

# **BOARD MEETING**

**TUESDAY, JULY 6, 2010**

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# **A G E N D A**

## **SPECIAL ADMINISTRATIVE BOARD**

**MR. RICK SULLIVAN**

**MS. MELANIE ADAMS**

**MR. RICHARD GAINES**

## **SUPERINTENDENT OF SCHOOLS**

**DR. KELVIN R. ADAMS**

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**ADMINISTRATIVE BUILDING- 801 N. 11<sup>TH</sup> STREET**

# AGENDA

- 1) Call to Order
- 2) Roll Call
- 3) Pledge of Allegiance
- 4) Public Comments
- 5) Superintendent's Report
  - a) Information Items
  - b) Action Items
    - i. Consent Agenda
- 7) Board Member Updates
- 8) Adjournment

NOTES:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.



**ST. LOUIS PUBLIC SCHOOL DISTRICT  
SUPERINTENDENT'S REPORT  
July 6, 2010**

**1.0 Preliminary**

**1.1 CONSENT AGENDA**

- 1.2 Information Items Only**
- 1.3 Business Items – Action Required**
  - a) Consent Agenda**

- 07-06-10-01** To approve the 2010-2011 Assessment Calendar.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-06-10-02** To approve a sole contract renewal with the American College Testing (ACT) for the 2010-2011 school year to purchase the EXPLORE and PLAN tests to include test booklets and score reports at a cost not to exceed \$40,000, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-03** To approve a sole source purchase of the Project test and Online instruction from ACT to include test booklets and score reports at a cost not to exceed \$50,500, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-04** To approve a sole source contract renewal with CTB/McGraw Hill for the 2010-2011 school year to purchase the Missouri Assessment Program (MAP GLE) test to include test books, and scoring and reporting services at a cost not to exceed \$25,000, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-05** To approve a sole source contract renewal with CTB/McGraw Hill for the 2010-2011 school year to purchase and administer the TerraNova 3 norm-referenced assessments to include test booklets, scoring, online and paper reporting and professional development at a cost not to exceed \$398,133, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-06** To approve a sole source contract renewal with CTB/McGraw Hill for the 2010-2011 school year to purchase and administer the Acuity formative assessment to include test booklets, reporting, scoring and professional development at a cost not to exceed \$295,000, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-07** To approve a sole source contract with Scantron Corporation to develop 18 new high school benchmarks aligned to the State mandated MAP End of Course (EOC) assessment for the 2010-2011 school year at a cost not to exceed \$55,000, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-08** To approve a sole source purchase from Harland Technology for a maintenance agreement on a NCS OpScan 21 Scanner that is used to score the formative assessments and academic program evaluations. The period of the agreement is for the 2010-2011 school year at a cost not to exceed \$7,900, pending funding availability.  
**FUNDING SOURCE:** GOB

- 07-06-10-09** To approve a sole source purchase of augmented communicators from DynaVox Mayer-Johnson at a cost not to exceed \$19,084, pending the availability of funds, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-10** To approve a membership renewal with CHARACTERplus for the period July 10, 2010 through June 30, 2011 at a cost not to exceed \$5,370, pending funding availability.  
**FUNDING SOURCE:** NON-GOB
- 07-06-10-11** To approve a contract renewal with the University of Missouri for the Leadership Academy for Character Education for the period January 2011 through December 2011 at a cost not to exceed \$15,000, pending funding availability.  
**FUNDING SOURCE:** NON-GOB
- 07-06-10-12** To approve a contract renewal with St. Louis for Exceptional Gifted Students to provide a full-time, multi-aged, enriched and extended academic program for those highly gifted students who need an alternative to regular classroom for the period August 2010 through June 30, 2011 in an amount not to exceed \$28,800, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-13** To approve a Memorandum of Understanding with MERS/Goodwill to provide school to work transition training for CAJT/Nottingham special education students for the period July 10, 2010 through June 30, 2011.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-06-10-14** To approve a Memorandum of Understanding with Kenrick Seminary to provide school to work transition training for CAJT/Nottingham special education students for the period July 10, 2010 through June 30, 2011.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-06-10-15** To approve a Memorandum of Understanding with Industrial Aid to provide school to work transition training for CAJT/Nottingham special education students for the period July 10, 2010 through June 30, 2011.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-06-10-16** To approve a Memorandum of Understanding with The City of St. Louis Department of Health to participate as a member of the public health response team for the period July 10, 2010 through June 30, 2011. The District will provide staff to ensure safety at four point of dispensing sites.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-06-10-17** To approve a Memorandum of Understanding with The City of St. Louis Department of Health to participate as a member of the public health response team for the period July 10, 2010 through June 30, 2011. The District will provide the use of thirteen school sites as the point of dispensing sites.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-06-10-18** 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 July 9, 2010 through October 30, 2010 at a total cost not to exceed \$52,690 that will include the 10% contingency fee, pending funding availability.  
**FUNDING SOURCE:** NON-GOB

- 07-06-10-19** To approve a two year contract extension renewal with First Student, Inc. to provide routing and scheduling services along with transportation services for the District for the period July 1, 2010 through June 30, 2011 at a cost not to exceed \$21,970,009.  
**FUNDING SOURCE:** GOB
- 07-06-10-20** To approve the final bus routes for the 2009-2010 school year.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-06-10-21** To approve the May 2010 Budget Transaction Report.
- 07-06-10-22** 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, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-23** To approve a contract renewal with Steven R. Carroll and Associates for legislative representation of the St. Louis Public Schools for the 2010-2011 school year at a cost not to exceed \$53,000 that will include reimbursement of expenses incurred, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-24** To approve a contract renewal with eSchool Solutions for the annual maintenance fee for the Substitute Employee Management System for the 2010-2011 school year at a cost not to exceed \$14,800, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-06-10-25** To rescind Board Regulation 4670 concerning substitute teachers.  
**FUNDING SOURCE:** There is no cost associated with this request

### **JULY 22, 2010 ITEMS FOR CONSIDERATION**

- 07-22-10-01** To approve a Memorandum of Understanding with Aramark to provide school-to-work transition training for Nottingham CAJT special education students for the period July 23, 2010 through June 30, 2011.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-22-10-02** To approve the Local Compliance Plan Certification Statement to the Missouri Department of Elementary and Secondary Education (DESE) regarding implementation of Part B of the Individuals with Disabilities Education Act.  
**FUNDING SOURCE:** There is no cost associated with this request
- 07-22-10-03** To approve the revision and printing cost of the Student Code of Conduct Handbook for the 2010-2011 school year at a cost not to exceed \$40,000, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-22-10-04** To approve a third party contract with Blue Hills Community Services, a provider for disbursement of funds to non-public schools for Title II-A and Title IV-A programs for the period October 1, 2010 through September 30, 2011 at a cost not to exceed \$650,000, pending funding availability.  
**FUNDING SOURCE:** NON-GOB

- 07-22-10-05** To approve the ratification of a contract with Pearson Education for the purchase of Pre-K communication arts textbooks, teacher and student resources and District-wide supporting software for the 2009-2010 school year at a cost not to exceed \$485,048.98, pending funding availability.  
**FUNDING SOURCE:** GOB
- 07-22-10-06** To approve the ratification of a contract with K-Force to provide an individual to perform the duties of Director of Fiscal Control for the period January 27, 2010 through July 25, 2010 at a cost not to exceed \$78,600.  
**FUNDING SOURCE:** GOB
- 07-22-10-07** To approve a contract renewal with SMART Business Advisory and Consulting to perform the required GASB 45 benefits actuarial evaluation for the period August 1, 2010 through October, 2011 at a cost not to exceed \$11,300, pending funding availability. This approval will be the third and last year of this contract.  
**FUNDING SOURCE:** GOB



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**SAINT LOUIS PUBLIC SCHOOLS****Date:** June 11, 2010**To:** Dr. Kelvin R. Adams, Superintendent**From:** Dr. Cleopatra Figgures, Dep. Supt., Accountability**VENDOR SELECTION METHOD:**

- ☐ RFP/Bid  
☐ Sole Source  
☐ Contract Renewal  
☒ School Calendar

Previous Bd. Res. #:

Agenda Item: 07-06-10-01  
 Information: ☐  
 Conference: ☐  
 Action: ☒

**SUBJECT:**

To approve the St. Louis Public Schools District Assessment Calendar for 2010-2011. There is no cost associated with this request.

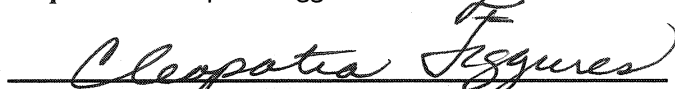
**BACKGROUND:**

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)


<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$ 0.00	<input type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b>

**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

# St. Louis Public School District



## 2010-2011 Assessment Calendar

WK	S	M	T	W	Th	F	Sa	
				1	2	3	4	<b>SEPT '10</b>
4	5	H	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	<b>OCT '10</b>
8	3	4	5	6	7	8	9	1-4 TerraNova MAKE-UPS 23 ACT National Test
9	10	11	12	13	14	15	16	4-8 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	<b>NOV '10</b> 5 MAP-A enroll ends
13	7	8	9	10	H	12	13	11 Veterans' Day Holiday
14	14	15	16	17	18	PR	20	16-18 ACUITY B testing
15	21	22	23	FD	H	H	27	25-26 Thanksgiving Holiday
16	28	29	30					30-6 MAP EOC Makeups/Specials
				1	2	3	4	<b>DEC '10</b>
17	5	6	7	8	9	10	11	30-6 MAP EOC Makeups/Specials
18	12	13	14	15	16	17	18	6-10 High School Benchmark 2 11 ACT National Test
19	19	WB	WB	WB	WB	H	H	18-J3 Winter Break
20	26	WB	WB	WB	WB	H		
							H	<b>JAN '11</b>
21	2	FD	TQ/CR	5	6	7	8	1 Holiday 7 MAP-A transfer end
22	9	10	11	12	13	14	15	10-14 MAP EOC Am. Government J10-F4 MAP ALT Per 1
23	16	H	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	<b>FEB '11</b>
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	H	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	<b>MAR '11</b>
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	<b>APRIL '11</b>
34	3	4*	5	6	7	8	9	4-20 MAP GLE Testing (gr 3-8)
35	10	11	12	13	14	PR	16	25-29 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	<b>MAY '11</b>
38	8	9	10	11	12	13	14	2-6 TerraNova Post-Testing (Grades K - 4)
39	15	16	17	18	19	20	21	4-12 Advanced Placement (dates set by College Board)
40	22	23	24	25	LCD	FD	28	11 ACT National Test
41	29	H	SN					30 Memorial Day Holiday
42								
				SN	SN	SN	4	<b>JUNE '11</b>
	5	SN	SN	8	9	10	11	2 Last Class Day
	12	13	14	15	16	17	18	6 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**VENDOR SELECTION METHOD:**

- ☐ RFP/Bid  
☒ Sole Source  
☒ Contract Renewal  
☐ Ratification

Previous Bd. Res. #: 10-08-09-11

Agenda Item: 07-06-10-02  
 Information: ☐  
 Conference: ☐  
 Action: ☒

**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.

**CSIP:** Goal 2: Process Performance    **Row:** 36    **MSIP:** 9.6

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

<b>Fund Source:</b> 110-2822-6412-984-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$40,000.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$40,000.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 600010181

**Department:** Accountability**Requestor:** Cleopatra Figgures

*Cleopatra Figgures*  
 Dr. Cleopatra Figgures, Dep. Supt., Accountability

*Angela Banks*  
 Angela Banks, Interim Budget Director

*Enos Moss AB*  
 Enos Moss, CFO/Treasurer

*Dr. Kelvin R. Adams*  
 Dr. Kelvin R. Adams, Superintendent





# REQUEST FOR SOLE SOURCE PURCHASE

<b>Requestor: Bertha Doar</b>	<b>Date: 6/8/2010</b>
<b>Department / School:</b> <b>Accountability/Assessment</b>	<b>Phone Number: 345-2360</b>
<i>Definition: Sole Source is a good or service that is <u>only</u> available from one (1) source (vendor manufacturer, etc...)</i>	
<b>Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)</b>	
ACT EXPLORE and PLAN testing at grades 9 and 10 respectively and 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, score reports and online instruction from ACT, Inc.	
<b>Vendor Name: ACT, Inc.</b>	<b>Email:</b>
<b>Vendor Contact: Customer Service</b>	<b>Phone Number: 800-553-6244</b>
<b>Justification Information</b>	
<b>1. Why the uniquely specified goods are required?</b>	
ACT products address the MSIP Standard 9.6 (ACT calculation). The results of the tests are used to inform programs 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.	
<b>2. Why good or services available from other vendors /competitors are not acceptable?</b>	
No other vendors provide the same products and services. These are copyrighted products whose results directly impact MSIP calculations for accreditation.	
<b>3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)</b>	
<b>4. List the Names of other Vendors contacted &amp; Price Quotes:</b>	
None	
<i>I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.</i>	
<b>Your sole source request will not be approved without the required signatures below:</b>	
Department Head	Date
CFO	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.

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 not met, then the item must be bid.



## Vendor Performance Report

Type of report: Final <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>		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):		
<b>Performance Ratings:</b> 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> ). <b>Ratings</b> 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory		
Category	Rating	Comments (Brief)
Quality of Goods / Services	5	
	4	
	x	
	3	
	2	
	1	
Timeliness of Delivery or Performance	5	
	x	
	3	
	2	
	1	
Business Relations	5	
	x	
	3	
	2	
	1	
Customer Satisfaction	5	
	x	
	3	
	2	
	1	
Cost Control	5	
	x	
	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		



## VENDOR PERFORMANCE REPORT INSTRUCTIONS

<b>Type of report</b>	Identify if this the final report or a quarterly report (3 months)
<b>Report Date</b>	the date the report is prepared
<b>Department</b>	Indicate the name of the reporting department
<b>Reported By</b>	Please sign your name
<b>Vendor</b>	Enter the vendor's name
<b>Vendor Number</b>	Enter the vendor's assigned number
<b>Contract # / PO #</b>	Enter the assigned contract # or the purchase order # for the goods or Services being reported
<b>Contract Name</b>	This the official name used when the contract was solicited
<b>Contract Amount</b>	The total dollar value of the contract: the amount listed on the Board Resolution
<b>Award Date</b>	Enter the date that the Board approved this contract
<b>Contract Description</b>	Provide a brief description of the work being done under the contract
<b>Performance Ratings</b>	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 Services	Rate the vendor's technical performance or the quality of the product or services delivered under the contract
Timeliness of Delivery or Performance	Rate the vendor's performance based on the delivery requirements of the contract. 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:**

- ☐ RFP/Bid  
☒ Sole Source  
☐ Contract Renewal  
☐ Ratification

Previous Bd. Res. #: 10-08-09-11

Agenda Item: 07-0610-03  
 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.

**BACKGROUND:**

Administered at grade 11 to selected students that qualify to address the MSIP Standard 9.6 (ACT calculation). The results of the tests are used to inform programs and services aligned to the Career Education Standard (9.4) and are essential elements for high school career planning, and prediction of future student performance on the ACT.

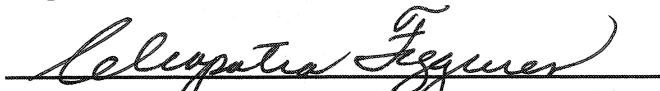
**CSIP:** Goal 1: Performance**Row:** 17**MSIP:**

9.6

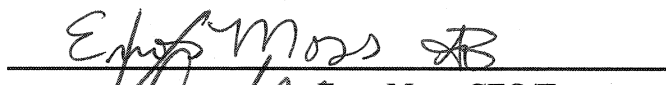
**FUNDING SOURCE:** (ex: 110 Fund Type – 2218 Function– 6411 Object Code - 111 Location Code – 00 Project Code)


<b>Fund Source:</b> 110-2822-6412-984-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$50,500.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$50,500.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 600010181

**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

AM 6.15.10





# REQUEST FOR SOLE SOURCE PURCHASE

<b>Requestor: Bertha Doar</b>	<b>Date: 6/8/2010</b>
<b>Department / School:</b> <b>Accountability/Assessment</b>	<b>Phone Number: 345-2360</b>
<i>Definition: Sole Source is a good or service that is <u>only</u> available from one (1) source (vendor manufacturer, etc...)</i>	
<b>Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)</b>	
ACT EXPLORE and PLAN testing at grades 9 and 10 respectively and 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, score reports and online instruction from ACT, Inc.	
<b>Vendor Name: ACT, Inc.</b>	<b>Email:</b>
<b>Vendor Contact: Customer Service</b>	<b>Phone Number: 800-553-6244</b>
<b>Justification Information</b>	
<b>1. Why the uniquely specified goods are required?</b>	
ACT products address the MSIP Standard 9.6 (ACT calculation). The results of the tests are used to inform programs 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.	
<b>2. Why good or services available from other vendors /competitors are not acceptable?</b>	
No other vendors provide the same products and services. These are copyrighted products whose results directly affect MSIP calculations for accreditation.	
<b>3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)</b>	
<b>4. List the Names of other Vendors contacted &amp; Price Quotes:</b>	
None	
<i>I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.</i>	
<b>Your sole source request will not be approved without the required signatures below:</b>	
Department Head	Date
CFO	Date
Superintendent	Date

JRC

## 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.

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 not met, then the item must be bid.



