SAINT LOUIS PUBLIC SCHOOLS

# BOARD MEETING

**TUESDAY, JULY 10, 2012**

# AGENDA

**SPECIAL ADMINISTRATIVE BOARD**
**MR. RICK SULLIVAN**
**MS. MELANIE ADAMS**
**MR. RICHARD GAINES**

**SUPERINTENDENT OF SCHOOLS**
**DR. KELVIN R. ADAMS**

**Meeting Agenda**

**Meeting Agenda**

**Meeting Agenda**

# ST. LOUIS PUBLIC SCHOOLS

**SPECIAL ADMINISTRATIVE BOARD MEETING**

**JULY 10, 2012 – 6:00PM**

**ADMINISTRATIVE BUILDING- 801 N. 11TH STREET**

# AGENDA

1) Call to Order
2) Roll Call
3) Pledge of Allegiance
4) Approval of Minutes
    a. June 26, 2012
5) Student/Staff Recognition(s) *(WILL RESUME 2012-2013 SCHOOL YEAR)*
6) Public Comments
7) Superintendent's Report
    a) Informational Item
        1) SLATE
        2) Imagine School Update
        3) Summer School Update
        4) Finance Committee Update
        5) Magnet School Application Changes
    b) Business Items
        1) Consent Agenda
8) Board Member Updates
9) Adjournment

NOTES:_____

Meeting Agenda

Consent Agenda

Consent Agenda

# ST. LOUIS PUBLIC SCHOOLS
# SUPERINTENDENT'S REPORT
# July 10, 2012

**1.0** Preliminary

**1.1** **CONSENT AGENDA**

a) Information Item(s)
1) SLATE
2) Imagine School Update
3) Summer School Update
4) Finance Committee Update
5) Magnet School Application Changes

**1.2** b) Business Items
1) Consent Agenda

**07-10-12-01** To approve the acceptance of the second installment of funds from the Community Development Administration in the amount of $172,000.

**07-10-12-02** To approve the acceptance of an additional $18,000 for the 2011-2012 Fresh Fruit and Vegetable Program from the Department of Elementary and Secondary Education (DESE). The total amount received is now $263,674.

**07-10-12-03** To approve the expenditures up to $72,500 to support the 2012-2013 Back-to-School Fair.

**07-10-12-04** To approve the 2012-2013 contract budget for transportation services with First Student, Inc. in an amount not to exceed $20,920,785 which includes $450,000 for Metro bus passes for the period July 11, 2012 through June 30, 2013, pending the availability of funds.
**FUNDING SOURCE**: GOB

**07-10-12-05** To approve the May 2012 Monthly Board Transaction Report.

**07-10-12-06** To approve the 2012-2013 workers' compensation incentive program and the payment/pre-payment of incentives in an amount not to exceed $400,000.

**07-10-12-07** To approve the opening of three (3) new schools in the St. Louis Public Schools District. (*Academy of Environmental Science and Mathematics Elementary School, Academy of Environmental Science and Mathematics Middle School and The College Preparatory High School @ Madison School*) for the ~~2012/2013~~ 2013-2014 school session.

**07-10-12-08** To approve the opening of the St. Louis Public School's *New American High School* program at the Gallaudet school building for grades 9 through 12 beginning the 2012-2013 school session.

**07-10-12-09** To approve the Student Code of Conduct Handbook for the 2012-2013 school year.

**07-10-12-10** To approve a Memorandum of Understanding with HOSCO, LLC to provide agricultural training, healthy cooking and nutrition classes and participation in the Health and Wellness Council for the period July 1, 2012 through June 30, 2013.
**FUNDING SOURCE**: N/A


This consent agenda contains the routine operational contracts of the District and the items thereon are subject to change, addition and removal up to the time of the meeting.

**07-10-12-11** To approve a membership renewal with CharacterPlus of the Cooperating School District in the amount of $6,280 for the period July 1, 2012 through June 30, 2013, pending the availability of funds.
**FUNDING SOURCE**: Non-GOB

**07-10-12-12** To approve a contract with Ranken Technical College for a combined total of 74 middle and high school students to attend the 2012 Ranken Adventure Academy program July 16th through 20th, 2012 and July 23rd through 27th, 2012 in a total amount not to exceed $7,030, pending the availability of funds.
**FUNDING SOURCE**: Non-GOB

**07-10-12-13** To approve a contract with Confluence Preparatory Academy (Confluence) for enrollment of Confluence's students into St. Louis Public Schools' Career and Technical Education program at a rate of $2,000 per student for the 2012-2013 school year.
**FUNDING SOURCE**: N/A

**07-10-12-14** To approve a contract with Project Construct to provide professional development to pre-school teachers at a cost not to exceed $100,000 for the period July 1, 2012 through November 30, 2012, pending the availability of funds.
**FUNDING SOURCE**: Non-GOB

**07-10-12-15** To approve a sole source contract with the Father Support Center to provide parenting support for teen fathers at Vashon, Sumner, Roosevelt and Meda P high schools for the period September 1, 2012 through May 30, 2013 at a cost not to exceed $10,800, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-16** To approve a contract renewal with Cooperating School Districts in conjunction with Tremco/Weatherproofing Technologies Inc. to provide roofing inspections, repair and replacement services for the period July 11, 2012 through June 30, 2013 at a cost not to exceed $2,500,000.
**FUNDING SOURCE**: Proposition S

**07-10-12-17** To approve a contract renewal with Dynamic Vending to provide beverage and snack machine services to District buildings and schools. This is the second year of a 5 year contract. The period will be July 1, 2012 through June 30, 2013.
**FUNDING SOURCE**: N/A

**07-10-12-18** To approve a contract renewal with Rubin Brown, LLP to audit governmental activities, each major fund, and the aggregate remaining fund information for the period July 1, 2012 through December 31, 2013 at a cost not to exceed $193,000, pending funding availability.
**FUNDING SOURCE**: GOB

**07-10-12-19** To approve a contract renewal with Achievement Commitment and Excellence Learning Centers for a total of 200 slots at $5,200 per slot at a total cost not to exceed $1,040,000 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: GOB

**07-10-12-20** To approve a contract renewal with Blue Hills Community Services for disbursement of funds to non-public schools for Title II-A program at a cost not to exceed $160,000 for the period October 1, 2012 through September 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-21** To approve a contract renewal with Metropolitan Speech and Language Center to provide foreign language interpreting services at a cost not to exceed $18,000 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-22** To approve a contract renewal with Midwest Music Therapy Services, Inc. to provide music therapy at a cost not to exceed $77,500 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-23** To approve a contract renewal with Deaf Way Interpreting Services to provide sign language interpreting services at a cost not to exceed $355,500 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-24** To approve a contract renewal with Listening for Learning to provide audiology services at a cost not to exceed $46,500 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-25** To approve contract renewals with Supplemental Health Care and Elite Medical Staffing Group to provide nursing services at a total combined cost not to exceed $361,760 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-26** To approve contract renewals with Annie Malone Emerson Academy, Edgewood Children's home, Epworth Children and Family Services, Logos School, Family Resource Center and Our Little Haven to provide private placement services at a total combined cost not to exceed $1,985,872 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-27** To approve contract renewals with Educational Based Services, City Speech, Cumberland Therapy and Career Staff Unlimited to provide speech therapy services at a total combined cost not to exceed $1,091,230 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-28** To approve contract renewals with Supplemental Health Care, Rehab Choice International and Cumberland Therapy Services to provide occupational and physical therapy services at a total combined cost not to exceed $627,130 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-29** To approve a sole source contract renewal with Institute For Family Medicine to provide services of a Medical Director for the District's Office of Health Services at a total cost not to exceed $12,000 for the period July 1, 2012 through June 30, 2013, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-30** To approve the extension of the contract with the Missouri School Boards' Association for Medicaid Direct Billing services through September 30, 2012 at a cost not to exceed $10% of the generated revenue.
**FUNDING SOURCE**: Non-GOB

**07-10-12-31**
**Approved at the 6/26/12 Meeting**
To approve the renewal of St. Louis Public School's group benefits cost for plan year 2013. The estimated renewal amount based on 3,393 employees is $693.78 per employee per month or an estimated $28,247,796.
**FUNDING SOURCE**: All Funds

**07-10-12-32** To adopt and approve a Policy Statement of the Special Administrative Board of the Transitional School District of the City of St. Louis In Relation to Working Conditions for School Nurses for the period July 1, 2012 through June 30, 2014.

**07-10-12-33** To approve a sole source purchase from the College Board/AP Exams for 2012 Testing fees at a cost not to exceed $24,736, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-34** To approve a sole source purchase from Pearson Psychological Corporation for psychological educational assessment and evaluation test kits, supplemental protocols and scoring software at a cost not to exceed $6,193.46, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-35** To approve a sole source purchase from Western Psychological Services Publishing Company for psychological educational assessment and evaluation test kits, supplemental protocols and scoring software at a cost not to exceed $5,669.40, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-36** To approve a sole source purchase from Riverside Publishing Company for psychological educational assessment and evaluation test kits, supplemental protocols and scoring software at a cost not to exceed $5,938.90, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-37** To approve the purchase of Frequency Modulation systems from Lightspeed and Oticon at a total combined cost not to exceed $14,947, pending funding availability.
**FUNDING SOURCE**: Non-GOB

**07-10-12-38** To approve the cost of printing the 2012-2013 Student Code of Conduct Handbook by Xerox (lowest bidder) at a cost not to exceed $20,767.50, pending funding availability.
**FUNDING SOURCE**: GOB

**07-10-12-39** To approve the purchase of a renewal Athletic Accident Insurance policy through our insurance broker, R.S. Klostermeyer & Associates at a cost not to exceed $57,000, for the period August 1, 2012 through July 31, 2013.
**FUNDING SOURCE**: GOB

**07-10-12-40**
**Approved at the 6/26/12 Meeting**
To ratify acceptance of the funds from DESE for the Math and Science Tutoring Program in the amount of $300,000.
**FUNDING SOURCE**: Non-GOB

**07-10-12-41** To ratify a sole source licensing contract with Education Logistics, Inc. for transportation software at a cost not to exceed $9,412 for the period January 1, 2012 through December 31, 2012.
**FUNDING SOURCE**: GOB

**07-10-12-42** To ratify a contract with Sunfarm Food Service to provide support to the Fresh Fruits and Vegetable Program at a cost not to exceed $277,750.87 for the 2011-2012 school year.
**FUNDING SOURCE**: Non-GOB

**07-10-12-43** To ratify contracts with Demetrious Johnson Charitable Foundation, North Campus Partnership and Mark Twain Community Resource Center to provide tutoring in Math and/or Science to 235 students at a cost not to exceed $189,000 for the period June 18th through June 29th, 2012.
**FUNDING SOURCE**: Non-GOB

**07-10-12-44** To amend Board Resolution Number 06-07-12-12 a contract renewal with Steven R. Carroll and Associates by $5,000. The Board originally approved an amount of $78,000 that referenced "to include expenses". However, the expenses were not built-in the original request. If this request is approved, the total contracted amount will be $83,000. The period remains the same, July 1, 2012 through June 30, 2013.

**07-10-12-45**
**Approved at the 6/26/12 Meeting**
To amend Board Resolution Number 05-17-12-12 contracts with Metropolitan Taxicab Corporation, St. Louis County Cab Company, Inc. and Harris Cab Company by $300,000. The additional cost is needed for the Students in Transition Program Summer School transportation and to pay 2010-2011 outstanding bills. If this request is approved, the total contracted amount will be $2,114,500.

**07-10-12-46** To approve the opening of the Heritage Academy beginning with the ~~2012/2013~~ 2013-2014 school session.

## AUGUST 9, 2012 ITEM(S) FOR CONSIDERATION

**08-09-12-01** To ratify a contract with Education Northwest to provide teacher training for Project-Based Learning for summer school teachers for the period May 11, 2012 through May 30, 2012 at a cost not to exceed $25,000.
**FUNDING SOURCE**: Non-GOB

**08-09-12-02** To ratify approval of a contract renewal with Dr. Alice Roach to serve as Chief of Staff for the period July 1, 2012 through June 30, 2013 at a cost not to exceed $125,000, pending funding availability.
**FUNDING SOURCE**: GOB

**08-09-12-13** To approve a Memorandum of Understanding with Achievement Tutors to provide tutoring services to Soldan High School students for the 2012-2013 school year.

**08-09-12-14** To approve the renewal of a Memorandum of Understanding with the Union and Sarah Senior Center to provide school to work transitional training for special education high school students for the period August 11, 2012 through June 30, 2013.

**08-09-12-15** To approve the renewal of a Memorandum of Understanding with 99 Billion Better to provide school to work transitional training for special education high school students for the period August 11, 2012 through June 30, 2013.

**08-09-12-16** To approve the renewal of a Memorandum of Understanding with Work Net to provide school to work transitional training for special education high school students for the period August 11, 2012 through June 30, 2013.

**08-09-12-17** To approve the renewal of a Memorandum of Understanding with the Society of St. Vincent De Paul to provide school to work transitional training for special education high school students for the period August 11, 2012 through June 30, 2013.

**08-09-12-18** To approve the renewal of a Memorandum of Understanding with the Northview Rehabilitation Center to provide school to work transitional training for special education high school students for the period August 11, 2012 through June 30, 2013.

**08-09-12-19** To approve the renewal of a Memorandum of Understanding with the MERS/Goodwill to provide school to work transitional training for special education high school students for the period August 11, 2012 through June 30, 2013.

**08-09-12-20** To approve the renewal of a Memorandum of Understanding with the St. Louis Science Center to provide school to work transitional training for students with disabilities for the period August 11, 2012 through June 30, 2013.

**July 10, 2012**

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# Board Resolution

**Date:** June 21, 2012 **Agenda Item:** 07-10-12-21

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

**From:** Dr. Nicole Williams, Dep. Supt., Academics **Action:** X

**Action to be Approved:**
X Acceptance of Funds/Funding
**Prior Resoltuion #** 05-17-12-07
**Funds Received** $200.000.00

**Other Transaction Descriptors:** 0

**SUBJECT:**
To approve the acceptance of the second installment of funds from the Community Development Administration (CDA) in the amount of $172,000.00.

**BACKGROUND:**
The Board at its May 17, 2012 meeting ratified acceptance of the first installment of this grant in the amount of $200,000. The funds support the Community Education Programs for the calendar year January 1, 2012 through June 30, 2012. The total amount of this grant is now $372,000.

**Accountability Plan Goal:** Goal IV: Parent, Community Involvement **Objective/Strategy:** IV4.A. & IV4.B

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

| | | |
|---|---|---|
| **Fund Source:** 827 - 00 - 262 - 1671 - **Amount:** $ 172,000.00 | **Non GOB** | **Requisition #:** |
| **Fund Source:** - - - - **Amount:** | | **Requisition #:** |
| **Fund Source:** - - - - **Amount:** | | **Requisition #:** |
| **Cost not to Exceed:** $ 172,000.00 | | **Pending Funding Availability** **Vendor #:** |

**Department:** Community Education

Angela Banks, Budget Director

John Windom, Exec. Dir., Community Education

Enos Moss, CFO/Treasurer

6/18/2012
Dr. Nicole Williams, Dep. Supt., Academics

Dr. Kelvin R. Adams, Superintendent

evised 7/6/10 Reviewed By _____ Reviewed By _____ Reviewed By _____

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# BOARD RESOLUTION

**Date:** June 20, 2012

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

**From:** Althea Albert-Santiago, Director, Food Service

**Agenda Item :** 07-10-12-02

**Information:** ☐

**Action:** ☒

**Action to be Approved:**
**Contract Extension/Amendment**

**Previous Board Resolution #** 06-30-11-11

**Cost** $245,674.00

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the acceptance of an additional $18,000 from the Missouri Department of Elementary and Secondary Education (DESE), School Food Services, for the Fresh Fruit and Vegetable Program for the 2011-12 school year. The total amount received will be $263,674.00.

**BACKGROUND:** Fifteen schools have participated in the program this year.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** IV.A.

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

| | | |
|---|---|---|
| **Fund Source:** Fund 510 | Non-GOB | **Requisition #:** |
| **Amount:** $18,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Lease Proceeds:** $18,000.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Food Services

Althea Albert-Santiago, Director, Food Services

Mary M. Houlihan, Dep. Supt., Operations

Angela Banks, Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Revised 09/27/2010

Reviewed By:

| | | | |
|---|---|---|---|
| | | | |

# Board Resolution

**Date:** June 20, 2012

**Agenda Item:** 07-10-1203

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

**From:** Dr. Nicole Williams, Dep. Supt., Academics

**Action:** X

**Action to be Approved:**

X Purchase a Good/Service

**Other Transaction Descriptors:** 0

**SUBJECT:**

To approve the expenditure of up to $72,500.00 to support the 2012/2013 Back to School Fair. All applicable laws and District policies in the expenditures of the requested funds will be followed.

**BACKGROUND:**

The Back to School Fair has been held annually in recent years two weeks prior to the opening day of school to retain and recruit students and to assure maximum enrollment on the first day. The Fair will be held Saturday, August 4, 2012 at Chaifetz Arena. The funds will be spent on the Arena, backpacks, supplies, and other professional services.

**Accountability Plan Goal:** Goal IV: Parent, Community Involvement **Objective/Strategy:** IV.A.

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

| | | | |
|---|---|---|---|
| **Fund Source:** 827 - U4 - 110 - 1663 - Var<br>**Amount:** $ 72,500.00 | GOB | **Requisition #:** | |
| **Fund Source:** - - - -<br>**Amount:** | | **Requisition #:** | |
| **Fund Source:** - - - -<br>**Amount:** | | **Requisition #:** | |
| **Cost not to Exceed:** $ 72,500.00 | | **Pending Funding Availability** | **Vendor #:** |

**Department:** Community Education

Angela Banks
**Angela Banks, Budget Director**

John Windom
**John Windom, Exec. Dir., Community Education**

**Enos Moss, CFO/Treasurer**

6/19/2012
**Dr. Nicole Williams, Dep. Supt., Academics**

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

vised 7/6/10 Reviewed By _____ Reviewed By _____ Reviewed By _____

# Board Resolution

**Date:** June 20, 2012 **Agenda Item:** 07-10-12-4

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

**From:** Deanna J. Anderson, Exec. Dir., Transportation **Action:** X

**Action to be Approved:** **Other Transaction Descriptors:**

X **Contract**

**Previous Board Resolution** 06-30-11-65

**Prior Year Cost** $ 21,802,797.96

**SUBJECT:**

To approve the FY12-13 contract budget for transportation services with First Student, Inc. in an amount not to exceed $20,920,785, which includes $450,000 for Metro bus passes. This contract is for the period beginning July 11, 2012 and ending June 30, 2013.

**BACKGROUND:**

This contract was negotiated and approved by the Board to agree to terms for a contract extension/continuation. The Board gave its approval under Board Resolution 02-16-12-33. See attached.

**Accountability Plan Goal:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.F.

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

| | | | |
|---|---|---|---|
| **Fund Source:** 918 - 00 - 110 - 2551 - 6341 | GOB | **Requisition #:** | |
| **Amount:** $ 16,695,785.00 | | | |
| **Fund Source:** 918 - 00 - 110 - 2558 - 6342 | GOB | **Requisition #:** | |
| **Amount:** $ 1,275,000.00 | | | |
| **Fund Source:** 918 - WH - 111 - 2551 - 6341 | GOB | **Requisition #:** | |
| **Amount:** $ 2,500,000.00 | | | |
| **Fund Source:** 918 - 00 - 110 - 2558 - 6349 | GOB | **Requisition #:** | |
| **Amount:** $ 450,000.00 | | | |
| **Cost not to Exceed:** $ 20,920,785.00 | X | **Pending Funding Availability** | **Vendor #:** 60000427 |

**Department:** Transportation

Angela Banks
**Angela Banks, Budget Director**

Deanna J. Anderson
**Deanna J. Anderson, Exec. Dir., Transportation**

**Enos Moss, CFO/Treasurer**

Mary M. Houlihan
**Mary M. Houlihan, Dep. Supt., Operations**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 05/18/12** |
| **Dept / School: Transportation** | **Reported By: Deanna Anderson** |
| **Vendor: First Student** | **Vendor #: 600004273** |
| **Contract # / P.O/ #: 4500158620** | **Contract Name: Student Transportation** |
| **Contract Amount: $21,802,797.96** | **Award Date: June 30, 2011** |

**Purpose of Contract (Brief Description):**
**To provide transportation services for students.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5<br>4 X<br>3<br>2<br>1** | |
| **Timeliness of Delivery or Performance** | **5<br>4 X<br>3<br>2<br>1** | |
| **Business Relations** | **5 X<br>4<br>3<br>2<br>1** | |
| **Customer Satisfaction** | **5<br>4 X<br>3<br>2<br>1** | |
| **Cost Control** | **5 X<br>4<br>3<br>2<br>1** | |
| **Average Score** | **4.4** | |

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 ☐**

**Background Information for Transportation Budget**
**First Student Transportation Provider**
**June 11, 2012**

On March 13, 2012, the Special Administrative Board approved Resolution Number 02-16-12-33 authorizing the District to agree to terms for a contract extension/continuation with First Student, Inc. that will start July 11, 2012 and continue through FY16-17 pending availability of funds. For the FY12-13 school year (including summer school), First Student agrees to provide the following:

- Routing and scheduling services which will include First Planning Solutions-Again
- Call Center information services
- First Student Safety Officers assigned to schools
- Transportation services for District schools, field trips, sports activities, and other special events
- Dedicated phone lines for Principals and parents
- Distribution of communication regarding route changes to schools, Principals, and parents
- Two digital cameras on every bus with a 24 hour turn around to Principals when copy of tape is requested
- Two way radio communication to all drivers and First Student Safety Officers
- Real time GPS with real time reporting and better mapping
- Centralized charter/field trip reservation center
- Regional management team located in St. Louis
- Safety and Customer Service Training
- Reduced rates to near FY2007-2008 levels (amounts to a 7% reduction on most services and a 12% reduction on activity bus runs)
- Vehicle maintenance and monitoring system
- Excess cost will not exceed 2 hours on any bus

Over 70% of the students in the St. Louis Public School District are eligible for transportation services. The above services and amenities represent a savings of $832,000 from FY11-12 to FY12-13. It is recommended that the Special Administrative Board approve the one (1) year agreement with First Student for FY12-13 with a transportation budget not to exceed $20,920,785 (includes $2.5M from the Deseg agreement and $450,000 for Metro bus passes).

