
- F. Provide Agency with access to opportunities to POD operation and maintenance training;
- G. Coordinate communication between Agency and DOH, and Local, State and Federal emergency management representatives during a declared emergency;
- H. Provide Agency with consultation and assistance as needed and available relating to the declared public health emergency resulting in the activation of the POD site;
- I. Provide Agency with pre-event planning and technical assistance, including but not limited to supply lists, POD layout consultation, fact sheets, etc; and
- J. Provide After Action reporting consultation to Agency.

DOH designates the following individual as the official contact for this Memorandum of Understanding:

Pamela Rice Walker Acting Health Director City of St. Louis Department Of Health 634 N. Grand Blvd. St. Louis, MO 63103 (314) 612-5200

IV: Implementation of MOU

Agency and DOH will guide the implementation of this Memorandum of Understanding.

V: Resources

No financial resources will be exchanged between the City of St. Louis or DOH and Agency in carrying out the terms of this Memorandum of Understanding or in connection with the services provided hereunder. Application to Federal Emergency Management Agency following the event shall be made by the Agency for appropriate reimbursement of costs in fulfilling this Memorandum of Understanding. Requests and/or applications for reimbursement of costs to supply staff coverage shall be at an accepted industry level rate and shall be no less than \$ 30 per hour for licensed personnel and \$ 25 per hour for nonlicensed personnel. This rate of compensation is subject to review on an annual basis during the length of this Memorandum of Understanding.

VI: Duration of Memorandum of Understanding

This Memorandum of Understanding is effective when signed by both parties and shall remain in effect indefinitely or until the termination of the SNS program by DHSS.

VII: Amendment or Cancellation

No amendment or modification may be made to this Memorandum of Understanding unless in writing and signed by both parties herein.

Either party may cancel this Memorandum of Understanding by providing the other party with a thirty (30) day written notice to that effect with or without cause.

VIII: HIPAA

Agency assumes liability for all disclosures of confidential information by Agency and or subcontractors, satellite locations and employees. Agency agrees to comply with all applicable provisions of the Federal Standards for privacy of Individually Identifiable Health Information

(45 CFR Parts 160 and 164). Agency acknowledges that pursuant to these regulations, it is a business associated of the St. Louis Department of Health.

Business Associate Provisions

Health Insurance Portability and Accountability Act of 1996 (HIPAA)- The Section for CDP is subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all regulations promulgated pursuant to authority granted herein. The Agency constitutes a "Business Associate" of the DOH as such term is defined in the Code of Federal Regulations (CFR) at 45 CFR 160.103. Therefore, the term, "Agency" as used in this section shall mean "Business Associate."

The Agency shall agree and understand that for purposes of the Business Associate Provisions contained herein, terms used but not otherwise defined shall have the same meaning as those terms defined in 45 CFR parts 160 and 164, including, but not limited to the following:

"Individual" shall have the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

"Privacy Rule" shall mean the Standards for privacy of Individual Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

The Agency shall agree the DOH must comply with 45 CFR 160 and 45 CFR 164 and that to achieve such compliance, the Agency must appropriately safeguard Protected Health Information (as that term is defined in 45 CFR 160.103), which the Agency receives from or creates or receives on behalf of the DOH. TO provide reasonable assurance of appropriate safeguards, the Agency shall comply with the business associate provisions stated herein.

The DOH and the Agency agree to amend the Agreement as is necessary for the DOH to comply with the requirements of the Privacy Rule and HIPAA requirements.

For additional information, 45 CFR 160 and 45 CFR 164 can be downloaded from the Internet at the following Internet address. However, the most current requirements shall be those which are published n the Code of Federal Regulations.

http://www.access.gpo.gov/nara/cfr/page1

Permitted uses and disclosures of Protected Health Information:

The Agency may use or disclose Protected Health Information to perform functions activities, or services for, or on behalf of, the DOH as specified in the Agreement provided that such use or disclosure would not violate the Privacy Rule as the Privacy Rule applies to the DOH.

The Agency may use Protected Health Information to report violations of law to appropriate Federal and State authorities consistent with 45 CFR 164.502(j)(1) and shall notify the DOH by no later than five (5) calendar days after the Agency becomes aware of the disclosure of the Protected Health Information.

If required to properly perform the Agreement and subject to the terms of the Agreement, the Agency may use or disclose Protected Health Information if necessary for the proper management and administration of the Agency's business.

If the disclosure is required by law, the Agency may disclose Protected Health Information to carry out legal responsibilities of the Agency.

The Agency may use Protected Health Information to provide data aggregation services to the DOH as permitted by 45 CFR 164.504(e)(2)(i)(B).

Obligations of the Agency

The Agency shall not use or disclose Protected Health Information other than as permitted or required by the Agreement or as otherwise required by law.

The Agency shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the Agreement. Such safeguards may include, but shall not be limited to:

Workforce training on the appropriate uses and disclosures of Protected Health Information pursuant to the terms of the contract.

Policies and procedures implemented by the Agency to prevent inappropriate uses and disclosures of Protected Health Information by its workforce.

Any other safeguards necessary to prevent the inappropriate use or disclosure of Protected Health Information. The Agency shall require that any agent or sub-contractor to whom the Agency provides any Protected Health Information received from, created by, or received by the Agency pursuant to the Agreement, also agrees to the same restrictions and conditions stated herein that apply to the Agency with respect to such information.

By no later than five (5) calendar days of receipt of a written request from the DOH or by another time as may be agreed upon in writing by the DOH, the Agency shall make the Agency internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, created by, or received by the Agency on behalf of the DOH available to the DOH or the DOH's designee for purposes of determining compliance with the Privacy Rule.

The Agency shall document any disclosures and information related to such disclosures of Protected Health Information as would be required for the DOH to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528. By no later than five (5) calendar days of receipt of a written request from the DOH or by another time as may be agreed upon in writing by the DOH, the Agency shall provide an accounting of disclosures of Protected health Information regarding an individual to the DOH.

In order to meet the requirements under 45 CFR 164.524, the Agency shall, within five (5) calendar days following a DOH request or by another time as may be agreed upon in writing by the DOH, provide the DOH access to the Protected Health Information in an individual's Designated Record Set. However, if requested by the DOH, the Agency shall provide access to the Protected Health Information in a Designated Record Set directly to the individual for whom such information relates.

At the request of the DOH or an Individual, the Agency shall promptly make any amendments(s) to Protected Health Information in a Designated Record Set that the DOH directs or agrees to pursuant to 45 CFR 164.526.

By no later than five (5) calendar days after the Agency becomes aware of any use of disclosure of the Protected Health Information not permitted or required as stated herein, the Agency shall notify the DOH's Privacy Officer, in writing, of the unauthorized use of disclosure and shall take immediate action to stop the unauthorized use of disclosure. The Agency shall include a description of any remedial action take to mitigate any harmful effect of such disclosure. The Agency shall provide the DOH's Privacy Officer with a proposed

written plan of action for approval that describes plans for preventing any such future unauthorized uses or disclosures.

Obligations of the DOH:

The DOH shall notify the Agency of limitations(s) that may affect the Agency's use or disclosure of Protected health Information, by providing the Agency with the DOH's notice of privacy practices in accordance with 45 CFR 164.520.

The DOH shall notify the Agency of any changes in, or revocation of, authorization by an individual to use or disclose Protected Health Information.

The DOH shall notify the Agency of any restriction to the use or disclosure of Protected Health Information that the DOH has agreed to in Accordance with 45 CFR 164.522.

The DOH shall not request the Agency to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule as the Privacy Rule applies to the DOH.

Expiration/Termination/Cancellation – Except as provided in the subparagraph below, upon the expiration, termination, or cancellation of the Memorandum of Understanding for any reason, the Agency shall return to the DOH, or shall destroy all Protected Health Information received by the Agency from the DOH, or created or received by the Agency on behalf of the DOH, and shall not retain any copies of such Protected Health Information. This provision shall also apply to Protected Health Information that is in the possession of subcontractors or agents of the Agency.