## Vendor Performance Report

Type of report: Final <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>		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):		
<b>Performance Ratings:</b> 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		
<b>Category</b>	<b>Rating</b>	<b>Comments (Brief)</b>
<b>Quality of Goods / Services</b>	5	
	4	
	x	
	3	
	2	
	1	
<b>Timeliness of Delivery or Performance</b>	5	
	x	
	3	
	2	
	1	
<b>Business Relations</b>	5	
	x	
	3	
	2	
	1	
<b>Customer Satisfaction</b>	5	
	x	
	3	
	2	
	1	
<b>Cost Control</b>	5	
	x	
	3	
	2	
	1	
<b>Average Score</b>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

<b>Type of report</b>	Identify if this the final report or a quarterly report (3 months)
<b>Report Date</b>	the date the report is prepared
<b>Department</b>	Indicate the name of the reporting department
<b>Reported By</b>	Please sign your name
<b>Vendor</b>	Enter the vendor's name
<b>Vendor Number</b>	Enter the vendor's assigned number
<b>Contract # / PO #</b>	Enter the assigned contract # or the purchase order # for the goods or Services being reported
<b>Contract Name</b>	This the official name used when the contract was solicited
<b>Contract Amount</b>	The total dollar value of the contract: the amount listed on the Board Resolution
<b>Award Date</b>	Enter the date that the Board approved this contract
<b>Contract Description</b>	Provide a brief description of the work being done under the contract
<b>Performance Ratings</b>	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
<b>Quality of Goods and / or Services</b>	Rate the vendor's technical performance or the quality of the product or services delivered under the contract
<b>Timeliness of Delivery or Performance</b>	Rate the vendor's performance based on the delivery requirements of the contract. If the vendor significantly exceeded the requirements (to SLPS benefit); quickly resolved delivery issues
<b>Business Relations</b>	Rate the vendor's professionalism; responsiveness; significantly exceeded expectations; customer service; limited change orders
<b>Customer Satisfaction</b>	Rate the vendor based on feedback you receive from your customers (end-users)
<b>Cost Control</b>	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:**

- ☐ RFP/Bid  
☒ Sole Source  
☒ Contract Renewal  
☐ Ratification

Previous Bd. Res. #: 05-28-09-16

Agenda Item: 07-0610-04  
 Information: ☐  
 Conference: ☐  
 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.

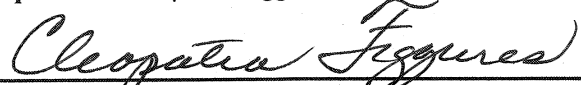
**CSIP:** Goal 1: Performance**Row:** 17**MSIP:**


9.1


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


<b>Fund Source:</b> 110-2822-6412-984-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$25,000.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$25,000.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 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

KM 6-15-10





# REQUEST FOR SOLE SOURCE PURCHASE

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

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 <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>		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
<b>Purpose of Contract (Brief Description):</b>  <b>Norm Reference Assessment; results sued for academic program and grant evaluation</b>		
<b>Performance Ratings:</b> 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> ). <b>Ratings</b> 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory		
<b>Category</b>	<b>Rating</b>	<b>Comments (Brief)</b>
<b>Quality of Goods / Services</b>	5	
	X	
	3	
	2	
	1	
<b>Timeliness of Delivery or Performance</b>	5	
	X	
	3	
	2	
	1	
<b>Business Relations</b>	5	
	X	
	3	
	2	
	1	
<b>Customer Satisfaction</b>	X	
	4	
	3	
	2	
	1	
<b>Cost Control</b>	5	
	4	
	X	
	2	
	1	
<b>Average Score</b>	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** Please sign your name  
**Vendor** 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
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1	Unsatisfactory	Most performance requirements are not met; Recovery not likely

### Performance Categories Descriptions

Category	Description
Quality of Goods and / or Services	Rate the vendor's technical performance or the quality of the product or services delivered under the contract
Timeliness of Delivery or Performance	Rate the vendor's performance based on the delivery requirements of the contract. 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:**

- ☐ RFP/Bid  
☒ Sole Source  
☒ Contract Renewal  
☐ Ratification

Previous Bd. Res. #: 05-28-09-16

Agenda Item: 07-06-10-05  
 Information: ☐  
 Conference: ☐  
 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.

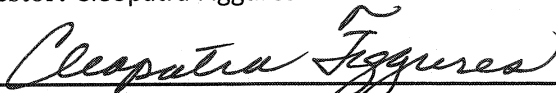
**CSIP:** Goal 1: Performance**Row:** 17**MSIP:**

9.1

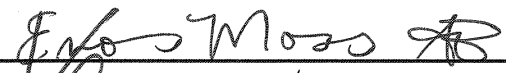
**FUNDING SOURCE: (ex: 110 Fund Type – 2218 Function– 6411 Object Code - 111 Location Code – 00 Project Code)**


<b>Fund Source:</b> 110-2822-6412-984-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$398,133.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$398,133.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 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





# REQUEST FOR SOLE SOURCE PURCHASE

<b>Requestor: Bertha P. Doar</b>	<b>Date: June 9, 2010</b>
<b>Department / School: Accountability and Assessment</b>	<b>Phone Number: 345-2360</b>
<i>Definition: Sole Source is a good or service that is <u>only</u> available from one (1) source (vendor manufacturer, etc...)</i>	
<b>Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)</b>	
The TerraNova 3 assessment is administered at kindergarten through grade eight, the TerraNova 3 assessment provides longitudinal diagnostic data for instructional planning, research grants and program evaluation	
<b>Vendor Name: CTB McGraw/Hill</b>	<b>Email: Dennis Bullard@ctb.com</b>
<b>Vendor Contact: Dennis Bullard</b>	<b>Phone Number: 816-554-2282</b>
<b>Justification Information</b>	
<b>1. Why the uniquely specified goods are required?</b>	
The only nationally-normed achievement assessment currently in use in the District with established longitudinal data for instructional monitoring and program evaluation.	
<b>2. Why good or services available from other vendors /competitors are not acceptable?</b>	
Different vendors cannot continue the uniformity of the longitudinal data collection and maintain uniformity and consistency of data used for program and grant evaluation.	
<b>3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)</b>	
Provides student performance data used for academic program evaluation; Standard 8.1 compliance, and information for Standard 9.1, student performance for national comparisons.	
<b>4. List the Names of other Vendors contacted &amp; Price Quotes:</b>	
<i>I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.</i>	
<b>Your sole source request will not be approved without the required signatures below:</b>	
Department Head	Date
CFO	Date
Superintendent	Date

## Sole Source Checklist

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- 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 not met, then the item must be bid.



## Vendor Performance Report

Type of report: Final <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>		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
<b>Purpose of Contract (Brief Description):</b>  <b>Norm Reference Assessment; results sued for academic program and grant evaluation</b>		
<b>Performance Ratings:</b> 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		
<b>Category</b>	<b>Rating</b>	<b>Comments (Brief)</b>
<b>Quality of Goods / Services</b>	5	
	X	
	3	
	2	
	1	
<b>Timeliness of Delivery or Performance</b>	5	
	X	
	3	
	2	
	1	
<b>Business Relations</b>	5	
	X	
	3	
	2	
	1	
<b>Customer Satisfaction</b>	X	Company is very responsive to concerns
	4	
	3	
	2	
	1	
<b>Cost Control</b>	5	
	4	
	X	
	2	
	1	
<b>Average Score</b>	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

<b>Type of report</b>	Identify if this the final report or a quarterly report (3 months)
<b>Report Date</b>	the date the report is prepared
<b>Department</b>	Indicate the name of the reporting department
<b>Reported By</b>	Please sign your name
<b>Vendor</b>	Enter the vendor's name
<b>Vendor Number</b>	Enter the vendor's assigned number
<b>Contract # / PO #</b>	Enter the assigned contract # or the purchase order # for the goods or Services being reported
<b>Contract Name</b>	This the official name used when the contract was solicited
<b>Contract Amount</b>	The total dollar value of the contract: the amount listed on the Board Resolution
<b>Award Date</b>	Enter the date that the Board approved this contract
<b>Contract Description</b>	Provide a brief description of the work being done under the contract
<b>Performance Ratings</b>	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

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

### Performance Categories Descriptions

<b>Category</b>	<b>Description</b>
<b>Quality of Goods and / or Services</b>	Rate the vendor's technical performance or the quality of the product or services delivered under the contract
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<b>Customer Satisfaction</b>	Rate the vendor based on feedback you receive from your customers (end-users)
<b>Cost Control</b>	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:**

- ☐ RFP/Bid  
☒ Sole Source  
☒ Contract Renewal  
☐ Ratification

Previous Bd. Res. #: 05-28-09-15

Agenda Item: 07-06-10-06  
 Information: ☐  
 Conference: ☐  
 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

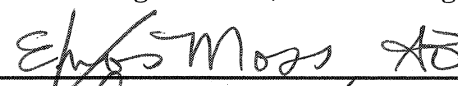
**FUNDING SOURCE:** (ex: 110 Fund Type – 2218 Function– 6411 Object Code - 111 Location Code – 00 Project Code)


<b>Fund Source:</b> 110-2822-6412-984-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$295,000.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$295,000.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 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







# REQUEST FOR SOLE SOURCE PURCHASE

<b>Requestor: Bertha P. Doar</b>	<b>Date: June 8, 2010</b>
<b>Department / School: Accountability and Assessment Office</b>	<b>Phone Number: 345-2360</b>
<i>Definition: Sole Source is a good or service that is <u>only</u> available from one (1) source (vendor manufacturer, etc...)</i>	
<b>Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)</b>	
Purchase and administer the Acuity formative assessment program for grades 3 to 8. This includes the purchase of tests, scoring, reporting and professional development from CTB/McGraw-Hill. These copyrighted materials help to predict and improve MAP GLE performance.	
<b>Vendor Name: CTB McGraw/Hill</b>	<b>Email: <u>Dave Irby@ctb.com</u></b>
<b>Vendor Contact: Dave Irby</b>	<b>Phone Number: 817-3014386</b>
<b>Justification Information</b>	
<b>1. Why the uniquely specified goods are required?</b>	
Allows the District to maintain a consistent grade 3-8 data source; provides MAP predictive data; Part of MSIP 9.1 assessment standard requirement and accountability plan compliance.	
<b>2. Why good or services available from other vendors /competitors are not acceptable?</b>	
These are copyrighted materials from CTB/McGraw-Hill that have been in place for five years; change would cause assessment misalignment and require training and modification of the student data warehouse system.	
<b>3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)</b>	
CTB McGraw/Hill is the DESE vendor for MAP GLE. The company and assessment are on the DESE recommended assessment list.	
<b>4. List the Names of other Vendors contacted &amp; Price Quotes:</b>	
<i>I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.</i>	
<b>Your sole source request will not be approved without the required signatures below:</b>	
Department Head	Date
CFO	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.

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 <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>		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		
<b>Performance Ratings:</b> 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 <u>3</u> 2 1	
Timeliness of Delivery or Performance	5 4 <u>3</u> 2 1	Kinks in file uploads
Business Relations	<u>5</u> 4 3 2 1	Company is very responsive
Customer Satisfaction	<u>5</u> 4 3 2 1	Company is very responsive to concerns
Cost Control	5 <u>4</u> 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** Please sign your name  
**Vendor** 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 Services	Rate the vendor's technical performance or the quality of the product or services delivered under the contract
Timeliness of Delivery or Performance	Rate the vendor's performance based on the delivery requirements of the contract. 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:**

- ☐ RFP/Bid  
☒ Sole Source  
☐ Contract Renewal  
☐ Ratification

Previous Bd. Res. #:

Agenda Item: 07-06-10-07  
 Information: ☐  
 Conference: ☐  
 Action: ☒

**SUBJECT:**

To approve a sole source contract with Scantron Corporation for the period July 10, 2010 to June 30, 2011 to develop 18 new High School Benchmarks aligned to the State mandated MAP End Of Course (EOC) assessments and to the current curriculum for the 2010 – 2011 school year, at a cost not to exceed \$55,000.00.

**BACKGROUND:**

Administered in the high schools, these formative assessments will serve as the District's newly updated high school benchmark tests and provide diagnostic data for instructional planning and EOC performance.

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

9.1

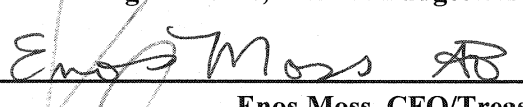
**FUNDING SOURCE:** (ex: 110 Fund Type – 2218 Function– 6411 Object Code - 111 Location Code – 00 Project Code)

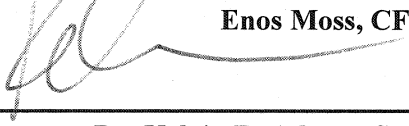
<b>Fund Source:</b> 110-2822-6412-984-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$55,000.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$55,000.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 600002739

**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







# REQUEST FOR SOLE SOURCE PURCHASE

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

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 not met, then the item must be bid.



**SAINT LOUIS PUBLIC SCHOOLS****Date:** June 14, 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. #:

Agenda Item: 07-06-10-08  
 Information: ☐  
 Conference: ☐  
 Action: ☒

**SUBJECT:**

To approve a sole source purchase of an annual service agreement from Harland Technology for the period July 9, 2010 to June 30, 2011 for the NCS Scanner used by the District to score formative assessments and academic program evaluations at a cost not to exceed \$7,900.00.

**BACKGROUND:**

A new scanner was purchased in the 2009-10 school year to replace a 15 year old scanner used to score assessments. The service agreement will allow timely repairs should they be necessary as not to affect document scanning of formative assessments and evaluation surveys.

**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)

<b>Fund Source:</b> 110-2822-6338-984-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$7,900.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$7,900.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b>

**Department:** Accountability**Requestor:** Cleopatra Figgures

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

Angela Banks  
 Angela Banks, Interim Budget Director

Enos Moss AB  
 Enos Moss, CFO/Treasurer

Kelvin Adams  
 Dr. Kelvin R. Adams, Superintendent





# REQUEST FOR SOLE SOURCE PURCHASE

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

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.





**SAINT LOUIS PUBLIC SCHOOLS****Date:** June 15, 2010**To:** Dr. Kelvin R. Adams, Superintendent**From:** Dr. Carlinda Purcell, Dep. Supt., Academics**VENDOR SELECTION METHOD:**

- ☐ RFP/Bid  
☒ Sole Source  
☐ Contract Renewal  
☐ Ratification

Previous Bd. Res. #:

Agenda Item: 07-06-10-09  
 Information: ☐  
 Conference: ☐  
 Action: ☒

**SUBJECT:**

To approve the purchase of augmented communicators from DynaVox Mayer-Johnson for two specific students as determined by their IEP teams as the most viable augmentative/alternative communication option to help these students become effective communicators. The cost of the two communicators will not exceed \$19,084.00.

**BACKGROUND:**


The requested augmentative/alternative communication (AAC) devices were identified during a trial period as the type of device that would be most beneficial for the students' use. The District has had prior experience with equipment from this manufacturer, which has proven to be both high quality and durable.


**CSIP:** Goal 2: Process Performance**Row:** 134**MSIP:** 7.1.2**FUNDING SOURCE:** (ex: 110 Fund Type – 2218 Function– 6411 Object Code - 111 Location Code – 00 Project Code)

<b>Fund Source:</b> 110-2332-6541-828-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$19,084.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$19,084.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 600012158

**Department:** Special Education**Requestor:** Dr. Chip Jones
  
 Dr. Carlinda Purcell, Dep. Supt., Academics

  
 Angela Banks, Interim Budget Director

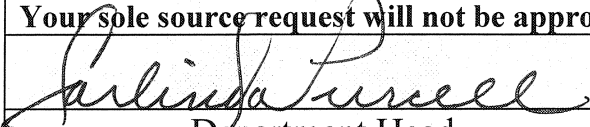
  
 Enos Moss, CFO/Treasurer

  
 Dr. Kelvin R. Adams, Superintendent





# REQUEST FOR SOLE SOURCE PURCHASE

<b>Requestor: Dr. Chip Jones/Yvonne R. Tate</b>	<b>Date: June 9, 2010</b>
<b>Department / School: Special Education/Speech-Language</b>	<b>Phone Number: 314.633.5357</b>
<i>Definition: Sole Source is a good or service that is <u>only</u> available from one (1) source (vendor manufacturer, etc...)</i>	
<b>Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)</b>	
See attached.	
<b>Vendor Name: Dynavox-Mayer Johnson</b>	<b>Email: cari.jesse@dynavoxtech.com</b>
<b>Vendor Contact: Cari Jesse</b>	<b>Phone Number 618-444-0635 (cell)</b>
<b>Justification Information</b>	
<b>1. Why the uniquely specified goods are required?</b>	
This request is for specific students who are augmented communicators. The students are reportedly not Medicaid eligible and currently there are no alternate, outside funding sources. The IEP teams of these students have determined that augmentative/alternative communication (AAC) is the viable option for these students to become effective communicators.	
<b>2. Why good or services available from other vendors /competitors are not acceptable?</b>	
The requested goods are the premier augmentative/alternative communication (AAC) devices available today. A trial period, using various types of loaned equipment, ultimately determined the type of device that would most beneficial for the students' use. These devices have comprehensive features and many customization options that can be adapted to meet the students' needs as identified in their Individual Education Programs (IEP).	
<b>3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)</b>	
The District's AAC team determined, though device trials, review of the students' educational history, and IEP team determinations, that the requested devices would meet the identified needs. Additionally, similar devices/equipment from this vendor has proven to be durable.	
<b>4. List the Names of other Vendors contacted &amp; Price Quotes:</b>	
The AAC team explored products from the Premtke Romich Company. For the aforementioned reasons, Dynavox-Mayer Johnson was the preferred vendor.	
<i>I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.</i>	
<b>Your sole source request will not be approved without the required signatures below:</b>	
	
Department Head	Date
CFO	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.

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 not met, then the item must be bid.

DynaVox Mayer-Johnson

2100 Wharton St.

Suite 400

Pittsburgh, PA 15203

**DynaVox Xpress**

Product	Product Number	Price
DynaVox Xpress	8002021+750311	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
<b>Dynavox V</b>	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.salttillo.com/shop/catalog/product\\_info.php?cPath=27&products\\_id=114](http://www.salttillo.com/shop/catalog/product_info.php?cPath=27&products_id=114)

Product	Product Number	Price
<b>Echo Voice</b>	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.





**SAINT LOUIS PUBLIC SCHOOLS****Date:** June 14, 2010**To:** Dr. Kelvin R. Adams, Superintendent**From:** Dr. Carlinda Purcell, Dep. Supt., Academics**VENDOR SELECTION METHOD:**

- ☐ RFP/Bid  
☐ Sole Source  
☐ Contract Renewal  
☒ Membership

Previous Bd. Res. #:

Agenda Item: 07-06-10-10Information: ☐Conference: ☐Action: ☒**SUBJECT:**

To approve a membership renewal with CHARACTERplus, in an amount not to exceed \$5,370.00 for the annual membership fee for St. Louis Public Schools, for the period beginning July 10, 2010 and ending June 30, 2011.