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# Board Resolution

**Date:** June 15, 2012 **Agenda Item:** 07-10-12-05

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

**From:** Enos K. Moss, CFO/Treasurer **Action:** X

**Action to be Approved:** **Other Transaction Descriptors:** _____

X Financial Report

**SUBJECT:**

To approve the Monthly Board Transaction Report for May 2012.

**BACKGROUND:**

**Accountability Plan Goal:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.D.

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

| | | |
|---|---|---|
| **Fund Source:** - - - - <br> **Amount:** No Cost | | **Requisition #:** |
| **Fund Source:** - - - - <br> **Amount:** | | **Requisition #:** |
| **Fund Source:** - - - - <br> **Amount:** | | **Requisition #:** |
| **Cost not to Exceed:** No Cost | ☐ | **Pending Funding Availability** **Vendor #:** |

**Department:** Finance

Angela Banks, Budget Director

Enos Moss, CFO/Treasurer

Mary M. Houlihan, Dep. Supt., Operations

Dr. Kelvin R. Adams, Superintendent

# ST. LOUIS BOARD OF EDUCATION
Monthly Budget Report
Dates: 05-01-2012 - 05-31-2012
Fiscal Year: 2011 - 2011



## 110-TEACHERS FUND

1 SAP Hierarchy Doc #: 0501853888
SAP Entry Doc #: 0501853850

| | | | | |
|---|---|---|---|---|
| From: | 120-1411 | - 816-FY-120 | - 6143 | 357.00- |
| To: | 110-2331 | - 816-00-110 | - 6342 | 357.00 |

Control No: B1112-1419
From Amount: 357.00-
To Amount: 357.00
Text: To cover costs for buses for Urban Debate activities

2 SAP Hierarchy Doc #: 0501853953
SAP Entry Doc #: 0501853915

| | | | | |
|---|---|---|---|---|
| From: | 120-1411 | - 816-FY-120 | - 6143 | 900.00- |
| To: | 110-2331 | - 816-00-110 | - 6384 | 900.00 |

Control No: B1112-1432
From Amount: 900.00-
To Amount: 900.00
Text: To cover cost for meals for Urban Debate program March 30 - 31, 2012

3 SAP Hierarchy Doc #: 0501852778
SAP Entry Doc #: 0501852740

| | | | | |
|---|---|---|---|---|
| From: | 120-1411 | - 670-55-120 | - 6143 | 1,378.08- |
| To: | 110-2411 | - 670-00-110 | - 6411 | 178.08 |
| | 110-2411 | - 670-00-110 | - 6363 | 350.00 |
| | 110-2411 | - 670-00-110 | - 6384 | 850.00 |

Control No: B1112-1414
From Amount: 1,378.08-
To Amount: 1,378.08
Text: Moving unused extra service funds to the appropriate line items to cover graduation expenses

4 SAP Hierarchy Doc #: 0501853929
SAP Entry Doc #: 0501853891

| | | | | |
|---|---|---|---|---|
| From: | 110-2218 | - 981-00-110 | - 6441 | 60,000.00- |
| | 110-2218 | - 981-00-110 | - 6443 | 10,000.00- |
| To: | 110-2828 | - 981-00-110 | - 6443 | 70,000.00 |

Control No: B1112-1424
From Amount: 70,000.00-
To Amount: 70,000.00
Text: To cover upcoming purchase of add'l desktop computers for the district.

5 SAP Hierarchy Doc #: 0501853930
SAP Entry Doc #: 0501853892

| | | | | |
|---|---|---|---|---|
| From: | 110-2223 | - 981-L3-110 | - 6319 | 25,000.00- |
| | 110-2223 | - 981-L3-110 | - 6441 | 25,000.00- |
| To: | 110-2828 | - 981-00-110 | - 6443 | 50,000.00 |

Control No: B112-1425
From Amount: 50,000.00-
To Amount: 50,000.00
Text: To cover upcoming purchase of add'l desktop computers for the district.

120-INCIDENTAL

1 SAP Hierarchy Doc #: 0501852763
SAP Entry Doc #: 0501852725

| | | | | |
|---|---|---|---|---|
| From: | 110-2522 | - 820-00-110 | - 6371 | 16,000.00- |
| To: | 120-1411 | - 186-55-120 | - 6143 | 16,000.00 |

Control No: B1112-1399
From Amount: 16,000.00-
To Amount: 16,000.00
Text: Moving funds to support Sup. approved extra service for performing arts staff at Central VPA

232-Title I IASA 11-12

1 SAP Hierarchy Doc #: 0501853955
SAP Entry Doc #: 0501853917

| | | | | |
|---|---|---|---|---|
| From: | 232-1256 | - 814-A2-232 | - 6312 | 532,185.89- |
| To: | 232-1127 | - 814-AM-232 | - 6541 | 173,109.00 |
| | 232-1127 | - 814-AM-232 | - 6443 | 359,076.89 |

Control No: B1112-1434
From Amount: 532,185.89-
To Amount: 532,185.89
Text: Transfer to cover purchases for the 3rd grade iPad initiative

2 SAP Hierarchy Doc #: 0501855435
SAP Entry Doc #: 0501855397

| | | | | |
|---|---|---|---|---|
| From: | 232-2336 | - 822-RM-232 | - 6386 | 1,510.70- |
| To: | 232-2336 | - 822-RM-232 | - 6383 | 1,510.70 |

Control No: B1112-1454
From Amount: 1,510.70-
To Amount: 1,510.70
Text: CONFERENCE: Summer Legislative Leadership Conference // LOCATION: Alexandria, VA // DATE: June 24 - 27, 2012 // ATTENDEES: Deidra Thomas-Murray

272-PL 94-142 SPEd 1112

1 SAP Hierarchy Doc #: 0501855462
SAP Entry Doc #: 0501855424

| | | | | |
|---|---|---|---|---|
| From: | 272-1232 | - 828-00-272 | - 6311 | 754.70- |
| To: | 272-1232 | - 828-00-272 | - 6383 | 149.60 |
| | 272-1232 | - 828-00-272 | - 6384 | 605.10 |

Control No: B1112-1486
From Amount: 754.70-
To Amount: 754.70
Text: CONFERENCE: Educational Surrogate Training // LOCATION: Jefferson City, MO // DATE: 05/08/12 // ATTENDEE: Cheryl Steed

2 SAP Hierarchy Doc #: 0501852749
SAP Entry Doc #: 0501852711

| | | | | |
|---|---|---|---|---|
| From: | 272-2132 | - 828-00-272 | - 6319 | 2,335.29- |
| To: | 272-2332 | - 828-00-272 | - 6411 | 83.99 |
| | 272-2332 | - 828-00-272 | - 6384 | 453.23 |
| | 272-2332 | - 828-00-272 | - 6383 | 1,798.07 |

Control No: B1112-1386
From Amount: 2,335.29-
To Amount: 2,335.29
Text: Funds for meeting expenses, supplies and travel

3 SAP Hierarchy Doc #: 0501855463
SAP Entry Doc #: 0501855425

| | | | | |
|---|---|---|---|---|
| From: | 272-1232 | - 828-00-272 | - 6384 | 605.10- |
| | 272-1232 | - 828-00-272 | - 6383 | 149.60- |
| To: | 272-2332 | - 828-00-272 | - 6383 | 149.60 |
| | 272-2332 | - 828-00-272 | - 6384 | 605.10 |

Control No: B1112-1486
From Amount: 754.70-
To Amount: 754.70
Text: CORRECTION TO TRANSFER CONFERENCE: Educational Surrogate Training // LOCATION: Jefferson City, MO // DATE: 05/08/12 // ATTENDEE: Cheryl

Steed

909-CAP PROJ A/C 2009

1 SAP Hierarchy Doc #: 0501853933
SAP Entry Doc #: 0501853895

| | | | | |
|---|---|---|---|---|
| From: | 909-2624 | - 905-HE-909 | - 6371 | 1,286,975.94- |
| To: | 909-2624 | - 524-HE-909 | - 6522 | 1,286,975.94 |

Control No: B1112-1428
From Amount: 1,286,975.94-
To Amount: 1,286,975.94
Text: Transfer to cover air conditioning project for Mallincrodt Elementary School.

ST. LOUIS BOARD OF EDUCATION
Monthly Budget Report
Dates: 05-01-2012 - 05-31-2012
Fiscal Year: 2011 - 2011
Fund Summary - Transfers Only

| | | | |
|---|---|---|---|
| Fund Total | From 110-INCIDENTAL | : | 136,000.00- |
| | To 110-INCIDENTAL | : | 122,635.08 |
| Fund Total | From 120-TEACHERS FUND | : | 2,635.08- |
| | To 120-TEACHERS FUND | : | 16,000.00 |
| Fund Total | From 232-Title I IASA 11-12 | : | 533,696.59- |
| | To 232-Title I IASA 11-12 | : | 533,696.59 |
| Fund Total | From 272-PL 94-142 SPEd 1112 | : | 3,844.69- |
| | To 272-PL 94-142 SPEd 1112 | : | 3,844.69 |
| Fund Total | From 909-CAP PROJ A/C 2009 | : | 1,286,975.94- |
| | To 909-CAP PROJ A/C 2009 | : | 1,286,975.94 |
| District Total | From | : | 1,963,152.30- |
| | To | : | 1,963,152.30 |

6

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 07-18-12-06

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

**Action:** ☒

**From:** Enos Moss, CFO/Treasurer

**Action to be Approved:** Incentive Program

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-30-11-32
**Prior Year Cost** $260,000.00

**SUBJECT:** To approve the workers' compensation incentive program for the 2012-13 school year and the payment/pre-payment of incentives as determined under the terms of the program. The cost of the program will not exceed $400,000. Funds paid under the program will be paid from the savings in workers' compensation claims cost generated by the program.

**BACKGROUND:** As described in the attached document, the workers' compensation incentive program is designed to be an incentive to staff in the District to exercise care in their daily activities and to avoid situations that could cause injury. The program is being supplemented with incentives to certain schools and groups of employees to continue their exemplary safety performance from the 11-12 year. The program has two potential payouts for each school, if the criteria are met. The first is a mid-year payout that would be a pre-payment of a portion of the total incentive offered to each school (to be paid to the schools that qualify on February 1). The end of year payout will be made to each school on or before August 1, 2013 based on their performance during the 2012-13 fiscal year and would be reduced by any pre-payment made on February 1.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.B.4.

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

| | | |
|---|---|---|
| **Fund Source:** 970-00-170-2514-6261 | Non-GOB | **Requisition #:** |
| **Amount:** $400,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $400,000.00 | ☒**Pending Funding Availability** | **Vendor #:** |

**Department:** Risk Management

**Requestor:** Kevin Coyne

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

**Mary M. Houlihan, Dep. Supt., Operations**

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

7

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 07-10-12-07

**To:** Special Administrative Board

**Action:** ☒

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

**Action to be Approved:** School Openings

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the opening of three Saint Louis Public School District's new schools for the 2012-2013 school session. The schools are as follows:

**E499 - Academy of Environmental Science and Mathematics Elementary School**
1008 S. Spring 63110 Grade Span: KG - 05

**M325 - Academy of Environmental Science and Mathematics Middle School**
1008 S. Spring 63110 Grade Span: 06 - 08

**F150 - The College Preparatory High School @ Madison School**
1118 S. 7th St. 63104 Grade Span 09 - 12

**BACKGROUND:** More than 3,800 students are expected to transfer to new schools as a result of the State Board of Education's decision on April 18, 2012 to close the Imagine charter schools due to poor academic performance and fiscal management. In an attempt to support the students and their families the District will open three schools with the intended purpose of providing another option for students and their families from the closed Imagine schools.

**Accountability Plan Goals:** Goal: **Objective/Strategy:** I.A

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Superintendent's Office

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

Reviewed By: _____ Reviewed By: _____ Reviewed By: _____

Missouri
DEPARTMENT OF ELEMENTARY & SECONDARY
EDUCATION

*Office of Data System Management*

Leigh Ann Grant-Engle • *Assistant Commissioner*
205 Jefferson Street, P.O. Box 480 • Jefferson City, MO 65102-0480 • dese.mo.gov

June 19, 2012

Dr. Kelvin R. Adams
Superintendent of Schools
St. Louis City Schools
801 North 11th Street
St. Louis, MO 63101-1401

Dear Dr. Adams:

This is to confirm receipt of correspondence, dated June 15, 2012, regarding attendance centers at **St. Louis City Schools**. The following changes will be effective for the **2012-2013** school year.

**115-115 St. Louis City Schools**

| | |
|---|---|
| **Add Building 6040 –** | **Heritage Academy at Williams (PK-02)**<br>**3955 St Ferdinand Ave**<br>**St. Louis, MO 63115** |
| **Add Building 4990 –** | **Academy of Envt'l Sci/Math Elementary School (K-05)**<br>**1008 S Spring**<br>**St. Louis, MO 63110** |
| **Add Building 3250 –** | **Academy of Envt'l Sci/Math Middle School (06-08)**<br>**1008 S Spring**<br>**St. Louis, MO 63110** |
| **Add Building 1550 –** | **The College Preparatory High School (09-12)**<br>**1118 S 7th Street**<br>**St. Louis, MO 63104** |

Please contact Jocelyn Strand, Coordinator, School Improvement, for the potential impact to future federal accountability at MSIP@dese.mo.gov .

Please note that this information should be used in the completion of all Core Data and School Food Services reports. If you have any questions, please let us know.

Sincerely,

Tom Ogle

Tom Ogle, Director
School Core Data

c: Jocelyn Strand, School Improvement
Karen Wooton, School Foods Services
Tim Ricker, Area Supervisor
Julia Cowell, Federal Grants Management
Janet Duncan, Accountability Data

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item:** 07-10-12-08

**To:** Special Administrative Board

**Action:** ☒

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

**Action to be Approved:** School Opening

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the opening of the St. Louis Public School District's **New Americans High School** program (9th – 12th grades) at the Gallaudet school building beginning with the 2012-13 school session. A separate resolution will be provided to address the reopening cost for the Gallaudet building.

**BACKGROUND:** The enrollment capacity of the program will be 250 English Language Learners for newcomers in grades 9th through 12th. The New Americans High School will be a full day school program. Students may enroll in grades 9-12 and remain at the school until graduation. The school will offer all the required graduation units. Electives will focus on STEM. Grades will be added incrementally, as detailed below:

| | | |
|---|---|---|
| 2012-2013 | At-Risk rising 8th graders | 30 ELLs |
| | Newcomer 9th graders | 50 ELLs |
| | At Risk 10th graders | 20 ELLs |
| 2013-2014 | Add 11th grade | 50 ELLs |
| 2014- 2015 | Add 12th grade | 50 ELLs |

**Accountability Plan Goals:** Goal: **Objective/Strategy:** I.A

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

| | | |
|---|---|---|
| **Fund Source:** GOB | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** Title III | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** Refuge Impact Grant | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Superintendent's Office

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

Reviewed By: Reviewed By: Reviewed By:

Missouri
DEPARTMENT OF ELEMENTARY & SECONDARY
EDUCATION

Office of Data System Management

Leigh Ann Grant-Engle • *Assistant Commissioner*
205 Jefferson Street, P.O. Box 480 • Jefferson City, MO 65102-0480 • dese.mo.gov

June 19, 2012

Dr. Kelvin R. Adams
Superintendent of Schools
St. Louis City Schools
801 North 11th Street
St. Louis, MO 63101-1401

Dear Dr. Adams:

This is to confirm receipt of correspondence, dated June 15, 2012, regarding attendance centers at **St. Louis City Schools**. The following changes will be effective for the **2012-2013** school year.

**115-115 St. Louis City Schools**

| | |
|---|---|
| **Add Building 6040 –** | **Heritage Academy at Williams (PK-02)**<br>**3955 St Ferdinand Ave**<br>**St. Louis, MO 63115** |
| **Add Building 4990 –** | **Academy of Envt'l Sci/Math Elementary School (K-05)**<br>**1008 S Spring**<br>**St. Louis, MO 63110** |
| **Add Building 3250 –** | **Academy of Envt'l Sci/Math Middle School (06-08)**<br>**1008 S Spring**<br>**St. Louis, MO 63110** |
| **Add Building 1550 –** | **The College Preparatory High School (09-12)**<br>**1118 S 7th Street**<br>**St. Louis, MO 63104** |

Please contact Jocelyn Strand, Coordinator, School Improvement, for the potential impact to future federal accountability at MSIP@dese.mo.gov .

Please note that this information should be used in the completion of all Core Data and School Food Services reports. If you have any questions, please let us know.

Sincerely,

Tom Ogle

Tom Ogle, Director
School Core Data

c: Jocelyn Strand, School Improvement
Karen Wooton, School Foods Services
Tim Ricker, Area Supervisor
Julia Cowell, Federal Grants Management
Janet Duncan, Accountability Data

# BOARD RESOLUTION

Date: June 14, 2012

Agenda Item : 07-10-12-09

To: Dr. Kelvin R. Adams, Superintendent

Action: ☒

From: Debra Falkiner, Director, Innovative Pathways

**Action to be Approved: Policy Adoption/Change**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the Student Code of Conduct Handbook for the 2012-13 school year.

**BACKGROUND:** Missouri Revised Statutes, Chapter 160, Section 160.261 requires the local board of education shall clearly establish a written policy of discipline.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** A1

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

| | | |
|---|---|---|
| **Fund Source:** NA | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Parent and Student Engage

**Requestor:** Debra J. Falkiner

Michael Haggen, Assoc. Supt., Office of Innovation

6/15/2012

Dr. Nicole Williams, Dep. Supt., Academics

Angela Banks, Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

# BOARD RESOLUTION

**Date:** June 14, 2012

**Agenda Item :** 07-10-12-10

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

**Action:** ☒

**From:** Althea Albert-Santiago, Director, Food Service

**Action to be Approved:**
**Memorandum of Understanding**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a Memorandum of Understanding (MOU) with HOSCO, LLC. to provide urban agricultural training, healthy cooking and nutrition classes, and participate in the Health and Wellness Council. The MOU will be for the period July 1, 2012 to June 30, 2013.

**BACKGROUND:** HOSCO, LLC is an urban farming organization that works to build limited square footage, high yielding hydroponic, aeroponic and aquaponic greenhouses. As an SLPS partner they will help implement a multi-grade level urban agriculture curriculum within selected schools. Initially, the program will begin at Peabody and Stevens.

**Accountability Plan Goals:** Goal IV: Parent Community Involvement **Objective/Strategy:** IV.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost Not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Food Services

**Requestor:** Althea Albert-Santiago

Althea Albert-Santiago

**Althea Albert-Santiago, Director, Food Service**

**Blake Youde, Dep. Supt., Institutional Advancement**

Angela Banks

**Angela Banks, 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 the HOSCO, LLC ("HOSCO") on this 25th day of April, 2012.

**The purpose of this Memorandum of Understanding is to establish a partnership between HOSCO, LLC and any of its affiliated companies and the St. Louis Public Schools in order to better serve the SLPS students and their families and spread the importance of health and wellness through the availability of local fresh foods within the schools. This will be done through outreach focused on urban agricultural training, healthy cooking and nutrition classes and the participation and establishment of a Health and Wellness Council. A number of projects and programs will be implemented by SLPS and HOSCO, LLC in order to systematically redesign the local food system available to SLPS.**

1. **Fundraising:** It is agreed by HOSCO that the SLPS does not endorse any fundraising efforts by HOSCO, whether or not associated with the activities and duties contemplated by this MOU. To the extent that HOSCO 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 HOSCO, and the SLPS shall not be liable for such cost under any circumstance. HOSCO 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:** HOSCO 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, HOSCO 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. HOSCO 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)** Work closely with HOSCO to build limited square footage high yielding hydroponic, aeroponic and aquaponic greenhouses; and to develop create implement a multi grade level urban Agriculture curriculum within select schools.

**(b)** Work closely with HOSCO to develop a successful model for sustainable local food production, distribution and purchasing platform for fresh produce directly to SLPS.

**(c)** Work with HOSCO to develop a successful nutritional education program and to provide support for the development of a Health and Wellness Council at selected SLPS locations.

**(d)** Work with HOSCO to secure funding through federal, state and other grants made available to further the healthy food initiative.

6. **Obligations of HOSCO:**

**(a)** Work closely with SLPS to build limited square footage high yielding hydroponic, aeroponic and aquaponic greenhouses; and to develop, create implement a multi grade level urban Agriculture curriculum within select schools.

**(b)** Work closely with SLPS to develop a successful model for sustainable local food production, distribution and purchasing platform for fresh produce directly to SLPS.

**(c)** Work with SLPS to develop a successful nutritional education program and to provide support for the development of a Health and Wellness Council at selected SLPS locations.

**(d)** Work with SLPS to secure funding through federal, state and other grants made available to further the healthy food initiative.

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

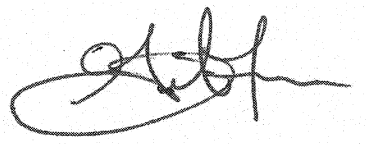
**Performance Standards:** HOSCO performance at the end of the term of this Memorandum of Understanding will be measured by HOSCO's compliance with the following performance standards:

**(a)** Provided an increase in the amount of produce and specialty crops made available at SLPS locations.

**(b)** Established a program to provide nutritional education to local parents and families of SLPS school children.

**(c)** Increased engagement of the number of student and parent involvement measured against data taken from pre program, mid program and post program.