In the event that Agency determines and the DOH agrees that returning or destroying the Protected Health Information is not feasible, the Agency shall extend the protections of the Agency to the Protected Health Information for as long as the Agency maintains the Protected Health Information and shall limit the use and disclosure of the Protected Health Information to those purposes that made return or destruction of the information infeasible. If at any time it becomes feasible to return or destroy any such Protected Health Information maintained pursuant to this paragraph, the Agency must notify the DOH and obtain instructions from the DOH for either the return or destruction of the Protected Health Information.

(Agency Name) Director	Date
Pamela Rice Walker, MPA Acting Health Director	Date
(DOH Bureau Chief)	Date
(DOH Program Manager)	Date
Approved as to Form:	
	· · · · · · · · · · · · · · · · · · ·
(City Counselor)	Date



Date: June 10, 2010

SAINT LOUIS PUBLIC SCHOOLS

Dr. Kelvin R. Adams, Superintendent To: From: Roger L. CayCe, Exec. Director - Operations 07-06-10-17 **VENDOR SELECTION METHOD:** RFP/Bid Agenda Item: Sole Source Information: Conference: Contract Renewal Previous Bd. Res. # Memorandum of Understanding (MOU) Action: **SUBJECT:** To approve the MOU with The City of St. Louis Department of Health to participate as a member of the public health response to a bioterrorist attack or other disease outbreak. The District is agreeing to allow the use of thirteen schools as the point of dispensing sites (PODs). The MOU will cover the period July 10, 2010 to June 30, 2011. **BACKGROUND:** Under this agreement the District is allowing the use of the thirteen (13) Community Education Full Service Schools (CEFSS) as the point of dispensing sites (PODs). Row # MSIP: CSIP: Goal # 7.6.1 SLPS Goal #2 - Process and Performance FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code) **Fund Source:** Requisition #: Amount: Not Applicable Requisition #: **Fund Source:** Amount: Fund Source: Requisition #: Amount: Not Applicable Vendor #: **Pending Funding Availability** Cost not to Exceed: **Department:** Safety and Security Requestor: Sgt. Ce**¢**il Jenkins Angela Banks, Interim Budget Director Blake Noude, Dep. Supt. - Institutional Advancement Roger L. CayCe, Exec. Director - Operations Dr. Kelvin R. Adams, Superintendent

Memorandum of Understanding for Points of Dispensing (POD)

This Memorandum of Understanding is entered into by and between the St. Louis City Department of Health and St. Louis Public Schools Division of Community Education.

The purpose of the Memorandum of Understanding (MOU) is to define the relationship between the Department of Health (referred to as "DOH") and the St. Louis Public Schools Division of Community Education (referred to as the "Organization") during a public health emergency/crisis.

For this purpose, a public health emergency/crisis, means an occurrence or condition which results in an actual or imminent threat of harm to public health and safety due to Bioterrorism or terrorism events, outbreaks or release of dangerously contagious or infectious disease, natural occurrences, infectious agents, chemical agents or other situations that possess substantial probability of death, long-term disability, or future harm in the affected population.

The Organization acknowledges the intent to serve as a local Point of Dispensing Site (POD) to the Strategic National Stockpile (SNS). SNS is a cache of pharmaceuticals and other medical supplies that would be delivered to DOH during a public health emergency/crisis. A POD is a location where the SNS materials and medication will be dispensed to the public. The Organization will not be used unless there is a large-scale public health emergency/crisis and it is determined that there is a need to request a large quantity of medication. Multiple schools within the Organization's district may be used simultaneously throughout the event.

The School/Organization agrees to the following:

- 1. Allow use of its facilities, grounds and equipment at the following designated Full Service Community Education Centers:
 - 1. Bevo-Long Middle CEFSS, 5028 Morganford Road, 63116
 - 2. Clay Elementary CEFSS, 3820 North 14th St., 63107
 - 3. Ford Elementary CEFSS, 1383 Clara Ave., 63112
 - 4. Hamilton eMINTS Academy CEFSS, 5819 Westminster Place, 63112
 - 5. Lyon @ Blow CEFSS, 516 Loughborough Ave., 63111
 - 6. Mullanphy ILC Elementary CEFSS, 4221 Shaw Blvd., 63110
 - 7. Nottingham CAJT High CEFSS, 4915 Donovan Ave., 63109
 - 8. Shaw VPA Elementary CEFSS, 5329 Columbia Ave., 63139
 - 9. Sigel Elementary CEFSS, 2039 Russell Blvd., 63104
 - 10. Stevens Middle CEFSS, 1033 Whittier St., 63113
 - 11. Vashon High CEFSS, 3035 Cass Ave., 63106
 - 12. Walbridge Elementary CEFSS, 5019 Alcott, Ave., 63120
 - 13. Yeatman-Liddell Middle CEFSS, 4265 Athlone Ave., 63115

After it is determined that the Strategic National Stockpile will be activated and upon the request of the DOH, the Organization will permit the use of its facilities, grounds and equipment to the DOH and its associates, to the extent of it's ability, within 12 hours of the request and for the time period being requested for the purpose of mass dispensing clinics for disease prevention and control activities. Facility use may include, but it not limited to:

- Office equipment, including telephones, computers, internet access, copy machines, printers and fax machines
- Tables, chairs, desks, cots, wheelchairs, dollies
- Rest rooms, refrigerators, and water fountains
- Parking areas
- 2. Designate three points-of-contact in case of an emergency:
 - An *Administrative* point-of-contact will serve as the primary point-of-contact. This person should have the authority and ability to open the facility/building at any time.
 - A Facilities point-of-contact will work with DOH personnel to move tables, chairs, etc.
 - A Security point-of-contact will work with DOH and local law enforcement in making security plans. This person should have the authority and ability to open the building(s).
- 3. Allow facilities to be visited by members of DOH for the development and maintenance of a mass-dispensing plan. Visits will be made after receiving prior approval from the principal or primary point-of-contact.
- 4. Allow the facility/building to be listed in a confidential DOH Public Health Emergency Response Plan. A copy of the plan will be kept on file at the DOH, St. Louis City Office of Emergency Management, and at the Missouri State Health Department of Health and Senior Services.
- 5. List primary and backup point-of-contacts and notify the DOH of changes in this contact information.
- 6. Encourage school personnel and especially school nurses to volunteer at the POD during a public health emergency/crisis.

The City of St. Louis Department of Health agrees to the following:

- 1. Provide a point-of-contact person to answer questions or concerns about these arrangements.
- 2. After the event and as possible, work with appropriate reimbursing Federal/State Agencies to ensure the replacement or reimbursement to the Organization for any food, supplies, and utilities (including telephone charges, faxes, copying machines, copy paper, etc) that may be used by the DOH in conducting mass dispensing operations.
- 3. Assure that health and security professionals will triage at the entrance of the facilities and, to the best of their ability, prevent contagious people from entering.
- 4. Assure that any post-event clean-up is performed.
- 5. Provide Just-in-Time Training to staff working with DOH during a public health emergency/crisis.
- 6. Include the Organization Administrators and staff volunteers working with the DOH during a public health emergency/crisis in the priority prophylaxis population.

Time of Performance

This agreement shall be effective from the date it is signed through LENGTH OF TIME and will be reviewed for renewal 90 days prior to the expiration of this agreement. One or all of the parties may terminate this contract at any time by giving 90 days written notice of intention to the other party. This contract may be immediately terminated upon consent of all parties.