**BACKGROUND:**

CHARACTERplus provides resources, conferences to educators and parents to advance the cause of Character Education. These services will help educators develop the moral and social competencies of SLPS students. This aligns with the District's core belief to help teachers provide a caring environment which is essential for student learning.

**CSIP:** Goal 3: Resource**Row:** 149**MSIP:** 1.2.2

9.6

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

<b>Fund Source:</b> 620-2214-6381-814-T2	Non-GOB	<b>Requisition #:</b>
<b>Amount:</b> \$5,370.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$5,370.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 600001292

**Department:** Academics**Requestor:** Linda Bell

Dr. Carlinda Purcell, Dep. Supt., Academics

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent





## 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 CHARACTER*plus*® members.

Overall CHARACTER*plus* 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 CHARACTER*plus* 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 CHARACTER*plus* 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

To: Dr. Kelvin R. Adams, Superintendent

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

## VENDOR SELECTION METHOD:

<input type="checkbox"/>	RFP/Bid	
<input type="checkbox"/>	Sole Source	
<input checked="" type="checkbox"/>	Contract Renewal	Previous Bd. Res. #
<input type="checkbox"/>	Ratification	

12-12-06-12

Agenda Item:

Information:

Conference:

Action:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

07-06-10-11

## 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.

CSIP:	Goal #	SLPS Goal #2 - Process and Performance	Row #	105			MSIP:	6.7.2
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FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code)

<b>Fund Source:</b> 730 - 2331 - 6319 - 825 - FM Non GOB				<b>Requisition #:</b> .....	
<b>Amount:</b> \$ 15,000.00				Wallace Foundation	
<b>Fund Source:</b> - - - -				<b>Requisition #:</b> .....	
<b>Amount:</b>					
<b>Fund Source:</b> - - - -				<b>Requisition #:</b> .....	
<b>Amount:</b>					
<b>Cost not to Exceed:</b> \$ 15,000.00		<input checked="" type="checkbox"/>	<b>Pending Funding Availability</b>		<b>Vendor #:</b> 600012604

Department: Leadership Development

Requestor: Sheila Smith-Anderson

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Dr. Carlinda Purcell, Dep. Supt. - Academics



## Request for Contract Renewal Form

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

Please attach the Vendor Performance Report and Proposed Contract



## Vendor Performance Report

<b>Type of report:</b> Final <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>		<b>Report Date:</b> June 4, 2010
<b>Dept / School:</b> Office of Leadership Development		<b>Reported By:</b> Sheila Smith-Anderson
<b>Vendor:</b> University of Missouri-STL/Character		<b>Vendor #:</b> 600012604
<b>Contract # / P.O. #:</b>		<b>Contract Name:</b> The Leadership Academy for Character Education
<b>Contract Amount:</b> \$ 15,000.00 per year		<b>Award Date:</b> 10-18-07 / 12-12-06- Bd. Resolution
<b>Purpose of Contract (Brief Description):</b>  Educate and develop all principals in St. Louis Public Schools along with Central Office Administrators in Character Education. Thirty (30) persons a year will participate in the academy spanning over five (5) years.		
<b>Performance Ratings:</b> 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> ). <b>Ratings</b> 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory		
<b>Category</b>	<b>Rating</b>	<b>Comments (Brief)</b>
<b>Quality of Goods / Services</b>	5	
	4	
	3	
	2	
	1	
<b>Timeliness of Delivery or Performance</b>	5	
	4	
	3	
	2	
	1	
<b>Business Relations</b>	5	
	4	
	3	
	2	
	1	
<b>Customer Satisfaction</b>	5	
	4	
	3	
	2	
	1	
<b>Cost Control</b>	5	
	4	
	3	
	2	
	1	
<b>Average Score</b>	<b>5</b>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		

## Smith-Anderson, Sheila M.

---

**From:** Berkowitz, Marvin W. [berkowitz@umsl.edu]  
**Sent:** Friday, May 28, 2010 11:41 AM  
**To:** Smith-Anderson, Sheila M.  
**Cc:** 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	19-21	19	Phil Vincent will present here on the 20 <sup>th</sup> and 21 <sup>st</sup> (first for Characterplus and then for LACE)
Feb	10, 17	open	I am the presenter so we just need to find a date when I can come to WI
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](mailto:berkowitz@umsl.edu)  
Website: [www.characterandcitizenship.org](http://www.characterandcitizenship.org)





# SAINT LOUIS PUBLIC SCHOOLS

**Date:** June 2, 2010

**To:** Dr. Kelvin R. Adams, Superintendent

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

## VENDOR SELECTION METHOD:

- ☐ RFP/Bid  
☐ Sole Source  
☒ Contract Renewal  
☐ Ratification

Previous Bd. Res. #:

Agenda Item: 0706-10-12  
 Information: ☐  
 Conference: ☐  
 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)

<b>Fund Source:</b> 110-1272-6311-110-828-00	<u>G03</u>	<b>Requisition #:</b>
<b>Amount:</b> \$28,800.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$28,800.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b>

**Department:** Gifted

**Requestor:** Diane Cox

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

Angela Banks  
 Angela Banks, Interim Budget Director

Enos Moss  
 Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams  
 Dr. Kelvin R. Adams, Superintendent





## Request for Contract Renewal Form

<b>Date of Submittal:</b> June 2, 2010	
<b>Name of Department Head submitting Request:</b> Mary Anne Hoppe, Gifted	
<b>Name of Contract:</b> PEGS (Program for Exceptionally Gifted Students)	
<b>Purpose of Contract:</b> 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.	
<b>Are there changes versus prior year contract</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>If Yes explain Changes:</b>	
<b>Total Cost of Contract (estimated cost of expenses inclusive):</b>  \$28,800.00	
<b>Vendor Name:</b> PEGS	<b>Vendor Number:</b>
<b>Start Date of Contract:</b>  July 1, 2010	
<b>Expiration Date of Contract:</b>  June 30, 2011	
<b>Department Responsible for Vendor Performance Monitoring:</b>  Gifted	
<b>Approved</b> <input type="checkbox"/> <b>Disapproved</b> <input type="checkbox"/> <b>Date:</b>	
<b>Superintendent Signature</b>	

Please attach the Vendor Performance Report and Proposed Contract



## Vendor Performance Report

Type of report: Final <input type="checkbox"/> Quarterly <input type="checkbox"/>		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
<b>Purpose of Contract (Brief Description):</b> 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.		
<b>Performance Ratings:</b> 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> ). <b>Ratings</b> 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory		
<b>Category</b>	<b>Rating</b>	<b>Comments (Brief)</b>
<b>Quality of Goods / Services</b>	5	
	4	
	3	
	2	
	1	
<b>Timeliness of Delivery or Performance</b>	5	
	4	
	3	
	2	
	1	
<b>Business Relations</b>	5	
	4	
	3	
	2	
	1	
<b>Customer Satisfaction</b>	5	
	4	
	3	
	2	
	1	
<b>Cost Control</b>	5	
	4	
	3	
	2	
	1	
<b>Average Score</b>	5	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		



# PEGS

St. Louis Regional Program for  
Exceptionally Gifted Students (PEGS)

May 4, 2010

Ms. Elizabeth Hines  
St. Louis Public Schools  
801 N. 11<sup>th</sup> 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

AGREEMENT FOR SERVICES

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.

1. 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.

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

AGREEMENT FOR SERVICES

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.

1. Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally Gifted Students ("PEGS"), providing an educational program for SPENCER BARRETT 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

AGREEMENT FOR SERVICES

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.

1. Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally Gifted Students ("PEGS"), providing an educational program for SHANE COMBS 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

AGREEMENT FOR SERVICES

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.

1. Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally Gifted Students ("PEGS"), providing an educational program for CLAIRE EILER 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

AGREEMENT FOR SERVICES

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.

1. Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally 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



AGREEMENT FOR SERVICES

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.

1. Lindbergh agrees to administer the St. Louis Regional Program for Exceptionally Gifted Students ("PEGS"), providing an educational program for SAVANNA SOWELL 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





# SAINT LOUIS PUBLIC SCHOOLS

Date: June 11, 2010

To: Dr. Kelvin R. Adams, Superintendent

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

## VENDOR SELECTION METHOD:

☐ RFP/Bid  
☐ Sole Source  
☐ Contract Renewal Previous Bd. Res. #  
☒ Memorandum of Understanding (MOU)

Agenda Item:  
Information:  
Conference:  
Action:

☐  
☐  
☐  
☒

07-06-10-13

## 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: Goal # SLPS Goal #2 - Process and Performance Row # 44 MSIP: 7.6.1

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:	
Cost not to Exceed: Not Applicable	Pending Funding Availability Vendor #:

Department: CAJT at Nottingham

Requestor:

Brian O'Connor, Principal

Blake Youde, Dep. Supt. - Institutional Advancement

Dr. Carlinda Purcell, Dep. Supt. - Academics

Angela Banks, Interim Budget Director

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 MERS/Goodwill on this 10<sup>th</sup> 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. Fundraising:** 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. Limitation of Liability:** 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. Background Checks:** 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 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. 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.

Saint Louis Public Schools

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

MERS/Goodwill

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

## VENDOR SELECTION METHOD:

<input type="checkbox"/>	RFP/Bid	_____
<input type="checkbox"/>	Sole Source	_____
<input type="checkbox"/>	Contract Renewal	Previous Bd. Res. # _____
<input checked="" type="checkbox"/>	Memorandum of Understanding (MOU)	_____

Agenda Item: \_\_\_\_\_  
Information: \_\_\_\_\_  
Conference: \_\_\_\_\_  
Action: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

07-06-10-14

## 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.

CSIP: Goal # SLPS Goal #2 - Process and Performance Row # 44 MSIP: 7.6.1

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: _____		
Cost not to Exceed: Not Applicable	Pending Funding Availability	Vendor #: _____

Department: CAJT at Nottingham

Requestor: \_\_\_\_\_

Brian O'Connor, Principal

Blake Youde, Dep. Supt. - Institutional Advancement

Dr. Carlinda Purcell, Dep. Supt. - Academics

Angela Banks

Angela Banks, Interim Budget Director

Enos Moss

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

km



**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. Fundraising:** 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. Limitation of Liability:** 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. Background Checks:** 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. 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.

Saint Louis Public Schools

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

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

## VENDOR SELECTION METHOD:

<input type="checkbox"/>	RFP/Bid	_____
<input type="checkbox"/>	Sole Source	_____
<input type="checkbox"/>	Contract Renewal Previous Bd. Res. #	_____
<input checked="" type="checkbox"/>	Memorandum of Understanding (MOU)	_____

Agenda Item: \_\_\_\_\_  
Information: \_\_\_\_\_  
Conference: \_\_\_\_\_  
Action: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

07-06-10-15

## 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: Goal # SLPS Goal #2 - Process and Performance Row # 44 MSIP: 7.6.1

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:		
Cost not to Exceed: Not Applicable	Pending Funding Availability	Vendor #: _____

Department: CAJT at Nottingham

Requestor:

Brian O'Connor, Principal

Blake Youde, Dep. Supt. - Institutional Advancement

Dr. Carlinda Purcell, Dep. Supt. - Academics

Angela Banks, Interim Budget Director

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. Fundraising:** 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. Limitation of Liability:** 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. Background Checks:** 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. 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 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.

Saint Louis Public Schools

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Industrial Aid

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 14, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: 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:

☐  
☐  
☐  
☒

07-06-10-16

## 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 provide staffing to ensure safety at four (4) of 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 staff would be responsible for 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.

CSIP:	Goal #	SLPS Goal #2 - Process and Performance	Row #	44			MSIP:	7.6.1
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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:						
Cost not to Exceed:	Not Applicable			Pending Funding Availability	Vendor #:	

Department: Safety and Security

Requestor: Sgt. Cecil Jenkins

Blake Youde, Dep. Supt. - Institutional Advancement  
  
 Roger L. CayCe, Exec. Director - Operations

Angela Banks, Interim Budget Director  
  
 Enos Moss, CFO/Treasurer  
  
 Dr. Kelvin R. Adams, Superintendent





# **MEMORANDUM OF UNDERSTANDING**

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

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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 **four (4)** 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 in 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 or 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 or disclosure and shall take immediate action to stop the unauthorized use or disclosure. The Agency shall include a description of any remedial action taken 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







# SAINT LOUIS PUBLIC SCHOOLS

Date: June 10, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Roger L. CayCe, Exec. Director - Operations

## VENDOR SELECTION METHOD:

<input type="checkbox"/>	RFP/Bid	_____
<input type="checkbox"/>	Sole Source	_____
<input type="checkbox"/>	Contract Renewal	Previous Bd. Res. # _____
<input checked="" type="checkbox"/>	Memorandum of Understanding (MOU)	_____

Agenda Item: \_\_\_\_\_  
 Information: \_\_\_\_\_  
 Conference: \_\_\_\_\_  
 Action: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

07-06-10-17

## 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).

CSIP: Goal # SLPS Goal #2 - Process and Performance Row # 44 MSIP: 7.6.1

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: _____		
Cost not to Exceed: Not Applicable	Pending Funding Availability	Vendor #: _____

Department: Safety and Security

Requestor: \_\_\_\_\_

Sgt. Cecil Jenkins

Blake Youde, Dep. Supt. - Institutional Advancement

Roger L. CayCe, Exec. Director - Operations

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

KAN



## **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 14<sup>th</sup> 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**

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **City of St. Louis Department of Health Director**

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Memorandum of Understanding for Points of Dispensing (POD)

### 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:



**SAINT LOUIS PUBLIC SCHOOLS****Date:** June 14, 2010**To:** Dr. Kelvin R. Adams, Superintendent**From:** Roger L. CayCe, Exec. Dir./Bldg. Comm., Operations**VENDOR SELECTION METHOD:**

- ☒ RFP/Bid RFP 032-0910  
☐ Sole Source  
☒ Contract  
☐ Ratification

Previous Bd. Res. #:

Agenda Item: 07-06-10-18  
 Information: ☐  
 Conference: ☐  
 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

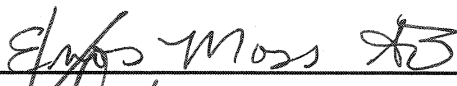
**FUNDING SOURCE:** (ex: 110 Fund Type – 2218 Function– 6411 Object Code - 111 Location Code – 00 Project Code)


<b>Fund Source:</b> 321-2624-6522-826-HJ	Non-GOB	<b>Requisition #:</b>
<b>Amount:</b> \$52,690.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$52,690.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 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



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

NAME: Frank Logan

BID SUMMARY FOR RFP 032-0910 BEAUMONT DESIGN-BUILD SOUND 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	
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		No	
Score	Max 40% ( 25 )	Max 10% ( 0 )	Max 10% ( 10 )	Max 10% ( 10 )	Max 20% ( 20 )	Max 10% ( 0 )	65%

NAME: Paul Cady

BID SUMMARY FOR RFP 032-0910 BEAUMONT DESIGN-BUILD SOUND 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	
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		No	
Score	Max 40% ( 25 )	Max 10% ( 0 )	Max 10% ( 10 )	Max 10% ( 10 )	Max 20% ( 20 )	Max 10% ( 0 )	65%

NAME: Tom Goodrich

BID SUMMARY FOR RFP 032-0910 BEAUMONT DESIGN-BUILD SOUND 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	
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		No	
Score	Max 40% ( 30 )	Max 10% ( 0 )	Max 10% ( 10 )	Max 10% ( 10 )	Max 20% ( 20 )	Max 10% ( 0 )	70%







# SAINT LOUIS PUBLIC SCHOOLS

**Date:** June 16, 2010

**To:** Dr. Kelvin R. Adams, Superintendent

**From:** Deanna Anderson, Exec. Dir., Transport Food Svcs

## VENDOR SELECTION METHOD:

- ☐ RFP/Bid  
☐ Sole Source  
☒ Contract Renewal  
☐ Ratification

Previous Bd. Res. #: 04-28-08-10

Agenda Item: 07-06-10-19  
 Information: ☐  
 Conference: ☐  
 Action: ☒

## SUBJECT:

To approve a two year contract extension renewal with First Student, Inc. to provide routing and scheduling services along with transportation services for District schools, field trips, sports activities, and other special events in an amount not to exceed \$21,970,009 for the period beginning July 1, 2010 and ending June 30, 2011 pending legal review and availability of funds.

## 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)

<b>Fund Source:</b> 918 110-2551 (2553) 6341	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$20,820,009		
<b>Fund Source:</b> 918 110-2558 6342 (6344)	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$650,000		
<b>Fund Source:</b> 918 110-2558 6349	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$500,000		
<b>Cost not to Exceed:</b> \$21,970,009.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b> 600004273

**Department:** Transportation

**Requestor:** Deanna Anderson

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

Angela 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
  - 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.

### **Tapes**

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**

1. 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, Superintendent**From:** Deanna Anderson, Exec. Dir., Transport Food Svcs**VENDOR SELECTION METHOD:**

- ☐ RFP/Bid  
☐ Sole Source  
☐ Contract Renewal  
☐ Ratification

Previous Bd. Res. #: 05-28-09-08

Agenda Item 07-06-10-20  
 Information: ☐  
 Conference: ☐  
 Action: ☒

**SUBJECT:**

Request approval of final bus routes for the FY09-10 school year. The report detailing the bus routes is available in the Board office.

**BACKGROUND:**

As stipulated in the Department of Elementary and Secondary Education School Transportation Administrator's Handbook; title 5, 5CSR 30-61.00 requirements for the Operation of School Buses; Paragraph 1B:

"School bus routes over which school buses travel shall be approved by public school district board of education action for its initial approval (agenda item 11-19-09-01) and for the final approval of modifications made during the school year."

School bus routes are established at the beginning of the school year and adjusted during the year to accommodate changes because of mobility of the students, enrollment, and ridership. The final school bus routes for the 09-10 school year are located in the Board Office. In the St. Louis Public Schools, over 18,000 students are eligible for school bus transportation. There were 430 bus routes established at the beginning of the school year and 370 at the end of the school year.