**8. Term and Termination:** The term of the MOU will be from April 25th, 2012 (the Effective Date) through June 30, 2014, unless earlier terminated by either party by providing thirty (30) days' written notice to the person who has signed as a representative of each party below.

| Saint Louis Public Schools | HOSCO, LLC |
|---|---|
| By: _____ | By:  |
| Name: _____ | Name: Gibron Jones Burchett |
| Title: _____ | Title: Managing Director |

11

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 07-1012-11

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

**Action:** ☒

**From:** Audrey Jackson, Director, Professional Development

**Action to be Approved: Membership**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 10-04-11-09
**Prior Year Cost** $6,280.00

**SUBJECT:** To approve a membership renewal with CharacterPlus of Cooperating School District. CharacterPlus will provide the staff of St. Louis Public Schools access to research-based training and concentrate resources in selected schools through the development and usage of an intentionally designed plan by the school's leadership team and administrator. The membership will be for the period of July 1, 2012 - June 30, 2013.

**BACKGROUND:** CharacterPlus will provide series of off-site professional development for educators and parents, seek grants that allow the provision of Caring School Community to the District and meet with administrators and school leadership teams to develop usage plans to help them meet their gaols. St. Louis Public Schools has been a member for 24 years.

**Accountability Plan Goals:** Goal II: Highly Qualified Staff **Objective/Strategy:** II.B.

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

| | | |
|---|---|---|
| **Fund Source:** Title Funds | Non-GOB | **Requisition #:** |
| **Amount:** $6,280.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $6,280.00 | ☒**Pending Funding Availability** | **Vendor #:** 600010872 |

**Department:** Professional Development

**Requestor:** Audrey Jackson

Audrey Jackson
**Audrey Jackson, Director, Professional Development**

6/18/2012
**Dr. Nicole Williams, Dep. Supt., Academics**

Angela Banks
**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

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# BOARD RESOLUTION

**Date:** June 14, 2012

**Agenda Item :** 07-10-12-12

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

**Action:** ☒

**From:** Timothy Murrell, Exec. Dir., Career Technical Ed

**Action to be Approved:** Contract

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a contract not to exceed $7,030.00 between the Special Administrative Board of the Transitional School District of the City of Saint Louis (SLPS) and Ranken Technical College. Approval of the contract will allow 74 SLPS middle and high school students to attend the 2012 Ranken Adventure Academy Program on the Ranken Technical College campus, July 16-20 and July 23-27, 2012.

**BACKGROUND:** The Ranken Adventure Academy Program introduces students to technology careers in Ranken's five core divisions. During the program, students will be encouraged to design, create, think and work through hands-on, project-based activities. The Adventure Academy offers a unique opportunity for students to learn about technology used in various career fields, such as the robotics, website design, gaming, race engineering, welding, criminal justice, and the health sciences.

**Accountability Plan Goals:** Superintendent's Initiatives **Objective/Strategy:**

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

| | | |
|---|---|---|
| **Fund Source:** TBD | | **Requisition #:** |
| **Amount:** $7,030.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $7,030.00 | ☒ **Pending Funding Availability** | **Vendor #:** |

**Department:** Career and Tech Education

**Requestor:** Tim M. Murrell

**Dr. Dan Edwards, Assoc. Supt., Secondary Schools**

6/15/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# BOARD RESOLUTION

**Date:** June 14, 2012

**Agenda Item :** 07-10-12-13

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

**Action:** ☒

**From:** Timothy Murrell, Exec. Dir., Career Technical Ed

**Action to be Approved:** Contract

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a contract between the Special Administrative Board of the Transitional School District of the City of Saint Louis (SLPS) and Confluence Preparatory Academy. Approval of the contract will allow Confluence Preparatory Academy students to enroll in Career and Technical Education (CTE) programs, at a rate of $2,000.00 per student, at Beaumont Technical High School for the 2012-2013 school year.

**BACKGROUND:** The Confluence Preparatory Academy administration has requested that eligible students be permitted to enroll in Career and Technical Education programs offered at Beaumont Technical High School. Confluence Preparatory Academy has agreed to pay tuition for each (Confluence) student enrolled in a CTE program at Beaumont Technical High School.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.B.5.d

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

| | | |
|---|---|---|
| **Fund Source:** NO funding necessary | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Career and Technical Ed

**Requestor:** Tim M. Murrell

**Dr. Dan Edwards, Assoc. Supt., Secondary Schools**

6/15/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# BOARD RESOLUTION

**Date:** June 15, 2012

**Agenda Item :** 07-10-12-14

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

**Action:** ☒

**From:** Paula Knight, Assoc. Supt., Elementary Schools

**Action to be Approved:** Contract

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a contract with Project Construct to provide professional development to preschool teachers for the period of July 1 to November 30, 2012 at a cost not to exceed $100,000.00 for the 2012-13 school year.

**BACKGROUND:** As part of its commitment to preschool students and the obligations of Title 1 and No Child Left Behind, all preschool teachers must receive Project Construct training. Project Construct is the educational framework endorsed by DESE and is used in all SLPS preschool classrooms to teach communications arts, science and mathematics. The Early Childhood department seeks training for approximatley 70 teachers including all Title 1, ECSE, Head Start, new teachers and teacher assistants. The training of staff has the potential to impact 800 students.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** 1. D.

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

| | | |
|---|---|---|
| **Fund Source:** 232-2213-824-BS-232-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $100,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $100,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600001733 |

**Department:** Early Childhood

**Requestor:** Dr. Sheryl Davenport

Paula Knight, Assoc. Supt., Elementary Schools

6/15/2012

Dr. Nicole Williams, Dep. Supt., Academics

Angela Banks, Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor:** Dr. Sheryl Davenport | **Date:** June 1, 2012 |
| **Department / School:** Early Childhood | **Phone Number:** 314-345-5380 |
| *Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)* | |
| **Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)** | |
| As part of its commitment to preschool students and the obligations of Title 1 and No Child Left Behind, all preschool teachers must receive Project Construct training. Project Construct is the educational framework endorsed by DESE and is utilized in all SLPS classrooms to teach communications arts, science and mathematics. | |
| **Vendor Name:** Project Construct | **Email:** jrinehar@columbia.k12.mo.us |
| **Vendor Contact:** Janet Rinehart | **Phone Number** 877-895-9590 |
| **Justification Information** | |
| **1. Why the uniquely specified goods are required?** | |
| Project Construct is a recommended curriculum framework used in Title 1 funded preschool classrooms. SLPS has twenty-five Title 1 classrooms with teachers that need training. The curriculum is aligned with Head Start and Missouri Pre-K standards. | |
| **2. Why good or services available from other vendors /competitors are not acceptable?** | |
| The vendor, Project Construct, is the only source in Missouri to provide certification training as approved by DESE. | |
| **3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)** | |
| Project Construct addresses the District's goal of hiring and supporting highly qualified preschool teachers with professional development that is relevant, rigorous and prepares children for continued academic growth. | |
| **4. List the Names of other Vendors contacted & Price Quotes:** | |
| There are no other vendors that we are aware of that provide this service. | |
| *I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.* | |
| **Your sole source request will not be approved without the required signatures below:** | |
| Sheryl Davenport | 6/15/12 |
| 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.

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 07-10-12-15

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

**Action:** ☒

**From:** Paula Knight, Assoc. Supt., Elementary Schools

**Action to be Approved:** Contract

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a sole source contract with the Father Support Center to provide parenting support for teen fathers at Vashon, Sumner, Meda P and Roosevelt high schools from September 1, 2012 thru May 30, 2013 at a cost not to exceed $10,800.00.

**BACKGROUND:** The Father Support Program has provided parenting support to teen fathers at Vashon for the past 4 years. Teen fathers often have a difficult time balancing the responsibilities of fatherhood with their academic pursuits. The Father Support Center provides counsel and resource referrals to help these young men expand their options for graduation and beyond. The program addresses the District's goal of developing in-school programs and services that support at-risk students.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** 1. C.

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

| | | |
|---|---|---|
| **Fund Source:** 846-8R-732-3333-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $10,800.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $10,800.00 | ☒**Pending Funding Availability** | **Vendor #:** TBD |

**Department:** ECE/ECSE

**Requestor:** Dr. Sheryl Davenport

Paula Knight

**Paula Knight, Assoc. Supt., Elementary Schools**

5/31/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

Revised 6/15/2012

Angela Banks

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor:** Dr. Sheryl Davenport | **Date:** May 18, 2012 |
| **Department / School:** Early Childhood | **Phone Number:** 314-345-5380 |

*Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)*

**Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)**

To approve a contract with the Father Support Center to provide parenting support for teen fathers at Vashon, Sumner, and Roosevelt from September 1, 2012 thru May 30, 2013 at a cost not to exceed $10,800.00

| | |
|---|---|
| **Vendor Name:** Father Support Center | **Email:** |
| **Vendor Contact:** Halbert Sullivan | **Phone Number** 314-333-4170 |

**Justification Information**

**1. Why the uniquely specified goods are required?**

To involve parents in the educational process of their children from prenatal to kindergarten in PAT program and preschool centers (CLRP#10)

**2. Why good or services available from other vendors /competitors are not acceptable?**

Father Support Center is the only service in this area that provides this type of opportunity to teen fathers in the school setting. The organization is an established, nonprofit organization committed to creating positive outcomes for children and families by helping fathers become responsible parents

**3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)**

The Father Support Program has provided parenting support to teen fathers at Vashon for the past 4 years. Teen fathers often have a difficult time balancing the responsibilities of fatherhood with their academic pursuits. The Father Support Center provides counsel and resource referrals to help these young men expand their options for graduation and beyond. The program addresses the District's goal of developing inschool programs and services that support at-risk students.

**4. List the Names of other Vendors contacted & Price Quotes:**

There are no other vendors that we are aware of that provide this service.

*I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.*

**Your sole source request will not be approved without the required signatures below:**

| | |
|---|---|
| Sheryl Davenport TSP | 5/31/2012 |
| Department Head | Date |
| | |
| CFO | Date |
| | |
| Superintendent | Date |

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: May 21, 2012** |
| **Dept / School: Early Childhood** | **Reported By: Marcia Hayes-Harris** |
| **Vendor: Father Support Center** | **Vendor #: 600008729** |
| **Contract # / P.O/ #: 4500153047** | **Contract Name: Halbert Sullivan** |
| **Contract Amount: $ 2,7000** | **Award Date: 8/19/10** |

**Purpose of Contract (Brief Description):**
To provide a male involvement component within the Parent/Infant Interaction Program at Vashon High School.

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5 4 3 2 1** | Participants valued service. |
| **Timeliness of Delivery or Performance** | **5 4 3 2 1** | Vendor met scheduled timeline and was willing to reschedule when necessary. |
| **Business Relations** | **5 4 3 2 1** | Also provided a representative to serve on the PIIP Advisory Board |
| **Customer Satisfaction** | **5 4 3 2 1** | Facilitator and contact were easy to work with. |
| **Cost Control** | **5 4 3 2 1** | Worked with our staff to determine a rate of surface that was mutually beneficial to both parties. |
| **Average Score** | **20** | 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 is a 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** | 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<br>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 |

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# BOARD RESOLUTION

**Date:** June 11, 2012 **Agenda Item:** 07-10-12-16

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

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

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 07-07-11-08
**Prior Year Cost** $2,500,000.00

**SUBJECT:** To approve a contract renewal with Cooperating School District in conjunction with Tremco/Weatherproofing Technoogies, Inc. to provide roofing inspections, repair and replacement services for District schools and buildings beginning July 1, 2012 through June 30, 2013 at a cost not to exceed $2,500,000. This project will be funded through the Proposition S Bond Program.

**BACKGROUND:** The St. Louis Public Schools, as a member of the Cooperating School District (CSD), utilizes a contract negotiated by CSD with Tremco/Weatherproofing Technologies, Inc. to provide roofing repairs and replacement services for District schools and buildings. The Tremco Corporation provides St. Louis Public Schools with roofing surveys, assessments and when required, the design and supervision of roof replacement or repairs. All roof work will be under warranty for labor and materials. This project was originally approved for the amount of $5,000,000.00 under Board Resolution #07-07-11-08 on July 7, 2011.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.C.1

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

| | | |
|---|---|---|
| **Fund Source:** 905-FE-910-2624-6333 | Non-GOB | **Requisition #:** TBD |
| **Amount:** $2,500,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $2,500,000.00 | ☐ **Pending Funding Availability** | **Vendor #:** 600001140 |

**Department:** Operations

**Requestor:** Linda C. McKnight

Roger L. CayCe

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

**Mary M. Houlihan, Dep. Supt., Operations**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final [X] Quarterly [ ]** | **Report Date: 6/7/12** |
| **Dept / School: District Wide** | **Reported By: Linda C. McKnight** |
| **Vendor: CSD-Tremco** | **Vendor #: 600001140** |
| **Contract # / P.O/ #: 4500158020** | **Contract Name: Roof Inspections, Replacements and Repair Services** |
| **Contract Amount: $2,500,000.00** | **Award Date: July 1, 2011** |

**Purpose of Contract (Brief Description): Provide roofing inspections, replacements, and repair services for all District-wide schools and buildings.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | [5]<br>4<br>3<br>2<br>1 | Provides solutions to problems and performs quality workmanship |
| **Timeliness of Delivery or Performance** | [5]<br>4<br>3<br>2<br>1 | Very quick to respond |
| **Business Relations** | [5]<br>4<br>3<br>2<br>1 | Good customer service |
| **Customer Satisfaction** | [5]<br>4<br>3<br>2<br>1 | Had no minor problems or complaints with the customers |
| **Cost Control** | [5]<br>4<br>3<br>2<br>1 | Met all performance requirements; effective corrective actions |
| **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 [X] No [ ]

# BOARD RESOLUTION

**Date:** June 15, 2012

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

**From:** Althea Albert-Santiago, Director, Food Service

**Agenda Item :** 07-10-12-17

**Information:** ☐

**Action:** ☒

**Action to be Approved: Contract Renewal**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 09-20-11-03
**Current Year Commissions** $64,000

**SUBJECT:** To approve a contract renewal with Dynamic Vending to provide beverage and snack vending machine services. There is no cost to the District under this contract, and Dynamic pays the District commissions on the sales in the vending machines. This will be the second year of a five year contract. The contract period will be for the period July 11, 2012 to June 30, 2013.

**BACKGROUND:** During the current year, Dynamic has paid commissions of $64,000 to the District. The program was not approved until September and it took a couple of months to get to the expected run rate. We are now receiving $8-9K per month which, if annualized, will total $96,000 to $108,000 per year. Most of the commissions have been returned to the schools. Dynamic has been very supportive of the District's position on the Missouri Eat Smart Guidelines and the vending choices are pre-approved by the District.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.C.1.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Lease Proceeds:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Food Services

Althea Albert-Santiago

**Althea Albert-Santiago, Director, Food Services**

**Mary M. Houlihan, Dep. Supt., Operations**

Angela Banks

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

**Revised 09/27/2010**

Reviewed By:

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X☐ Quarterly ☐** | **Report Date: 5/13/2010** |
| **Dept / School: Operations/Food Services** | **Reported By: Althea Albert-Santiago** |
| **Vendor: Dynamic Vending** | **Vendor #: 600012482** |
| **Contract # / P.O/ #:**<br>**4500141812** | **Contract Name:**<br>**Dynamic Vending** |
| **Contract Amount:12.5 million** | **Award Date: 8-6-2009** |
| **Purpose of Contract (Brief Description):**<br>**Vending Company in SLPS Schools** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| Quality of Goods / Services | 5<br>**4 x**<br>3<br>1 | Dynamic Vending is always trying to improve the quality of snacks and beverages in the vending machines. This year Dynamic has place heart healthy sticker by the more health items in the snack machines. |
| **Timeliness of Delivery or Performance** | 5<br>**4x**<br>3<br>2<br>1 | Dynamic Vending is meeting the requirements based in the contract. |
| **Business Relations** | 5<br>**4X**<br>3<br>2<br>1 | Dynamic has a good working relationship with SLPS Food Services Staff. Dynamic's Account Managers are very professional and responsive to the needs of the school. |
| **Customer Satisfaction** | 5<br>**4 x**<br>3<br>2<br>1 | The feedback from schools is positive. Dynamic is tries to address vending issues when they occur at the schools and at the Central office. |
| **Cost Control** | 5<br>**4x**<br>3<br>2<br>1 | The schools and the Central Office are receiving the commissions check according to the contract |
| **Average Score** | **20/5=4** | |

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 |

# BOARD RESOLUTION

**Date:** June 21, 2012

**Agenda Item :** 06-10-12-18

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

**Action:** ☒

**From:** Enos Moss, CFO/Treasurer

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 03-13-12-02 (Amended)

**Prior Year Cost** $199,100.00

**SUBJECT:** To approve the contract renewal with Rubin Brown, LLP to audit governmental activities, each major fund, and the aggregate remaining fund information, which collectively comprises the financial statements of the St. Louis Public Schools. The period of performance will be July 1, 2012 through December 31, 2012 with the total cost not to exceed $193,000.00.

**BACKGROUND:** RSMs. 165.181 requires that the Mayor of the City of St. Louis shall appoint one or more expert accountants, who shall examine the books, accounts and vouchers of the treasurer and all other departments of expenditures of the Board of the Metropolitan District (SLPS) and shall make due report thereof to the Mayor and the Board of Education of the City of St. Louis. The Mayor has appointed Rubin Brown, LLP to serve as the statutorily required expert accountant for SLPS. The audit includes the financial reporting model as required by the Governmental Standards Accounting Board (GASB).

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.D.

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

| | | |
|---|---|---|
| **Fund Source:** 978-00-110-2517-6315 | GOB | **Requisition #:** |
| **Amount:** $193,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $193,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600001244 |

**Department:** Fiscal Control

**Requestor:** Lynn Byrd

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

**Mary M. Houlihan, Dep. Supt., Operations**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 05/22/12** |
| **Dept / School: Fiscal Control** | **Reported By: Enos Moss** |
| **Vendor: Rubin Brown LLC** | **Vendor #: 600001244** |
| **Contract # / P.O/ #: 4500158621** | **Contract Name: External Auditing Services** |
| **Contract Amount: $199,100.00** | **Award Date: June 30, 2011** |

**Purpose of Contract (Brief Description):**
**To provide external auditing services and produce the CAFR.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | (5) 4 3 2 1 | |
| **Timeliness of Delivery or Performance** | (5) 4 3 2 1 | |
| **Business Relations** | 5 (4) 3 2 1 | |
| **Customer Satisfaction** | 5 4 (3) 2 1 | |
| **Cost Control** | 5 4 (3) 2 1 | |
| **Average Score** | 4 | |

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 ☐**

# BOARD RESOLUTION

**Date:** May 30, 2012

**Agenda Item :** 07-10-12-F

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved: Contract Renewal**

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-30-11-40

**Prior Year Cost** $ 1,040,000.00

**SUBJECT:** To approve a contract renewal with Achievement Commitment and Excellence (ACE) Learning Centers for the period July 1, 2012 to June 30, 2013 at a cost not to exceed $1,040,000.00. A total of 200 slots will be purchased at $5,200.00 per slot.

**BACKGROUND:** The ACE Learning Centers goal is to recover students who have dropped out of school or who are at-risk of dropping out of school. ACE will provide and maintain a course of instruction for alternative education as approved by the Missouri Department of Elementary and Secondary Education. The Centers will be housed at Northwest (40 slots), Sumner (40 slots), Gateway (60 slots), and Roosevelt (60 slots). Two to three stations per Center will be dedicated to drop-in recovery at host schools.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I. A.

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

| | | |
|---|---|---|
| **Fund Source:** 822-C6-110-2336-6319 | GOB | **Requisition #:** |
| **Amount:** $ 1,040,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $1,040,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600007614 |

**Department:** Parent & Student Engage.

**Michael Haggen, Assoc. Supt., Office of Innovation**

**Dr. Dan Edwards, Assoc. Supt., Secondary Schools**

6/18/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: May 22, 2012** |
| **Dept / School: Parent and Student Engagement** | **Reported By: Debra J. Falkiner** |
| **Vendor: ACE Learning Center** | **Vendor #: : 600007614** |
| **Contract # / P.O/ #: 4500157714** | **Contract Name: Achievement Commitment and Excellence (ACE) Learning Centers** |
| **Contract Amount: $1,040,000.00** | **Award Date: 6/30/11** |
| **Purpose of Contract (Brief Description): Recover students who have dropped out of school or who are at-risk of dropping out. The ACE Centers create pathways for students to recover or make-up credit.** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Customer service is excellent. ACE brings their own team to service the students and district. |
| **Timeliness of Delivery or Performance** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Eighteen percent of 2010-11 SLPS graduates attended ACE programs. Totals for the 2011-12 school year have not been released yet. |
| **Business Relations** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Excellent working relationship. |
| **Customer Satisfaction** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Eighteen percent of SLPS graduates last school year attended ACE programs. |
| **Cost Control** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | ACE makes every attempt to keep costs down. |
| **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 X No ☐**

# VENDOR PERFORMANCE REPORT INSTRUCTIONS

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 07-10-12-20

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

**Action:** ☒

**From:** Dr. Diane Cox., Exec. Dir., School Improvement

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-26-12-87 (Amended)

**Prior Year Cost** $632,755.00

**SUBJECT:** To approve a contract renewal with Blue Hills Community Services for disbursement of funds to non-public schools for Title II-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 $160,000 for the period of October 1, 2012 through September 30, 2013.

**BACKGROUND:** Federal law requires a set a side amount to fund non-public schools in Title II-A (Professional Development) programs. Due to the extensive measures in dispersing these funds, it was determined that a third party contractor was a fiscally positive action.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A

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

| | | |
|---|---|---|
| **Fund Source:** 814-YJ-233-2214-6312 | Non-GOB | **Requisition #:** |
| **Amount:** $160,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $160,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600003908 |

**Department:** State and Federal Program

**Requestor:** Diane Cox

**Dr. Diane Cox., Exec. Dir., School Improvement**

6/15/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X☐ Quarterly ☐** | **Report Date: May 13, 2011** |
| **Dept / School: State & Federal Programs** | **Reported By: D. Cox** |
| **Vendor: Blue Hills Community Services** | **Vendor #: 600013326** |
| **Contract # / P.O/ #: 4500153197** | **Contract Name: Blue Hills Community Services** |
| **Contract Amount: $ $650,000** | **Award Date: July 22, 2010** |

**Purpose of Contract (Brief Description): Blue Hills serves as third party vendor to process professional development requests related to Title II and activities related to Title IV funds allocated to non-public schools.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | 5<br>4<br>3 X<br>2<br>1 | |
| **Timeliness of Delivery or Performance** | 5<br>4<br>3 X<br>2<br>1 | |
| **Business Relations** | 5<br>4<br>3 X<br>2<br>1 | |
| **Customer Satisfaction** | 5<br>4<br>3X<br>2<br>1 | |
| **Cost Control** | 5<br>4<br>3 X<br>2<br>1 | |
| **Average Score** | 3 | 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 is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item:** 07-10-12-21

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-16-11-14
**Prior Year Cost** $18,000.00

**SUBJECT:** To approve the contract renewal with Metropolitan Speech and Language Center to provide foreign language interpreting services to the District. The period of performance will be July 1, 2012 through June 30, 2013 with the total cost not to exceed $18,000.00. The contract is written for three years to be renewed annually at the option of the Board. This will be the second year of the contract.