Liability

- 1. The Organization, by volunteering to be used as a POD site without any compensation for its use, is designated as a volunteer of the DOH. All liability policies covering the DOH facilities, including but not limited to professional liability, tort liability, and premises liability, are applicable to the Organization during its use as a point-of-dispensing site.
- 2. In the event that an incident is not covered then:
 - a. Any and all claims, demands, expenses, liabilities, and losses as a result of incidents or damages to any facilities, which may arise out of any acts or failure to act of the DOH, its employees, agents, volunteers or contractor, in connection with the performances of dispensing services provided by DOH will be compensated through Federal and Missouri state emergency and disaster funds.
 - b. The facility/organization shall be liable for any and all claims, demands, expenses, liabilities, and losses as a result of incidents or damage to the facilities which may arise out of any acts or failures to act of the Organization, its employees, agents or contractors, in connection with the performance of the services provided by the facility/organization to this Memorandum of Understanding.
- 3. Property damage not covered by any of the above conditions shall be the responsibility of the Organization.

The parties to the Agreement hereby agree to any and all provisions as stipulated above.

Organization Representative	City of St. Louis Department of Health Director
Printed Name and Title	Printed Name and Title
Signature	Signature
Date	Date

Organization Point-of-Contact Information

1. Administrative Point-of-Contact

Name and Title:

Address:

Work Number:

Home Number:

Cell Number:

Pager Number:

Other:

2. Facilities Point-of-Contact

Name and Title:

Address:

Work Number:

Home Number:

Cell Number:

Pager Number:

Other:

3. Security Point-of-Contact

Name and Title:

Address:

Work Number:

Home Number:

Cell Number:

Pager Number:

Other:

City of St. Louis Department of Health Point-of-Contact Information

1. Primary Point-of-Contact

Name and Title:

Address:

Work Number:

Home Number:

Cell Number:

Pager Number:

Other:

2. Backup Point-of-Contact

Name and Title:

Address:

Work Number:

Home Number:

Cell Number:

Pager Number:

Other:



Date:	June 14, 2010
To:	Dr. Kelvin R.

Dr. Kelvin R. Adams, Superintendent

From: Roger L. CayCe, Exec. Dir./Bldg. Comm., Operations

VENDOD	CLI	FOTION	METHOD.

⊠ RFP/Bid	RFP 032-0910		Agenda Item: 01-06	5-10-18
☐ Sole Source	;		Information:	
		Previous Bd. Res. #:	Conference:	
☐ Ratification			Action:	

SUBJECT:

To approve a contract with Industrial Acoustics Company to provide design-build installation of a radio broadcast room at Beaumont High School for the period beginning July 9, 2010 and ending October 30, 2010 for \$47,900.00 plus a 10% contingency of \$4,790.00 for a total amount not to exceed \$52,690.00.

BACKGROUND:

As requested by the Career and Technical Education Department, a requisition for purchase was advertised and a contractor was selected and will design and build a radio broadcast room to be used as a teaching aid for students interested in this type of career. The room will be constructed inside classroom #307 at Beaumont High School.

CSIP: Goal 1: Performance Row: 109 MSIP: 8.10.1

FUNDING SOURCE: (ex: 110 Fund Type – 2218 Function – 6411 Object Code - 111 Location Code – 00 Project Code)

Fund Source: 321-2624-6522-826-HJ	Non-GOB	Requisition #:
Amount: \$52,690.00		
Fund Source:		Requisition #:
Amount:	agramma da anga anga anga anga anga anga ang ang	
Fund Source:		Requisition #:
Amount:	•	
Cost not to Exceed: \$52,690.00	nding Funding Availability	Vendor #: 600005914

Department: Operations

Requestor: Tom Goodrich

Roger L. CayCe, Exec. Dir./Bldg. Comm., Operations

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Davicad	11/30/09
Kevisea	11/30/09



June 9, 2010

MEMORANDUM

TO:

Rick Schaeffer: Purchasing Office

FROM:

Tom Goodrich

RE:

Bid Evaluation Record for RFP# 032-0910 Beaumont design-build sound booth

The evaluation began at 6/9/10, 1:00 p.m. and was concluded at 6/9/10 2:00 p.m. The evaluation committee consisted of the following:

Tom Goodrich

Project Manager

SLPS

Paul Cady

Divisional Assistant: Financial

SLPS

Frank Logan, Sr.

Executive Director: Career/Tech Ed. SLPS

Bid from the following companies were evaluated and recorded as follows:

Company Name	Bid Amount	Overall Score	Award (Y/N)
Industrial Acoustics Company	\$47,900	240	Yes
Craftsmen Contracting, Inc	\$62,000	200	No

One copy of each evaluation form is on file along with this evaluation record in the operations department.

Tom Goodrich

Construction Project Manager

Operations Department

		BID SUMMARY FOR RFP 032-0910 BEAUMONT DESIGN-BUILD SOUND BOOTH	P 032-0910 BEAUMON	IT DESIGN-BUILD SOU	IND BOOTH		
Contractor	Cost	M/WBE Participation	Prior Performance with SLPS	Meets Overall Proposal Requirements	Vendor's Experience and Demonstrated Expertise	Use P Card Included in Pricing	Scores
Industrial Acoustics Company	\$47,900	None	Smart Boards	Yes		ON	
Score	Max 40% (40)	Max 10% (0)	Max 10% (10)	Max 10% (10)	Max 20% (20)	Max 10% (0)	80%
Craftsmen Contracting, \$62,000 Inc	\$62,000	None	Several Projects	Yes		ON	***************************************
Score	Max 40% (25)	Max 10% (0)	Max 10% (10)	Max 10% (10)	Max 20% (20)	Max 10% (0)	65%

		BID SUMMARY FOR RFF	ARY FOR RFP 032-0910 BEAUMONT DESIGN-BUILD SOUND BOOTH	IT DESIGN-BUILD SOU	IND BOOTH		
Contractor	Cost	M/WBE Participation	Prior Performance with SLPS	Meets Overall Proposal Requirements	Vendor's Experience and Demonstrated Expertise	Use P Card Included in Pricing	Scores
Industrial Acoustics Company	\$47,900	None	Smart Boards	Yes		ON	
Score	Max 40% (40	Max 10% (0)	Max 10% (10)	Max 10% (10)	Max 20% (20)	Max 10% (0)	80%
Craftsmen Contracting, Inc	\$62,000	None	Several Projects	Yes		ON.	
Score	Max 40% (25)	Max 10% (0)	Max 10% (10)	Max 10% (10)	Max 20% (20)	Max 10% (0)	%59

		BID SUMMARY FOR RFI	IARY FOR RFP 032-0910 BEAUMONT DESIGN-BUILD SOUND BOOTH	T DESIGN-BUILD SOU	ND BOOTH		
Contractor	Cost	M/WBE Participation	Prior Performance with SLPS	Meets Overall Proposal Requirements	Vendor's Experience and Demonstrated Expertise	Use P Card Included in Pricing	Scores
Industrial Acoustics Company	\$47,900	None	Smart Boards	Yes		NO NO	
Score	Max 40% (40)	Max 10% (0)	Max 10% (10)	Max 10% (10)	Max 20% (20)	Max 10% (0)	90%
Craftsmen Contracting, Inc	\$62,000	None	Several Projects	Yes		NO	
Score	Max 40% (30)	Max 10% (0)	Max 10% (10)	Max 10% (10)	Max 20% (20)	Max 10% (0)	%02

SAINT LOUIS PUBLIC SCHOOLS Date: June 16, 2010

To: Dr. Kelvin R. Adams, Super	rintendent			
From: Deanna Anderson, Exec. Di	r., Transport	Food Svcs		
VENDOR SELECTION METHOD:			The second section of the sect	
☐ RFP/Bid ☐ Sole Source ☑ Contract Renewal ☐ Ratification	Previous Bd.	Res. #: 04-28-08-10		Item: 07-06-10-19 ation:
SUBJECT: To approve a two year contract extens along with transportation services for D not to exceed \$21,970,009 for the per availability of funds.	istrict schools, f	ield trips, sprots activ	ities, and other s	pecial events in an amount
BACKGROUND: See attached		·		
CSIP: Goal 2: Process	Performance	Row: 110	MSIP:	8.10.1