**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)

<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$ 0.00	<input type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b>

**Department:** Transportation**Requestor:** Deanna Anderson

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

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent





**SAINT LOUIS PUBLIC 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: 07-06-10-21  
Information: ☐  
Conference: ☐  
Action: ☒

**SUBJECT:**

Monthly Transaction Report for May 2010.

**BACKGROUND:****CSIP:** Goal 2: Process Performance**Row:** 73**MSIP:** 8.5.1**FUNDING SOURCE:** (ex: 110 Fund Type – 2218 Function– 6411 Object Code - 111 Location Code – 00 Project Code)

<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$ 0.00	<input type="checkbox"/> Pending Funding Availability	<b>Vendor #:</b>

**Department:**

Angela Banks, Interim Budget Director

**Requestor:**

Enos Moss, CFO/Treasurer

  
Dr. Kelvin R. Adams, Superintendent

## May 2010 Transactions

ST. LOUIS BOARD OF EDUCATION  
MONTHLY BUDGET REPORT  
ACTIVITY TYPES INCLUDED: KBUS KBUE KBRO KBNO

**110 INCIDENTAL**1. SAP# 501654176

From:	110-2311	800-00-110	6371	\$600.00-
	110-2311	800-00-110	6371	\$300.00-
To:	110-2311	800-00-110	6383	\$600.00
	110-2311	800-00-110	6384	\$300.00

Control No: B-1543

Total Amount: \$900.00

Text: Travel and professional development expenses for Melanie Adams to attend the Missouri School Boards' Association Conference, June 11-12, 2010 in Columbia, MO.

2. SAP# 501654178

From:	110-2828	981-00-110	6371	\$520,000.00-
To:	110-2577	981-00-110	6319	\$520,000.00

Control No: B-1544

Total Amount: \$520,000.00

Text: Funds needed to pay Xerox for printing expenses.

3. SAP# 501654210-501654212

From:	110-2322	812-00-110	6371	\$53,161.12-
	110-1189	812-PC-110	6371	\$10,390.76-
	110-2322	812-00-110	6386	\$448.12-
To:	110-2322	812-00-110	6319	\$53,161.12
	110-2322	812-00-110	6319	\$10,390.76
	110-2322	812-00-110	6319	\$448.12

Continued:

Control No: B-1566  
 Total Amount: \$64,000.00  
 Text: To fund the account to pay Unicom Arc for the Community Engagement Project required by the Board.

4. SAP# 501654224  
 From: 110-2336 820-RM-110 6341 \$115,000.00  
 To: 110-2336 822-RM-110 6341 \$115,000.00  
 Control No: B-1578  
 Total Amount: \$115,000.00  
 Text: Transfer needed to provide transportation for Homeless Students In Transition.

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: \$55,000.00  
 Text: Transfer needed for May and June E-Rate payments on 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: \$612.48  
 Text: Reallocated funds from Incidental to Teacher's fund for Tiffani Rodgers, Math Teacher @ L'Ouverture Middle, for Extra Service.

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

Continued:

Control No: B-1579

Total Amount: \$2,093.00

Text: Reallocated funds from Incidental to Teacher's fund to pay several teachers @ Mallinckrodt Elementary for Professional Development Extra Service.

3. SAP# 501654255

From:	110-2215	824-00-110	6371	\$2,738.48-
	110-2215	824-00-110	6371	\$209.49-
	110-2215	824-00-110	6371	\$52.03-
To:	120-2215	824-00-120	6143	\$2,738.48
	120-2215	824-00-120	6231	\$209.49
	120-2215	824-00-120	6261	\$52.03

Control No: B-1590

Total Amount: \$3,480.00

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

4. SAP# 501654266

From:	110-2522	820-00-110	6143	\$1,837.44-
	110-2522	820-00-110	6143	\$612.48-
	110-2522	820-00-110	6143	\$1,837.44-
	110-2522	820-00-110	6143	\$1,837.44-
	110-2522	820-00-110	6143	\$979.97-
	110-2522	820-00-110	6143	\$1,224.96-
	110-2522	820-00-110	6143	\$2,449.92-
	110-2522	820-00-110	6143	\$1,837.44-
	110-2522	820-00-110	6143	\$1,837.44-
	110-2522	820-00-110	6143	\$1,837.44-
	110-2522	820-00-110	6143	\$1,837.44-
	110-2522	820-00-110	6143	\$918.72-
	110-2522	820-00-110	6143	\$918.72-
	110-2522	820-00-110	6143	\$612.48-

To:	110-2522	820-00-110	6143	\$244.99-
	110-2522	820-00-110	6143	\$612.48-
	110-2522	820-00-110	6143	\$612.48-
	110-2522	820-00-110	6143	\$612.48-
	110-2522	820-00-110	6143	\$612.48-
	120-2122	111-00-120	6143	\$1,837.44
	120-2122	114-00-120	6143	\$612.48
	120-2122	117-00-120	6143	\$1,837.44
	120-2122	125-00-120	6143	\$1,837.44
	120-2122	144-00-120	6143	\$979.97
	120-2122	156-00-120	6143	\$1,224.96
	120-2122	168-00-120	6143	\$2,449.92
	120-2122	173-00-120	6143	\$1,837.44
	120-2122	180-00-120	6143	\$1,837.44
	120-2122	183-00-120	6143	\$1,837.44
	120-2122	186-00-120	6143	\$1,837.44
	120-2122	193-00-120	6143	\$918.72
	120-2122	194-00-120	6143	\$918.72
	120-2122	313-00-120	6143	\$612.48
	120-2122	497-00-120	6143	\$244.99
	120-2122	671-00-120	6143	\$612.48
	120-2122	679-00-120	6143	\$612.48
	120-2122	694-00-120	6143	\$612.48
	120-2122	698-00-120	6143	\$612.48

Control No:

B-1617

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**

From:	120-3315	488-N1-120	6143	\$500.00-
To:	110-3315	488-N1-120	6164	\$500.00

Control No: B-1563

Total Amount: \$500.00

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

**230 TITLE I**

**1. SAP# 501654195**

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

Control No: 230-1252 339-A1-230 6246 \$188.67  
 230-1252 339-A1-230 6261 \$741.00  
 Control No: B-1559  
 Total Amount: \$55,841.96  
 Text: Adjusted Title I salary and fringes for Title I Math Teacher, Krista Clement, Compton-Drew Middle.

2. SAP# 501654223  
 From: 230-2336 822-RM-230 6371 \$300.00-  
 To: 230-2336 822-RM-230 6383 \$300.00  
 Control No: B-1577  
 Total Amount: \$300.00  
 Text: Up-coming travel and professional Development expenses for Deidra Thomas-Murray, Students-In-Transition 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  
 Text: Funds transferred for up-coming Professional Development travel expenses for teachers and staff.

**290 MINI FEDERAL PROGRAMS**

1. SAP# 501654235  
 From: 290-2336 822-RM-290 6383 \$1.60-  
 290-2336 822-RM-290 6143 \$5,936.59-  
 290-2336 822-RM-290 6149 \$12,635.25-  
 290-2336 822-RM-290 6341 \$13,128.70-  
 290-2336 822-RM-290 6371 \$9,976.36-  
 290-2336 822-RM-290 6371 \$6,157.28-

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

Control No: B-1584

Total Amount: \$57,031.89

Text: Transferred Homeless Federal Grant funds to clear budget deficits.



**510 SCHOOL LUNCHROOM**

1. SAP# 501654203-501654204

From:	510-3111	906-00-510	6361	\$225.96-
	510-3121	906-00-510	6363	\$1,030.00-
	510-3121	906-00-510	6364	\$172.00-
	510-3111	906-00-510	6411	\$972.04-
To:	510-3111	906-00-510	6383	\$225.96
	510-3111	906-00-510	6383	\$1,030.00
	510-3111	906-00-510	6383	\$172.00
	510-3111	906-00-510	6383	\$972.04

Control No: B-1564

Total Amount: \$2,400.00

Text: 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**

1. SAP# 501654242

From:	620-2214	814-T2-620	6312	\$1,686.00-
	620-2214	814-T2-620	6386	\$700.00-
	620-2214	814-T2-620	6381	\$2,114.00-
	620-2214	814-T2-620	6381	\$200.00-
	620-2214	814-T2-620	6381	\$53,480.00-
To:	620-2214	814-T2-620	6383	\$1,686.00
	620-2214	814-T2-620	6383	\$700.00
	620-2214	814-T2-620	6383	\$2,114.00
	620-2214	814-T2-620	6411	\$200.00
	620-2214	814-T2-620	6319	\$53,480.00

Continued:

Control No: B-1573  
Total Amount: \$58,180.00  
Text: Travel and professional development expenses for Tiffany King, Safe & Drug Free Schools/AVID Tutorial Coordinator, 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. SAP# 501654218-501654219

To: 640-1254 814-00-640 6371 \$1,208.00  
640-1127 814-AM-640 6371 \$81,094.00

Control No: B-1569

Total Amount: \$82,302.00

Text: To set up Additional Appropriations for 640 Stimulus Title I Funds per DESE.

2. SAP# 501654261

From: 640-1127 418-AM-640 6371 \$50,222.93-  
640-1127 418-AM-640 6411 \$154.88-  
To: 640-1127 418-AM-640 6541 \$50,222.93  
640-1127 418-AM-640 6541 \$154.88

Control No: B-1595

Total Amount: \$50,377.81

Text: Transferred Stimulus Title I funds for the purchase and installation of 10 Smartboards @ Bryan Hill Elementary.

**730 FOUNDATIONS & CONTRIBUTIONS**

1. SAP# 501654233  
 To: 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**

1. SAP# 501654186  
 From: 909-2624 905-HE-909 6522 \$377,608.00-  
 909-2624 180-HE-909 6522 \$500,000.00-  
 To: 909-2624 559-HE-909 6522 \$377,608.00  
 909-2624 559-HE-909 6522 \$500,000.00  
 Control No: B-1553  
 Total Amount: \$877,608.00  
 Text: Transferred funds for the on-going Air Conditioning Bond Project that will be performed @ Mullanphy Elementary.  
 Upgrades will be provided by C & R Mechanical from June 2010 to December 2011.





# SAINT LOUIS PUBLIC SCHOOLS

Date: June 14, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Enos K. Moss, CFO/Treasurer

## VENDOR SELECTION METHOD:

<input checked="" type="checkbox"/>	RFP/Bid	_____
<input type="checkbox"/>	Sole Source	_____
<input type="checkbox"/>	Contract Renewal	Previous Bd. Res. # _____
<input type="checkbox"/>	Ratification	_____

Agenda Item:  
Information:  
Conference:  
Action:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

07-06-10-22

## 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.

CSIP: Goal # SLPS Goal #2 - Process and Performance Row # 120 MSIP: 6.4.4

FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code)

Fund Source: 110 - 2514 - 6355 - 970 - 00 GOB	Requisition #: _____
Amount: \$ 47,878.00	
Fund Source: - - - - -	Requisition #: _____
Amount: _____	
Fund Source: - - - - -	Requisition #: _____
Amount: _____	
Cost not to Exceed: \$ 47,878.00	<input checked="" type="checkbox"/> Pending Funding Availability
Vendor #: 600011319	

Department: Risk Management

Requestor: Kevin Coyne

Angela Banks, Interim Budget Director  
  
 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. 11<sup>th</sup> 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:

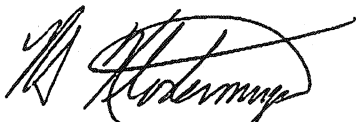
Coverage:

Accident Medical and Dental Expense- Excess \$25,000  
AD&D Benefit: \$5000  
Benefit Period: 1 year  
Deductible: \$25.00

<u>Insurance Carriers</u>	<u>Premium</u>
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

**16 Provincial Court St. Louis, MO 63122  
314-565-4041 Fax 314-835-9090**



**SAINT LOUIS PUBLIC SCHOOLS****Date:** June 9, 2010**To:** Special Administrative Board**From:** Dr. Kelvin R. Adams**VENDOR SELECTION METHOD:**☐ RFP/Bid☐ Sole Source☒ Contract Renewal☐ Sole Source☐ RatificationPrevious Bd. Res.#: 06-25-09-33Agenda Item 07-06-10-23  
Information: \_\_\_\_\_  
Conference: \_\_\_\_\_  
Action: \_\_\_\_\_ X**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.

**CSIP: Goal #2** \_\_\_\_\_**Row:** 121**MSIP: 8.8.2** \_\_\_\_\_**FUNDING SOURCE:** (ex: 110 Fund Type - 2218 Function - 6411 Object Code - 111 Location Code - 00 Project Code)

<b>Fund Source:</b> 110-2311-6319- 800-00	GOB	<b>Requisition #:</b>
<b>Amount:</b> \$53,000.00		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Fund Source:</b>		<b>Requisition #:</b>
<b>Amount:</b>		
<b>Cost not to Exceed:</b> \$53,000.00	<input checked="" type="checkbox"/> Pending Funding Availability	<b>Vendor#:</b> 600008116

**Department:** Superintendent's Office**Requestor:** Dr. Kelvin R. Adams

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent







## Request for Contract Renewal Form

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

Please attach the Vendor Performance Report and Proposed Contract





## Vendor Performance Report

Type of report: Final <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>		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): Legislative lobbying efforts at the State level			
<b>Performance Ratings:</b> 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> ). <b>Ratings</b> 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory			
<b>Category</b>	<b>Rating</b>	<b>Comments (Brief)</b>	
Quality of Goods / Services	<u>5</u> 4 3 2 1		
Timeliness of Delivery or Performance	<u>5</u> 4 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		
Average Score	5	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

<b>Type of report</b>	Identify if this the final report or a quarterly report (3 months)
<b>Report Date</b>	the date the report is prepared
<b>Department</b>	Indicate the name of the reporting department
<b>Reported By</b>	Please sign your name
<b>Vendor</b>	Enter the vendor's name
<b>Vendor Number</b>	Enter the vendor's assigned number
<b>Contract # / PO #</b>	Enter the assigned contract # or the purchase order # for the goods or Services being reported
<b>Contract Name</b>	This the official name used when the contract was solicited
<b>Contract Amount</b>	The total dollar value of the contract: the amount listed on the Board Resolution
<b>Award Date</b>	Enter the date that the Board approved this contract
<b>Contract Description</b>	Provide a brief description of the work being done under the contract
<b>Performance Ratings</b>	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
<b>Quality of Goods and / or Services</b>	Rate the vendor's technical performance or the quality of the product or services delivered under the contract
<b>Timeliness of Delivery or Performance</b>	Rate the vendor's performance based on the delivery requirements of the contract. If the vendor significantly exceeded the requirements (to SLPS benefit); quickly resolved delivery issues
<b>Business Relations</b>	Rate the vendor's professionalism; responsiveness; significantly exceeded expectations; customer service; limited change orders
<b>Customer Satisfaction</b>	Rate the vendor based on feedback you receive from your customers (end-users)
<b>Cost Control</b>	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 11, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Sharonica Hardin, Chief Human Resource Officer

## VENDOR SELECTION METHOD:

<input type="checkbox"/>	RFP/Bid	_____
<input type="checkbox"/>	Sole Source	_____
<input checked="" type="checkbox"/>	Contract Renewal	Previous Bd. Res. # _____
<input type="checkbox"/>	Ratification	_____

Agenda Item:  
Information:  
Conference:  
Action:

<input type="checkbox"/>	07-06-10-24
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	

## 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.

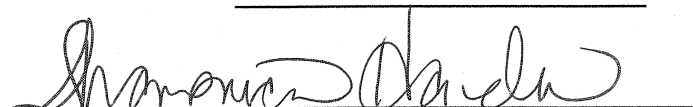
CSIP:	Goal #	SLPS Goal #2 - Process and Performance	Row #	154		MSIP:	5.1
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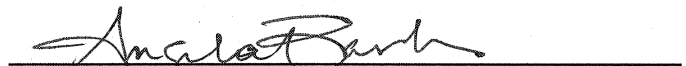
FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code)


Fund Source: 110 - 2832 - 6319 - 990 - 00 GOB	Requisition #: _____
Amount: \$ 14,800.00	
Fund Source: - - - - -	Requisition #: _____
Amount: _____	
Fund Source: - - - - -	Requisition #: _____
Amount: _____	
Cost not to Exceed: \$ 14,800.00	<input checked="" type="checkbox"/> Pending Funding Availability
Vendor #: 600000249	

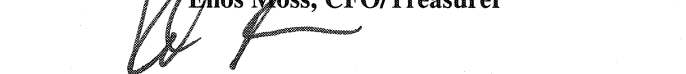
Department: Human Resources

Requestor: Patricia Canada

  
Sharonica Hardin, Chief Human Resource Officer

  
Angela Banks, Interim Budget Director

  
Enos Moss, CFO/Treasurer

  
Dr. Kelvin R. Adams, Superintendent







## Vendor Performance Report

Type of report: Final X Quarterly <input type="checkbox"/>		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.		Award Date:
Purpose of Contract (Brief Description): Annual maintenance fee for the Substitute Employee Management System		
<b>Performance Ratings:</b> 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		
<b>Category</b>	<b>Rating</b>	<b>Comments (Brief)</b>
<b>Quality of Goods / Services</b>	5 4 x 3 2 1	
<b>Timeliness of Delivery or Performance</b>	5 x 3 2 1	
<b>Business Relations</b>	5 x 3 2 1	
<b>Customer Satisfaction</b>	5 x 3 2 1	
<b>Cost Control</b>	5 x 3 2 1	
<b>Average Score</b>	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 <input type="checkbox"/>		

## 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** Please sign your name  
**Vendor** 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 Services	Rate the vendor's technical performance or the quality of the product or services delivered under the contract
Timeliness of Delivery or Performance	Rate the vendor's performance based on the delivery requirements of the contract. 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

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

Please attach the Vendor Performance Report and Proposed Contract







# SAINT LOUIS PUBLIC SCHOOLS

Date: June 14, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Sharonica Hardin, Chief Human Resource Officer

## VENDOR SELECTION METHOD:

- ☐ RFP/Bid  
☐ Sole Source  
☐ Contract Renewal  
☒ Authorization/Adoption

Previous Bd. Res. #:

Agenda Item: 07-06-10-25  
 Information: ☐  
 Conference: ☐  
 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:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$ 0.00	<input type="checkbox"/> Pending Funding Availability	Vendor #:

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



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







# SAINT LOUIS PUBLIC SCHOOLS

Date: June 18, 2010

To: Kelvin R. Adams, Ph.D.