**BACKGROUND:** Metropolitan Speech and Language Center will provide, on an "as needed" basis, foreign language interpreting services to students and families as required by the Individuals with Disabilities Education Act (IDEA). All services are to be provided at sites and times as directed by the Office of Special Education.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.A.

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

| | | |
|---|---|---|
| **Fund Source:** 828-00-273-1232-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $17,900.00 | | |
| **Fund Source:** 840-00-222-1243-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $100.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $18,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600014595 |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/18/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 4/26/2012** |
| **Dept / School: Special Education** | **Reported By: Dr. Sheryl Davenport** |
| **Vendor: Metropolitan Speech & Language Cntr.** | **Vendor #: 600014595** |
| **Contract # / P.O/ #: 4500158241** | **Contract Name: Foreign Language Services** |
| **Contract Amount: $ 12,000.00** | **Award Date: 7/1/2012** |

**Purpose of Contract (Brief Description): To provide foreign language interpreting services to students and families whose primary language is not English but require communication supports with the educational processes.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5**<br>**4**<br>**3 X**<br>**2**<br>**1** | The vendor provides qualified sign language interpreters but occasionally has difficulty finding staff for some of the language requests we have. |
| **Timeliness of Delivery or Performance** | **5**<br>**4**<br>**3X**<br>**2**<br>**1** | There have been occasional miscommunications for some meetings in which no interpreter appeared and the meeting had to be rescheduled. |
| **Business Relations** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | The vendor is always responsive. When made aware of problems, Metropolitan works hard to rectify the situation in a timely manner. |
| **Customer Satisfaction** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | This was the first year of the contract. With continued communication, the relationship will improve. |
| **Cost Control** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The contract is under the budgeted amount. |
| **Average Score** | **3.8** | 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 is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item :** 07-10-12-22

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 05-03-12-03
**Prior Year Cost** $77,500.00

**SUBJECT:** To approve the contract renewal with Midwest Music Therapy Services, Inc. to provide music therapy services to the District. The period of performance will be July 1, 2012 through June 30, 2013 with the total cost not to exceed $77,500.00. The contract is written for three years to be renewed annually at the option of the Board. This will be the second year of the contract.

**BACKGROUND:** Midwest Music Therapy Services, Inc. will provide, on an "as needed" basis, music therapy services to students and families as required by the Individuals with Disabilities Education Act (IDEA). All services are to be provided at sites and times as directed by the Office of Special Education.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.A.

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

| | | |
|---|---|---|
| **Fund Source:** 828-00-273-2132-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $70,000.00 | | |
| **Fund Source:** 840-00-223-1243-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $7,500.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $77,500.00 | ☒**Pending Funding Availability** | **Vendor #:** 600013853 |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/19/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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



# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: April 20, 2012** |
| **Dept / School: Student Support Services** | **Reported By: Colleen Reichert** |
| **Vendor: Midwest Music Therapy, Inc.** | **Vendor #: 600013853** |
| **Contract # / P.O/ #: 4500158252 / 4500158433** | **Contract Name: Music Therapy Services** |
| **Contract Amount: $ 47,500** | **Award Date: 06-16-11-13** |
| **Purpose of Contract (Brief Description): To provide Music Therapy Services to students when it is a part of their IEP.** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | 5<br>✓ 4<br>3<br>2<br>1 | The agency provides board certified music therapists who are knowledgeable about the delivery of the service within a school setting and the assessment/IEP process. |
| **Timeliness of Delivery or Performance** | ✓ 5<br>4<br>3<br>2<br>1 | The agency is extremely prompt and responsive to the needs of the district. Even in the event of a delay on the part of the case manager or team, Midwest responds quickly to meet compliance deadlines. |
| **Business Relations** | ✓ 5<br>4<br>3<br>2<br>1 | The agency president is extremely prompt in returning calls and emails and sending the appropriate staff to "fit" the student profile. All agency staff members are accessible and readily request district input as needed. All agency staff work well with their school IEP teams. |
| **Customer Satisfaction** | ✓ 5<br>4<br>3<br>2<br>1 | The agency goes above and beyond in meeting district requests and student needs. They are extremely flexible in scheduling service provision, reporting and necessary meeting attendance. |
| **Cost Control** | 5<br>✓ 4<br>3<br>2<br>1 | The agency rates are competitive. They assess to recommend the service only when there is truly an educational need, in accordance with special education requirements. They are forthright in assessing and recommending when the service is no longer needed. |
| **Average Score** | 4.6 | Add above ratings: divide the total by the number of areas being rated. |

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

**Please Check Yes X No ☐**

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item :** 07-10-12-23

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 05-17-12-09
**Prior Year Cost** $355,500.00

**SUBJECT:** To approve the contract renewal with Deaf Way Interpreting Services to provide sign language interpreting services to the District. The period of performance will be July 1, 2012 through June 30, 2013 with the total cost not to exceed $355,500.00. The contract is written for three years to be renewed annually at the option of the Board. This will be the second year of the contract.

**BACKGROUND:** Deaf Way Interpreting Services will provide, on an "as needed" basis, sign language interpreting services to students and families as required by the Individuals with Disabilities Services Education Act (IDEA). The services are to include participation in IEP development and implementation. All services are to be provided at sites and times as directed by the Office of Special Education.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.A.

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

| | | |
|---|---|---|
| **Fund Source:** 828-00-273-1222-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $355,500.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $355,500.00 | ☒**Pending Funding Availability** | **Vendor #:** 600000639 |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/19/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 04/26/2012** |
| **Dept / School: ECSE** | **Reported By: Sheryl Davenport** |
| **Vendor: Deafway** | **Vendor #: 600000639** |
| **Contract # / P.O/ #: 4500158240** | **Contract Name: Sign Language Interpreting Service** |
| **Contract Amount: $ 320,000** | **Award Date: 7/1/11** |

**Purpose of Contract (Brief Description): To provide sign language interpreting services to eligible deaf/hard of hearing students per their IEP.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The sign language interpreters provided by Deafway are experienced and have skills necessary to assist students in the classroom setting. |
| **Timeliness of Delivery or Performance** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The attendance of the sign language interpreters meets expectations. |
| **Business Relations** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Deafway has a positive history of working with SLPS and providing quality service. |
| **Customer Satisfaction** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The vendor is responsive and professional. |
| **Cost Control** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The vendor has provided adequate service and come in under budget. |
| **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 X☐ No ☐**

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item :** 07-10-12-24

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 05-17-12-10

**Prior Year Cost** $46,500.00

**SUBJECT:** To approve the contract renewal with Listening For Learning to provide audiology services to the District. The period of performance will be July 1, 2012 through June 30, 2013 with the total cost not to exceed $46,500.00. The contract is written for three years to be renewed annually at the option of the Board. This will be the second year of the contract.

**BACKGROUND:** Listening for Learning will provide, on an "as needed" basis, audiology services to students as required by the Individuals with Disabilities Education Act (IDEA). All services are to be provided at sites and times as directed by the Office of Special Education.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.A.

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

| | | |
|---|---|---|
| **Fund Source:** 828-00-273-2132-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $38,500.00 | | |
| **Fund Source:** 840-00-223-1243-6319 | Non-GOB | **Requisition #:** |
| **Amount:** 8,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $46,500.00 | ☒**Pending Funding Availability** | **Vendor #:** 600010847 |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/19/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 04/26/2012** |
| **Dept / School: Special Education** | **Reported By: Dr. Sheryl Davenport** |
| **Vendor: Listening for Learning** | **Vendor #: 600010847** |
| **Contract # / P.O/ #: 4500158251** | **Contract Name: Audiology Services** |
| **Contract Amount: $ 35,000** | **Award Date: 07/01/11** |
| **Purpose of Contract (Brief Description):** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Audiology services rendered have been professional, thorough and helpful to staff as they deliver services to students. |
| **Timeliness of Delivery or Performance** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The vendor delivers services in a timely manner in order to meet deadlines for the evaluation process. |
| **Business Relations** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | There is a very positive relationship between SLPS and the vendor. |
| **Customer Satisfaction** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | SLPS continues to be very satisfied with the work of Listening for Learning. |
| **Cost Control** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Costs have been contained and are under budget. |
| **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 X☐** **No ☐**

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item :** 07-10-12-25

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 05-03-12-02
**Prior Year Cost** $381,080.00

**SUBJECT:** To approve the contract renewal for nursing services. The period of performance will be July 1, 2012 through June 30, 2013 with the total combined cost not to exceed $361,760.00. The contracts are written for three years to be renewed annually at the option of the Board. This will be the second year of the contracts.

**BACKGROUND:** The agencies listed below were selected by RFP in 2011. The agencies will provide, on an "as needed" basis, nursing services to students with disabilities as identified by the Individual Education Program (IEP). Services are to include screenings for evaluations, participation in diagnostic staffing, and IEP development and implementation. All services are to be provided at sites and times as directed by the Office of Special Education. Elite Medical Staffing Group is being added as a vendor at this time, but will be only be used in the event that Supplemental Health Care is unable to provide the services required.

Supplemental Health Care and Elite Medical Staffing Group

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.D.

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

| | | |
|---|---|---|
| **Fund Source:** 828-MZ-140-2132-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $104,942.50 | | |
| **Fund Source:** 840-00-223-1243-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $256,817.50 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $361,760.00 | ☒**Pending Funding Availability** | **Vendor #:** Various |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/19/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 04/26/2012** |
| **Dept / School: Special Education** | **Reported By: Dr. Sheryl Davenport** |
| **Vendor: Supplemental Healthcare** | **Vendor #: 600013310** |
| **Contract # / P.O/ #: 4500158253** | **Contract Name: Private Nursing Services** |
| **Contract Amount: $ 171,080.00** | **Award Date: 07/01/2011** |
| **Purpose of Contract (Brief Description):** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The vendor provides qualified nurses to assist eligible students per the needs outlined in the IEP. However there have been incidences that required SLPS staff to request reassignment of nurses. |
| **Timeliness of Delivery or Performance** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The vendor is very responsive and provides needed nurses in a timely manner. The vendor handled all concerns in a timely and professional manner. |
| **Business Relations** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The business relationship with the vendor is professional and exceeds expectations. |
| **Customer Satisfaction** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | The vendor is extremely responsive to staff and parents. Parents have reported good relationships and thorough explanations of services with the Supplemental. The vendor constantly communicates with families. |
| **Cost Control** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | While the vendor has worked very hard to contain costs, it has exceeded the budgeted amount. The amount was determined without knowing how many nurses would be required per IEP team determinations particularly in early childhood special education. |
| **Average Score** | **4.8** | 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 is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item :** 07-10-12-26

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 05-17-12-11

**Prior Year Cost** $2,371,824.00

**SUBJECT:** To approve contract renewals for private placement services with multiple vendors. The period of performance will be July 1, 2012 through June 30, 2013 with the total combined cost not to exceed $1,985,872.00. The contracts are written for three years to be renewed annually at the option of the Board. This will be the second year of the contracts.

**BACKGROUND:** The agencies listed below were selected by RFP in 2011. The agencies will provide, on an "as needed" basis, private placement services to students with disabilities as identified by the Individual Education Program (IEP). Services are to include screenings for evaluations, participation in diagnostic staffing, and IEP development and implementation. All services are to be provided at sites and times as directed by the Office of Special Education. Our Little Haven is being added as a vendor to be used only in the event that Family Resource Center is unable to provide the services required for early childhood students.

Annie Malone - Emerson Academy, Edgewood Children's Home, Epworth Children and Family Services, Logos School, Family Resource Center, and Our Little Haven

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.D.

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

| | | |
|---|---|---|
| **Fund Source:** 828-00-273-2132-6311 | Non-GOB | **Requisition #:** |
| **Amount:** $1,925,872.00 | | |
| **Fund Source:** 840-00-223-1243-6311 | Non-GOB | **Requisition #:** |
| **Amount:** $60,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $1,985,872.00 | ☒**Pending Funding Availability** | **Vendor #:** Various |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/19/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

**Revised 07/06/2011** **Reviewed By:** _____ **Reviewed By:** _____ **Reviewed By:** _____

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 4/19/2012** |
| **Dept / School: SPED. CONTRACTUAL** | **Reported By:** |
| **Vendor: LOGOS** | **Vendor #:** |
| **Contract # / P.O/ #:** | **Contract Name:** |
| **Contract Amount: $** | **Award Date:** |

**Purpose of Contract (Brief Description):**

**THERAPEUTIC PRIVATE SEPARATE DAY SCHOOL**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Logos delivers exceptional service to our students with respect and encouragement. |
| **Timeliness of Delivery or Performance** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | Services are delivered in a professional and timely manner. |
| **Business Relations** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Logos staff is professional and quick to respond to any requests. |
| **Customer Satisfaction** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | No parent complaints and services are delivered on time. |
| **Cost Control** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Logos works to graduate or return students as soon as possible to the District. |
| **Average Score** | 4.8 | 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 is a 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** | 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<br>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 |

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 4/19/2012** |
| **Dept / School: SPED. CONTRACTUAL** | **Reported By: D. BELL** |
| **Vendor: EMERSON** | **Vendor #:** |
| **Contract # / P.O/ #:** | **Contract Name:** |
| **Contract Amount: $** | **Award Date:** |

**Purpose of Contract (Brief Description):**

**THERAPEUTIC PRIVATE SEPARATE DAY SCHOOL**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Emerson is the only Contractual Site within the city limits of St. Louis. Emerson over the last year has stepped up their program to include more therapy, computer science lab, outdoor (small) science garden, a professional chef and a program geared for our severe ID students of high school age which are not eligible for state school placement. Their location assists with saving on transportation cost. |
| **Timeliness of Delivery or Performance** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | Performance and delivery are satisfactory. |
| **Business Relations** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The Annie Malone Organization of which Emerson is a part of has a long of community service to our city. The staff at Emerson is easy to approach, open to suggestions and improvements and follow through. |
| **Customer Satisfaction** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | The school continues to improve and I have not had one parent complaint concerning the school. |
| **Cost Control** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Emerson is the least expensive of all agencies. |
| **Average Score** | 4.8 | 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 is a 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** | 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<br>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 |

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 4/19/2012** |
| **Dept / School: SPED. CONTRACTUAL** | **Reported By: D. BELL** |
| **Vendor: EPWORTH** | **Vendor #:** |
| **Contract # / P.O/ #:** | **Contract Name:** |
| **Contract Amount: $** | **Award Date:** |

**Purpose of Contract (Brief Description):**

**THERAPEUTIC PRIVATE SEPARATE DAY SCHOOL**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Epworth has added several new programs to serve students.<br>The BAAC Program (behavioral and academic assessment center) a 45 day program<br>Autism programming and partnership with St. Louis University St. Louis<br>Project Search<br>Art Therapy |
| **Timeliness of Delivery or Performance** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | IEP's and all other reports are done professionally and in a timely manner. |
| **Business Relations** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Billing and attendance is submitted on time and they always follow through with request and are easy to deal with. |
| **Customer Satisfaction** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Epworth is committed to helping our students and returning them to the District as soon as possible. I have not had any parent complaints. |
| **Cost Control** | **5 X**<br>**4**<br>**3**<br>**2**<br>**1** | Epworth returns students to the District as soon as is possible and varies the cost of the students in their various programs. |
| **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 X No ☐**

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: May 22, 2012** |
| **Dept / School: Early Childhood Special Ed.** | **Reported By: Dr. Sheryl Davenport** |
| **Vendor: Family Resource Center** | **Vendor #: 600009593** |
| **Contract # / P.O/ #: 4500159646** | **Contract Name: Family Resource Center** |
| **Contract Amount: $ 62,700.00** | **Award Date: 6/16/11** |

**Purpose of Contract (Brief Description): The vendor provides services to preschool children with developmental delays who require intensive social/emotional intervention. The small classroom setting with social workers and counselors who specialize in helping children cope with traumatic events/circumstances is beneficial for transitioning back to a regular classroom more successfully.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5<br>X4<br>3<br>2<br>1** | The vendor has provided a small classroom setting in a safe environment for children. The teachers and related service personnel are qualified and skilled to support preschool children. FRC fulfills its obligations in support of children's IEP goals. |
| **Timeliness of Delivery or Performance** | **5<br>X4<br>3<br>2<br>1** | The vendor has small classrooms but the timeliness of delivery of service was not a problem. |
| **Business Relations** | **5<br>X4<br>3<br>2<br>1** | The vendor is responsive and professional. They check in often, provide regular updates regarding the students we send to them. |
| **Customer Satisfaction** | **5<br>X4<br>3<br>2<br>1** | SLPS is satisfied with its interactions with FRC. |
| **Cost Control** | **X5<br>4<br>3<br>2<br>1** | Due to the nature of placements, FRC has remained well below its budgeted amount. |
| **Average Score** | **4.2** | 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 is a 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** | 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<br>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 |

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 4/19/2012** |
| **Dept / School: SPED. CONTRACTUAL** | **Reported By: D. BELL** |
| **Vendor: EDGEWOOD/CHILDHAVEN** | **Vendor #:** |
| **Contract # / P.O/ #:** | **Contract Name:** |
| **Contract Amount: $** | **Award Date:** |

**Purpose of Contract (Brief Description):**

**THERAPEUTIC PRIVATE SEPARATE DAY SCHOOL**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | The quality of the services is dependent on the staff person delivering the service. It varies from Very good to satisfactory. |
| **Timeliness of Delivery or Performance** | **5**<br>**4**<br>**3 X**<br>**2**<br>**1** | Edgewood tends to want to keep students longer than other agencies. |
| **Business Relations** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | The current Director of Special Education at Edgewood is excellent; the staffs under her are good but not as experienced in getting staff to deliver what is needed. |
| **Customer Satisfaction** | **5**<br>**4 X**<br>**3**<br>**2**<br>**1** | Overall parents are very happy with Edgewood and I have not had any parent complaints. |
| **Cost Control** | **5**<br>**4**<br>**3 X**<br>**2**<br>**1** | Edgewood has six weeks of ESY compared to four for most agencies and students tend to stay longer. |
| **Average Score** | 3.6 | Add above ratings: divide the total by the number of areas being rated. |

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

**Please Check Yes X No ☐**

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item:** 07-10-12-27

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-16-11-15
**Prior Year Cost** $1,299,902.50

**SUBJECT:** To approve contract renewals for speech therapy services with multiple vendors. The period of performance will be July 1, 2012 through June 30, 2013 with the total combined cost not to exceed $1,091,230.00. The contracts are written for three years to be renewed annually at the option of the Board. This will be the second year of the contracts.

**BACKGROUND:** The agencies listed below were selected by RFP in 2011. The agencies will provide, on an "as needed" basis, speech therapy services to students with disabilities as identified by the Individual Education Program (IEP). Services are to include screenings for evaluations, participation in diagnostic staffing, and IEP development and implementation. All services are to be provided at sites and times as directed by the Office of Special Education.

Educational Based Services (EBS), City Speech, Cumberland Therapy, and Career Staff Unlimited are the agencies that were selected during the RFP process. Supplemental Health Care also responded to the RFP, and will be used if services are not available from the other selected providers.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.D.