FUNDING SOURCE: (ex: 110 Fund Type - 2218 Function - 6411 Object Code - 111 Location Code - 00 Project Code)

			222 Edention Code of Troject Code)	
Fund Source: 918 110-2551 (2553) 6341	GOB	Requisition #:	
Amount: \$20,820,009			-	
Fund Source: 918 110-2558 6342 ((6344)	GOB	Requisition #:	
Amount: \$650,000				
Fund Source: 918 110-2558 6349		GOB	Requisition #:	
Amount: \$500,000				
Cost not to Exceed:	⊠ Pendin	g Funding Availability	Vendor #: 600004273	
\$21,970,009.00				

Department: Transportation

Requestor: Deanna Anderson

Apgela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

First Student Service for the FY10-11 and FY11-12 School Year

On April 22, 2008, the Special Administrative Board passed resolution 04-28-08-10 authorizing a four (4) year contract extension of the contract with Laidlaw/First Student. First Student agrees to:

- All buses to operate any service needs for the FY10-11 and FY11-12 school year
 - o GPS on all buses
 - Two digital cameras on the buses
 - Radios on buses
 - Zone safety officers that assist with accidents, lost children, and loading/unloading at schools and stops
 - Training and background checks on all operators
 - Vehicle maintenance monitoring system
- All routing and scheduling functions for the FY10-11 and FY11-12 school year at no cost to the District (approximate savings of \$500,000 over the two years)
- Freeze their (First Student) rates for the FY10-11 and FY11-12 school year (approximate savings of \$2M)
- Create a more efficient route package that will eliminate zero stops and reduce routes (approximate savings of \$2.9M)
- Adjust bell times to maximize buses (approximate savings of \$1.3M)

Over 70% of the students in the St. Louis Public School District are eligible for transportation services. Without the approval of this resolution, transportation (100% of First Student fleet is equipped with GPS units) will not be provided in a timely manner. This request represents a savings of \$5.5M. It is recommended that the Special Administrative board of the Transitional School District of the City of St. Louis approve the two year agreement with First Student Transportation.

Infrastructure Plan for Transportation School Year FY10-11

It is anticipated that First Student will operate the buses for the FY10-11 school year. In addition to operating the buses for the St. Louis Public Schools (SLPS), First Student will provide the routing and scheduling function for the first time in the FY10-11 school year. In order to provide this function, infrastructure details between First Student and SLPS will be created. Infrastructure details include telephone calls; tape requests; changes; reports; and information/notification (more will be added to this list as we continue the process).

Telephone Calls

- 1. Telephone Calls from parents or students: Each First Student base will have between one-three lines dedicated to SLPS in addition to their existing phone lines. Calls will be answered by routers, dispatchers, managers, and other designated First Student personnel.
- 2. Telephone Calls from Principals: A dedicated line will be set aside for Principals to call for any assistance. This number will not be used by parents. Priority will be given to this line. Also, Principals can call the Transportation staff at 801 for any assistance needed.

<u>Tapes</u>

1. Any tape requests will be submitted to the Transportation staff at 801. Tapes will be pulled from buses the same day requested and brought to 801 for viewing. If the tape shows proof of concern, then the tape will be copied and SLPS Safety along with First Student Safety will view the tape with the Principal.

Changes

- Any route changes must be approved by the Executive Director of Transportation for the St. Louis Public Schools before they are implemented. An explanation must accompany the suggested change along with a cost scenario before the change is approved or rejected. A calendar of major route changes will be created and sent to parents and schools showing the time frame to request major adjustments (i.e. multiple stop changes that affect the time and routing of the bus).
- 2. Information will be sent to the parent informing them of the effective date, time change (if any), new stop (if applicable), and route.

- 3. Information will be sent to the schools two to three days prior to the change. A new manifest will be sent to the Principal or their designee. Only one manifest will be sent to the school.
- 4. All changes will occur on a Monday.

Student Information Download

1. Student information will be downloaded on a scheduled basis to the routing server at First Student. This information will contain pertinent data that is required for their transportation assignment. No other student information will be sent to First Student unless it is necessary for the students' safety. Information Technology will work with First Student to remedy the details of this transfer.

SAINT LOUIS PUBLIC SCHOOLS Date: June 9, 2010

To: Dr. Kelvin R. Adams, Sup	erintendent	
From: Deanna Anderson, Exec. D	oir., Transport Food Svcs	
VENDOR SELECTION METHOD:		
☐ RFP/Bid ☐ Sole Source ☐ Contract Renewal ☐ Ratification	Previous Bd. Res. #: 05-28-09-08	Agenda Item 7-06-10 AC Information: Conference: Action:
SUBJECT: Request approval of final bus routes for Board office.	or the FY09-10 school year. The report de	etailing the bus routes is available in the
1	Elementary and Secondary Education rements for the Operation of School Buses	•
	buses travel shall be approved by public s 19-09-01) and for the final approval of mod	
changes because of mobility of the stu year are located in the Board Office.	the beginning of the school year and adj dents, enrollment, and ridership. The fina In the St. Louis Public Schools, over 18,0 outes established at the beginning of the	al school bus routes for the 09-10 school 000 students are eligible for school bus

CSIP: Goal 2: Process Performance Row: 110 MSIP: 8.10.1

FUNDING SOURCE: (ex: 110 Fund Type – 2218 Function – 6411 Object Code - 111 Location Code – 00 Project Code)

Fund Source:	Requisition #:
Amount:	
Fund Source:	Requisition #:
Amount:	
Fund Source:	Requisition #:
Amount:	
Cost not to Exceed: \$ 0.00 Pendin	unding Availability Vendor #:

Department: Transportation

Requestor: Deanna Anderson

anna Anderson, Exec. Dir., Transport Food Svc.

Dr. Kelvin R. Adams, Superintendent

SAINT LOUIS PUBLIC SCHOOL	our icins	SAINT	LOUIS	PUBLIC	SCHOOL
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SAINT LOUIS PUBLIC S	SCHOOLS
Date: June 14, 2010	
To: Dr. Kelvin R. Adams, Superintendent	
From: Enos Moss, CFO/Treasurer	
VENDOR SELECTION METHOD:	
☐ RFP/Bid ☐ Sole Source ☐ Contract Renewal ☐ Financial Report Previous Bd. Res. #:	Agenda Item: 0106021 Information: □ Conference: □ Action: □
SUBJECT: Monthly Transaction Report for May 2010.	
CSIP: Goal 2: Process Performance Row: 73	MSIP: 8.5.1
FUNDING SOURCE: (ex: 110 Fund Type – 2218 Function– 6411 Objection – 6411	
Fund Source:	Requisition #:
Amount:	
Fund Source:	Requisition #:
Amount:	
Fund Source:	Requisition #:
Amount:	
Cost not to Exceed: \$ 0.00 Pending Funding Availability	Vendor #:
Department:	Angela Banks, Interim Budget Director
	Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget:

May 2010 Transactions

ST. LOUIS BOARD OF EDUCATION MONTHLY BUDGET REPORT

ACTIVITY TYPES INCLUDED: KBUS KBUE KBRO KBNO

110 INCIDENTAL

							ciation	
	\$600.00-	\$300.00-	\$600.00	\$300.00			velopment expenses for Melanie Adams to attend the Missouri School Boards' Association	
	6371	6371	6383	6384			anie Adams to attend t	
	800-00-110	800-00-110	800-00-110	800-00-110		\$900.00	pment expenses for Mel	010 in Columbia, MO.
	110-2311	110-2311	110-2311	110-2311	B-1543	5\$	Travel and professional develo	Conference, June 11-12, 2010
1. SAP# 501654176	From:		To:		Control No:	Total Amount:	Text: Travel	Confer

\$520,000.00-\$520,000.00 6371 6319 981-00-110 981-00-110 Funds needed to pay Xerox for printing expenses. \$520,000.00 110-2828 110-2577 B-1544 2. SAP# 501654178 Total Amount: Control No: From: Text: <u>ا</u>