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

## VENDOR SELECTION METHOD:

☐ RFP/Bid  
☐ Sole Source  
☐ Contract Renewal Previous Bd. Res. #  
☒ Memorandum of Understanding

Agenda Item:  
Information:  
Conference:  
Action:

☐  
☐  
☐  
☒

07-22-10-01

## SUBJECT:

To approve the MOU with Aramark 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 23, 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 Aramark or other appropriate placement in the food service / custodial housekeeping industry.

CSIP: Goal # SLPS Goal #2 - Process and Performance

Row # 44

MSIP: 7.6.1

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:					
Cost not to Exceed:    Not Applicable			Pending Funding Availability		Vendor #:

Department: CAJT at Nottingham

Requestor:

Brian O'Connor, Principal

Blake Youde, Dep. Supt. - Institutional Advancement

Dr. Carlinda Purcell, Dep. Supt. - Academics

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Kelvin R. Adams, Ph.D., Superintendent



**MEMORANDUM OF UNDERSTANDING**  
**(NON-FUNDRAISING)**

This Memorandum of Understanding ("MOU") is entered into by and between the Saint Louis Public Schools ("SLPS") and Aramark on this 23<sup>rd</sup> day of July, 2010.

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

**1. Fundraising:** 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. Limitation of Liability:** 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. Background Checks:** 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. 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 Aramark 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 Aramark while performing activities pursuant to this Agreement and they may not enter a location or engage in any activity with Aramark not authorized by Aramark staff.
- (c) Nottingham CAJT High School shall designate a member of its faculty to coordinate the programs with designated members of Aramark 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 Aramark.
- (e) The Nottingham CAJT High School 'teachers-in-charge' and support staff will provide constant direct supervision for all students performing work with Aramark and shall be responsible for arranging immediate emergency care of students in the event of accidental injury or illness. Aramark 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 Aramark. A copy of the policy will be provided to the Aramark program representatives.
- (g) Nottingham CAJT High School staff assigned to Aramark must have participated in a background check provided by SLPS.



**6. Obligations of Agency:**

- (a) Aramark 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) Aramark 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, Aramark may, with the consent of Nottingham CAJT High School's program coordinator, place the student in a volunteer/paying position with Aramark or other appropriate placement upon the student's graduation from the Nottingham CAJT program.
- (c) Aramark shall have the right to remove a student from assignment to Aramark 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.

Saint Louis Public Schools

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Aramark

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 28, 2010

To: Kelvin R. Adams, Ph.D.

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

## VENDOR SELECTION METHOD:

☐ RFP/Bid  
☐ Sole Source  
☐ Contract Renewal Previous Bd. Res. #  
☒ Approval of DESE Document

Agenda Item:  
 Information:  
 Conference:  
 Action:

07-22-10-02  
☐  
☐  
☐  
☒

## SUBJECT:

To approve the Local Compliance Plan Certification Statement to the Missouri Department of Elementary and Secondary Education (DESE) regarding implementation of Part B of the Individuals with Disabilities Education Act, as amended by the Individuals with Disabilities Act Amendments of 2004.

## BACKGROUND:

For the purposes of implementing provisions of the Individuals with Disabilities Education Act (IDEA) Amendments of 2004, the Saint Louis Public School District assures that throughout the period of the grant award, it will comply with all of the requirements of the Parts A and B of IDEA, as amended by the IDEA Amendment of 2004, including: (1) all of the policies and procedures that were approved as part of the District's most recent compliance plan under Part B of the IDEA that are not inconsistent with IDEA as amended by the IDEA Amendments of 2004; and (2) all of the eligibility requirements of Section 613 of the Act, as amended. The District also assures that for the 2010-11 school year, the District will revise its compliance plan, policies, and procedures to make them fully consistent with the IDEA as amended by the IDEA Amendments of 2004 and that it will provide DESE copies of the plan to ensure it meets each of the eligibility requirements in Section 613 of the Act.

CSIP: Goal # SLPS Goal #2 - Process and Performance Row # 133 MSIP: 7.12

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:	
Cost not to Exceed: Not Applicable	Pending Funding Availability Vendor #:

Department: Special Education

Requestor: Dr. Chip Jones

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Carlinda Purcell, Dep. Supt. - Academics

Kelvin R. Adams, Ph.D., Superintendent



Missouri Department of Elementary & Secondary Education  
Division of Special Education - Compliance  
**Local Compliance Plan Certification Statement**

County/District Code:

115 / 115

District Name:

St. Louis Public Schools

**Submission Instructions**

Complete the form and send to:

Missouri Department of Elementary and Secondary Education  
Special Education Compliance  
PO Box 480  
Jefferson City, MO 65102  
Fax: 573-526-5946

**DUE DATE: October 1, 2010**

**Adoption**

The Responsible Public Agency has chosen the following in regard to adoption of a local plan for compliance with State and Federal regulations implementing the Individuals with Disabilities Education Act (IDEA):

- ☐ **Option A:** Adopt the Model Compliance Plan made available by the Department of Elementary and Secondary Education.
- ☒ **Option B:** Adapt the Model Compliance Plan made available by the Department of Elementary and Secondary Education with agency revisions (All pages on which revisions have been made to the Model Compliance Plan with highlighted revisions are enclosed. These revisions must be approved by DESE before the agency's plan becomes final.)
- ☐ **Option C:** Agency developed Compliance Plan (Plan enclosed for DESE approval.)

**Certification**

The Responsible Public Agency assures that the agency's Compliance Plan and applicable state and federal regulations constitute the basis for operation and administration of the activities to be carried out in the agency under Part B of the IDEA, to provide special education services for all children with disabilities between the ages of three (3) and twenty-one (21) who meet the eligibility criteria as stated in this Plan and under the jurisdiction of the agency.

The Responsible Public Agency assures that programs administered under Part B of the IDEA are in accordance with the assurances provided in 34 CFR 76.301 of the General Education Provision Act (GEPA) and that federal funds made available under Part B of the IDEA are used in accordance with the excess cost and maintenance of fiscal effort and comparable services requirements of 34 CFR Sections 300.202 - 300.205 of the federal regulations governing the IDEA.

**The local compliance plan was adopted by the Governing Board of the agency on:**  
(meeting Date - mm/dd/yy) August 5, 2010

**Authorized Representative(s)**

Board President	Date
Superintendent/Chief Administrative Officer	Date
Compliance Plan Contact Person	Date





# SAINT LOUIS PUBLIC SCHOOLS

Date: June 14, 2010

To: Dr. Kelvin R. Adams, Superintendent

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

## VENDOR SELECTION METHOD:

- ☒ RFP/Bid  
☐ Sole Source  
☐ Contract Renewal  
☐ Ratification

Previous Bd. Res. #:

Agenda Item: 07-22-10-03  
Information: ☐  
Conference: ☐  
Action: ☒

## SUBJECT:

To approve the revision and printing cost of the SLPS Student Code of Conduct Handbook for the 2010-2011 school year. The cost for printing the Student Code of Conduct Handbook will not exceed \$40,000.00.

## BACKGROUND:

In accordance with the Missouri Revised Statutes Chapter 160 Schools-General Provisions Sec. 160.261: The local Board of Education of each school district shall clearly establish a written policy of discipline.....

A written copy of the District's discipline policy and corporal punishment procedures, if applicable, shall be provided to the pupil and parent or legal guardian of every pupil enrolled in the District at the beginning of each school year and also made available in the office of the superintendent of such District, during normal business hours, for public inspection. The SLPS Student Code of Conduct Handbook 2010-2011 stresses the importance of positive and appropriate student behavior. The 2010-2011 revision will include: An Administrator's Manual, Posters to display the Code throughout each school building and translation into 4 languages, (Bosnian, Vietnamese, Spanish and Arabic) to represent the Districts' student body of English Language Learners.

CSIP: Goal 2: Process Performance

Row: 101

MSIP: 6.6.1

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

Fund Source: 110-2336-6363-822-00	GOB	Requisition #:
Amount: \$40,000.00		
Fund Source:		Requisition #:
Amount:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$40,000.00	<input checked="" type="checkbox"/> Pending Funding Availability	Vendor #:

Department: Innovative Pathways

Requestor: Betty Shackleford

Dr. Carlinda Purcell, Dep. Supt., Academics

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent







# SAINT LOUIS PUBLIC SCHOOLS

Date: June 28, 2010

To: Dr. Kelvin R. Adams, Superintendent

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

## VENDOR SELECTION METHOD:

☒ RFP/Bid 028-0910  
☐ Sole Source  
☐ Contract Renewal Previous Bd. Res. #  
☐ Ratification

Agenda Item:  
 Information:  
 Conference:  
 Action:

☐  
☐  
☐  
☒

07-22-10-04

## SUBJECT:

To approve a third party contract with Blue Hills Community Services, a provider for disbursement of funds to non-public schools for Title II-A and Title IV-A programs. Estimated costs are based on 8% management fees and the payment of Professional Development services received for total reimbursable expenditures incurred by non-public schools. The total cost will not exceed \$650,000 for the period October 1, 2010 to September 30, 2011.

## BACKGROUND:

Federal law requires a set a side amount to fund non-public schools in both Title II-A (Professional Development) and Title IV-A (Safe and Drug Free Schools). Due to the extensive measures in dispersing these funds, it was determined that a third party contractor was a fiscally positive action.

RFP 028-0910 was issued to select a third party contractor to implement non-public 2010-2011 programs and activities funded by Title II-A and Title IV-A. After the RFP review process was completed, Blue Hills Community Services was selected as the third party contractor.

CSIP: Goal # SLPS Goal #2 - Process and Performance Row # 13 MSIP: 6.7.2

FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code)


Fund Source: 621 - 2214 - 6312 - 859 - YJ Non GOB	Requisition #:
Amount: \$ 574,000.00	
Fund Source: 621 - 2214 - 6312 - 814 - T3 Non GOB	Requisition #:
Amount: \$ 76,000.00	
Fund Source: - - - -	Requisition #:
Amount:	
Cost not to Exceed: \$ 650,000.00	<input checked="" type="checkbox"/> Pending Funding Availability
	Vendor #: 600013326

Department: State and Federal Program


Requestor:

Dr. Diane Cox

Dr. Carlinda Purcell, Dep. Supt. - Academics

  
 Angela Banks, Interim Budget Director

  
 Enos Moss, CFO/Treasurer

  
 Dr. Kelvin R. Adams, Superintendent

# Evaluation Form

Vendor Name: Blue Hills

Totals

	Score	
•Cost Effectiveness of Proposal(MAX 40 pts) -120	100	
	Sub total	100
•Vendor's Experience(MAX 25 pts) -75	65	
	Sub total	165
•Prior working relationship with District(MAX 10 pts)-30	30	
	Sub total	195
•Meets Overall Proposal Requirements(MAX 10 pts) -30	28	
	Sub total	223
• MBE/WBE Participation(MAX 10 pts) -30	26	249
• Use of P Card(MAX 5 pts) -15		
	Sub total	0
	Total Score	249

300

Evaluator's Name: \_\_\_\_\_

Date: 6/21/10

Evaluator's Dept: \_\_\_\_\_

# Evaluation Form

Vendor Name: Mindstreams

Totals

	Score	
•Cost Effectiveness of Proposal(MAX 40 pts) - 120	87	
	Sub total	87
•Vendor's Experience(MAX 25 pts) - 75	60	
	Sub total	147
•Prior working relationship with District(MAX 10 pts) -30	0	
	Sub total	147
•Meets Overall Proposal Requirements(MAX 10 pts) -30	12	
	Sub total	159
•MBE/WBE Participation(MAX 10 pts) -30	2	
• Use of P Card(MAX 5 pts) - 15		
	Sub total	161
	Total Score	176

300

Evaluator's Name: \_\_\_\_\_

Date: 6/21/10

Evaluator's Dept: \_\_\_\_\_

# Evaluation Form

Vendor Name: Blue Hills Community Services

	Score	
•Cost Effectiveness of Proposal(MAX 40 pts)	30	
	Sub total	30
•Vendor's Experience(MAX 25 pts)	25	
	Sub total	25
•Prior working relationship with District(MAX 10 pts)	10	
	Sub total	10
•Meets Overall Proposal Requirements(MAX 10 pts)	8	
	Sub total	8
•MBE/WBE Participation(MAX 10 pts)	6	6
• Use of P Card(MAX 5 pts)		
	Sub total	-
	Total Score	79

Evaluator's Name: Jon Hild

Date: 6/21/10

Evaluator's Dept: Jon Hild

# Evaluation Form

Vendor Name: Blue Hills

	Score
•Cost Effectiveness of Proposal(MAX 40 pts)	40
	Sub total
•Vendor's Experience(MAX 25 pts)	20
	Sub total
•Prior working relationship with District(MAX 10 pts)	10
	Sub total
•Meets Overall Proposal Requirements(MAX 10 pts)	10
	Sub total
•MBE/WBE Participation(MAX 10 pts)	10
• Use of P Card(MAX 5 pts)	Sub total
	Total Score 90

Evaluator's Name: Anna Munson

Date: 6.22.10

Evaluator's Dept: Finance

Evaluation Form

Vendor Name: Blue Hills

	Score	
• Cost Effectiveness of Proposal (MAX 40 pts)	30	
<i>doesn't indicate allowability of P-card</i>	Sub total	30
• Vendor's Experience (MAX 25 pts)	20	
<i>mostly work in bypass areas</i>	Sub total	50
• Prior working relationship with District (MAX 10 pts)	10	
	Sub total	60
• Meets Overall Proposal Requirements (MAX 10 pts)	10	
	Sub total	70
• MBE/WBE Participation (MAX 10 pts)	10	80
• Use of P Card (MAX 5 pts)	Sub total	80
	Total Score	80

Evaluator's Name: D. La

Date: 6-22-10

Evaluator's Dept: State & Federal Programs

Fee 88

*all vendors in ants \$1000 in invoice must include backup docum.  
20% of invoice items<sup>1K</sup> obtain backup documentation  
write up in contract*

# Evaluation Form

Vendor Name: Mindstreams

	Score	
•Cost Effectiveness of Proposal(MAX 40 pts)	<u>22</u>	
	Sub total	<u>22</u>
•Vendor's Experience(MAX 25 pts)	<u>20</u>	
	Sub total	<u>20</u>
•Prior working relationship with District(MAX 10 pts)	<u>0</u>	
	Sub total	<u>0</u>
•Meets Overall Proposal Requirements(MAX 10 pts)	<u>2</u>	
	Sub total	<u>2</u>
•MBE/WBE Participation(MAX 10 pts)	<u>2</u>	<u>2</u>
• Use of P Card(MAX 5 pts)		
	Sub total	<del>5</del>
	Total Score	<del>46</del> <u>51</u>

Evaluator's Name: Jon Hild

Date: 6/21/10

Evaluator's Dept: J Hild

Evaluation Form

Vendor Name: Mindstreams

	Score
•Cost Effectiveness of Proposal(MAX 40 pts)	35
Sub total	35
•Vendor's Experience(MAX 25 pts)	<del>25</del> 15
Sub total	50
•Prior working relationship with District(MAX 10 pts)	0
Sub total	50
•Meets Overall Proposal Requirements(MAX 10 pts)	5
Sub total	55
•MBE/WBE Participation(MAX 10 pts)	0
• Use of P Card(MAX 5 pts)	5
Sub total	5
Total Score	60

Evaluator's Name: Anna Munson

Date: 6-22-10

Evaluator's Dept: Finance



Evaluation Form

Vendor Name: MindStreams

	Score	
•Cost Effectiveness of Proposal(MAX 40 pts)	30	
<i>no Page indicated for non-technology based PD</i>	Sub total	30
•Vendor's Experience(MAX 25 pts)	25	
	Sub total	55
•Prior working relationship with District(MAX 10 pts)	0	
	Sub total	55
•Meets Overall Proposal Requirements(MAX 10 pts)	7	
<i>no indication of cost beyond online courses</i>	Sub total	62
•MBE/WBE Participation(MAX 10 pts)	0	62
• Use of P Card(MAX 5 pts)	Sub total	<del>62</del> 5
	Total Score	67

Evaluator's Name: A. Lopez

Date: 6-22-10

Evaluator's Dept: State Federal Programs



**SAINT LOUIS PUBLIC SCHOOLS****Date:** June 28, 2010**To:** Dr. Kelvin R. Adams, Superintendent**From:** Dr. Carlinda Purcell, Dep. Supt., Academics**VENDOR SELECTION METHOD:**

- ☐ RFP/Bid  
☐ Sole Source  
☐ Contract Extension  
☒ Ratification

Previous Bd. Res. #:

Agenda Item: 07-22-10-05  
 Information: ☐  
 Conference: ☐  
 Action: ☒

**SUBJECT:**

To ratify a contract with Pearson Education for the purchase of Pre-K communication arts textbooks, teacher and student resources, and District-wide supporting software at a cost not to exceed \$485,048.98.

**BACKGROUND:**

The Pearson Education Pre-K communication arts textual materials will support the District's goals and objectives to improve student achievement for Pre-K students and provide a firm foundation for learning in the K-12 grades.

**CSIP:** Goal 2: Process Performance**Row:** 51**MSIP:** 6.3.1**FUNDING SOURCE:** (ex: 110 Fund Type – 2218 Function– 6411 Object Code - 111 Location Code – 00 Project Code)

Fund Source: 110-1111-6421-847-NC	GOB	Requisition #:
Amount: \$ 485,048.98		
Fund Source:		Requisition #:
Amount:		
Fund Source:		Requisition #:
Amount:		
Cost not to Exceed: \$485,048.98	<input type="checkbox"/> Pending Funding Availability	Vendor #: 600002265

**Department:** Curriculum & Instruction**Requestor:** Paula Knight
  
 Dr. Carlinda Purcell, Dep. Supt., Academics

  
 Angela Banks, Interim Budget Director

  
 Enos Moss, CFO/Treasurer

  
 Dr. Kelvin R. Adams, Superintendent



Federal ID: 22-1603684 Duns: 053601050

**Mail payment to:**
**TO:** ST LOUIS CITY PUBLIC SCHO  
801 N 11TH ST  
SAINT LOUIS MO 63101-1015

P O Box 409496  
Atlanta, GA 30384-9496

**For inquiries, please call 800-232-6556**

ACCOUNT NO.	PAGE	STATEMENT DATE
91 2286412	1	05/17/2010
ORDERING ACCOUNT NO.		

TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM			
08/05/2009	4018586900		07/01/2010	Invoice	4500148551			3,132.68
08/05/2009	4018599785		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599788		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599790		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599852		07/01/2010	Invoice	4500148551			11,507.90
08/05/2009	4018599854		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599864		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599867		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599868		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599870		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599905		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599907		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599909		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599914		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599926		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599928		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599930		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599934		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599959		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599962		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599964		07/01/2010	Invoice	4500148551			8,219.93
08/05/2009	4018599973		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018599977		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018599978		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018600019		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018600021		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018600041		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018600042		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018600056		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018600135		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018600137		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018600195		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018600196		07/01/2010	Invoice	4500148551			4,931.96
08/05/2009	4018600299		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018600300		07/01/2010	Invoice	4500148551			3,287.97
08/05/2009	4018600301		07/01/2010	Invoice	4500148551			1,643.99
08/05/2009	4018600303		07/01/2010	Invoice	4500148551			6,575.94
08/06/2009	4018603605		07/01/2010	Invoice	4500148551			3,287.97
08/06/2009	4018603782		07/01/2010	Invoice	4500148551			1,643.99
08/06/2009	4018603832		07/01/2010	Invoice	4500148551			4,931.96
08/06/2009	4018603889		07/01/2010	Invoice	4500148551			3,287.97
08/06/2009	4018604025		07/01/2010	Invoice	4500148551			3,287.97
08/06/2009	4018604203		07/01/2010	Invoice	4500148551			3,287.97
08/07/2009	4018604074		07/01/2010	Invoice	4500148551			1,643.99
09/22/2009	4018892633		07/01/2010	Invoice	4500148551			50.88

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005975-MI-VVV-00001

**For Inquiries**

The toll-free number and your Credit Rep's name to call for account inquiries.

**TO:** JOHN Q. CUSTOMER  
SAMPLE COMPANY  
ACCOUNTS PAYABLE  
123 MAIN ST  
ANYTOWN, US 12345

**For inquiries, please call 800-232-6556**

**YOUR PERSONAL CREDIT REPRESENTATIVE IS:**

John Smith x 999

## Additional Information

**Mail payment to:**

Pearson Education  
PO Box XXXXX  
Chicago, IL 60673

**Mail Payment To**

The address to which payment should be sent.

**Account Number**

Your billing account number.

**Ordering****Account Number**

Your Ordering Account Number is listed here for your reference because it will continue to appear on your invoices for a period of time and is valid for ordering purposes.

ACCOUNT NO.	PAGE	STATEMENT DATE
05-5000000	1	12/31/2001
ORDERING ACCOUNT NO.		
11111111		

TRANSACTION					CUSTOMER				
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM	STORE NO.	PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
07/03/2000	1111111X		09/03/2000	Invoice	16812		16,780.19		
07/03/2000	2222222X		09/03/2000	Invoice	16823		62,225.15		
09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
10/16/2000	127429		10/16/2000	Inc Pmt	3333333K		32,225.15-		
<b>STATEMENT TOTAL</b>									<b>43,334.99</b>
<b>TOTAL INVOICES NOW DUE</b>									<b>79,005.34</b>
<b>TOTAL OTHER ITEMS NOW DUE</b>									<b>0.00</b>
<b>TOTAL NOW DUE</b>									<b>43,334.99</b>

**Items**

Your outstanding purchases are detailed including credit memos, unapplied cash and deductions

**Items Paid**

Please denote which items you are paying by checking them off. A copy of the statement should be enclosed with the remittance.

**Statement Total**

The total of all items on this statement.

**Total Now Due**

Total amount due now (excludes Future due invoices).

**Imprints that may appear on your statement****K12**

Scott Foresman – Addison Wesley  
Silver Burdett Ginn  
Prentice Hall School  
Modern Curriculum Press  
Celebration Press  
Cuisenaire (Select Titles)  
Goodyear Books  
Globe Fearon  
Cambridge  
Cobblestone

**Prentice Hall**

Prentice Hall  
Prentice Hall PTR  
Que Education & Training  
Brady  
Merrill Education

**Pearson ESL**

Longman ELT  
Prentice Hall Regents  
Family Album

**Addison-Wesley Longman**

Addison-Wesley  
Benjamin/Cummings  
Longman  
Peachpit Press

**Pearson Custom Publishing****Allyn & Bacon**

Allyn & Bacon  
Longwood

**Note: This list is subject to change**



## PEARSON EDUCATION

## STATEMENT

ADDISON WESLEY • LONGMAN • GLOBE FEARON • SCOTT FORESMAN

PEARSON LEARNING • PRENTICE HALL • DIGITAL LEARNING

Federal ID: 22-1603684 Duns: 053601050

## Mail payment to:

TO: ST LOUIS CITY PUBLIC SCHO  
801 N 11TH ST  
SAINT LOUIS MO 63101-1015

P O Box 409496  
Atlanta, GA 30384-9496

For inquiries, please call 800-232-6556

ACCOUNT NO.	PAGE	STATEMENT DATE
91 2286412	2	05/17/2010
ORDERING ACCOUNT NO.		

TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM STORE NO.			
09/28/2009	4018908637		07/01/2010	Invoice	4500148551			61.01
09/29/2009	4018924169		07/01/2010	Invoice	4500148551			44.51
11/16/2009	4019071251		07/01/2010	Invoice	4500148551			24,043.80
11/17/2009	4019070532		07/01/2010	Invoice	4500148551			1,643.99
11/17/2009	4019070533		07/31/2010	Invoice	4500148551			1,643.99
11/17/2009	4019070617		07/01/2010	Invoice	4500148551			4,808.76
11/17/2009	4019070618		07/01/2010	Invoice	4500148551			429.83
11/17/2009	4019070622		07/01/2010	Invoice	4500148551			2,602.53
11/17/2009	4019070623		07/01/2010	Invoice	4500148551			429.83
11/17/2009	4019070624		07/01/2010	Invoice	4500148551			4,808.76
11/17/2009	4019070625		07/01/2010	Invoice	4500148551			429.83
11/17/2009	4019070662		07/01/2010	Invoice	4500148551			4,808.76
11/17/2009	4019070663		07/01/2010	Invoice	4500148551			429.83
11/17/2009	4019070910		07/01/2010	Invoice	4500148551			4,808.76
11/17/2009	4019070911		07/01/2010	Invoice	4500148551			429.83
11/17/2009	4019070958		07/01/2010	Invoice	4500148551			4,808.76
11/17/2009	4019070959		07/01/2010	Invoice	4500148551			429.83
11/17/2009	4019071122		07/01/2010	Invoice	4500148551			2,077.76
11/17/2009	4019071124		07/01/2010	Invoice	4500148551			2,077.76
11/17/2009	4019071222		07/01/2010	Invoice	4500148551			2,077.76
11/17/2009	4019071275		07/01/2010	Invoice	4500148551			2,077.76
11/17/2009	4019071278		07/01/2010	Invoice	4500148551			2,077.76
11/17/2009	4019071335		07/01/2010	Invoice	4500148551			2,077.76
11/17/2009	4019071401		07/01/2010	Invoice	4500148551			2,077.76
11/18/2009	4019070572		07/01/2010	Invoice	4500148551			4,808.76
11/18/2009	4019070573		07/01/2010	Invoice	4500148551			429.83
11/18/2009	4019070574		07/31/2010	Invoice	4500148551			3,287.97
11/18/2009	4019070918		07/01/2010	Invoice	4500148551			4,808.76
11/18/2009	4019070919		07/01/2010	Invoice	4500148551			429.83
11/18/2009	4019071316		07/01/2010	Invoice	4500148551			2,077.76
11/18/2009	4019071322		07/01/2010	Invoice	4500148551			2,077.76
11/18/2009	4019071327		07/01/2010	Invoice	4500148551			9,617.52
11/19/2009	4019070420		07/31/2010	Invoice	4500148551			1,643.99
11/19/2009	4019070619		07/31/2010	Invoice	4500148551			3,287.97
11/19/2009	4019071114		07/01/2010	Invoice	4500148551			4,808.76
11/19/2009	4019071224		07/01/2010	Invoice	4500148551			4,808.76
11/19/2009	4019071225		07/01/2010	Invoice	4500148551			429.83
11/19/2009	4019071228		07/01/2010	Invoice	4500148551			4,808.76
11/19/2009	4019071229		07/01/2010	Invoice	4500148551			429.83
11/19/2009	4019071232		07/01/2010	Invoice	4500148551			2,077.76
11/19/2009	4019071262		07/01/2010	Invoice	4500148551			4,808.76
11/19/2009	4019071263		07/01/2010	Invoice	4500148551			429.83
11/19/2009	4019071265		07/01/2010	Invoice	4500148551			4,808.76
11/19/2009	4019071266		07/01/2010	Invoice	4500148551			429.83
11/19/2009	4019071269		07/01/2010	Invoice	4500148551			2,077.76

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005975-MI-VVV-00001

**For Inquiries**

The toll-free number and your Credit Rep's name to call for account inquiries.

**TO:** JOHN Q. CUSTOMER  
SAMPLE COMPANY  
ACCOUNTS PAYABLE  
123 MAIN ST  
ANYTOWN, US 12345

For inquiries, please call 800-232-6556

**YOUR PERSONAL CREDIT  
REPRESENTATIVE IS:**

John Smith x 999

## Additional Information

**Mail payment to:**

Pearson Education  
PO Box XXXXX  
Chicago, IL 60673

**Mail Payment To**

The address to which payment should be sent.

**Account Number**

Your billing account number.

**Ordering**

**Account Number**  
Your Ordering Account Number is listed here for your reference because it will continue to appear on your invoices for a period of time and is valid for ordering purposes.

ACCOUNT NO.	PAGE	STATEMENT DATE
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ORDERING ACCOUNT NO.		
11111111		

TRANSACTION					CUSTOMER				
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07/03/2000	2222222X		09/03/2000	Invoice	16823		62,225.15		
09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
10/16/2000	127429		10/16/2000	Inc Pmt	3333333K		32,225.15-		
<b>STATEMENT TOTAL</b>									<b>43,334.99</b>
<b>TOTAL INVOICES NOW DUE</b>									<b>79,005.34</b>
<b>TOTAL OTHER ITEMS NOW DUE</b>									<b>0.00</b>
<b>TOTAL NOW DUE</b>									<b>43,334.99</b>

**Items**

Your outstanding purchases are detailed including credit memos, unapplied cash and deductions

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**K12**

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Prentice Hall School  
Modern Curriculum Press  
Celebration Press  
Cuisenaire (Select Titles)  
Goodyear Books  
Globe Fearon  
Cambridge  
Cobblestone

**Prentice Hall**

Prentice Hall  
Prentice Hall PTR  
Que Education & Training  
Brady  
Merrill Education

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Addison-Wesley  
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Peachpit Press

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Allyn & Bacon  
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Longman ELT  
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Family Album

**Pearson Custom Publishing**

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## PEARSON EDUCATION

## STATEMENT

ADDISON WESLEY • LONGMAN • GLOBE FEARON • SCOTT FORESMAN

PEARSON LEARNING • PRENTICE HALL • DIGITAL LEARNING

Federal ID: 22-1603684 Duns: 053601050

## Mail payment to:

TO: ST LOUIS CITY PUBLIC SCHO  
801 N 11TH ST  
SAINT LOUIS MO 63101-1015

P O Box 409496  
Atlanta, GA 30384-9496

For inquiries, please call 800-232-6556

ACCOUNT NO.	PAGE	STATEMENT DATE
91 2286412	3	05/17/2010
ORDERING ACCOUNT NO.		

TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM STORE NO.			
11/19/2009	4019071272		07/01/2010	Invoice	4500148551			2,077.76
11/19/2009	4019071289		07/01/2010	Invoice	4500148551			4,808.76
11/19/2009	4019071290		07/01/2010	Invoice	4500148551			429.83
11/19/2009	4019071338		07/01/2010	Invoice	4500148551			2,077.76
11/19/2009	4019071397		07/01/2010	Invoice	4500148551			2,077.76
11/19/2009	4019071455		07/01/2010	Invoice	4500148551			4,808.76
11/19/2009	4019071456		07/01/2010	Invoice	4500148551			429.83
11/19/2009	4019071461		07/01/2010	Invoice	4500148551			2,077.76
11/19/2009	4019071487		07/01/2010	Invoice	4500148551			4,808.76
11/19/2009	4019071488		07/01/2010	Invoice	4500148551			429.83
11/19/2009	4019071491		07/01/2010	Invoice	4500148551			2,077.76
11/20/2009	4019070616		07/31/2010	Invoice	4500148551			1,643.99
11/20/2009	4019070637		07/31/2010	Invoice	4500148551			3,287.97
11/20/2009	4019070720		07/31/2010	Invoice	4500148551			1,643.99
11/20/2009	4019070954		07/01/2010	Invoice	4500148551			4,808.76
11/20/2009	4019070962		07/01/2010	Invoice	4500148551			4,808.76
11/20/2009	4019070963		07/01/2010	Invoice	4500148551			429.83
11/20/2009	4019070979		07/01/2010	Invoice	4500148551			4,808.76
11/20/2009	4019070980		07/01/2010	Invoice	4500148551			429.83
11/20/2009	4019071016		07/01/2010	Invoice	4500148551			4,808.76
11/20/2009	4019071017		07/01/2010	Invoice	4500148551			429.83
11/20/2009	4019071035		07/01/2010	Invoice	4500148551			429.83
11/20/2009	4019071145		07/01/2010	Invoice	4500148551			2,077.76
11/20/2009	4019071147		07/01/2010	Invoice	4500148551			4,808.76
11/20/2009	4019071148		07/01/2010	Invoice	4500148551			429.83
11/20/2009	4019071151		07/01/2010	Invoice	4500148551			2,077.76
11/20/2009	4019071207		07/01/2010	Invoice	4500148551			4,808.76
11/20/2009	4019071208		07/01/2010	Invoice	4500148551			429.83
11/20/2009	4019071214		07/01/2010	Invoice	4500148551			2,077.76
11/20/2009	4019071258		07/01/2010	Invoice	4500148551			2,077.76
11/20/2009	4019071271		07/01/2010	Invoice	4500148551			2,077.76
11/20/2009	4019071362		07/01/2010	Invoice	4500148551			4,808.76
11/20/2009	4019071363		07/01/2010	Invoice	4500148551			429.83
11/20/2009	4019071371		07/01/2010	Invoice	4500148551			2,077.76
11/20/2009	4019071494		07/01/2010	Invoice	4500148551			2,077.76
11/20/2009	4019085239		07/31/2010	Invoice	4500148551			2,206.23
07/29/2009	4018559573		07/01/2010	Invoice	4500148552			712.98
07/29/2009	4018559685		07/01/2010	Invoice	4500148552			712.98
08/24/2009	4018718472		07/01/2010	Invoice	4500148552			1,425.96
08/24/2009	4018718732		07/01/2010	Invoice	4500148552			712.98
08/24/2009	4018718759		07/01/2010	Invoice	4500148552			712.98
08/24/2009	4018718767		07/01/2010	Invoice	4500148552			4,990.86
08/24/2009	4018718782		07/01/2010	Invoice	4500148552			712.98
08/24/2009	4018718784		07/01/2010	Invoice	4500148552			1,425.96
08/24/2009	4018718803		07/01/2010	Invoice	4500148552			1,425.96

PLEASE RETURN WITH YOUR PAYMENT

Services provided by

PEARSON

TECHNOLOGY

005975-MI-VVV-00001

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John Smith x 999

## Additional Information

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07/03/2000	2222222X		09/03/2000	Invoice	16823		62,225.15		
09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
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Prentice Hall  
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Publishing**

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ACCOUNT NO.	PAGE	STATEMENT DATE
91 2286412	4	05/17/2010
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TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM			
08/24/2009	4018718805		07/01/2010	Invoice	4500148552			1,425.96
08/24/2009	4018718809		07/01/2010	Invoice	4500148552			2,851.92
08/25/2009	4018718474		07/01/2010	Invoice	4500148552			2,138.94
08/25/2009	4018718549		07/01/2010	Invoice	4500148552			712.98
08/25/2009	4018718551		07/01/2010	Invoice	4500148552			712.98
08/25/2009	4018718604		07/01/2010	Invoice	4500148552			712.98
08/25/2009	4018718605		07/01/2010	Invoice	4500148552			1,425.96
08/25/2009	4018718606		07/01/2010	Invoice	4500148552			712.98
08/25/2009	4018718677		07/01/2010	Invoice	4500148552			3,564.90
08/25/2009	4018718704		07/01/2010	Invoice	4500148552			1,425.96
08/25/2009	4018718706		07/01/2010	Invoice	4500148552			1,425.96
08/25/2009	4018718731		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857485		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857503		07/01/2010	Invoice	4500148552			2,138.94
09/16/2009	4018857542		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857544		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857545		07/01/2010	Invoice	4500148552			712.98
09/16/2009	4018857547		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857548		07/01/2010	Invoice	4500148552			712.98
09/16/2009	4018857550		07/01/2010	Invoice	4500148552			712.98
09/16/2009	4018857551		07/01/2010	Invoice	4500148552			712.98
09/16/2009	4018857553		07/01/2010	Invoice	4500148552			712.98
09/16/2009	4018857571		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857581		07/01/2010	Invoice	4500148552			712.98
09/16/2009	4018857619		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857900		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857901		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857902		07/01/2010	Invoice	4500148552			712.98
09/16/2009	4018857949		07/01/2010	Invoice	4500148552			1,425.96
09/16/2009	4018857950		07/01/2010	Invoice	4500148552			1,425.96
09/17/2009	4018857507		07/01/2010	Invoice	4500148552			1,425.96
09/17/2009	4018857559		07/01/2010	Invoice	4500148552			1,425.96
09/18/2009	4018857445		07/01/2010	Invoice	4500148552			1,425.96
09/18/2009	4018857505		07/01/2010	Invoice	4500148552			1,425.96
11/18/2009	4019077811		07/01/2010	Invoice	4500148552			1,503.74
11/18/2009	4019077812		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077813		07/01/2010	Invoice	4500148552			2,386.55
11/18/2009	4019077814		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077873		07/01/2010	Invoice	4500148552			822.89
11/18/2009	4019077874		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077885		07/01/2010	Invoice	4500148552			641.07
11/18/2009	4019077892		07/01/2010	Invoice	4500148552			1,443.81
11/18/2009	4019077893		07/01/2010	Invoice	4500148552			804.68
11/18/2009	4019077908		07/01/2010	Invoice	4500148552			846.09
11/18/2009	4019077909		07/01/2010	Invoice	4500148552			402.34