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

| | | |
|---|---|---|
| **Fund Source:** 828-MZ-140-2132-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $1,081,030.00 | | |
| **Fund Source:** 840-00-223-1225-6319 | Non-GOB | **Requisition #:** |
| **Amount:** 200.00 | | |
| **Fund Source:** 828-00-273-1511-6319 | Non-GOB | **Requisition #:** |
| **Amount:** 10,000.00 | | |
| **Cost not to Exceed:** $1,091,230.00 | ☒**Pending Funding Availability** | **Vendor #:** Various |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/19/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: April 13, 2012** |
| **Dept / School: Special Education-Speech** | **Reported By: Yvonne R. Tate** |
| **Vendor: Educational Based Services (EBS)** | **Vendor #: 600009187** |
| **Contract # / P.O/ #: 4500158237 & 4500158623** | **Contract Name: Educational Based Services (EBS)** |
| **Contract Amount: $ 471,998.00** | **Award Date: 06-16-11** |
| **Purpose of Contract (Brief Description): To provide speech and language services to identified students with disabilities when District staff is insufficient to meet the demand.** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | 5<br>**[4]**<br>3<br>2<br>1 | The selected staff have worked for SLPS several years. There have been no significant problems requiring vendor oversight. |
| **Timeliness of Delivery or Performance** | **[5]**<br>4<br>3<br>2<br>1 | Vendor met all specifications within the contract. |
| **Business Relations** | **[5]**<br>4<br>3<br>2<br>1 | Vendor was responsive to my requests to locate additional staff and supplied prospective candidates. Their recruitment efforts continue. |
| **Customer Satisfaction** | 5<br>4<br>**[3]**<br>2<br>1 | Staff working under this contract are generally satisfactory. One staff member has more absences than desired. |
| **Cost Control** | **[5]**<br>4<br>3<br>2<br>1 | To the best of my knowledge, the vendor met the original cost estimated. |
| **Average Score** | **4.4** | 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 ☒** **No ☐**

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: April 13, 2012** |
| **Dept / School: Special Education-Speech** | **Reported By: Yvonne R. Tate** |
| **Vendor: City Speech** | **Vendor #: 600004605** |
| **Contract # / P.O/ #: 4500158238, 4500158250, & 4500158624** | **Contract Name: City Speech** |
| **Contract Amount: $ 285,948.00** | **Award Date: 6.30.11** |

**Purpose of Contract (Brief Description): To provide speech and language services to identified students with disabilities when District staff is insufficient to meet the demand.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **[5]** 4 3 2 1 | This vendor has contracted with the SLPS for 13+ years without incident. The selected staff have worked for SLPS several years. There have been no significant problems requiring vendor extended oversight. |
| **Timeliness of Delivery or Performance** | **[5]** 4 3 2 1 | Vendor met all specifications within the contract. |
| **Business Relations** | 5 **[4]** 3 2 1 | Vendor is always immediately responsive to my requests to locate additional staff when needed. Vendor does not always have staff available, however, but earnestly recruits. This vendor is also a service provider and readily offers her services when my need is immediate. |
| **Customer Satisfaction** | **[5]** 4 3 2 1 | Staff working under this contract are satisfactory. No negative reports have been received in my office. |
| **Cost Control** | **[5]** 4 3 2 1 | To the best of my knowledge, the vendor met the original cost estimated. |
| **Average Score** | **4.8** | 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 ☒ No ☐**

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: April 13, 2012** |
| **Dept / School: Special Education-Speech** | **Reported By: Yvonne R. Tate** |
| **Vendor: Cumberland Therapy Services** | **Vendor #: 600007650** |
| **Contract # / P.O/ #: 4500158236** | **Contract Name: Cumberland Therapy Services** |
| **Contract Amount: $ 461,305.00** | **Award Date: 06-16-11** |

**Purpose of Contract (Brief Description): To provide speech and language services to identified students with disabilities when District staff is insufficient to meet the demand.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **[5]** 4 3 2 1 | The selected contract staff have worked for SLPS on average 8+ years. There have been no significant problems or concerns requiring vendor oversight. |
| **Timeliness of Delivery or Performance** | **[5]** 4 3 2 1 | Vendor met all specifications within the contract. |
| **Business Relations** | 5 **[4]** 3 2 1 | Vendor was responsive to my requests to locate additional staff but could not immediately supply staff to meet District need. Their recruitment efforts were seemingly sincere and are ongoing. Currently vendor has perspective hires. |
| **Customer Satisfaction** | **[5]** 4 3 2 1 | Staff working under this contract are generally exceptional and valued employees. |
| **Cost Control** | **[5]** 4 3 2 1 | To the best of my knowledge, the vendor met the original cost estimated. |
| **Average Score** | **4.8** | 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 ☒ No ☐**

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: April 13, 2012** |
| **Dept / School: Special Education-Speech** | **Reported By: Yvonne R. Tate** |
| **Vendor: Career Staff** | **Vendor #: 6000011370** |
| **Contract # / P.O/ #: 4500158239** | **Contract Name: Career Staff** |
| **Contract Amount: $ 80,652.00** | **Award Date: 06.16.11** |
| **Purpose of Contract (Brief Description): To provide speech and language services to identified students with disabilities when District staff is insufficient to meet the demand.** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | [5]<br>4<br>3<br>2<br>1 | The selected staff member has worked for SLPS several years during previous school years . There have been no problems requiring vendor oversight. |
| **Timeliness of Delivery or Performance** | [5]<br>4<br>3<br>2<br>1 | Vendor met all specifications within the contract. |
| **Business Relations** | 5<br>[4]<br>3<br>2<br>1 | Vendor was responsive to my requests to locate additional staff but could not immediately supply staff to meet District need. Their recruitment efforts were followed up with prospective candidates several weeks later. |
| **Customer Satisfaction** | [5]<br>4<br>3<br>2<br>1 | Staff member working under this contract is an exceptional and valued employee. |
| **Cost Control** | [5]<br>4<br>3<br>2<br>1 | To the best of my knowledge, the vendor met the original cost estimated. |
| **Average Score** | **4.8** | 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 ☒** **No ☐**

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item :** 07-10-12-20

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved: Contract Renewal**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-16-11-17
**Prior Year Cost** $892,060.00

**SUBJECT:** To approve contract renewals for occupational and physical therapy services with multiple vendors. The period of performance will be July 1, 2012 through June 30, 2013 with the total combined cost not to exceed $627,130.00. The contracts are written for three years to be renewed annually at the option of the Board. This will be the second year of the contracts.

**BACKGROUND:** The agencies listed below were selected by RFP in 2011. The agencies will provide, on an "as needed" basis, occupational and physical therapy services to students with disabilities as identified by the Individual Education Program (IEP). Services are to include screenings for evaluations, participation in diagnostic staffing, and IEP development and implementation. All services are to be provided at sites and times as directed by the Office of Special Education. Per Board Resolution 01-26-12-02, Rehab Choice International and Cumberland Therapy services were added as approved vendors in the event Supplemental Health Care is unable to provide the necessary services.

Supplemental Health Care, Rehab Choice International, and Cumberland Therapy Services

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.D.

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

| | | |
|---|---|---|
| **Fund Source:** 828-MZ-140-2132-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $612,130.00 | | |
| **Fund Source:** 840-00-223-1243-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $15,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $627,130.00 | ☒**Pending Funding Availability** | **Vendor #:** Various |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/19/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: April 13, 2012** |
| **Dept / School: Special Education-OT** | **Reported By: Yvonne R. Tate** |
| **Vendor: Supplemental Health Services** | **Vendor #: 600013310** |
| **Contract # / P.O/ #: 4500158255 & 4500158432** | **Contract Name: Supplemental Health Services** |
| **Contract Amount: $ 892,060.00** | **Award Date: 6.16.11** |
| **Purpose of Contract (Brief Description): To provide occupational therapy services to identified students with disabilities when District staff is insufficient to meet the demand.** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | 5<br>**[4]**<br>3<br>2<br>1 | The quality of the services delivered were primarily satisfactory. |
| **Timeliness of Delivery or Performance** | 5<br>**[4]**<br>3<br>2<br>1 | There were concerns requiring vendor oversight. This involved therapists leaving the assignment before the end of the school year & 3 therapists refusing assignment once hired, orientated and serving 1 day. Vendor was apologetic and recruitment efforts were immediate. |
| **Business Relations** | **[5]**<br>4<br>3<br>2<br>1 | Vendor was immediately responsive to my requests to locate additional therapists. |
| **Customer Satisfaction** | 5<br>**[4]**<br>3<br>2<br>1 | Staff working under this contract are generally satisfactory. There were two reported (from principals) of concerns, but they were resolved without vendor intervention. |
| **Cost Control** | **[5]**<br>4<br>3<br>2<br>1 | To the best of my knowledge, the vendor met the original cost estimated. |
| **Average Score** | **4.4** | 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 ☒** **No ☐**

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: April 13, 2012** |
| **Dept / School: Special Education-PT** | **Reported By: Yvonne R. Tate** |
| **Vendor: Supplemental Health Services** | **Vendor #:** |
| **Contract # / P.O/ #: 4500158255 & 4500158432** | **Contract Name: Supplemental Health Services** |
| **Contract Amount: $ 892,060.00** | **Award Date: 6.16.11** |
| **Purpose of Contract (Brief Description): To provide physical therapy services to identified students with disabilities when District staff is insufficient to meet the demand.** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | 5<br>4<br>3<br>2<br>1 | Vendor was immediately responsive to my requests to locate a physical therapist, but results did not result in a hire. |
| **Timeliness of Delivery or Performance** | 5<br>4<br>3<br>2<br>1 | Recruitment efforts were immediate upon notification. |
| **Business Relations** | 5<br>4<br>3<br>2<br>1 | Vendor was immediately responsive to my requests to locate a physical therapist, but results did not result in a hire. |
| **Customer Satisfaction** | 5<br>4<br>3<br>2<br>1 | No PT hire through this vendor. |
| **Cost Control** | 5<br>4<br>3<br>2<br>1 | No PT hire through this vendor. |
| **Average Score** | | 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 ☒ No ☐**

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: April 13, 2012** |
| **Dept / School: Special Education-PT** | **Reported By: Yvonne R. Tate** |
| **Vendor: Rehab Choice** | **Vendor #:** |
| **Contract # / P.O/ #: 4500158255 & 4500158432** | **Contract Name: Rehab Choice** |
| **Contract Amount: $** | **Award Date:** |

**Purpose of Contract (Brief Description): To provide physical therapy services to identified students with disabilities when District staff is insufficient to meet the demand.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **[5]** 4 3 2 1 | The quality of the services delivered were satisfactory. |
| **Timeliness of Delivery or Performance** | 5 **[4]** 3 2 1 | Recruitment efforts were immediate upon notification. Requests for an additional PT did not result in a hire to date. |
| **Business Relations** | 5 **[4]** 3 2 1 | Vendor was immediately responsive to my requests to locate a physical therapist. Recuritment efforts are on-going. |
| **Customer Satisfaction** | **[5]** 4 3 2 1 | Staff member working under this contract is satisfactory. |
| **Cost Control** | **[5]** 4 3 2 1 | To the best of my knowledge, the vendor met the original cost estimated. |
| **Average Score** | **4.6** | Add above ratings: divide the total by the number of areas being rated. |

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

**Please Check Yes ☒ No ☐**

# BOARD RESOLUTION

**Date:** June 19, 2012

**Agenda Item :** 07-10-12-29

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-16-11-18

**Prior Year Cost** $12,000.00

**SUBJECT:** To approve a sole source contract renewal with the Institute For Family Medicine to provide the services of the Medical Director for the Office of Health Services. The period of performance will be July 1, 2012 through June 30, 2013 with the total cost not to exceed $12,000.00.

**BACKGROUND:** The Institute For Family Medicine provides the services of Dr. David Campbell as the Medical Director for the District. The Medical Director provides standing medical orders for the professional registered nurses employed as school nurses and directs patient health care services to students through utilization of Family Nurse Practitioners.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.A.

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

| | | |
|---|---|---|
| **Fund Source:** 880-00-110-2134-6312 | GOB | **Requisition #:** |
| **Amount:** $12,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $12,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600012168 |

**Department:** Health Services

**Requestor:** Richelle Clark

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/19/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final ☒ Quarterly ☐** | **Report Date: April 16, 2012** |
| **Dept / School: Office of Health Services** | **Reported By: Richelle S. Clark** |
| **Vendor: Institute for Family Medicine** | **Vendor #: 600012168** |
| **Contract # / P.O/ #:** | **Contract Name: Contract for Medical Director Services** |
| **Contract Amount: $ 12,000.00** | **Award Date: July, 2011** |

**Purpose of Contract (Brief Description):**
**To provide Medical Director Services to St. Louis Public Schools for support of its health services programs.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | (5) 4 3 2 1 | Vendor has provided exemplary guidance to the nursing staff. The professional development sessions developed for staff have been cutting edge. |
| **Timeliness of Delivery or Performance** | (5) 4 3 2 1 | Vendor has been very responsive to the Manager of Health Services and school nurses assigned to the SLPS schools and families of enrolled students. |
| **Business Relations** | (5) 4 3 2 1 | All staff have been professional and courteous. |
| **Customer Satisfaction** | 5 (4) 3 2 1 | The families of students who receive health care services from the staff in the school setting have all expressed positive comments and appreciate the convenience of service delivery. |
| **Cost Control** | (5) 4 3 2 1 | Vendor did not require or request any additional cost. |
| **Average Score** | 4.8 | 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 ☑** **No ☐**

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor:** Richelle Clark | **Date:** May 10, 2012 |
| **Department / School:** Student Support Services | **Phone Number:** 314-345-4401 |
| *Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)* | |
| **Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)** | |
| Provides services to the school district as the Medical Director for the Office of Health Services, provides standing medical orders for the school nurses and direct patient health care services to students through the utilization of Family Practice Nurse Practitioners. | |
| **Vendor Name:** Institute for Family Medicine | **Email:** docdave52@aol.com |
| **Vendor Contact:** David C. Campbell, MD | **Phone Number:** 314-849-7669 |
| **Justification Information** | |
| **1. Why the uniquely specified goods are required?** | |
| This community service provider provides services to the District as the dedicated Medical Director for the Office of Health Services and provides direct healthcare services to students in the school setting through nurse practitioners. The Medical Director provides standing medical orders for the professional registered nurses employed as school nurses and directs patient health care services to students through the utilization of Family Nurse Practitioners. This year they have established the District's first school based clinic at the International Welcome School. | |
| **2. Why good or services available from other vendors /competitors are not acceptable?** | |
| One of a kind. | |
| **3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)** | |
| This healthcare service deliverer has no competitor and this specific service is only available from the Institute for Family Medicine. | |
| **4. List the Names of other Vendors contacted & Price Quotes:** | |
| N/A - One-of-a-kind. | |
| *I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.* | |
| **Your sole source request will not be approved without the required signatures below:** | |
| | 6/21/12 |
| Department Head | Date |
| | |
| CFO | Date |
| | |
| Superintendent | Date |

**Sole Source Checklist**

1. Check one of the following:

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

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

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

☐ **Compatibility** The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor.

Prior to checking this box you must complete the following task:

- Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question

☐ **Replacement Part** The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier.

Prior to checking this box you must complete the following task:

- Document a search for additional suppliers

☐ **Delivery Date** Only one supplier can meet necessary delivery requirements.

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

- Document delivery date and quotes from at least two other vendors
- Document rationale in support of treating the delivery date as mission critical

☐ **Research Continuity** The commodity or service must comply with established District standards and is available from only one supplier.

Prior to checking this box you must complete the following task:

- Document district adoption of standard (i.e. Textbook adoption)

☐ **Unique Design** The commodity or service must meet physical design or quality requirements and is available from only one supplier.

Prior to checking this box you must complete the following task:

- 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.

# Board Resolution

**Date:** June 21, 2012 **Agenda Item:** 07-10-12-30

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

**From:** Enos K. Moss, CFO/Treasurer **Action:** X

**Action to be Approved:** **Other Transaction Descriptors:** _____

X **Contract Extension/Continuation**

**Previous Board Resolution** 06-30-11-23

**Prior Year Cost** 10% of Generated Revenue

**SUBJECT:**

To approve the extension of the contract with Missouri School Boards Association (MSBA) for Medicaid Direct Billing services to be provided through September 30, 2012 pending the results of an RFP at a cost not to exceed 10% of generated revenue.

**BACKGROUND:**

MSBA provides all of the products, services and technical assistance that are necessary in order for the District to be able to submit accurate and timely claims to the Missouri Department of Social Services (DSS) MOHealthNet Division with respect to claimable costs that the District incurs in providing speech, occupational and physical therapy, and other direct services to students with special needs. MSBA receives a fee of not more than 10% of any Direct services-related revenue that the District receives from MOHealthNet for the program. Total projected FY12 Direct service revenue: $400,000.

**Accountability Plan Goal:** Goal V: Governance **Objective/Strategy:** V.B

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

| | | |
|---|---|---|
| **Fund Source:** 828 - MZ - 140 - 2132 - 6358 **Amount:** 10% of Revenue | **Non GOB** | **Requisition #:** |
| **Fund Source:** - - - - **Amount:** | | **Requisition #:** |
| **Fund Source:** - - - - **Amount:** | | **Requisition #:** |
| **Cost not to Exceed:** 10% of Revenue | **Pending Funding Availability** | **Vendor #:** 60O001045 |

**Department:** Grants Management

Angela Banks, Budget Director

Enos Moss, CFO/Treasurer

Mary M. Houlihan, Dep. Supt., Operations

Dr. Kelvin R. Adams, Superintendent

# ITEM#:

# 07-10-31-12

(APPROVED AT THE 6/26/12 MEETING)

# BOARD RESOLUTION

Date: June 21, 2012

To: Dr. Kelvin R. Adams, Superintendent

From: Sharonica Hardin, Chief Human Resource Officer

Agenda Item : 07-10-12-32

Information: ☐

Action: ☒

**Action to be Approved: Policy Adoption/Change**

**Other Transaction Descriptors:** (i.e.: Sole Source, Ratification)

**Previous Resolution Number: 11-30-10-09**
**(7/1/10 through 6/30/12)**

**SUBJECT:** To adopt and approve a Policy Statement of the Special Administrative Board of the Transitional School District of the City of St. Louis In Relation to Working Conditions for School Nurses from the period from July 1st, 2012 through June 30th, 2014.

**BACKGROUND:** Whereas the District has been in negotiations with the National Education Association, St. Louis/Missouri ,National Education Association/National Education Association (NEA/MNEA/NEA) as the exclusive bargaining representative for all regulation, full-time employees in the job classification known as School Nurse; and Whereas those negotiations have resulted in the agreement of the parties on terms for a policy statement to govern the relationship between the parties from July 1st, 2012 until June 30th, 2014; the SAB hereby authorizes, adopts and approves the Policy Statement of the Special Administrative Board of the Transitional School District of the City of St. Louis In Relation to Working Conditions for School Nurses from the period from July 1st, 2012 through June 30th, 2014.

**Accountability Plan Goals:** Goal II: Highly Qualified Staff **Objective/Strategy:** II.E.1.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Human Resources

**Angela Banks, Budget Director**

**Sharonica Hardin, Chief Human Resource Officer**

**Enos Moss, CFO/Treasurer**

**Mary M. Houlihan, Dep. Supt., Operations**

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

Revised 09/27/2010

Reviewed By:

| | | | |
|---|---|---|---|
| | | | |

# BOARD RESOLUTION

**Date:** June 21, 2012

**Agenda Item :** 07-10-12-38

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

**Action:** ☒

**From:** Dr. Dan Edwards, Assoc. Supt., Secondary Schools

**Action to be Approved: Purchase of Good (s)**

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 05-26-11-09
**Prior Year Cost** $20,000

**SUBJECT:** To approve a sole source purchase from College Board/AP Exams for the payment of the 2012 AP Testing fees at a cost not to exceed $24,736.00.

**BACKGROUND:** The District has been supporting the AP program since 2007 and since the testing process is the culminating experience, we would like to continue the supprot of our college bound students with the opportunity to achieve college credit while in high school by taking the AP exams.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** 4

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

| | | |
|---|---|---|
| **Fund Source:** 292-1151-816-V3-292-6412 | Non-GOB | **Requisition #:** |
| **Amount:** $25,000 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $25,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600012238 |

**Department:** APIP

**Requestor:** Dr. Dan Edwards

**Dr. Dan Edwards, Assoc. Supt., Secondary Schools**

6/15/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor:** Dr. Dan Edwards | **Date:** May 30, 2012 |
| **Department / School:** APIP | **Phone Number:** 314-345-2488 |
| *Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)* | |
| **Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)** | |
| | |
| **Vendor Name:** College Board/AP Exams | **Email:** |
| **Vendor Contact: ETS Service** | **Phone Number 610-290-8979** |
| **Justification Information** | |
| **1. Why the uniquely specified goods are required?** | |
| **When Advanced Placement students complete their courses in May, they are expected to take the AP exam in order to receive college credit. These funds are necessary to support our AP students. AP exams may serve as a culminating of the AP classes.** | |
| **2. Why good or services available from other vendors /competitors are not acceptable?** | |
| AP Exams are the sole product of College Board. | |
| **3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)** | |
| N/A | |
| **4. List the Names of other Vendors contacted & Price Quotes:** | |
| N/A | |
| *I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.* | |
| **Your sole source request will not be approved without the required signatures below:** | |
| | |
| Department Head | Date |
| | |
| CFO | Date |
| | |
| Superintendent | Date |

**Sole Source Checklist**

1. Check one of the following:

**X One-of-a-kind** The commodity or service has no competitive product and is available from only one supplier.
Prior to checking this box you must complete each of the following tasks:

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

☐ **Compatibility** The commodity or service must match existing brand of equipment for compatibility and is available from only one vendor.
Prior to checking this box you must complete the following task:

- Provide documentation from the provider of the original equipment/services that the equipment/services in question must be provided by the vendor in question

☐ **Replacement Part** The commodity is a replacement part for a specific brand of existing equipment and is available from only one supplier.
Prior to checking this box you must complete the following task:

- Document a search for additional suppliers

☐ **Delivery Date** Only one supplier can meet necessary delivery requirements.
Prior to checking this box you must complete each of the following tasks:

- Document delivery date and quotes from at least two other vendors
- Document rationale in support of treating the delivery date as mission critical

☐ **Research Continuity** The commodity or service must comply with established District standards and is available from only one supplier.
Prior to checking this box you must complete the following task:

- Document district adoption of standard (i.e. Textbook adoption)

☐ **Unique Design** The commodity or service must meet physical design or quality requirements and is available from only one supplier.
Prior to checking this box you must complete the following task:

- 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.

St. Louis Public Schools
AP Testing Fees 2012

| School # | Name High School | | District Check |
|---|---|---|---|
| 262930 | Beaumont H S | | 0 |
| 263119 | Mel Carnahan H S of F | | 104 |
| 263118 | Central V & P H S | | 3,014 |
| 262971 | Cleveland NJROTC HS | | 171 |
| 263099 | Clyde C. Miller C A H S | | 987 |
| 262949 | Gateway IT HS | | 4,186 |
| 262994 | Metro A & C H S | | 9,677 |
| 263104 | McKinley C L A H S | | 1,422 |
| 262929 | Northwest A of L H S | | 632 |
| 262984 | International Studies HS (Soldan) | | 3,341 |
| 263100 | Sumner H S | | 195 |
| 263020 | Theodore Roosevelt H S | | 828 |
| 263110 | Vashon H S | sent total fees already | 179 |
| | | District check total | **$24,736** |

Check from account number 292-1151-816-V3-292-6412

**Make check in the amount of $24,736 payable to College Board/AP Exams**

Send check to AP Exams — 6000 12238
P.O. Box 6671
Princeton, NJ 08541-6671

John Niemeyer
District Director AP
St. Louis Public Schools
801n 11th Street
St. Louis, MO 63101
314-345-2363
John.Niemeyer@slps.org

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 07-10-8-34

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

**Action:** ☒

**From:** Dr. Nicole Williams, Dep. Supt., Academics

**Action to be Approved: Purchase of Good (s)**

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a sole source purchase with Pearson Psychological Corporation for psychological educational assessment and evaluation test kits, supplemental protocols and scoring software for use by school psychological educational assessment services personnel and school social workers District wide for an amount not to exceed the amount of $ 6,193.46.