3. SAP# 50165 ²	4210-501654212			
From:	110-2322	812-00-110	6371	\$53,161.12-
	110-1189		6371	\$10,390.76-
	110-2322		9889	\$448.12-
To:	110-2322		6319	\$53,161.12
	110-2322	812-00-110	6319	\$10,390.76
	110-2322		6319	\$448.12

Continued:

Control No: B-1566

Total Amount: \$64,000.00

To fund the account to pay Unicom Arc for the Community Engagement Project required by the Board. Text:

4. SAP# 501654224

	\$115,000.00-	\$115,000.00
	6341	6341
	820-RM-110	822-RM-110
	110-2336	110-2336
**************************************	om:	:0

Transfer needed to provide transportation for Homeless Students In Transition. Text:

5. SAP# 501654226

From:	110-2223	981-L3-110	6441	\$55,000.00-
To:	110-2625	981-8L-110	6361	\$55,000.00
Control No:	B-1594			
Total Amount:	it:	\$55,000.00		
Text:	Transfer needed for May	Transfer needed for May and June E-Rate payments on all AT&T bills.	all AT&T bills.	

FROM 110 (INCIDENTAL FUND) TO 120 (TEACHER'S FUND)

1. SAP# 5501654201

From:	110-2411	328-00-110	6371	\$612.48-
To:	120-1147	328-55-120	6143	\$612.48
Control No:	B-1560			
Total Amount:	nt:	\$612.48		
Text:	Reallocated funds from	ım Incidental to Teacher's fund for Tiffani Rodgers, Math Teacher @ L'Ouvertue Middle, for	r Tiffani Rodgers, Math Teacher	r @ L'Ouvertue Middle, for
	Extra Service.			

2. SAP# 501654225

	\$2,093.00-	\$2,093.00
	6371	6143
	524-00-110	524-PD-120
	110-2411	120-2411
2. SAP# 501654225	From:	To:

Continued:

Control No: B-1579

Total Amount:

Text:

\$2,093.00

Reallocated funds from Incidental to Teacher's fund to pay several teachers @ Mallinckrodt Elementary for

Professional Development Extra Service.

	\$2,738.48-	\$209.49-	\$52.03-	\$2,738.48	\$209.49	\$52.03			rc
	6371	6371	6371	6143	6231	6261			anico for coveral teache
	824-00-110	824-00-110	824-00-110	824-00-120	824-00-120	824-00-120		\$3,480.00	and the state of the state of the state of the state of the source of the state of
	110-2215	110-2215	110-2215	120-2215	120-2215	120-2215	B-1590	\$\$	the state of the s
3. SAP# 501654255	From:			То:			Control No:	Total Amount:	!

Transferred funds for Professional Development Extra Service for several teachers. Text:

	\$1,837.44-	\$612.48-	\$1,837.44-	\$1,837.44-	\$979.97	\$1,224.96-	\$2,449.92-	\$1,837.44-	\$1,837.44-	\$1,837.44-	\$1,837.44-	\$918.72-	\$918.72-	\$612.48-
	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143
	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	820-00-110
	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522	110-2522
4. SAP# 501654266	From:													

\$244.99-	\$612.48-	\$612.48-	\$612.48-	\$612.48-	\$1,837.44	\$612.48	\$1,837.44	\$1,837.44	\$979.97	\$1,224.96	\$2,449.92	\$1,837.44	\$1,837.44	\$1,837.44	\$1,837.44	\$918.72	\$918.72	\$612.48	\$244.99	\$612.48	\$612.48	\$612.48	\$612.48		
6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143	6143		
820-00-110	820-00-110	820-00-110	820-00-110	820-00-110	111-00-120	114-00-120	117-00-120	125-00-120	144-00-120	156-00-120	168-00-120	173-00-120	180-00-120	183-00-120	186-00-120	193-00-120	194-00-120	313-00-120	497-00-120	671-00-120	679-00-120	694-00-120	698-00-120		7
110-2522	110-2522	110-2522	110-2522	110-2522	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	120-2122	B-1617	((()
					To:																			Control No:	

Total Amount:

\$23,274.24

Text: Reallocated funds to pay Extra Service for Secondary Counselors @ various locations.

FROM 120 (TEACHER'S FUND TO 110 (INCIDENTAL FUND)

1. SAP# 501654197

\$500.00-\$500.00 6164 6143 488-N1-120 488-N1-120 120-3315 110-3315 B-1563 Control No: From: To:

Total Amount:

Reallocated funds to pay Barbara Hill, Non-Certificated staff, for Home Visits. Text:

\$500.00

230 TITLE I

	\$39,000.09-	\$5,658.91-	\$2,983.51-	\$6,512.28-	\$189.57-	\$96.57	\$19.80-	\$451.56-	\$188.67-	\$741.00-	\$39,000.09	\$5,658.91	\$2,983.51	\$6,512.28	\$189.57	\$96.57	\$19.80	\$451.56
	6113	6113	6113	6113	6113	6113	6113	6113	6113	6113	6112	6211	6231	6241	6242	6243	6244	6245
	339-AM-230	339-AM-230	339-AM-230	339-AM-230	339-AM-230	339-AM-230	339-AM-230	339-AM-230	339-AM-230	339-AM-230	339-A1-230	339-A1-230	339-A1-230	339-A1-230	339-A1-230	339-A1-230	339-A1-230	339-A1-230
	230-1127	230-1127	230-1127	230-1127	230-1127	230-1127	230-1127	230-1127	230-1127	230-1127	230-1252	230-1252	230-1252	230-1252	230-1252	230-1252	230-1252	230-1252
1. SAP# 501654195	From:										To:							

\$188.67	\$741.00	
6246	6261	
339-A1-230	339-A1-230	
230-1252	230-1252	B-1559
		Control No:

\$55,841.96 Total Amount: Adjusted Title I salary and fringes for Title I Math Teacher, Krista Clement, Compton-Drew Middle. Text:

2. SAP# 501654223

			B-1577	Control No.
\$300.00	6383	822-RM-230	230-2336	To:
\$300.00-	6371	822-RM-230	230-2336	From:

Total Amount:

Up-coming travel and professional Development expenses for Deidra Thomas-Murray, Students-In-Transition Text:

\$300.00

Coordinator, to apply for a Homeless Grant in Jefferson City, Missouri in June 2010.

3. SAP# 501654237

From:	230-2213	814-BS-230	6371	\$1,000.00-
To:	230-2213	814-BS-230	6383	\$1,000.00
Control No:	B-1582			
Total Amount:		\$1,000.00		

Funds transferred for up-coming Professional Development travel expenses for teachers and staff. Text:

290 MINI FEDERAL PROGRAMS

6143 6149 6341 6383 6371 6371 822-RM-290 822-RM-290 822-RM-290 822-RM-290 822-RM-290 822-RM-290 290-2336 290-2336 290-2336 290-2336 290-2336 290-2336 1. SAP# 501654235 From:

\$1.60-

\$12,635.25-\$13,128.70\$9,976.36-\$6,157.28-

\$5,936.59-

6371 \$1,709.85-	6371 \$25.31-	6371 \$5,761.01-	6383 \$538.77-	6341 \$2.50-	6386 \$210.00-	6386 \$189.57-	6411 \$19.80-	6143 \$96.57-	6143 \$451.56-	6143 \$188.67-	6384 \$1.60	6123 \$5,936.59	6123 \$12,635.25	6123 \$13,128.70	6123 \$9,976.36	6211 \$6,157.28	6231 \$1,709.85	6261 \$25.31	6241 \$5,761.01	6241 \$538.77	6241 \$2.50	6241 \$210.00	6242 \$189.57	6244 \$19.80	6243 \$96.57	6245 \$451.56	6246 \$188.67	
822-RM-290		822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	822-RM-290	
290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	290-2336	4
Continued:											To:																	

Total Amount: \$57,031.89
Text: Transferred Homeless Federal Grant funds to clear budget deficits.