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John Smith x 999

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PO Box XXXXX  
Chicago, IL 60673

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DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM	STORE NO.	PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
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09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
10/16/2000	127429		10/16/2000	Inc Pmt	3333333K		32,225.15-		
<b>STATEMENT TOTAL</b>									<b>43,334.99</b>
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*Note: This list is subject to change*



## PEARSON EDUCATION

## STATEMENT

ADDISON WESLEY • LONGMAN • GLOBE FEARON • SCOTT FORESMAN

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ACCOUNT NO.	PAGE	STATEMENT DATE
91 2286412	5	05/17/2010
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TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM			
11/18/2009	4019077910		07/01/2010	Invoice	4500148552			1,833.20
11/18/2009	4019077911		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077912		07/01/2010	Invoice	4500148552			1,561.37
11/18/2009	4019077913		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077919		07/01/2010	Invoice	4500148552			473.54
11/18/2009	4019077920		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077923		07/01/2010	Invoice	4500148552			1,107.98
11/18/2009	4019077924		07/01/2010	Invoice	4500148552			804.68
11/18/2009	4019077925		07/01/2010	Invoice	4500148552			1,382.87
11/18/2009	4019077926		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077930		07/01/2010	Invoice	4500148552			597.72
11/18/2009	4019077931		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077944		07/01/2010	Invoice	4500148552			3,361.77
11/18/2009	4019077945		07/01/2010	Invoice	4500148552			804.68
11/18/2009	4019077946		07/01/2010	Invoice	4500148552			1,755.42
11/18/2009	4019077947		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077968		07/01/2010	Invoice	4500148552			3,324.03
11/18/2009	4019077969		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077977		07/01/2010	Invoice	4500148552			923.87
11/18/2009	4019077978		07/01/2010	Invoice	4500148552			402.34
11/18/2009	4019077995		07/01/2010	Invoice	4500148552			2,205.75
11/18/2009	4019077996		07/01/2010	Invoice	4500148552			804.68
11/18/2009	4019078017		07/01/2010	Invoice	4500148552			1,551.42
11/18/2009	4019078018		07/01/2010	Invoice	4500148552			804.68
11/18/2009	4019078019		07/01/2010	Invoice	4500148552			846.09
11/18/2009	4019078020		07/01/2010	Invoice	4500148552			402.34
11/19/2009	4019077806		07/01/2010	Invoice	4500148552			100.98
11/19/2009	4019077884		07/01/2010	Invoice	4500148552			1,977.78
11/19/2009	4019077894		07/01/2010	Invoice	4500148552			909.33
11/19/2009	4019077897		07/01/2010	Invoice	4500148552			355.98
11/19/2009	4019077902		07/01/2010	Invoice	4500148552			127.50
11/19/2009	4019077914		07/01/2010	Invoice	4500148552			2,326.62
11/19/2009	4019077934		07/01/2010	Invoice	4500148552			1,571.31
11/19/2009	4019077937		07/01/2010	Invoice	4500148552			228.48
11/19/2009	4019077943		07/01/2010	Invoice	4500148552			909.33
11/19/2009	4019077959		07/01/2010	Invoice	4500148552			1,195.44
11/19/2009	4019077960		07/01/2010	Invoice	4500148552			804.68
11/19/2009	4019077980		07/01/2010	Invoice	4500148552			2,487.53
11/19/2009	4019077981		07/01/2010	Invoice	4500148552			402.34
11/19/2009	4019078015		07/01/2010	Invoice	4500148552			804.68
11/19/2009	4019078035		07/01/2010	Invoice	4500148552			804.68
11/19/2009	4019078038		07/01/2010	Invoice	4500148552			1,604.72
11/19/2009	4019078055		07/01/2010	Invoice	4500148552			2,205.75
11/19/2009	4019078056		07/01/2010	Invoice	4500148552			804.68
11/20/2009	4019077810		07/01/2010	Invoice	4500148552			483.48

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**K12**

Scott Foresman – Addison Wesley  
Silver Burdett Ginn  
Prentice Hall School  
Modern Curriculum Press  
Celebration Press  
Cuisenaire (Select Titles)  
Goodyear Books  
Globe Fearon  
Cambridge  
Cobblestone

**Prentice Hall**

Prentice Hall  
Prentice Hall PTR  
Que Education & Training  
Brady  
Merrill Education

**Pearson ESL**

Longman ELT  
Prentice Hall Regents  
Family Album

**Addison-Wesley Longman**

Addison-Wesley  
Benjamin/Cummings  
Longman  
Peachpit Press

**Pearson Custom  
Publishing**

**Allyn & Bacon**

Allyn & Bacon  
Longwood

**Note: This list is  
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## PEARSON EDUCATION

## STATEMENT

ADDISON WESLEY • LONGMAN • GLOBE FEARON • SCOTT FORESMAN

PEARSON LEARNING • PRENTICE HALL • DIGITAL LEARNING

Federal ID: 22-1603684 Duns: 053601050

## Mail payment to:

TO: ST LOUIS CITY PUBLIC SCHO  
801 N 11TH ST  
SAINT LOUIS MO 63101-1015

P O Box 409496  
Atlanta, GA 30384-9496

For inquiries, please call 800-232-6556

ACCOUNT NO.	PAGE	STATEMENT DATE
91 2286412	6	05/17/2010
ORDERING ACCOUNT NO.		

TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM STORE NO.			
11/20/2009	4019077872		07/01/2010	Invoice	4500148552			1,010.31
11/20/2009	4019077888		07/01/2010	Invoice	4500148552			1,010.31
11/20/2009	4019077936		07/01/2010	Invoice	4500148552			1,137.81
11/20/2009	4019077958		07/01/2010	Invoice	4500148552			950.64
11/20/2009	4019077976		07/01/2010	Invoice	4500148552			2,547.45
11/23/2009	4019077879		07/01/2010	Invoice	4500148552			1,010.31
11/23/2009	4019077907		07/01/2010	Invoice	4500148552			2,825.66
11/23/2009	4019077942		07/01/2010	Invoice	4500148552			2,926.64
11/23/2009	4019077961		07/01/2010	Invoice	4500148552			1,888.17
11/23/2009	4019077963		07/01/2010	Invoice	4500148552			4,584.65
11/23/2009	4019077997		07/01/2010	Invoice	4500148552			1,792.14
11/23/2009	4019090212		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090213		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090234		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090321		07/31/2010	Invoice	4500148552			1,020.00
11/23/2009	4019090322		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090325		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090332		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090334		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090339		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090340		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090342		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090351		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090352		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090357		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090395		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090435		07/31/2010	Invoice	4500148552			510.00
11/23/2009	4019090436		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103110		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103151		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103192		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103206		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103207		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103216		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103217		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103219		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103235		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103255		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103258		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103261		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103264		07/31/2010	Invoice	4500148552			510.00
11/30/2009	4019103355		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019122951		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123083		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123089		07/31/2010	Invoice	4500148552			510.00

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PEARSON

TECHNOLOGY

005975-MI-VVV-00001

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07/03/2000	2222222X		09/03/2000	Invoice	16823		62,225.15		
09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
10/16/2000	127429		10/16/2000	Inc Pmt	3333333K		32,225.15-		
<b>STATEMENT TOTAL</b>									<b>43,334.99</b>
<b>TOTAL INVOICES NOW DUE</b>									<b>79,005.34</b>
<b>TOTAL OTHER ITEMS NOW DUE</b>									<b>0.00</b>
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DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM			
12/09/2009	4019123090		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123091		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123161		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123162		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123180		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123181		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123187		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123189		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123203		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123209		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123211		07/31/2010	Invoice	4500148552			1,020.00
12/09/2009	4019123220		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123222		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123223		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123235		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123237		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123238		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123243		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123279		07/31/2010	Invoice	4500148552			510.00
12/09/2009	4019123280		07/31/2010	Invoice	4500148552			510.00
08/18/2008	6000985191		08/18/2008	Credit m	4500139605	34.81-		
08/18/2008	6000985192		08/18/2008	Credit m	4500139605	221.01-		
08/18/2008	6000985193		08/18/2008	Credit m	4500139605	8.96-		
08/18/2008	6000985194		08/18/2008	Credit m	4500139605	142.64-		
08/18/2008	6000985195		08/18/2008	Credit m	4500139605	112.61-		
08/18/2008	6000985196		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985197		08/18/2008	Credit m	4500139605	139.57-		
08/18/2008	6000985198		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985199		08/18/2008	Credit m	4500139605	119.53-		
08/18/2008	6000985200		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985201		08/18/2008	Credit m	4500139605	228.43-		
08/18/2008	6000985202		08/18/2008	Credit m	4500139605	21.60-		
08/18/2008	6000985203		08/18/2008	Credit m	4500139605	189.00-		
08/18/2008	6000985204		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985206		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985208		08/18/2008	Credit m	4500139605	50.42-		
08/18/2008	6000985229		08/18/2008	Credit m	4500139605	166.53-		
08/18/2008	6000985230		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985231		08/18/2008	Credit m	4500139605	137.04-		
08/18/2008	6000985232		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985233		08/18/2008	Credit m	4500139605	141.17-		
08/18/2008	6000985234		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985235		08/18/2008	Credit m	4500139605	112.58-		
08/18/2008	6000985236		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985237		08/18/2008	Credit m	4500139605	10.80-		

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PEARSON

TECHNOLOGY

005975-MI-VVV-00001

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09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
10/16/2000	127429		10/16/2000	Inc Pmt	3333333K		32,225.15-		
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TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM			
08/18/2008	6000985238		08/18/2008	Credit m	4500139605	76.42-		
08/18/2008	6000985239		08/18/2008	Credit m	4500139605	87.25-		
08/18/2008	6000985240		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985241		08/18/2008	Credit m	4500139605	69.61-		
08/18/2008	6000985242		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985243		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985244		08/18/2008	Credit m	4500139605	209.33-		
08/18/2008	6000985245		08/18/2008	Credit m	4500139605	174.51-		
08/18/2008	6000985246		08/18/2008	Credit m	4500139605	104.42-		
08/18/2008	6000985247		08/18/2008	Credit m	4500139605	26.88-		
08/18/2008	6000985248		08/18/2008	Credit m	4500139605	155.53-		
08/18/2008	6000985250		08/18/2008	Credit m	4500139605	255.17-		
08/18/2008	6000985251		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985252		08/18/2008	Credit m	4500139605	67.23-		
08/18/2008	6000985253		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985254		08/18/2008	Credit m	4500139605	137.27-		
08/18/2008	6000985255		08/18/2008	Credit m	4500139605	148.15-		
08/18/2008	6000985256		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985257		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985258		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985259		08/18/2008	Credit m	4500139605	48.41-		
08/18/2008	6000985260		08/18/2008	Credit m	4500139605	24.47-		
08/18/2008	6000985261		08/18/2008	Credit m	4500139605	137.62-		
08/18/2008	6000985262		08/18/2008	Credit m	4500139605	185.15-		
08/18/2008	6000985263		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985264		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985265		08/18/2008	Credit m	4500139605	165.67-		
08/18/2008	6000985266		08/18/2008	Credit m	4500139605	228.43-		
08/18/2008	6000985267		08/18/2008	Credit m	4500139605	50.42-		
08/18/2008	6000985268		08/18/2008	Credit m	4500139605	80.04-		
08/18/2008	6000985269		08/18/2008	Credit m	4500139605	105.25-		
08/18/2008	6000985270		08/18/2008	Credit m	4500139605	8.96-		
08/18/2008	6000985271		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985272		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985274		08/18/2008	Credit m	4500139605	148.71-		
08/18/2008	6000985275		08/18/2008	Credit m	4500139605	178.15-		
08/18/2008	6000985276		08/18/2008	Credit m	4500139605	8.96-		
08/18/2008	6000985277		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985278		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985279		08/18/2008	Credit m	4500139605	184.86-		
08/18/2008	6000985280		08/18/2008	Credit m	4500139605	187.11-		
08/18/2008	6000985281		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985282		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985283		08/18/2008	Credit m	4500139605	184.86-		
08/18/2008	6000985284		08/18/2008	Credit m	4500139605	228.43-		

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Cuisenaire (Select Titles)  
Goodyear Books  
Globe Fearon  
Cambridge  
Cobblestone

**Prentice Hall**

Prentice Hall  
Prentice Hall PTR  
Que Education & Training  
Brady  
Merrill Education

**Pearson ESL**

Longman ELT  
Prentice Hall Regents  
Family Album

**Addison-Wesley Longman**

Addison-Wesley  
Benjamin/Cummings  
Longman  
Peachpit Press

**Pearson Custom Publishing**

**Allyn & Bacon**

Allyn & Bacon  
Longwood

**Note: This list is  
subject to change**



## PEARSON EDUCATION

## STATEMENT

ADDISON WESLEY • LONGMAN • GLOBE FEARON • SCOTT FORESMAN

PEARSON LEARNING • PRENTICE HALL • DIGITAL LEARNING

Federal ID: 22-1603684 Duns: 053601050

## Mail payment to:

TO: ST LOUIS CITY PUBLIC SCHO  
801 N 11TH ST  
SAINT LOUIS MO 63101-1015

P O Box 409496  
Atlanta, GA 30384-9496

For inquiries, please call 800-232-6556

ACCOUNT NO.	PAGE	STATEMENT DATE
91 2286412	9	05/17/2010
ORDERING ACCOUNT NO.		

TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM			
08/18/2008	6000985285		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985286		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985287		08/18/2008	Credit m	4500139605	201.82-		
08/18/2008	6000985288		08/18/2008	Credit m	4500139605	228.43-		
08/18/2008	6000985289		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985290		08/18/2008	Credit m	4500139605	112.58-		
08/18/2008	6000985291		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985292		08/18/2008	Credit m	4500139605	252.91-		
08/18/2008	6000985293		08/18/2008	Credit m	4500139605	153.98-		
08/18/2008	6000985294		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985295		08/18/2008	Credit m	4500139605	114.21-		
08/18/2008	6000985296		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985297		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985298		08/18/2008	Credit m	4500139605	148.91-		
08/18/2008	6000985299		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985301		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985303		08/18/2008	Credit m	4500139605	228.43-		
08/18/2008	6000985304		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985305		08/18/2008	Credit m	4500139605	161.51-		
08/18/2008	6000985306		08/18/2008	Credit m	4500139605	21.60-		
08/18/2008	6000985307		08/18/2008	Credit m	4500139605	8.28-		
08/18/2008	6000985308		08/18/2008	Credit m	4500139605	43.07-		
08/18/2008	6000985309		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985310		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985313		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985314		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985317		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985318		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985321		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985322		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985329		08/18/2008	Credit m	4500139605	69.61-		
08/18/2008	6000985330		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985331		08/18/2008	Credit m	4500139605	32.40-		
08/18/2008	6000985333		08/18/2008	Credit m	4500139605	224.34-		
08/18/2008	6000985334		08/18/2008	Credit m	4500139605	104.42-		
08/18/2008	6000985335		08/18/2008	Credit m	4500139605	26.88-		
08/18/2008	6000985336		08/18/2008	Credit m	4500139605	228.43-		
08/18/2008	6000985337		08/18/2008	Credit m	4500139605	69.61-		
08/18/2008	6000985338		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985339		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985340		08/18/2008	Credit m	4500139605	160.39-		
08/18/2008	6000985341		08/18/2008	Credit m	4500139605	174.51-		
08/18/2008	6000985342		08/18/2008	Credit m	4500139605	174.04-		
08/18/2008	6000985343		08/18/2008	Credit m	4500139605	44.80-		
08/18/2008	6000985344		08/18/2008	Credit m	4500139605	54.00-		

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PEARSON

TECHNOLOGY

005975-MI-VVV-00001

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John Smith x 999

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Chicago, IL 60673

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**Ordering Account Number**

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07/03/2000	1111111X		09/03/2000	Invoice	16812		16,780.19		
07/03/2000	2222222X		09/03/2000	Invoice	16823		62,225.15		
09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
10/16/2000	127429		10/16/2000	Inc Pmt	3333333K		32,225.15-		
<b>STATEMENT TOTAL</b>									<b>43,334.99</b>
<b>TOTAL INVOICES NOW DUE</b>									<b>79,005.34</b>
<b>TOTAL OTHER ITEMS NOW DUE</b>									<b>0.00</b>
<b>TOTAL NOW DUE</b>									<b>43,334.99</b>

**Items**

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Prentice Hall School  
Modern Curriculum Press  
Celebration Press  
Cuisenaire (Select Titles)  
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Cobblestone

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Prentice Hall  
Prentice Hall PTR  
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Benjamin/Cummings  
Longman  
Peachpit Press

**Pearson Custom Publishing****Allyn & Bacon**

Allyn & Bacon  
Longwood

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## STATEMENT

ADDISON WESLEY • LONGMAN • GLOBE FEARON • SCOTT FORESMAN

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DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM			
08/18/2008	6000985345		08/18/2008	Credit m	4500139605	155.64-		
08/18/2008	6000985346		08/18/2008	Credit m	4500139605	71.79-		
08/18/2008	6000985347		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985348		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985349		08/18/2008	Credit m	4500139605	226.84-		
08/18/2008	6000985350		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985351		08/18/2008	Credit m	4500139605	114.21-		
08/18/2008	6000985353		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985354		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985355		08/18/2008	Credit m	4500139605	21.60-		
08/18/2008	6000985356		08/18/2008	Credit m	4500139605	166.23-		
08/18/2008	6000985357		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985358		08/18/2008	Credit m	4500139605	105.04-		
08/18/2008	6000985359		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985360		08/18/2008	Credit m	4500139605	123.25-		
08/18/2008	6000985361		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985362		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985363		08/18/2008	Credit m	4500139605	135.92-		
08/18/2008	6000985364		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985365		08/18/2008	Credit m	4500139605	123.25-		
08/18/2008	6000985366		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985367		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985368		08/18/2008	Credit m	4500139605	142.88-		
08/18/2008	6000985369		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985370		08/18/2008	Credit m	4500139605	105.25-		
08/18/2008	6000985371		08/18/2008	Credit m	4500139605	8.96-		
08/18/2008	6000985373		08/18/2008	Credit m	4500139605	88.66-		
08/18/2008	6000985374		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985375		08/18/2008	Credit m	4500139605	8.96-		
08/18/2008	6000985376		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985377		08/18/2008	Credit m	4500139605	185.12-		
08/18/2008	6000985378		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985379		08/18/2008	Credit m	4500139605	21.60-		
08/18/2008	6000985380		08/18/2008	Credit m	4500139605	50.42-		
08/18/2008	6000985381		08/18/2008	Credit m	4500139605	21.60-		
08/18/2008	6000985382		08/18/2008	Credit m	4500139605	50.42-		
08/18/2008	6000985383		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985384		08/18/2008	Credit m	4500139605	28.06-		
08/18/2008	6000985385		08/18/2008	Credit m	4500139605	62.77-		
08/18/2008	6000985386		08/18/2008	Credit m	4500139605	214.07-		
08/18/2008	6000985387		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985388		08/18/2008	Credit m	4500139605	208.22-		
08/18/2008	6000985389		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985391		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985393		08/18/2008	Credit m	4500139605	50.42-		

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TECHNOLOGY

005975-MI-VVV-00001

**For Inquiries**

The toll-free number and your Credit Rep's name to call for account inquiries.