**BACKGROUND:** This purchase is in alignment with the District's Accountability Plan Differentiated Instruction and Supplemental Programs: Objectives 131, 132, 138, 139 by ensuring all resident children with disabilities receive comprehensive services, as required by the Individuals with Disabilities Education Act (IDEA) and Chapter 162, RSMo through an integrated component of the district's educational program.

It is also in response to MSIP Standard 7.1, 7.1.1, 7.1.2, 7.1.3, 7.1.4 as it regards provisions for all resident students being afforded comprehensive services if identified with a disability(s) and having access to the general education curriculum, receiving appropriate supports, services, and modifications to address their individual needs; and provide post-secondary educational and employment opportunities as a disabled person.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** Objective 1.D.

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

| | | |
|---|---|---|
| **Fund Source:** 828-00-272-2332-6411 | Non-GOB | **Requisition #:** |
| **Amount:** $6,193.46 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $6,193.46 | ☒**Pending Funding Availability** | **Vendor #:** 600011971 |

**Department:** PEAS/SPED

**Requestor:** Joseph 'Chip' Jones

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/18/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor: Joseph 'Chip' Jones** | **Date: June 11, 2012** |
| **Department / School: SpEd/PEAS** | **Phone Number: 314-345-2250** |
| *Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)* | |
| **Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)** | |
| Goods are sold only through this vendor and trademark and copyright law protected | |
| **Vendor Name: Pearson Psychological Corp.** | **Email: Tiffany. Laszlo@Pearson.com** |
| **Vendor Contact: Tiffany Laszlo** | **Phone Number 800-1627-7271, ext 267052** |
| **Justification Information** | |
| **1. Why the uniquely specified goods are required?** | |
| Goods used to conduct psychological educational assessments for the purpose of identifying students disabilities. | |
| **2. Why good or services available from other vendors /competitors are not acceptable?** | |
| Materials are sold through their publishing company. They are protected through trademark and copyright laws. They are not available through competitor publishers. | |
| **3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)** | |
| Due to the large number of material being requested for purchase, the district sales representative has given a 10% discount on the order. The companies proposal is attached. | |
| **4. List the Names of other Vendors contacted & Price Quotes:** | |
| Materials listed on SAP Purchase Requisition are only available through the vendor listed above. | |
| *I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.* | |
| **Your sole source request will not be approved without the required signatures below:** | |
| | 6/15/2012 |
| 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.

PEARSON ALWAYS LEARNING

Pearson Assessment
P.O. Box 599700
San Antonio, TX 78259
Phone: 800-627-7271
Fax: 800-232-1223
Federal ID No: 41-0850527

# Quote / Proforma Invoice

**Account Number:** 1061273
**Document Number:** 1072
**Document Date:** 05-JUN-2012
**Expiration Date:** 05-JUL-2012

**Customer:** SAINT LOUIS PUBLIC SCHOOLS

**Bill To:** SAINT LOUIS PUBLIC SCHOOLS
801 N 11TH ST
SAINT LOUIS, MO 63101

**Ship To:** SAINT LOUIS PUBLIC SCHOOLS
801 N 11TH ST
SAINT LOUIS, MO 63101

| Line | Product | Qty | Units | List Price | Discount % | Amount |
|---|---|---|---|---|---|---|
| 1.1 | 31012 - VINELAND-II SURV REC BKS(25) | 10 | EACH | $78.50 | 10 | $706.50 |
| 2.1 | 30030 - BASC-2 TRS-P CE ENG (25) | 10 | EACH | $31.25 | 10 | $281.25 |
| 3.1 | 30031 - BASC-2 TRS-C CE ENG (25) | 10 | EACH | $31.25 | 10 | $281.25 |
| 4.1 | 30032 - BASC-2 TRS-A CE ENG (25) | 10 | EACH | $31.25 | 10 | $281.25 |
| 5.1 | 30023 - BASC-2 PRS-P HS ENG(25) | 10 | EACH | $37.50 | 10 | $337.50 |
| 6.1 | 30024 - BASC-2 PRS-C HS ENG(25) | 10 | EACH | $37.50 | 10 | $337.50 |
| 7.1 | 30035 - BASC-2 PRS-A CE ENG (25) | 10 | EACH | $31.25 | 10 | $281.25 |
| 8.1 | 30036 - BASC-2 SRP-INTRVIEW CE ENG(25) | 10 | EACH | $31.25 | 10 | $281.25 |
| 10.1 | 0158979079 - WISC-IV RECORD FORMS- 25 | 5 | EACH | $120.00 | 10 | $540.00 |
| 12.1 | 0158979087 - WISC-IV RB #1- 25 | 5 | EACH | $77.00 | 10 | $346.50 |
| 13.1 | 0158982878 - WISC-IV I REC FMS-25 | 5 | EACH | $155.00 | 10 | $697.50 |
| 14.1 | 0158982894 - WISC-IV I RB #3-25 | 5 | EACH | $69.00 | 10 | $310.50 |
| 15.1 | 0158048075 - DEVEREUX BRS SCH RS CHLD AD-25 | 5 | EACH | $62.75 | 10 | $282.38 |
| 16.1 | 0158048083 - DEVEREUX BRS SCH RS ADOL AD-25 | 5 | EACH | $62.75 | 10 | $282.38 |
| 17.1 | 30037 - BASC-2 SRP-C CE ENG (25) | 5 | EACH | $31.25 | 10 | $140.63 |
| 18.1 | 30038 - BASC-2 SRP-A CE ENG (25) | 5 | EACH | $31.25 | 10 | $140.63 |
| 19.1 | 31032 - VINELAND-II TEACH RTG FM(25) | 4 | EACH | $73.60 | 10 | $264.96 |
| 20.1 | 0890420270 - DSM-IV DSKRF DIAG CRTRIA(SP) | 3 | EACH | $60.00 | 10 | $162.00 |

Payment Terms: Net 30

| | |
|---|---|
| Subtotal: | $5,955.23 |
| Charges: | $238.23 |
| Taxes: | $0.00 |
| (US Dollar) Total: | $6,193.46 |

PLEASE USE DISCOUNT CODE "TQ6-3" FOR A 10% DISCOUNT. PLEASE CONTACT YOUR SALES REPRESENTIVE TIFFANY LASZLO AT 1-800-627-7271 EXT 267052 WITH ANY QUESTIONS.

Sales of Pearson Products by the Clinical Assessment group of Pearson, and the purchase and use of the Products by Customer, are conditioned upon acceptance of the published Terms and Conditions of Sale and Use of Pearson Products, and any applicable license agreements. The Terms and Conditions can be found in Pearson's catalogs, and at www.psychcorp.com.

# BOARD RESOLUTION

**Date:** June 21, 2012

**Agenda** 07-10-12-35

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

**Action:** ☒

**From:** Dr. Nicole Williams, Dep. Supt., Academics

**Action to be Approved: Purchase of Good (s)**

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a sole source purchase with Western Psychological Services Publishing Company for psychological educational assessment and evaluation test kits, supplemental protocols and scoring software for use by school psychological educational assessment services personnel and school social workers District wide for an amount not to exceed the amount of $ 5,669.40.

**BACKGROUND:** This purchase is in alignment with the District's Accountability Plan Differentiated Instruction and Supplemental Programs: Objectives 131, 132, 138, 139 by ensuring all resident children with disabilities receive comprehensive services, as required by the Individuals with Disabilities Education Act (IDEA) and Chapter 162, RSMo through an integrated component of the district's educational program.

It is also in response to MSIP Standard 7.1, 7.1.1, 7.1.2, 7.1.3, 7.1.4 as it regards provisions for all resident students being afforded comprehensive services if identified with a disability(s) and having access to the general education curriculum, receiving appropriate supports, services, and modifications to address their individual needs; and provide post-secondary educational and employment opportunities as a disabled person.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** Objective 1.D.

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

| | | |
|---|---|---|
| **Fund Source:** 828-00-272-2332-6411 | Non-GOB | **Requisition #:** |
| **Amount:** $5,669.40 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $5,669.40 | ☒**Pending Funding Availability** | **Vendor #:** |

**Department:** PEAS/SPED

**Requestor:** Joseph 'Chip' Jones

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/18/2012

**Dr.**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor: Joseph 'Chip' Jones** | **Date: June 11, 2012** |
| **Department / School: SpEd/PEAS** | **Phone Number: 314-345-2250** |
| *Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)* | |
| **Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)** | |
| Goods are sold only through this vendor and trademark and copyright law protected | |
| **Vendor Name: Western Psychological Services Publishing Company** | **Email: customerservice@wpspublish.com** |
| **Vendor Contact:** | **Phone Number: 800-648-8857** |
| **Justification Information** | |
| **1. Why the uniquely specified goods are required?** | |
| Goods used to conduct psychological educational assessments for the purpose of identifying students disabilities | |
| **2. Why good or services available from other vendors /competitors are not acceptable?** | |
| Materials are sold through their publishing company. They are protected through trademark and copyright laws. They are not available through competitor publishers. | |
| **3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)** | |
| At the time this order had to be submitted the company had not responded to the request for a discount due to the large number of material requested for purchase. Since then, the company has submitted a bid with a discount on the order. The company's proposal is attached. | |
| **4. List the Names of other Vendors contacted & Price Quotes:** | |
| Materials listed on SAP Purchase Requisition are only available through the vendor listed above. | |
| *I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.* | |
| **Your sole source request will not be approved without the required signatures below:** | |
| | 6/13/2012 |
| 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.

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- Search the internet for companies providing similar services.
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❑ **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.

Western Psychological Services
Test with Confidence
* See our new address below

RCASTELL
Date: 11-JUN-12
QUOTE NO.: 608937

137539
St Louis Public Schools
113 E Saginaw Street
Saint Louis, MI 48880

**********
* P.O. MUST REFERENCE *
* QUOTE NUMBER *
**********

PLEASE RETURN THIS COPY WITH YOUR ORDER

Your Ref. No. DTD 6/11/12



| QTY | PROD NBR | DESCRIPTION | UNT PR | TOTAL |
|---|---|---|---|---|
| | | As a condition of this sale, Purchaser agrees not to duplicate, reproduce, or adapt the following materials in any manner, whether mechanically, electronically or otherwise or license others to do so. | | |
| 3 Each | W-399B | Social Responsiveness Scale (SRS) Manual | 58.00 | 174.00 |
| 5 Pkg/25 | W-399AP | Social Responsiveness Scale (SRS) Parent Autoscore Form | 39.50 | 197.50 |
| 5 Pkg/25 | W-399AT | Social Responsiveness Scale (SRS) Teacher Autoscore Form | 39.50 | 197.50 |
| 1 Kit | W-604S | OWLS-II Reading Comprehension and Written Expression Software Kit | 475.00 | 475.00 |
| 5 Pkg/25 | W-604A | OWLS-II RC/WE Record Form | 45.00 | 225.00 |
| 5 Pkg/25 | W-604B | OWLS-II WE Response Booklet | 25.00 | 125.00 |
| 5 Each | W-604C | OWLS-II Reading Comprehension Easel (Form A) | 130.00 | 650.00 |
| 5 Each | W-604D | OWLS-II Written Expression Easel (Form A) | 130.00 | 650.00 |
| 1 Set | W-604X | OWLS-II Reading Comprehension and Written Expression Form B Pack | 225.00 | 225.00 |
| 3 Pkg/25 | W-604E | OWLS-II RC/WE Record Form (Form B) | 45.00 | 135.00 |
| 2 Pkg/25 | W-604F | OWLS-II WE Response Booklet (Form B) | 25.00 | 50.00 |
| 2 Each | W-604G | OWLS-II Reading Comprehension Easel (Form B) | 130.00 | 260.00 |
| 2 Each | W-604H | OWLS-II Written Expression Easel (Form B) | 130.00 | 260.00 |
| 3 Pkg/25 | W-462A | Developmental Profile 3 Interview Form | 72.50 | 217.50 |
| 3 Pkg/25 | W-462B | Developmental Profile 3 Parent/Caregiver Checklist | 72.50 | 217.50 |

Western Psychological Services

see our new address below

Test with Confidence

RCASTELL
Date: 11-JUN-12
QUOTE NO.: 608937

137539
St Louis Public Schools
113 E Saginaw Street
Saint Louis, MI 48880

**********
* P.O. MUST REFERENCE *
* QUOTE NUMBER *
**********

Your Ref. No. DTD 6/11/12



| QTY | PROD NBR | DESCRIPTION | UNT PR | TOTAL |
|---|---|---|---|---|
| 5 Pkg/25 | W-488A | ABAS-II Parent Form (School, Ages 5 - 21) | 73.00 | 365.00 |
| 5 Pkg/25 | W-488C | ABAS-II Teacher Form (School, Ages 5 - 21) | 73.00 | 365.00 |
| 5 Pkg/25 | W-489A | ABAS-II Adult Form (Ages 16 - 89) | 73.00 | 365.00 |
| | | Shipping and Handling Charge | | 515.40 |
| | | Sub-Total | | 5,669.40 |
| | | Total | | 5,669.40 |

NOTE:
THIS QUOTE
EXPIRES ON 10-AUG-12

NOTE: This quote is automatically void if the resultant order specifies more than one shipping destination or if the quantities ordered are different than those quoted.

---
-----Prepayment or Official--------
---Purchase Order is required------
---

NOTE: There is a 10% charge for shipping and handling (with a $5 minimum).

Please use this number when ordering or contacting WPS about your acct **137539**

WPS Western Psychological Services

Test with Confidence

See our new address below

RCASTELL
Date: 11-JUN-12
QUOTE NO.: 608937

Dear Customer:

Thank you for your quotation request. Listed below is our quote. Please note all the terms and conditions as listed here.

(1) TERMS: All invoices are due and payable immediately upon receipt. Open accounts are allowed only for recognized U.S. public or government agencies which have submitted official purchase orders through appropriate purchasing channels (NOTE: WPS accepts certain Canadian purchase orders; see quote as applicable for details). All others must prepay. Please check for additional terms which may appear on the attached pro-forma invoice.

(2) SHIPPING AND HANDLING: Shipments within the United States are charged a shipping and handling fee of 10% of the order total ($5.00 minimum). For Canadian shipments the fee is 20% of the order total ($10.00 minimum). For most other countries the fee is 25% of the order total ($25.00 minimum. Some destinations will require fees in excess of 25%). This fee includes all shipping charges plus charges for processing quotes, special invoicing, completion of customer required forms, etc. Documentation of charges or freight bills are not provided since shipping costs are only a part of this fee. The shipping and handling fee is an integral part of this quote and your acceptance of this quote indicates your acceptance of this fee.

(3) DELIVERY TIME: Shipment will be made within approximately 10 days after receipt of your order. Occasionally there are circumstances beyond our control when particular items are not available and we reserve the right to cancel these items from your order.

(4) PAYMENT: All payments must be made in United States dollars as follows:

(a) Visa, MasterCard and American Express. Or

(b) Recognized official purchase order, per (1) above. Requisitions will not be accepted. Or

(c) Check drawn on a U.S. bank, or international money order. Or

(d) Wire transfer; please contact customerservice@wpspublish.com for details; subject to delayed processing for 1-2 weeks before shipment can be released.

(5) ACCEPTANCE: To accept this quote we must receive your order within sixty (60) days of the date in the upper right hand corner of this page. In addition your purchase order MUST state the Quote Number shown under the date at the top right hand corner of this page.

(6) Western Psychological Services' Federal I.D. Nbr is 95-2483722.

(7) All items listed below without a price are considered "No Bid."

Western Psychological Services

By: _____

Robert A. Pearson, Dir of Operations
or
Glady Lim, Customer Service Manager
or
Jeff Manson, President

625 Alaska Ave. • Torrance, CA 90503-5124 • (424) 201-8800 • FAX (424) 201-6950 • (800) 648-8857 • wpspublish.com

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 07-10-12-36

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

**Action:** ☒

**From:** Dr. Nicole Williams, Dep. Supt., Academics

**Action to be Approved: Purchase of Good (s)**

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a sole source purchase with Riverside Publishing Company for psychological educational assessment and evaluation test kits, supplemental protocols and scoring software for use by school psychological educational assessment services personnel and school social workers District wide for an amount not to exceed the amount of $5,938.90.

**BACKGROUND:** This purchase is in alignment with the District's Accountability Plan Differentiated Instruction and Supplemental Programs: Objectives 131, 132, 138, 139 by ensuring all resident children with disabilities receive comprehensive services, as required by the Individuals with Disabilities Education Act (IDEA) and Chapter 162, RSMo through an integrated component of the district's educational program.

It is also in response to MSIP Standard 7.1, 7.1.1, 7.1.2, 7.1.3, 7.1.4 as it regards provisions for all resident students being afforded comprehensive services if identified with a disability(s) and having access to the general education curriculum, receiving appropriate supports, services, and modifications to address their individual needs; and provide post-secondary educational and employment opportunities as a disabled person.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** Objective 1.D.

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

| | | |
|---|---|---|
| **Fund Source:** 828-00-272-2332-6411 | Non-GOB | **Requisition #:** |
| **Amount:** $5,938.90 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $5,938.90 | ☒**Pending Funding Availability** | **Vendor #:** 600002150 |

**Department:** PEAS/SPED

**Requestor:** Joseph 'Chip' Jones

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/18/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor: Joseph 'Chip' Jones** | **Date: June 11, 2012** |
| **Department / School: SpEd/PEAS** | **Phone Number: 314-345-2250** |
| *Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)* | |
| **Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)** | |
| Goods are sold only through this vendor and trademark and copyright law protected | |
| **Vendor Name: Riverside Publishing Company** | **Email:** |
| **Vendor Contact:** | **Phone Number: 800-323-9540** |
| **Justification Information** | |
| **1. Why the uniquely specified goods are required?** | |
| Goods used to conduct psychological educational assessments for the purpose of identifying students disabilities | |
| **2. Why good or services available from other vendors /competitors are not acceptable?** | |
| Materials are sold through their publishing company. They are protected through trademark and copyright laws. They are not available through competitor publishers. | |
| **3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)** | |
| Although a discount was requested due to the large number of material presented for purchase, the company's customer service representative was not able to offer discount on the order. The email communication is attached for verification. | |
| **4. List the Names of other Vendors contacted & Price Quotes:** | |
| Materials listed on SAP Purchase Requisition are only available through the vendor listed above. | |
| *I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.* | |
| **Your sole source request will not be approved without the required signatures below:** | |
| | 5/15/2012 |
| 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.

# SPECIAL EDUCATION INSTRUCTIONAL MATERIALS ORDER FORM
# SAP PURCHASE REQUISITIONS

Date Submitted: June 5, 2012 Date received by Supervisor:

Name of Teacher Placing Order Sandy Thomas

School: PEAS @ McKinley Code _____ Class/Program Psychological Sservices

Room Number G080

Vendor's Names/Address: Riverside Publishing Company

www.riversidepublishing.com

Vendor's Telephone: 800-323-9540

Vendor's Fax No.:

Special Instruction:

| Page | Quantity | Item | Catalog # | Color | Unit Price | Extended Price |
|---|---|---|---|---|---|---|
| Online | 10/pk | SB5 Test Records, pk/25 | Y21K102243 | | 94.00 | 940.00 |
| Online | 10 pk | WJIII/NU Achievement Battery-Form A (test records & subject response booklet) | Y21923537 | | 108.00 | 1080.00 |
| Online | 5 pk | WJ3NU Achievement Battery-Form B | Y21923577 | | 108.00 | 540.00 |
| Online | 2 kit | WJIII NU Kit-Form B | Y21923580 | | 632.00 | 1264.00 |
| Online | 1 kit | SBV Complete Kit-W/SB5 Scoring Pro Package | Y211402271 | | 1087.00 | 1087.00 |
| Online | 2 kit | SB5 Manipulative Kit | Y211402270 | | 244.00 | 488.00 |

Sub-Total: $5399.00
10% Shipping & Handling 539.00
Order Total: 5938.00

Teacher's Signature: Sandy Thomas

Principal's Signature: _____

Special Education Supervisor's Signature: _____

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 11-10-12-37

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:** Purchase of Good (s)

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the purchase of Frequency Modulation (FM) systems for deaf/hard hearing students. From the preferred vendors listed below. The purchase price is not to exceed $ 14,947.00

**BACKGROUND:** The additional equipment will be used as replacement equipment for systems that were purchased in past years. Use of sound-field amplification system allows the teacher to maximize the listening and learning opportunities in the classroom. The FM system transmits the teacher's voice directly to the student at a constant level insuring the teacher's voice is heard above the level of background noise regardless of the distance from the student allowing the teacher to move more freely around the classroom. Due to compatibility issues related to individual student amplification systems and previously purchased FM systems that are currently utilized by 95% of the hearing aid models used by hearing impaired students, the preferred vendors are Lightspeed and Octicon. The purchase includes Amigo transmitters, 8 Amigo recievers, 10 Desktop Sound Systems, 5 charger bases and 5 battery wall charger transmitters, and 2 REDCAT systems with microphones. The price also includes warranties and shipping/handling charges.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** 1. D.