510 SCHOOL LUNCHROOM

	\$225.96-	\$1,030.00-	\$172.00-	\$972.04-	\$225.96	\$1,030.00	\$172.00	\$972.04		
	6361	6363	6364	6411	6383	6383	6383	6383		
	906-00-510	906-00-510	906-00-510	906-00-510	906-00-510	906-00-510	906-00-510	906-00-510		\$2,400.00
01654204	510-3111	510-3121	510-3121	510-3111	510-3111	510-3111	510-3111	510-3111	B-1564	
1. SAP# 501654203-501654204	From:				To:				Control No:	Total Amount:

Travel and professional development expenses for Althea Albert-Santiago, Food Service Director, and Stephanie Honeywood, Accountability Specialist, to attend the Horizon Conference in Deluth, GA., November 4-8, 2009

620 TITLE IV

Text:

	\$1,686.00-	\$700.00-	\$2,114.00-	\$200.00-	\$53,480.00-	\$1,686.00	\$700.00	\$2,114.00	\$200.00	\$53,480.00
	6312	9889	6381	6381	6381	6383	6383	6383	6411	6319
	814-T2-620	814-T2-620	814-T2-620	814-T2-620	814-T2-620	814-T2-620	814-T2-620	814-T2-620	814-T2-620	814-T2-620
	620-2214	620-2214	620-2214	620-2214	620-2214	620-2214	620-2214	620-2214	620-2214	620-2214
1. SAP# 501654242	From:					To:				

Continued:

B-1573 Control No:

\$58,180.00 Total Amount:

Travel and professional development expenses for Tiffany King, Safe & Drug Free Schools/AVID Tutorial Coordinator, Text:

to attend an AVID Conference in June 2010. Funds also needed for a contract with AVID, Character Plus and for

AVID supplies.

640 STIMULUS FUNDS

	\$1,208.00	\$81,094.00			
	6371	6371			itle I Funds per DESE.
	814-00-640	814-AM-640		\$82,302.00	To set up Additional Appropriations for 640 Stimulus Title I Funds per DESE.
501654219	640-1254	640-1127	B-1569		et up Additional Appro
1. SAP# 501654218-501654219	To:		Control No:	Total Amount:	Text: To se

	\$50,222.93-	\$154.88-	\$50,222.93	\$154.88			Transferred Stimulus Title I funds for the purchase and installation of 10 Smartboards @ Bryan Hill Elementary.
	6371	6411	6541	6541			nstallation of 10 Sm
	418-AM-640	418-AM-640	418-AM-640	418-AM-640		\$50,377.81	ds for the purchase and i
	640-1127	640-1127	640-1127	640-1127	B-1595	\$20,3	erred Stimulus Title I fun
2. SAP# 501654261	From:		To:		Control No:	Total Amount:	Text: Transfe

730 FOUNDATIONS & CONTRIBUTIONS

1. SAP# 501654233

730-2512 970-PS-730 6319

\$30,000.00

Control No: B-1588

Total Amount: \$30,000.00

Text: Appropriated funds for contractual obligations.

909 CAPITAL PROJECTS

	6522	6522	6522	6522		
	905-HE-909	180-HE-909	559-HE-909	559-HE-909		08.00
	909-2624	909-2624	909-2624	909-2624	B-1553	\$877,608.00
1. SAP# 501654186	From:		To:		Control No:	Total Amount:

\$377,608.00-\$

\$377,608.00

Transferred funds for the on-going Air Conditioning Bond Project that will be performed @ Mullanphy Elementary. Text:

Upgrades will be provided by C & R Mechanical from June 2010 to December 2011.



Date: June 14, 2010

SAINT LOUIS PUBLIC SCHOOLS

Dr. Kelvin R. Adams, Superintendent To: From: Enos K. Moss, CFO/Treasurer **VENDOR SELECTION METHOD:** 07-06-10-6 RFP/Bid Agenda Item: Information: Sole Source Conference: Contract Renewal Previous Bd. Res. # Ratification Action: **SUBJECT:** To approve the purchase of Athletic Accident Insurance from Chubb Group of Insurance Companies for the period August 1, 2010 through July 31, 2011 at a cost not to exceed \$47,878. **BACKGROUND:** The Athletic Accident Insurance program has been purchased for a number of years to provide medical insurance availability to our high school athletes. The coverage is excess over coverage carried by the athlete's parents and primary for those athletes who have no basic medical coverage. The deductible is \$25. The program has paid a significant number of claims during the 2009-10 school year (\$37,150). The program was bid by our insurance broker, R.S. Klostermeyer & Associates. Four companies responded to the bid, with Chubb Group of Insurance Companies offering the lowest cost for a program that is the same in terms of coverage as the current program. The renewal cost represents a 6% reduction in premium or a savings of \$3,000. Row # 120 CSIP: MSIP: SLPS Goal #2 - Process and Performance FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code) Fund Source: 110 - 2514 - 6355 - 970 -**GOB** Requisition #: Amount: 47,878.00 Fund Source: Requisition #: Amount: Requisition #: **Fund Source:** Amount: 47,878.00 600011319 **Pending Funding Availability** Vendor #: Cost not to Exceed: Risk Management **Department:** Angela Banks, Interim Budget Director **Requestor:** Kevin Coyne Enos Moss, CFO/Treasurer Dr. Kelvin R. Adams, Superintendent

R.S. Klostermeyer & Associates

June 10, 2010

Mr. Kevin Coyne St. Louis Public Schools 801 N. 11th Street St. Louis, MO 63101

RE: Athletic Accident Insurance

Dear Kevin:

I am pleased to offer quotations for the athletic accident insurance for the 2010-2011 school year as follows:

Coverage:

Accident Medical and Dental Expense- Excess \$25,000

AD&D Benefit: \$5000 Benefit Period: 1 year Deductible: \$25.00

Insurance Carriers	Premium
Chubb	\$47,878
Markel	\$52,741
Starnet (a Berkley Company)	\$52,000
QBE	\$49,106

Kevin, as you can see, Chubb has offered the most competitive proposal with a 6% reduction in premium over last year. All I will need to bind coverage is a letter of acceptance indicating the carrier you wish to contract with. Upon receipt of that letter I will issue an invoice. Please let me know if you have any questions.

Very truly yours,

Robert S. Klostermeyer, CLU



SAINT LOUIS PUBLC SCHOOLS

Date:

June 9, 2010

To:

Special Administrative Board

From:

Dr. Kelvin R. Adams

VENDOR	SEI	ECTION	METHOD:
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	RFP/Bid
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☐ Sole Source

☐ Sole Source

⊗ Contract Renewal

Previous Bd. Res.#: 06-25-09-33

Conference:

Action:

☐ Ratification SUBJECT:

To approve a contract renewal with Steven R. Carroll and Associates for legislative representation of the St. Louis Public Schools for the period July 9, 2010 through June 30, 2011 in an amount not to exceed \$53,000.00 that will include reimbursement of expenses incurred.

BACKGROUND:

Steven R. Carroll and Associates represents the District in bill and amendment drafting, bill monitoring and tracking, day-to-day lobbying at the State Capitol, legislative research on issues and topics, executive branch lobbying, preparation of fiscal impact reports on proposed legislation, etc.