**TO:** JOHN Q. CUSTOMER  
SAMPLE COMPANY  
ACCOUNTS PAYABLE  
123 MAIN ST  
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John Smith x 999

## Additional Information

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PO Box XXXXX  
Chicago, IL 60673

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ACCOUNT NO.	PAGE	STATEMENT DATE
05-5000000	1	12/31/2001
ORDERING ACCOUNT NO.		
11111111		

TRANSACTION					CUSTOMER				
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM	STORE NO.	PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
07/03/2000	111111X		09/03/2000	Invoice	16812		16,780.19		
07/03/2000	222222X		09/03/2000	Invoice	16823		62,225.15		
09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
10/16/2000	127429		10/16/2000	Inc Pmt	333333K		32,225.15-		
<b>STATEMENT TOTAL</b>									<b>43,334.99</b>
<b>TOTAL INVOICES NOW DUE</b>									<b>79,005.34</b>
<b>TOTAL OTHER ITEMS NOW DUE</b>									<b>0.00</b>
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**K12**

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Celebration Press  
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## STATEMENT

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91 2286412	11	05/17/2010
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TRANSACTION				CUSTOMER		PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM STORE NO.			
08/18/2008	6000985394		08/18/2008	Credit m	4500139605	165.65-		
08/18/2008	6000985396		08/18/2008	Credit m	4500139605	207.29-		
08/18/2008	6000985397		08/18/2008	Credit m	4500139605	16.81-		
08/18/2008	6000985398		08/18/2008	Credit m	4500139605	228.43-		
08/18/2008	6000985399		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985401		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985403		08/18/2008	Credit m	4500139605	228.43-		
08/18/2008	6000985404		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985405		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985406		08/18/2008	Credit m	4500139605	235.08-		
08/18/2008	6000985408		08/18/2008	Credit m	4500139605	50.42-		
08/18/2008	6000985409		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985450		08/18/2008	Credit m	4500139605	242.86-		
08/18/2008	6000985451		08/18/2008	Credit m	4500139605	26.88-		
08/18/2008	6000985452		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985453		08/18/2008	Credit m	4500139605	197.10-		
08/18/2008	6000985454		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985458		08/18/2008	Credit m	4500139605	210.51-		
08/18/2008	6000985459		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985460		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985461		08/18/2008	Credit m	4500139605	184.86-		
08/18/2008	6000985462		08/18/2008	Credit m	4500139605	33.61-		
08/18/2008	6000985495		08/18/2008	Credit m	4500139605	137.61-		
08/18/2008	6000985496		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985501		08/18/2008	Credit m	4500139605	10.80-		
08/18/2008	6000985531		08/18/2008	Credit m	4500139605	17.92-		
08/18/2008	6000985534		08/18/2008	Credit m	4500139605	33.61-		
08/19/2008	6000985410		08/19/2008	Credit m	4500139605	265.40-		
08/19/2008	6000985412		08/19/2008	Credit m	4500139605	254.33-		
08/19/2008	6000985414		08/19/2008	Credit m	4500139605	270.99-		
08/19/2008	6000985416		08/19/2008	Credit m	4500139605	261.75-		
11/06/2008	6001005374		11/06/2008	Credit m	4500140185	12,547.50-		
08/18/2008	6000985352		08/18/2008	Credit m	45500139605	160.67-		
08/18/2008	6000985372		08/18/2008	Credit m	45500139605	10.80-		
11/19/2007	329329		11/19/2007	Inc Pmt	4013344326	590.84-		
03/12/2008	333581		03/12/2008	Inc Pmt	4500134541	201.81-		
03/09/2009	347209		03/09/2009	Inc Pmt	4500139889	1,364.69-		
03/09/2009	347209		03/09/2009	Inc Pmt	4500139894	4,080.45-		
03/09/2009	347209		03/09/2009	Inc Pmt	4500139896	680.11-		
03/06/2009	347198		03/06/2009	Inc Pmt	4500139929	1,228.35-		
03/06/2009	347198		03/06/2009	Inc Pmt	4500139930	556.29-		
03/06/2009	347198		03/06/2009	Inc Pmt	4500139959	1,284.15-		
03/09/2009	347210		03/09/2009	Inc Pmt	4500140911	294.20-		
10/09/2009	354584		10/09/2009	Inc Pmt	4500148550	387.49-		
09/21/2007	326989-C/R-		09/21/2007	Pmt Diff	326989	196.07-		

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Cambridge  
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Prentice Hall  
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Addison-Wesley  
Benjamin/Cummings  
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Allyn & Bacon  
Longwood

**Pearson ESL**

Longman ELT  
Prentice Hall Regents  
Family Album

**Pearson Custom Publishing**

*Note: This list is subject to change*

**ADDISON WESLEY • LONGMAN • GLOBE FEARON • SCOTT FORESMAN**

PEARSON LEARNING • PRENTICE HALL • DIGITAL LEARNING

Federal ID: 22-1603684 Duns: 053601050

**Mail payment to:**

TO: ST LOUIS CITY PUBLIC SCHO  
801 N 11TH ST  
SAINT LOUIS MO 63101-1015

P O Box 409496  
Atlanta, GA 30384-9496

**For inquiries, please call 800-232-6556**

ACCOUNT NO.	PAGE	STATEMENT DATE
91 2286412	12	05/17/2010
ORDERING ACCOUNT NO.		

TRANSACTION			CUSTOMER				PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM	STORE NO.			
					STATEMENT TOTAL				485,048.98

PLEASE RETURN WITH YOUR PAYMENT

**Services provided by**

005975-MI-YYY-00001

PEARSON

T E C H N O L O G Y

**For Inquiries**

The toll-free number and your Credit Rep's name to call for account inquiries.

**TO:** JOHN Q. CUSTOMER  
SAMPLE COMPANY  
ACCOUNTS PAYABLE  
123 MAIN ST  
ANYTOWN, US 12345

**For inquiries, please call 800-232-6556**

**YOUR PERSONAL CREDIT  
REPRESENTATIVE IS:**

John Smith x 999

## Additional Information

**Mail payment to:**

Pearson Education  
PO Box XXXXX  
Chicago, IL 60673

**Mail Payment To**

The address to which payment should be sent.

**Account Number**

Your billing account number.

**Ordering**

**Account Number**

Your Ordering Account Number is listed here for your reference because it will continue to appear on your invoices for a period of time and is valid for ordering purposes.

ACCOUNT NO.	PAGE	STATEMENT DATE
05-5000000	1	12/31/2001
ORDERING ACCOUNT NO.		
11111111		

TRANSACTION					CUSTOMER				
DATE	NUMBER	ITEM PAID	DUE DATE	TYPE OF TRANSACTION	P.O. CLAIM	STORE NO.	PAST DUE AMOUNT	CURRENT AMOUNT	FUTURE DUE AMOUNT
07/03/2000	1111111X		09/03/2000	Invoice	16812		16,780.19		
07/03/2000	2222222X		09/03/2000	Invoice	16823		62,225.15		
09/18/2000	127755		09/18/2000	Pmt Clg	738382CM		3,445.20-		
10/16/2000	127429		10/16/2000	Inc Pmt	3333333K		32,225.15-		
<b>STATEMENT TOTAL</b>									<b>43,334.99</b>
<b>TOTAL INVOICES NOW DUE</b>									<b>79,005.34</b>
<b>TOTAL OTHER ITEMS NOW DUE</b>									<b>0.00</b>
<b>TOTAL NOW DUE</b>									<b>43,334.99</b>

**Items**

Your outstanding purchases are detailed including credit memos, unapplied cash and deductions

**Items Paid**

Please denote which items you are paying by checking them off. A copy of the statement should be enclosed with the remittance.

**Statement Total**

The total of all items on this statement.

**Total Now Due**

Total amount due now (excludes Future due invoices).

**Imprints that may appear on your statement**

**K12**

Scott Foresman – Addison Wesley  
Silver Burdett Ginn  
Prentice Hall School  
Modern Curriculum Press  
Celebration Press  
Cuisenaire (Select Titles)  
Goodyear Books  
Globe Fearon  
Cambridge  
Cobblestone

**Prentice Hall**

Prentice Hall  
Prentice Hall PTR  
Que Education & Training  
Brady  
Merrill Education

**Pearson ESL**

Longman ELT  
Prentice Hall Regents  
Family Album

**Addison-Wesley Longman**

Addison-Wesley  
Benjamin/Cummings  
Longman  
Peachpit Press

**Pearson Custom  
Publishing**

**Allyn & Bacon**

Allyn & Bacon  
Longwood

**Note: This list is  
subject to change**





# SAINT LOUIS PUBLIC SCHOOLS

Date: June 24, 2010

To: Dr. Kelvin R. Adams, Superintendent

From: Enos K. Moss, CFO/Treasurer

## VENDOR SELECTION METHOD:

<input type="checkbox"/>	RFP/Bid	_____
<input type="checkbox"/>	Sole Source	_____
<input type="checkbox"/>	Contract Renewal	Previous Bd. Res. # _____
<input checked="" type="checkbox"/>	Ratification	_____

Agenda Item:  
Information:  
Conference:  
Action:

07-22-10-06

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

## SUBJECT:

To ratify the contract with K Force to provide an individual to perform the duties of the vacant Director of Fiscal Control position. The cost for the period January 27, 2010 to July 23, 2010 will not exceed \$78,600.00.

## BACKGROUND:

K Force is a temporary service provider of professional staffing. They are providing an individual who will perform the duties of the vacant Director of Fiscal Control position. The individual will also be responsible for addressing the audit findings related to SAS 112, GASB, and GAAP standards.

CSIP:	Goal #	SLPS Goal #2 - Process and Performance	Row #	78				MSIP:	8.5.4
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FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code)

Fund Source: 110 - 2512 - 6319 - 970 - 00 GOB	Requisition #:
Amount: \$ 48,600.00	
Fund Source: 730 - 2512 - 6319 - 970 - PS Non GOB	Requisition #:
Amount: \$ 30,000.00	
Fund Source: - - - - -	Requisition #:
Amount:	
Cost not to Exceed: \$ 78,600.00	Pending Funding Availability
	Vendor #: 600014021

Department: Finance

Requestor: Enos K. Moss

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent





# SAINT LOUIS PUBLIC SCHOOLS

Date: June 28, 2010

To: Kelvin R. Adams, Ph.D.

From: Enos K. Moss, CFO/Treasurer

## VENDOR SELECTION METHOD:

<input type="checkbox"/>	RFP/Bid	
<input type="checkbox"/>	Sole Source	
<input checked="" type="checkbox"/>	Contract Renewal	Previous Bd. Res. #
<input type="checkbox"/>	Ratification	

04-03-08-15

Agenda Item:  
Information:  
Conference:  
Action:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

07-22-10-07

## SUBJECT:

To approve the renewal of the contract with SMART Business Advisory and Consulting Services (SMART) for the third and last year of the contract. SMART will perform the GASB 45 benefits actuarial evaluation that is required by the external auditors. The performance will be from August 1, 2010 to October 1, 2010 at a cost not to exceed \$11,300.

## BACKGROUND:

SMART was selected by RFP in June of 2008 and has performed the GASB 45 benefits actuarial evaluation for the last two years under the terms of the original contract. GASB Statement 45 requires a complete, reliable, and decision-useful financial report with regard to retiree health and welfare benefits.

CSIP: Goal # SLPS Goal #2 - Process and Performance Row # 78 MSIP: 8.5.4

FUNDING SOURCE: (Fund Type) - (Function) - (Object Code) - (Location Code) - (Project Code)

Fund Source: 110 - 2514 - 6319 - 970 - 00 GOB	Requisition #: _____
Amount: \$ 11,300.00	
Fund Source: - - - - -	Requisition #: _____
Amount: _____	
Fund Source: - - - - -	Requisition #: _____
Amount: _____	
Cost not to Exceed: \$ 11,300.00 <input checked="" type="checkbox"/> Pending Funding Availability	Vendor #: 600013283

Department: Risk Management

Requestor: Kevin Coyne

Angela Banks, Interim Budget Director

Enos Moss, CFO/Treasurer

Enos K. Moss, CFO/Treasurer

Kelvin R. Adams, Ph.D., Superintendent







## Vendor Performance Report

<b>Type of report:</b> Final <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/>		<b>Report Date:</b> June 22, 2010
<b>Dept / School:</b> Risk Management		<b>Reported By:</b> Kevin Coyne
<b>Vendor:</b> SMART Business Advisory and Consulting Services		<b>Vendor #:</b> 600013283
<b>Contract # / P.O. #:</b>		<b>Contract Name:</b> GASB 45 Benefits Actuarial Evaluation
<b>Contract Amount:</b> \$ 4,500.00		<b>Award Date:</b> June 2008
<b>Purpose of Contract (Brief Description):</b> To perform the GASB 45 Benefits Actuarial Evaluation for the 2009-2010 year.		
<b>Performance Ratings:</b> 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> ). <b>Ratings</b> 5 = Exceptional; 4 = Very Good; 3 = Satisfactory; 2 = Marginal; 1 = Unsatisfactory		
<b>Category</b>	<b>Rating</b>	<b>Comments (Brief)</b>
<b>Quality of Goods / Services</b>	5 + 4 3 2 1	
<b>Timeliness of Delivery or Performance</b>	5 + 4 3 2 1	
<b>Business Relations</b>	5 4 + 3 2 1	
<b>Customer Satisfaction</b>	5 4 + 3 2 1	
<b>Cost Control</b>	5 + 4 3 2 1	
<b>Average Score</b>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

<b>Type of report</b>	Identify if this the final report or a quarterly report (3 months)
<b>Report Date</b>	the date the report is prepared
<b>Department</b>	Indicate the name of the reporting department
<b>Reported By</b>	Please sign your name
<b>Vendor</b>	Enter the vendor's name
<b>Vendor Number</b>	Enter the vendor's assigned number
<b>Contract # / PO #</b>	Enter the assigned contract # or the purchase order # for the goods or Services being reported
<b>Contract Name</b>	This the official name used when the contract was solicited
<b>Contract Amount</b>	The total dollar value of the contract: the amount listed on the Board Resolution
<b>Award Date</b>	Enter the date that the Board approved this contract
<b>Contract Description</b>	Provide a brief description of the work being done under the contract
<b>Performance Ratings</b>	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
<b>Quality of Goods and / or Services</b>	Rate the vendor's technical performance or the quality of the product or services delivered under the contract
<b>Timeliness of Delivery or Performance</b>	Rate the vendor's performance based on the delivery requirements of the contract. If the vendor significantly exceeded the requirements (to SLPS benefit); quickly resolved delivery issues
<b>Business Relations</b>	Rate the vendor's professionalism; responsiveness; significantly exceeded expectations; customer service; limited change orders
<b>Customer Satisfaction</b>	Rate the vendor based on feedback you receive from your customers (end-users)
<b>Cost Control</b>	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

<b>Date of Submittal:</b> June 22, 2010	
<b>Name of Department Head submitting Request:</b> Kevin Coyne	
<b>Name of Contract:</b> GASB 45 Benefits Actuarial Evaluation	
<b>Purpose of Contract:</b> To provide the GASB 45 Benefits Actuarial Evaluation for the 2009-2010 year.	
<b>Are there changes versus prior year contract</b> X Yes No	
<b>If Yes explain Changes:</b> Contract rate for 2009-2010 year is \$11,300.	
<b>Total Cost of Contract (estimated cost of expenses inclusive):</b> \$11,300	
<b>Vendor Name:</b> SMART Business Advisory and Consulting Services <b>Number:</b> 600013283	<b>Vendor</b>
<b>Start Date of Contract:</b> August 1, 2010	
<b>Expiration Date of Contract:</b> October 1, 2010	
<b>Department Responsible for Vendor Performance Monitoring:</b> Risk Management	
<b>Approved</b> <input type="checkbox"/> <b>Disapproved</b> <input type="checkbox"/> <b>Date:</b>	
<b>Superintendent Signature</b>	

Please attach the Vendor Performance Report and Proposed Contract