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

| | | |
|---|---|---|
| **Fund Source:** 828-720-1249-7N-720 | | **Requisition #:** |
| **Amount:** $14,947.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $14,947.00 | ☒**Pending Funding Availability** | **Vendor #:** |

**Department:** Special Education

**Requestor:** Dr. Sheryl Davenport

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

6/18/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Quotation

Lightspeed Technologies, Inc.
11509 SW Herman Rd.
Tualatin OR 97062
1-800-732-8999
www.lightspeed-tek.com
fax: 503-684-3197

| | |
|---|---|
| **Date** | 5/23/2012 |
| **Quote #** | 38143 |
| **Expires** | 7/22/2012 |
| **Created By** | SHERI FRIEND |
| **Sales Rep** | TONY ZEIKLE |
| **Terms** | Net 30 |
| **Shipping Method** | UPS Ground |

**Bill To**

ACCOUNTS PAYABLE
ST LOUIS PS'S/BOE
801 N 11TH ST
ST LOUIS MO 63101
United States

**ATTN: GAYLE SANTUCCI**

**Ship To**

ST LOUIS PS'S/BOE
801 N 11TH ST
ST LOUIS MO 63101
United States

| Item | Qty | Description | Unit Price | Amount |
|---|---|---|---|---|
| RC2-R | 2 | REDCAT all in one system with REDMIKE | 930.00 | 1,860.00 |
| TRADE-IN CREDIT | 2 | QUALIFIED TRADE-IN CREDIT | -100.00 | -200.00 |
| | | The Infrared series products have a 5-year parts and labor limited warranty on the major components. The cables and batteries have a 1-year limited warranty. | | |
| | | Please reference quote number on purchase order. | | |

Thank you for choosing Lightspeed Technologies.

| | |
|---|---|
| **Subtotal** | 1,660.00 |
| **Shipping Cost (UPS Ground)** | 48.00 |
| **Total** | $1,708.00 |

# Quotation

Lightspeed Technologies, Inc.
11509 SW Herman Rd.
Tualatin OR 97062
1-800-732-8999
www.lightspeed-tek.com
fax: 503-684-3197

**Date** 5/23/2012
**Quote #** 38141
**Expires** 7/22/2012
**Created By** SHERI FRIEND
**Sales Rep** TONY ZEIKLE
**Terms** Net 30
**Shipping Method** UPS Ground

**Bill To**
ACCOUNTS PAYABLE
ST LOUIS PS'S/BOE
801 N 11TH ST
ST LOUIS MO 63101
United States

**GAYLE SANTUCCI**

**Ship To**
ST LOUIS PS'S/BOE
801 N 11TH ST
ST LOUIS MO 63101
United States

| Item | Qty | Description | Unit Price | Amount |
|---|---|---|---|---|
| 391-TK | 10 | Desktop SoundPak System w/ noise-canceling headset mic<br><br>Above systems are quoted at the "Smokin' Deal". This is limited to available quantity on hand. | 398.00 | 3,980.00 |
| AC-71CC | 5 | TWO SLOT CRADLE CHARGER BASE FOR LT71 | 20.00 | 100.00 |
| BC-TXLT | 5 | BATTERY CHARGER IR TRANSMITTER (Wall Charger for LT71)<br><br>The 300 series products have a 2-year parts and labor limited warranty.<br><br>Please reference quote number on purchase order. | 40.00 | 200.00 |

Thank you for choosing Lightspeed Technologies.

| | |
|---|---|
| **Subtotal** | 4,280.00 |
| **Shipping Cost (UPS Ground)** | 150.00 |
| **Total** | $4,430.00 |

People First

# Sales Quote SQ09493



Sales Quote No. . . . . SQ09493
Sales Quote Date . . . . . 05/24/12

St. Louis Public Schools
Gallaudet School
2156 Russell Blvd
Saint Louis, MO 63104-1306
United States of America

Billto No. . . . . 2712631
Customer No. . . . . 2712631
External Customer No. . .
Customer's Reference. . .
Contact . . . . . Gayle Santucci
Price Group . . . . . Amigo Educational Pricing
Contact Via . . . . . Fax
Payment Terms . . . . . NET 60
Sales Quote Valid until . . 06/23/12

**Sell-To Customer** St. Louis Public Schools
Gallaudet School
Gayle Santucci
2156 Russell Blvd
Saint Louis, MO 63104-1306

**Delivery Address** St. Louis Public Schools
Gallaudet School
Gayle Santucci
2156 Russell Blvd
Saint Louis, MO 63104-1306

| | Qty. | Unit Price | Gross Amount | Discount % | Discount Amount | Amount |
|---|---|---|---|---|---|---|
| **ST LOUIS PS** | | | | | | |
| **Amigo Arc Receiver** | 8 EACH | 549.00 | 4,392.00 | | | 4,392.00 |
| Color: User Selectable -all avail. choices sent with uni Go Pack | | | | | | 0.00 |
| Three Year Standard Warranty (1st yr Replacement) | 8 3 Yea | | | | | 0.00 |
| **ST LOUIS PS** | | | | | | |
| **Amigo Transmitter T30** | 8 EACH | 549.00 | 4,392.00 | | | 4,392.00 |
| Color: White Battery: AA | | | | | | |
| Omni Lapel Microphone | 8 EACH | 80.00 | 640.00 | 100 | 640.00 | 0.00 |
| Three Year Standard Warranty (1st yr Replacement) | 8 3 Yea | | | | | 0.00 |
| **Shipping and Handling - Advanced Products** | 1 EACH | 25.00 | 25.00 | | | 25.00 |

**Total $** 8,809.00

Tax Amount 0.00
**Total $ Incl. Sales Tax** 8,809.00

Additional Terms : Method of Shipment : UPS Next Day
Payment Terms : Net 30 days

Hearing Aids and Personal FM Systems should be fit by state licensed hearing care professionals.

Thank you for your request for quotation. To ensure proper processing of your order, please refer to the sales quote number at the top of the quote when submitting purchase order.

To place this order, please call 888-OTI-PED1 (684-7331) or fax your order to 732-560-0760.

All appropriate taxes and shipping charges will be added at the time of shipment

**Prices Subject to change without notice.**

Oticon Inc.
580 Howard Avenue
Somerset, New Jersey 08873

Phone: 800-526-3921
Fax: 732-560-0029
www.OticonUSA.com

oticon
PEOPLE FIRST

# BOARD RESOLUTION

**Date:** June 21, 2012

**Agenda Item :** 07-10-12-38

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

**Action:** ☒

**From:** Debra Falkiner, Director, Innovative Pathways

**Action to be Approved: Purchase of Good (s)**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

Bids

**SUBJECT:** To approve the printing cost for the 2012-2013 Student Code of Conduct Handbooks by Xerox, the lowest bidder, at a cost not to exceed $ 20,767.50.

**BACKGROUND:** The Missouri School Improvement Program requires that the District distributes a student code of conduct and provides a protected, orderly environment. (MSIP 6.6)

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** 1A

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

| | | |
|---|---|---|
| **Fund Source:** 822 110-2336-6363 | GOB | **Requisition #:** |
| **Amount:** $12,000 | | |
| **Fund Source:** 812 110-2322-6362 | GOB | **Requisition #:** |
| **Amount:** $8767.50 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $20,767.50 | ☒**Pending Funding Availability** | **Vendor #:** 600004465 |

**Department:** Parent and Student Engage

**Requestor:** Debra J. Falkiner

**Michael Haggen, Assoc. Supt., Office of Innovation**

6/15/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

## Schaeffer, Rick M.

**To:** Haggen, Michael
**Subject:** FW: Code of Conduct Bids

Mr. Haggen:

This email is to document that bids were received for printing the Code of Conduct handbooks.

Specifications:
27,000 copies
8.5x11 saddle stitch books
56 pages [52 pages (reg. paper) + 4 page cover (glossy cardstock]
1 perforated page
Black and blue printing inside with full color cover Counted, boxed and labeled per school

The companies and bids were:

| | |
|---|---|
| HiTech: | $23,575.00 |
| Xerox: | $20,767.50 |
| Tabsales: | No bid |

The contract was awarded to the lowest bidder.

Thank you.
Debra J. Falkiner
Director of Parent and Student Engagement St. Louis Public School District
801 N. 11th Street
St. Louis, MO 63101
(314) 345-4490 office
(314) 345-2384 fax

# BOARD RESOLUTION

**Date:** June 21, 2012

**Agenda Item :** 07-10-12-39

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

**Action:** ☒

**From:** Enos Moss, CFO/Treasurer

**Action to be Approved:** Insurance Renewal

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 01-26-12-08 (Amended)

**Prior Year Cost** $52,087.55

**SUBJECT:** To approve the purchase of a renewal Athletic Accident Insurance Policy through our insurance broker, R.S. Klostermeyer & Associates. The renewal period will be August 1, 2012 through July 31, 2013 at a cost not to exceed $57,000.00.

**BACKGROUND:** This coverage was bid last year by our insurance broker, R.S. Klostermeyer & Associates. The original policy provided low deductible coverage for high school athletes. The middle school athletes were added to the policy during the last 12 months. In addition to the low deductible coverage, a catastrophic injury coverage was added for the middle school athletes. This coverage is similar to the coverage for the high school athletes that is provided by the Missouri State High School Athletic Assocation. The increase in cost is due to the increase in middle school participation with the addition of several sports. The number of middle school athletes to be covered has increased from 750 to 1,614.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.D.

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

| | | |
|---|---|---|
| **Fund Source:** 970-00-110-2514-6355 | GOB | **Requisition #:** |
| **Amount:** $57,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $57,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600011319 |

**Department:** Risk Management

**Requestor:** Kevin Coyne

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

**Mary M. Houlihan, Dep. Supt., Operations**

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

Revised 07/06/2011 **Reviewed By:** _____ **Reviewed By:** _____ **Reviewed By:** _____

# ITEM#:

# 07-10-40-12

(APPROVED AT THE 6/26/12 MEETING)

# BOARD RESOLUTION

**Date:** June 21, 2012

**Agenda Item :** 07-10-12-41

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

**Action:** ☒

**From:** Deanna Anderson, Exec. Dir., Transportation

**Action to be Approved: Lease Agreement**

**Other Transaction Descriptors:** Sole Source Ratification
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 02-17-11-09
**Prior Year Cost** $11,974

**SUBJECT:** To ratify a sole source licensing contract with Education Logistics, Inc. for transportation software to be provided January 1, 2012 through December 31, 2012 at a cost not to exceed $9,412.

**BACKGROUND:** The transportation scheduling software, Edulog, enables the District to receive routing and scheduling information from First Student, the transportation provider. SLPS was to use the First Student Edulog license. But, First Student's agreement with Edulog does not allow for SLPS to use all of the features that are needed for boundary planning and enrollment analysis. Therefore, SLPS must pay the 2012 Edulog license but First Student will reimburse the cost for this year. Edulog provides information to the District regarding routing and scheduling of the buses; enrollment projections; boundary planning; report generation and distance measurement.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.F

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

| | | |
|---|---|---|
| **Fund Source:** 918-00-110-2551-6441 | GOB | **Requisition #:** |
| **Amount:** $9,412.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $9,412.00 | ☐ **Pending Funding Availability** | **Vendor #:** 600006710 |

**Department:** Transportation

**Requestor:** Deanna J. Anderson

Deanna Anderson

**Deanna Anderson, Exec. Dir., Transportation**

**Mary M. Houlihan, Dep. Supt., Operations**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# BOARD RESOLUTION

**Date:** June 20, 2012

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

**From:** Althea Albert-Santiago, Director, Food Service

**Agenda Item :** 07-10-12-42

**Information:** ☐

**Action:** ☒

**Action to be Approved:** RFP/Bid

**Other Transaction Descriptors:** Ratification
(i.e.: Sole Source, Ratification)

**SUBJECT:** To ratify a contract with Sunfarm Food Service to provide the produce to support the Fresh Fruits and Vegetable Program. The contract is for the 2011-12 school year and the cost will not exceed $277,750.87.

**BACKGROUND:** Sunfarms was selected as the vendor for this program during a bid process in 2011. They are providing the fresh produce, educational materials and in-class instruction about the benefits of eating fruits and vegetables. They are supporting all fifteen schools in the program.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** IV.A.

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

| | | |
|---|---|---|
| **Fund Source:** Fund 510 | Non-GOB | **Requisition #:** |
| **Amount:** $277,750.87 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Lease Proceeds:** $277,750.87 | ☐ **Pending Funding Availability** | **Vendor #: 600012482** |

**Department:** Food Services

Althea Albert-Santiago, Director, Food Services

Mary M. Houlihan, Dep. Supt., Operations

Angela Banks, Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Revised 09/27/2010

Reviewed By:

| | | | |
|---|---|---|---|
| | | | |

# BOARD RESOLUTION

**Date:** June 18, 2012

**Agenda Item :** 07-10-12-43

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

**Action:** ☒

**From:** Dr. Nicole Williams, Dep. Supt., Academics

**Action to be Approved:** Contract

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**RFP/Bid #** 033-1112

**SUBJECT:** To ratify contracts with the selected vendors (listed below) to provide Math and Science Tutoring Programs for students living in St. Louis City. The cost will not exceed $189,000 during the period June 1, 2012 to June 30, 2012.

**BACKGROUND:** The vendors selected through the RFP process are as follows: Demetrious Johnson Charitable Foundation, North Campus Partnership, and Mark Twain Community Resource Center. In total, 235 students will be tutored in Math and/or Science during the period June 18 to June 29.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** TBD | Non-GOB | **Requisition #:** |
| **Amount:** $189,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $189,000.00 | ☐ **Pending Funding Availability** | **Vendor #:** Various |

**Department:** Academics

**Requestor:**

6/18/2012

**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

June 18, 2012

# MEMORANDUM

**TO:** **Dr. Nicole Williams**

**FROM:** **Kevin Coyne**

**RE:** **RFP 033-1112 Evaluation Record for Math and Science Tutoring Program**

The evaluation took place on June 8, 2012. The evaluation committee consisted of the following:

| | |
|---|---|
| Dr. Nicole Williams | Dep. Supt., Academics |
| Dr. Alice Roach | Chief of Staff |
| Blake Youde | Dep. Supt., Institutional Advancement |
| Mary Houlihan | Dep. Supt., Operations |
| Sheila Smith-Anderson | Executive Director, Curriculum and Instruction |
| Vernice Hicks | Intern/Academic Office |
| Kevin Coyne | Sr. Risk Mgmt and Compliance Analyst |

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

| Company Name | Bid Amount | Overall Score | Award (Y/N) |
|---|---|---|---|
| Demetrious Johnson Charitable Foundation | $27,900.00 | 515 | Yes |
| In It 2 Win | $300,000.00 | 134 | No |
| Mark Twain Community Resource Center | $74,250.00 | 335 | Yes |
| North Campus Partnership | $82,750.00 | 435 | Yes |
| Virtual Nerd LLC | $4,990.00 | 204 | No |

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

Kevin Coyne
Sr. Risk Management & Compliance Analyst

# BOARD RESOLUTION

**Date:** June 20, 2012

**Agenda Item :** 07-10-12-44

**To:** Special Administrative Board

**Action:** ☒

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

**Action to be Approved:**
**Contract Amendment**
**Previous Board Resolution 06-07-12-12**
**Approved Amount:** $78,000

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To amend Board Resolution Number 06-07-12-12 a contract renewal with Steven R. Carroll and Associates by $5,000. The Board originally approved an amount of $78,000 that referenced "to include expenses". However, the expenses were not built-in the original requested. If this request is approved, the total contracted amount will be $83,000. The period remains the same, July 1, 2012 through June 30, 2013.

**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.

**Accountability Plan Goals:** Goal: Governance **Objective/Strategy:** I.A

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

| | | |
|---|---|---|
| **Fund Source:** 800-00-110-2313-6319 | GOB | **Requisition #:** |
| **Amount:** $83,000 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 83,000 | ☒**Pending Funding Availability** | **Vendor #:** 600008116 |

**Department:** Superintendent's Office

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

Reviewed By: Reviewed By: Reviewed By:

# ITEM#:

# 07-10-45-12

(APPROVED AT THE 6/26/12 MEETING)

# BOARD RESOLUTION

**Date:** June 21, 2012

**Agenda Item** 07-10-1846

**To:** Special Administrative Board

**Action:** ☒

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

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the opening of the Heritage Academy beginning with the 2012- 2013 school session. The location of the school will be as follows:

3955 Saint Ferdinand Avenue,
Saint Louis, Mo, 63115.
Grade Span P3-02

**BACKGROUND:** As part of the Superintendent's Creating Great Options Initiative, the District is establishing a portfolio of schools designed to meet the varying educational needs of the student populations served in the City of St. Louis. The District originally sought to sponsor charter schools willing to make a commitment to high academic achievement and willing to base their right to operate on the same. This school went through the District review process and they agreed to open as a District Pilot School and are willing to enter into a "Performance-based Agreement." A central component of the Performance-based Agreement will be the academic performance of the students. The District's continued commitment shall be contingent upon an annual review of the academic progress of students by the District.

The Heritage Academy has expressed an interest in leasing the Williams school building from the District. The District will include "performance-based requirements" in the lease.

The Office of Innovation will assume responsibility for monitoring the overall performance of Heritage Academy School.

**Accountability Plan Goals:** Goal: **Objective/Strategy:** I.A

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Superintendent's Office

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

Reviewed By: _____ Reviewed By: _____ Reviewed By: _____

**August 9, 2012**

# BOARD RESOLUTION

**Date:** July 2, 2012 **Agenda Item:** 08-09-12-01

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

**From:** Audrey Jackson, Director, Professional Development

**Action to be Approved:** Contract **Other Transaction Descriptors:** Ratification
(i.e.: Sole Source, Ratification)

**SUBJECT:** To ratify a contract with Education Northwest to provide teacher training for Project-Based Learning for summer school teachers (train the trainer model). The training occurred from May 11, 2012 to May 30, 2012 at a cost not to exceed $25,000.00.

**BACKGROUND:** Education Northwest from Portland, Oregon was selected to deliver training to 27 teacher leaders, grades K-8 and 10 Curriculum Supervisors on Problem-Based Learning (the planning process, implementation, and assessment). The work includes understanding how project-based instruction benefits children, how this approach motivates learning by allowing students to select topics that are interesting and relevant to their lives. Project-based learning emphasizes active engagement in learning, connects children to learning by allowing individual learning strengths and diverse approaches to learning, along with increased social, emotional, and problem-solving skills. On May 15-17, 2012 the teacher leaders and Curriculum Supervisors presented Project-Based Learning to 300 teachers throughout the District in preparation for Summer School.

**Accountability Plan Goals:** Goal II: Highly Qualified Staff **Objective/Strategy:** II.A.

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

| | | |
|---|---|---|
| **Fund Source:** 824-BS-232-2213-6319 | Non-GOB | **Requisition #:** |
| **Amount:** $25,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed: $25,000.00** | ☐ **Pending Funding Availability** | **Vendor #:** 600010983 |

**Department:** Professional Development

**Requestor:** Audrey Jackson

Audrey Jackson
**Audrey Jackson, Director, Professional Development**

6/28/2012
**Dr. Nicole Williams, Dep. Supt., Academics**

Angela Banks
**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

Revised 07/06/2011 **Reviewed By:** _____ **Reviewed By:** _____ **Reviewed By:** _____

# BOARD RESOLUTION

**Date:** July 3, 2012

**Agenda Item :** 08-09-12-02

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

**Action:** ☒

**From:** Sharonica Hardin, Chief Human Resource Officer

**Action to be Approved: Contract Renewal**

**Other Transaction Descriptors:** Ratification
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-16-11-46
**Prior Year Cost** $125,000.00

**SUBJECT:** To ratify a contract renewal with Dr. Alice Roach to serve as the Chief of Staff at a cost not to exceed $125,000.00 beginning July 1, 2012 through June 30, 2013.

**BACKGROUND:** The term of this Agreement shall be from July 1, 2012 through June 30, 2013, subject to termination earlier as provided herein. Throughout this term, Contractor shall devote Contractor's full time and best efforts to perform the duties of Chief of Staff as hereinafter defined in a professional manner and shall not engage in any other activity in such a manner as to adversely affect the duties assigned to Contractor under this Agreement.

**Accountability Plan Goals:** Goal II: Highly Qualified Staff **Objective/Strategy:** II.A.

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

| | | |
|---|---|---|
| **Fund Source:** 804-00-110-2321-6319 | GOB | **Requisition #:** |
| **Amount:** $125,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $125,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600013254 |

**Department:** Human Resources

**Requestor:** Sharonica Hardin

**Sharonica Hardin, Chief Human Resource Officer**

**Mary M. Houlihan, Dep. Supt., Operations**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 07/2/12** |
| **Dept / School: Human Resources** | **Reported By: Sharonica Hardin** |
| **Vendor: Dr. Alice Roach** | **Vendor #: 600013254** |
| **Contract # / P.O/ #: 4500157638** | **Contract Name: Chief of Staff** |
| **Contract Amount: $125,000.00** | **Award Date: June 6, 2011** |
| **Purpose of Contract (Brief Description):**<br>**To serve as the Chief of Staff of SLPS.** | |

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5X**<br>**4**<br>**3**<br>**2**<br>**1** | |
| **Timeliness of Delivery or Performance** | **5X**<br>**4**<br>**3**<br>**2**<br>**1** | |
| **Business Relations** | **5X**<br>**4**<br>**3**<br>**2**<br>**1** | |
| **Customer Satisfaction** | **5X**<br>**4**<br>**3**<br>**2**<br>**1** | |
| **Cost Control** | **5X**<br>**4**<br>**3**<br>**2**<br>**1** | |
| **Average Score** | **5** | |

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 ☐**

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

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# BOARD RESOLUTION

**Date:** July 3, 2012

**Agenda Item :** 08-09-12-03

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

**Action:** ☒

**From:** Sharonica Hardin, Chief Human Resource Officer

**Action to be Approved: Contract Renewal**

**Other Transaction Descriptors:** Ratification
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-16-11-47
**Prior Year Cost** $92,043.00

**SUBJECT:** To ratify a contract renewal with John Windom to serve as the Executive Director of Community Education at a cost not to exceed $55,000.00 beginning July 1, 2012 through June 30, 2013.

**BACKGROUND:** TThe term of this Agreement shall be from July 1, 2012 through June 30, 2013, subject to termination earlier as provided herein. Throughout this term, Contractor shall devote Contractor's full time and best efforts to perform the duties of Executive Director, Community Education as hereinafter defined in a professional manner and shall not engage in any other activity in such a manner as to adversely affect the duties assigned to Contractor under this Agreement.