Row: MSIP: 8.8.2 CSIP: Goal #2

6411 Object Code - 111 Location Code - 00 Project Code) FUNDING SOURCE: (ex: 110 Fund Type - 2218 Function -

Fund Source: 110-2311-6319- 800-00	GOB	Requisition #:
Amount: \$53,000.00		
Fund Source:		Requisition #:
Amount:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$53,000.00	⊗Pending Funding Availability	Vendor#: 600008116

Department: Superintendent's Office

Requestor:

Dr. Kelvin R. Adams

Angela Banks, Interim Budget Director

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget: 4 4 15.10

Revised: 11/30/09



Request for Contract Renewal Form

Date of Submittal:	
June 9, 2010	
Name of Department Head submitting Request:	
Dr. Kelvin R. Adams	
Name of Contract:	
Steven R. Carroll and Associates	
Purpose of Contract:	
Lobbyist	
Are there changes versus prior year contract Yes No	1
If Yes explain Changes:	
Agreement attavhed	
Total Cost of Contract (estimated cost of expenses inclusive):	
\$53,000	
Vendor Name:	Vendor Number:
Steven R. Carroll and Associates	600008116
Start Date of Contract:	
July 1, 2010	
Expiration Date of Contract:	
June 30, 2011	-
Department Responsible for Vendor Performance Monitoring:	
Approved Disapproved Date:	

Please attach the Vendor Performance Report and Proposed Contract



Vendor Performance Report

Type of report: Final X Quarterly 🗌		Report Date: June 6, 2010			
Dept / School: Board Office		Reported By: Dr. Kelvin R. Adams			
Vendor: Steven R. Carroll and Associates		Vendor #: 600008116			
Contract # / P.O/ #: 4500148640		Contract Name: State Lobbying			
Contract Amount: \$ 77,000.00		Award Date: 06-25-09			
Purpose of Contract (Brief Description	n): Legislativ	ve lobbying efforts at the State level			
in that category. See Vendor Performance Re	port Instruction	ce and circle the number which best describes their performance is for explanations of categories and numeric ratings (<i>please</i> nal; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 =			
Category	Rating	Comments (Brief)			
Quality of Goods / Services	<u>5</u> 4				
	3				
	2				
	1				
Timeliness of Delivery or Performance	<u>5</u> 4				
r et tot mance	3				
	2				
	1				
Business Relations	<u>5</u> 4				
	3				
	2 1				
Customer Satisfaction	<u>5</u> 4				
	3				
	2 1				
Cost Control	<u>5</u> 4				
	3				
	2 1				
	ı				
Average Score	5	Add above ratings: divide the total by the number of areas being rated.			
Would you select / recommend this vendor ag		aware that an answer of yes authorizes the Purchasing			
Department to seek renewal of the available option year for this contract. All items and conditions within the current contract					
shall be honored during this renewal period. Please Check Yes No No					

VENDOR PERFORMANCE REPORT INSTRUCTIONS

Type of report

Identify if this the final report or a quarterly report (3 months)

Report Date

the date the report is prepared

Department

Indicate the name of the reporting department

Reported By Vendor Please sign your name Enter the vendor's name

Vendor Number

Enter the vendor's assigned number

Contract # / PO #

Enter the assigned contract # or the purchase order # for the goods or Services being reported

Contract Name

This the official name used when the contract was solicited

Contract Amount

The total dollar value of the contract: the amount listed on the Board Resolution

Award Date

Enter the date that the Board approved this contract

Contract Description Performance Ratings

Provide a brief description of the work being done under the contract In the comment column provide the rationale for the rating you give.

Indicate the contract requirements that were exceeded, were not exceeded, or were not met by the

vendor

Performance Ratings Guidelines

Rating	Category	Description			
5	Exceptional	Met all performance requirements; Minor problems; Effective corrective actions; Improved			
	_	performance; Quality results			
4	Very Good	Met all performance requirements; Minor problems; Effective corrective actions			
3	Satisfactory	Met all performance requirements; Minor problems; Satisfactory corrective actions			
2	Marginal	Some performance requirements not met; Performance reflects some serious problem;			
		Ineffective corrective actions			
1	Unsatisfactory	Most performance requirements are not met; Recovery not likely			

Performance Categories Descriptions

Category	Description
Quality of Goods and / or	Rate the vendor's technical performance or the quality of the product or services
Services	delivered under the contract
Timeliness of Delivery or	Rate the vendor's performance based on the delivery requirements of the contract.
Performance	If the vendor significantly exceeded the requirements (to SLPS benefit); quickly
	resolved delivery issues
Business Relations	Rate the vendor's professionalism; responsiveness; significantly exceeded
	expectations; customer service; limited change orders
Customer Satisfaction	Rate the vendor based on feedback you receive from your customers (end-users)
Cost Control	Make your ratings based on the vendor's effectiveness in forecasting, managing
	and controlling contract cost. This assesses whether the vendor met original cost
	estimated or needed to negotiate cost changes to meet contract requirements



Date: June 11, 2010

SAINT LOUIS PUBLIC SCHOOLS

Dr. Kelvin R. Adams, Superintendent To: From: Sharonica Hardin, Chief Human Resource Officer 07-06-10-24 **VENDOR SELECTION METHOD:** Agenda Item: RFP/Bid Information: Sole Source Conference: Contract Renewal Previous Bd. Res. # Ratification Action: SUBJECT: To approve a contract renewal with eSchool Solutions for the annual maintenance fee for the Substitute Employee Management System (SEMS/eSchool Solutions) for the 2010-2011 school year. The cost of the fees will not exceed \$14,800.00. **BACKGROUND:** eSchool Solutions, Inc., will provide support in maintaining, reforming and repairing existing capacities of the following products: eSchool Solutions installed proprietary software, eSchool solutions installed servers and workstations, eSchool installed cards, and eSchool Solution proprietary software updates, enhancements, and new releases. CSIP: Row# 154 MSIP: 5.1 SLPS Goal #2 - Process and Performance Goal # FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code) Requisition #: Fund Source: 110 - 2832 - 6319 - 990 -**GOB** 14,800.00 Amount: Requisition #: **Fund Source:** Amount: Requisition #: **Fund Source:** Amount: 14,800.00 600000249 Cost not to Exceed: **Pending Funding Availability** Vendor #: **Department: Human Resources** Angela Banks, Interim Budget Director Requestor: Patricia Canada Sharonica Hardin, Chief Human Resource Officer Dr. Kelvin R. Adams, Superintendent

Reviewed By Budge 410-15-10

ved By _____

Reviewed By _____



Vendor Performance Report

Type of report: Final X Quarterly		Report Date: 6/9/10			
Dept / School: Human Resources		Reported By: Patricia Canada			
Vendor: eSchool Solutions		Vendor #: 600000249			
Contract # / P.O/ #:		Contract Name: Substitute Employee Management System			
Contract Amount: \$ 14,800.	000007333343 PPEE (03300000FFFEE (03300 ENGLANDES AND FEE (0330000 FFEE (03300 ENGLANDES AND FEE	Award Date:			
Purpose of Contract (Brief Descriptio Management System	n): Annual n	naintenance fee for the Substitute Employee			
in that category. See Vendor Performance Re	port Instruction	the and circle the number which best describes their performance is for explanations of categories and numeric ratings (<i>please</i> hal; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 =			
Category	Rating	Comments (Brief)			
Quality of Goods / Services	5 4 x 3 2				
Timeliness of Delivery or	5				
Performance	x 3 2 1				
Business Relations	5 x 3 2				
Customer Satisfaction	5 x 3 2				
Cost Control	5 x 3 2				
Average Score	4.0	Add above ratings: divide the total by the number of areas being rated.			
		aware that an answer of yes authorizes the Purchasing nis contract. All items and conditions within the current contract Yes x No			

VENDOR PERFORMANCE REPORT INSTRUCTIONS

Type of report

Identify if this the final report or a quarterly report (3 months)

Report Date

the date the report is prepared

Department

Indicate the name of the reporting department

Reported By Vendor

Please sign your name Enter the vendor's name

Vendor Number

Enter the vendor's assigned number

Contract # / PO #

Enter the assigned contract # or the purchase order # for the goods or Services being reported

Contract Name

This the official name used when the contract was solicited

Contract Amount

The total dollar value of the contract: the amount listed on the Board Resolution

Award Date

Enter the date that the Board approved this contract

Contract Description Provide a brief description of the work being done under the contract Performance Ratings In the comment column provide the rationale for the rating you give.

Indicate the contract requirements that were exceeded, were not exceeded, or were not met by the

vendor

Performance Ratings Guidelines

Rating	Category	Description					
5	Exceptional	Met all performance requirements; Minor problems; Effective corrective actions; Improved					
	_	performance; Quality results					
4	Very Good	Met all performance requirements; Minor problems; Effective corrective actions					
3	Satisfactory	Met all performance requirements; Minor problems; Satisfactory corrective actions					
2	Marginal	Some performance requirements not met; Performance reflects some serious problem;					
		Ineffective corrective actions					
1	Unsatisfactory	Most performance requirements are not met; Recovery not likely					

Performance Categories Descriptions

Category	Description
Quality of Goods and / or	Rate the vendor's technical performance or the quality of the product or services
Services	delivered under the contract
Timeliness of Delivery or	Rate the vendor's performance based on the delivery requirements of the contract.
Performance	If the vendor significantly exceeded the requirements (to SLPS benefit); quickly
	resolved delivery issues
Business Relations	Rate the vendor's professionalism; responsiveness; significantly exceeded
	expectations; customer service; limited change orders
Customer Satisfaction	Rate the vendor based on feedback you receive from your customers (end-users)
Cost Control	Make your ratings based on the vendor's effectiveness in forecasting, managing
	and controlling contract cost. This assesses whether the vendor met original cost
	estimated or needed to negotiate cost changes to meet contract requirements



Request for Contract Renewal Form

Date of Submittal:	
June 9, 2010	
Name of Department Head submitting Request:	
Patricia Canada	
Name of Contract:	
eSchool Solutions	
Purpose of Contract:	
Annual maintenance fee for the Substitute Employee Management	System (SEMS)
Are there changes versus prior year contract \(\subseteq \text{Yes} \subseteq \text{No} \)	
If Yes explain Changes:	
Total Cost of Contract (estimated cost of expenses inclusive):	
\$14,800	
Vendor Name:	Vendor Number:
eSchool Solutions	600000249
Start Date of Contract:	
August 1, 2010	
Expiration Date of Contract:	
June 30, 2011	
Department Responsible for Vendor Performance Monitoring:	
Approved Disapproved Date:	
Superintendent Signature	

Please attach the Vendor Performance Report and Proposed Contract

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			*			
.						-

SAINT LOUIS PUBLIC SCHOOLS Date: June 14, 2010 Dr. Kelvin R. Adams, Superintendent To: From: Sharonica Hardin, Chief Human Resource Officer **VENDOR SELECTION METHOD:** Agenda Item:07-06-18 RFP/Bid Sole Source Information: Previous Bd. Res. #: Contract Renewal Conference: Authorization/Adoption Action: SUBJECT: To rescind Board Regulation 4670 concerning substitute teachers. **BACKGROUND:** The current regulation is out dated and is inconsistent with the present procedures and practices of the District. The Human Resources Department proposes to re-constitute the District's pool of substitute teachers. To that end we are requesting that the SAB rescind Board Regulation 4670 and authorize the Superintendent by and through his designee(s) to develop and implement an internal procedure to ensure a rigorous process for screening and selecting a pool of highly qualified substitute teachers of good moral standards. **CSIP:** Goal 1: Performance **Row: 94 MSIP**: 5.1 8.5.4 FUNDING SOURCE: (ex: 110 Fund Type - 2218 Function - 6411 Object Code - 111 Location Code - 00 Project Code) **Fund Source:** Requisition #: Amount: **Fund Source:** Requisition #: Amount: Requisition #: **Fund Source:** Amount: Pending Funding Availability Vendor #: Cost not to Exceed: \$ 0.00 **Department:** Human Resources

Requestor: Sharonica Hardin

Sharonica Hardin, Chief Human Resource Officer

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Reviewed by Budget:

ST. LOUIS BOARD OF EDUCATION REGULATION

PERSONNEL

CONTINUITY OF SERVICE

Substitute Teachers

In order to maintain continuity in the educational programs during the absence of certificated teachers, the board maintains the following standards and requirements for substitute teachers.

At the beginning of each school year, the superintendent of schools or his/her representative shall prepare a list of persons properly qualified for certification to serve as substitute teachers. Insofar as possible, substitute teachers shall hold regular teaching certificates and meet the qualifications of regularly employed teachers. Substitute teachers in the areas of trade, industrial and health occupation must have the qualifications specified below. Qualified "involuntary leave-of-absence" personnel shall be given priority in the employment as substitute teachers.

QUALIFICATIONS - The minimum requirement for substitute certification:

- 1. Sixty semester hours from an accredited college or university with a GPA of at least a grade of C (or equivalent).
- 2. Three years of continuous work experience in trade or industry, which qualifies the person to substitute in a specific trade or industrial class in the secondary vocational/technical programs.
- 3. Two years of continuous work experience in trade or industry, plus a degree, which qualifies the person to substitute in a specific trade or industrial class in the secondary vocational/technical programs.

4. Two years of continuous work experience in health occupation, plus a registered nurse certificate, which qualifies the person to substitute in health occupations in vocational/technical programs.

CERTIFICATION - Certification of substitute teachers is limited to 45 days of teaching during the school year for persons having 60-119 semester hours. Persons with 120 or more semester hours are limited to 90 days of teaching during the school year. Both of the preceding certificates may be renewed upon the approval of the DESE supervisor. A teacher, who has retired under the St. Louis Public School Retirement System is limited to 60 days teaching during the school year. Persons qualified to substitute in trade/industrial classes or health occupation and those holding valid Missouri elementary or secondary teaching certificates, permanent or valid temporary, are not restricted to a specific number of days of teaching during the school year.

REMUNERATION - The Board of Education shall annually adopt a payment scale for substitute teachers which will be published in the Compensation Plan. In the event that a day-to-day substitute teacher is dismissed before the end of the school day, for reasons not of the substitute teacher's own making, that teacher shall receive a full day's pay provided the substitute teacher would have served the full day had he/she not been dismissed. A substitute teacher dismissed before the end of the school day because of the substitute teacher's own incompetence is not entitled to a full day's pay. Full-day pay may be allowed for the last day of the school year provided he/she serves as a substitute teacher on the morning of the last day of the school year.

HOLIDAYS - Continuing and district substitute teachers who serve in the St. Louis Public Schools before and after a school holiday shall be paid for the holiday at their scheduled daily rate of pay.

SICK LEAVE - Each continuing and district substitute employee who works at one school or location or more than one school or location for 20 school days shall earn one day of sick leave for each 20 days; a half-day substitute teacher who works 20 half-days shall earn one half-day of sick leave for each 20 half-days. Days of sick leave may be used by a continuing or district substitute teacher only when the substitute teacher is serving in an assignment designated to be of more than one-day's duration by the Division of Human Resources.

SUPERVISION - The principal shall arrange and supervise programs for all substitute teachers in the school and shall be responsible for submitting appropriate forms to the payroll office for the payment of the substitute teacher.

TERMINATION OF SUBSTITUTES - Substitute teachers shall only be sent to a school site for a specific assignment. The appointment of the substitute teacher terminates at the completion of the specific assignment and that individual must thereafter be reappointed to another assignment in order to continue working. A substitute may be terminated before the completion of the assignment for just cause, and when recommended by the school principal with the approval of the Division of Human Resources and superintendent of schools or his/her designee.

PRINCIPAL'S LIABILITY-SUBSTITUTE ASSIGNMENTS - Should the principal retain the substitute at a school site after the substitute's specific assignment has ended, the principal shall be personally responsible for the salary for which the substitute is entitled for the period of retention.

References

Legal:

Sections 168.011,168.021, 168.071, 168.081, and 168.101, RSMo.

5CSR Section 80-800.010(1)(K) (1998)

Regulation approved: June 26, 1990

Revised: December 8, 1998