**Accountability Plan Goals:** Goal IV: Parent Community Involvement **Objective/Strategy:** IV.A.

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

| | | |
|---|---|---|
| **Fund Source:** 827-00-110-1665-6319 | GOB | **Requisition #:** |
| **Amount:** $55,000.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $55,000.00 | ☒**Pending Funding Availability** | **Vendor #:** 600013272 |

**Department:** Human Resources

**Requestor:** Sharonica Hardin

**Sharonica Hardin, Chief Human Resource Officer**

**Mary M. Houlihan, Dep. Supt., Operations**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 07/2/12** |
| **Dept / School: Human Resources** | **Reported By: Sharonica Hardin** |
| **Vendor: John Windom** | **Vendor #: 600013272** |
| **Contract # / P.O/ #: 4500157637** | **Contract Name: Executive Director of Community Education** |
| **Contract Amount: $92,043.00** | **Award Date: June 6, 2011** |

**Purpose of Contract (Brief Description):**
**To serve as the Executive Director of Community Education of SLPS.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5X**<br>**4**<br>**3**<br>**2**<br>**1** | |
| **Timeliness of Delivery or Performance** | **5**<br>**4X**<br>**3**<br>**2**<br>**1** | |
| **Business Relations** | **5X**<br>**4**<br>**3**<br>**2**<br>**1** | |
| **Customer Satisfaction** | **5X**<br>**4**<br>**3**<br>**2**<br>**1** | |
| **Cost Control** | **5**<br>**4X**<br>**3**<br>**2**<br>**1** | |
| **Average Score** | **4.6** | |

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 ☐**

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

# 4

# Board Resolution

**Date:** June 26, 2012 **Agenda Item:** 08-09-12-04

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

**From:** Enos K. Moss, CFO/Treasurer **Action:** X

**Action to be Approved:** **Other Transaction Descriptors:** _____

X **Acceptance of Funds/Funding**

**SUBJECT:**

To approve an additional appropriation of $7,129,333 for Fiscal Year 2012-2013 General Operating Budget for anticipated incoming students.

**BACKGROUND:**

The recent decision by the State Board of Education to close all but one of the Imagine Charter Schools resulting in the displacement of approximately 3,000 students will directly impact this District since there are no other public education institutions in the City of St. Louis with both the capacity and the statutory mandate to enroll all of these students. The District has estimated an additional $7,129,333 in general operating revenue for 1700 of these incoming students.

**Accountability Plan Goal:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.D.

| FUNDING SOURCE: (Location Code) - (Project Code) - (Fund Type) - (Function) - (Object Code) | | |
|---|---|---|
| **Fund Source:** - - - - **Amount:** | | **Requisition #:** |
| **Fund Source:** - - - - **Amount:** | | **Requisition #:** |
| **Fund Source:** - - - - **Amount:** | | **Requisition #:** |
| **Cost not to Exceed:** $ 7,129,333.00 | | **Pending Funding Availability** **Vendor #:** |

**Department:** Finance

Angela Banks, Budget Director

Enos Moss, CFO/Treasurer

Mary M. Houlihan, Dep. Supt., Operations

Dr. Kelvin R. Adams, Superintendent

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# Board Resolution

**Date:** June 29, 2012 **Agenda Item:** 08-09-12-25

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

**From:** Blake Youde, Dep. Supt., Institutional Advancement **Action:** X

**Action to be Approved:**
X Purchase a Good/Service

**Other Transaction Descriptors:**

**SUBJECT:**
To approve a contract not to exceed $20,000 for expenses related to the rental of Chaifetz Arena on August 4, 2012 and August 6, 2012. The two dates are for the production of the Back to School Fair and the Welcome Back to School Rally for all District personnel.

**BACKGROUND:**
The Back to School Fair has been held annually in recent years two weeks prior to the opening day of school to retain and recruit students and to assure maximum enrollment on the first day. The Welcome Back to School Rally (to be attended by all staff) is an additional part of the Back to School Fair to review prior year performance and outline District-wide goals for the 2012-2013 school year.

**Accountability Plan Goal:** Goal IV: Parent, Community Involvement **Objective/Strategy:** IV.A.

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

| | | | |
|---|---|---|---|
| **Fund Source:** 827 - 00 - 110 - 1663 - 6334<br>**Amount:** $ 20,000.00 | GOB | **Requisition #:** | |
| **Fund Source:** - - - -<br>**Amount:** | GOB | **Requisition #:** | |
| **Fund Source:** - - - -<br>**Amount:** | | **Requisition #:** | |
| **Cost not to Exceed:** $ 20,000.00 | | **Pending Funding Availability** | **Vendor #:** 600013291 |

**Department:** Community Education

Angela Banks, Budget Director

John Windom, Exec. Dir., Community Education

Enos Moss, CFO/Treasurer

Blake Youde, Dep. Supt., Institutional Advancement

Dr. Kelvin R. Adams, Superintendent

# BOARD RESOLUTION

**Date:** June 28, 2012

**Agenda Item :** 08-09-12-06

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

**Action:** ☒

**From:** Deanna Anderson, Exec. Dir., Transportation

**Action to be Approved:** Contract

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**RFP/Bid #** 032-1112

**SUBJECT:** To approve contracts with Metropolitan Taxicab Corporation, Express Medical Transporters, Inc., and Harris Taxicab Co. Inc. to provide student transportation services in a total amount not to exceed $1,790,500. The services are for the period August 13, 2012 to July 1, 2013 or ending with the summer school session of 2013.

**BACKGROUND:** See attached for backup documentation.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** III.F

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

| | | |
|---|---|---|
| **Fund Source:** 927-110-2551 (2553)-6341-00 | GOB | **Requisition #:** |
| **Amount:** $190,500 | | |
| **Fund Source:** 822-110-2336-6341 | GOB | **Requisition #:** |
| **Amount:** $1,600,000 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $1,790,500.00 | ☒**Pending Funding Availability** | **Vendor #:** Various |

**Department:** Transportation

**Requestor:** Deanna J. Anderson

**Angela Banks, Budget Director**

**Deanna Anderson, Exec. Dir., Transportation**

**Enos Moss, CFO/Treasurer**

**Mary M. Houlihan, Dep. Supt., Operations**

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

**Taxi Cab Backup Documentation**
**For FY12-13**
June 26, 2012

The taxicab transportation services are necessary for students not provided a bus due to special needs as required by their Individual Education Program (IEP); students requiring taxicab services under Section 504 of the Rehabilitation Act of 1973; Students in Transition (homeless) under the McKinney Vento Act of 2001 (number of students transported within the District in FY11-12 was 1,790; number of students transported to surrounding Districts in FY11-12 was 1,987; number of students being transported by other Districts in FY11-12 was 471); and students who are unable to be served by a regular bus due to road conditions. Multiple taxi companies are used due to availability of vehicles, timeliness of travel, types of service required, and cost. As was practiced in the past, the cost for students that are homeless and attend school in another District will be split (50/50) with the District they are attending. A comparison cost per trip from FY11-12 vs FY12-13 is:

| | 11-12 | 12-13 |
|---|---|---|
| Harris Taxicab Co. | $17.68 | $17.67 |
| Metropolitan Taxicab Co. | $18.28 | $15.96 |
| EMT INC. | ------- | $16.39 |

In the FY11-12 school year, year to date expenditures and the budgeted amount was:

- Harris - $396,601 expenditure (Students in Transition); $282,000 budgeted (Students in Transition); $21,985 expenditure (regular transportation); $70,000 budgeted (regular transportation)
- Metropolitan - $1,048,039 expenditure (Students in Transition); $920,000 budgeted (Students in Transition); $71,501 expenditure (regular transportation); $142,500 budgeted (regular transportation)

# Board Resolution

**Date:** June 28, 2012 **Agenda Item:** 08-09-12-07

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

**From:** Cheryl VanNoy, Exec. Dir., Technology Services **Action:** X

**Action to be Approved:**
X Contract

**Other Transaction Descriptors:** _____

**SUBJECT:**
To approve a sole source contract with Haddock Education Techologies (Haddock) to maintain the Promethean equipment in the classrooms. The contract will be from August 10, 2012 through June 30, 2013 at a cost not to exceed $47,120.00.

**BACKGROUND:**
This contract is to maintain the Promethean equipment in 310 of our classrooms where the product is installed. The contract will cover a system check twice a year (August & December) to verify that the equipment is aligned, that all updates are timely and accurate along with an inventory. They will also make sure that all projector filters are cleaned and bulbs are still effective. Haddock is the exclusive distributor and maintenance company for Promethean systems in 9 states, including Missouri.

**Accountability Plan Goal:** Goal III: Facilities, Resources Support **Objective/Strategy:** IV.A.

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

| | | | |
|---|---|---|---|
| **Fund Source:** 981 - 00 - 110 - 2577 - 6319<br>**Amount:** $ 47,120.00 | GOB | **Requisition #:** | |
| **Fund Source:** - - - -<br>**Amount:** | | **Requisition #:** | |
| **Fund Source:** - - - -<br>**Amount:** | | **Requisition #:** | |
| **Cost not to Exceed:** $ 47,120.00 | X | **Pending Funding Availability** | **Vendor #:** 600013273 |

**Department:** Technology Services

Angela Banks, Budget Director

Cheryl VanNoy, Exec. Dir., Technology Services

Enos Moss, CFO/Treasurer

Mary M. Houlihan, Dep. Supt., Operations

Dr. Kelvin R. Adams, Superintendent

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor:** Cheryl VanNoy | **Date:** June 21, 2012 |
| **Department / School:** Technology Services | **Phone Number:** 314.346.2366 |
| *Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)* | |
| **Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)** | |
| Promethean board maintenance. | |
| **Vendor Name:** Haddock | **Email:** Kelley Simers <kelleysimers@gohaddock.com> |
| **Vendor Contact:** Kelley Simers | **Phone Number:** 314.800.8650 |
| **Justification Information** | |
| **1. Why the uniquely specified goods are required?** | |
| This contract is to maintain the Promethean equipment in 310 of our classrooms where the product is installed. The contract will cover a system check twice a year (August & December) to verify that the equipment is aligned, that all updates are timely and accurate along with an inventory. They will also make sure that all projector filters are cleaned and bulbs are still effective. | |
| **2. Why good or services available from other vendors /competitors are not acceptable?** | |
| The Promethean company only authorizes specific vendors to install and maintain these devices and/or systems. | |
| **3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)** | |
| Haddock is the distributor and maintenance company for Promethean systems in 9 states, including Missouri. | |
| **4. List the Names of other Vendors contacted & Price Quotes:** | |
| | |
| *I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.* | |
| **Your sole source request will not be approved without the required signatures below:** | |
| Cheryl L VanNoy | 6/21/12 |
| 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.

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# BOARD RESOLUTION

**Date:** July 2, 2012

**Agenda Item :** 08-09-1208

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

**Action:** ☒

**From:** Audrey Jackson, Director, Professional Development

**Action to be Approved: Purchase of Service (s)**

**Other Transaction Descriptors:** Sole Source
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a sole source contract with School Improvement Network to provide a bundled system for teacher effectiveness and support. The components of the system are: (1) PD 360, (2) Observation 360 and (3) Common Core 360. All three elements are designed to support Professional Development as it relates to teaching and learning quality. The cost of the contract will not exceed $433,690.00 for the 2012-2013 school year.

**BACKGROUND:** Saint Louis Public Schools participated in a three (3) month pilot of PD 360 from March 1, 2012 through May 31, 2012. The goal was to monitor usage of the system while meeting other professional development challenges of a large district. 1-Continuity of Professional Development District-wide, 2-Improve instruction and monitor progress, 3-Support teachers' individual needs identified as a result of observation/walk-through. The Pilot Report indicates District success and a need to individualize PD support for teachers. With Common Core State Standards and MSIP 5, it is critical to monitor and support professional development for teacher growth and improvement. The cost for the bundled system from School Improvement Network is: PD 360 - $216,000.00 for 80 sites, Observation 360 - $90,000.00 for 80 sites, Common Core 360 - $127,000.00 for 80 sites, for a Total cost of $433,690.00.

**Accountability Plan Goals:** Goal II: Highly Qualified Staff **Objective/Strategy:** II.A.

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

| | | |
|---|---|---|
| **Fund Source:** Title Funds | Non-GOB | **Requisition #:** |
| **Amount:** $433,690.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $433,690.00 | ☒**Pending Funding Availability** | **Vendor #:** 600014042 |

**Department:** Professional Development

**Requestor:** Audrey Jackson

Audrey Jackson
**Audrey Jackson, Director, Professional Development**

7/2/2012
**Dr. Nicole Williams, Dep. Supt., Academics**

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

# REQUEST FOR SOLE SOURCE PURCHASE

| | |
|---|---|
| **Requestor: Audrey Jackson** | **Date: June 26, 2012** |
| **Department / School: Professional Development** | **Phone Number: 314-345-2425** |
| *Definition: Sole Source is a good or service that is only available from one (1) source (vendor manufacturer, etc...)* | |
| **Unique Goods / Services Requested for Sole Source Purchase (describe in detail below)** | |
| To approve a Sole Source contract with School Improvement Network for $433,690.00. Services would be bundled or include three systems for teacher effectiveness and support. The components are: (1) PD 360, (2) Observation 360, and (3) Common Core 360. All three elements are designed to support Professional Development as it relates to teaching and learning and teacher quality. | |
| **Vendor Name:** **School Improvement Network** | **Email:** **jared.jimas@schoolimprovement.com** |
| **Vendor Contact:** Jared Jimas, Regional Vice President of School Improvement Network | **Phone Number:** Office:801.758-9713\|Cell:801-906-1093 |
| **Justification Information** | |
| **1. Why the uniquely specified goods are required?** | |
| Teacher effectiveness and college and career readiness are achieved through a process that demands preparation; dedication of day-to-day work, constant job embedded professional development, and self-examination and improvement. School Improvement Network provides the components to support teaching and learning and the system will interface with observations/classroom walk-through. | |
| **2. Why good or services available from other vendors /competitors are not acceptable?** | |
| The following tools from School Improvement Network interface for teacher effectiveness.<br><br>**PD 360**: On-demand professional development suite, including a comprehensive library of over 2,000 videos on 97 topics. The PD application delivers differentiated and personalized learning experience to classroom teachers.<br><br>**Common Core 360**: System of support and resources for understanding and implementing aligned district, state and national standards with fidelity.<br><br>**Observation 360**: Helps administrators turn evaluations into job embedded professional development and training that focuses on effective teaching strategies for student engagement and achievement. | |
| **3. Other relevant information if any (i.e., attach manufacturer's statement verifying exclusive availability of product etc...)** | |
| See attachment | |
| **4. List the Names of other Vendors contacted & Price Quotes:** | |
| Solution Tree, Staff Development for Educators, Marzano Center | |
| *I certify the above information is true and correct and that I have no financial, personal or other beneficial interest in the specified vendor.* | |
| **Your sole source request will not be approved without the required signatures below:** | |
| Audrey Jackson | June 26, 2012 |
| 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.

SCHOOL IMPROVEMENT NETWORK

Practical • Measurable • Scalable

# Sole Source Provider

St. Louis Public Schools
801 North 11th Street
Saint Louis, MO [Field:billing_postal_code]

HOLLAND&HART

**Janna J. Lewis**
**Of Counsel**
**Phone** 801-799-5937
**Fax** 801-799-5700
jjlewis@hollandhart.com
77741.0020

February 4, 2012

**Re: SOLE SOURCE OF PURCHASE**

To Whom It May Concern:

School Improvement Network has developed software entitled "PD 360°", "Observation 360", "Common Core 360", "LiveBook", and "LivePlanner", each of which may only be purchased from School Improvement Network. Furthermore, the following products—when integrated with PD 360°—may also only be purchased from School Improvement Network: "thereNow" cameras and software with PD 360° integration, and "Brain Honey and Buzz" with PD 360° integration. School Improvement Network and its affiliates own a portfolio of copyrights, patents, and trademarks protecting the Intellectual Property associated with PD 360°, Observation 360, Common Core 360, LiveBook, LivePlanner, thereNow integration, and BrainHoney and Buzz integration, and associated video programs, examples of which Intellectual Property holdings are attached for convenient reference. These products have not been licensed to third parties for distribution, and unauthorized use is policed and prohibited. The software entitled PD 360°, Observation 360, Common Core 360, LiveBook, LivePlanner, thereNow with PD 360° integration, and Brain Honey and Buzz with PD 360° integration, separately and in combination, provide training that meets the needs of educators. There are no alternative available sources in the market that integrate the PD 360° software product with the Common Core 360, Observation 360, LiveBook, LivePlanner, thereNow, Brain Honey and Buzz, unless purchased directly from School Improvement Network. School Improvement Network is the sole source vendor for PD 360°, Observation 360, Common Core 360, LiveBook, LivePlanner, thereNow with PD 360° integration, and BrainHoney and Buzz with PD 360° integration, and for all of the video programs associated with PD 360° and Observation 360.

Very truly yours,

Janna J. Lewis
Of Counsel
Holland & Hart LLP

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# BOARD RESOLUTION

**Date:** June 28, 2012

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

**From:** Althea Albert-Santiago, Director, Food Service

**Agenda Item :** 08-09-12-09

**Information:** ☐

**Action:** ☒

**Action to be Approved:** Contract Renewal

**Other Transaction Descriptors:** (i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 07-10-12-42

**Prior Year Cost** $277,750.87

**SUBJECT:** To approve a contract renewal with Sunfarm Food Service to provide the produce to support the Fresh Fruits and Vegetable Program. The program is being expanded for the 12-13 year and will include twenty schools. The contract is for the 2012-13 school year and the cost will not exceed $328,696.00.

**BACKGROUND:** Sunfarm was selected as the vendor for the Fresh Fruit and Vegetable Program during the bid process in 2011. They will provide fresh fruits and vegetables to the students at the twenty schools selected by DESE for the 2012-13 school year as well as supply educational materials to the schools. The materials outline the benefits of eating healthy. Sunfarm will also offer technical assistance to the Fresh Fruit and Vegetable Coordinators at the schools by helping them select and order the fruit. In addition, Sunfarm has added fruit cups which consist of cut up fresh fruit. The fruit cups will make it easier for the preschool children to enjoy the same fruit as the older students.

**Accountability Plan Goals:** Goal III: Facilities, Resources Support **Objective/Strategy:** IV.A.

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

| | | |
|---|---|---|
| **Fund Source:** Fund 510 | Non-GOB | **Requisition #:** |
| **Amount:** $328,696.00 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Lease Proceeds:** $328,696.00 | ☒**Pending Funding Availability** | **Vendor #: 600012482** |

**Department:** Food Services

Althea Albert-Santiago, Director, Food Services

Mary M. Houlihan, Dep. Supt., Operations

Angela Banks, Budget Director

Enos Moss, CFO/Treasurer

Dr. Kelvin R. Adams, Superintendent

Revised 09/27/2010

Reviewed By:

| | | | |
|---|---|---|---|
| | | | |

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final X Quarterly ☐** | **Report Date: 06/21/12** |
| **Dept / School: Food Services** | **Reported By: Althea Albert-Santiago** |
| **Vendor: Sunfarm Food Service** | **Vendor #: 600013370** |
| **Contract # / P.O/ #: 4500159308** | **Contract Name: Fruit and Vegetable Program** |
| **Contract Amount: $277,750.87** | **Award Date: July 10, 2012** |

**Purpose of Contract (Brief Description):**
**To provide fresh fruits and vegetables to the schools in the program.**

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | **5**<br>**4x**<br>**3**<br>**2**<br>**1** | Sunfarm tries to ensure that they are serving and giving high quality produce to our students and schools. If the product is not at a high quality the company takes it back and brings different produce. |
| **Timeliness of Delivery or Performance** | **5**<br>**4x**<br>**3**<br>**2**<br>**1** | The drivers try to make sure the produce arrives in a timely matter. The drivers are always in contact with the schools if they are going to be later. |
| **Business Relations** | **5**<br>**4 x**<br>**3**<br>**2**<br>**1** | The Management of Sunfarm has a good working relationship with the Fresh Fruit and Vegetable Coordinators as well as the Accountability Specialist. |
| **Customer Satisfaction** | **5**<br>**4 x**<br>**3**<br>**2**<br>**1** | Sunfarm ensures that all the schools and students are very satisfied. They have great customer service. |
| **Cost Control** | **5**<br>**4 x**<br>**3**<br>**2**<br>**1** | The Company tries to work with the Food Services Department to get the best price possible for the fresh fruit and vegetables. |
| **Average Score** | **4** | |

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 ☐**

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# BOARD RESOLUTION

**Date:** July 5, 2012

**To:** Special Administrative Board

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

**Agenda Item :** 08-09-12-10

**Information:** ☐

**Action:** ☒

**Action to be Approved:**
Contract Renewal
**Previous Board Resolution**
**Prior Year Cost:** $14,000

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a contract renewal with Jerryl T. Christmas to serve as Hearing Officer to preside and conduct certified disciplinary hearings for teachers for the period August 10, 2012 through June 30, 2013 at a total cost not to exceed $14,000, pending funding availability.

**BACKGROUND:** Board Policy #R4890 and Section 168.221 R.S.MO allows the Special Administrative Board to designate a hearing officer for the purpose as stated above.

**Accountability Plan Goals:** Goal: Governance **Objective/Strategy:**

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

| | | |
|---|---|---|
| **Fund Source:** 800-00-110-2313-6319 | GOB | **Requisition #:** |
| **Amount:** $14,000 | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 14,000 | ☒**Pending Funding Availability** | **Vendor #:** 600014736 |

**Department:** Superintendent's Office

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

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

Reviewed By: _____ Reviewed By: _____ Reviewed By: _____

# Vendor Performance Report

| | |
|---|---|
| **Type of report: Final ☒ Quarterly ☐** | **Report Date: 7/5/12** |
| **Dept / School: Superintendent/Board Offices** | **Reported By: Jeffrey St. Omer** |
| **Vendor: Jerryl T. Christmas** | **Vendor #:** |
| **Contract # / P.O/ #: 45000159952** | **Contract Name: Jerryl T. Christmas** |
| **Contract Amount: $ 14,000** | **Award Date: 11-15-11** |

**Purpose of Contract (Brief Description):**

Continuation of disciplinary hearings for teachers for the 2012-2013 school year.

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

| Category | Rating | Comments (Brief) |
|---|---|---|
| **Quality of Goods / Services** | 5<br>4<br>**3**<br>2<br>1 | |
| **Timeliness of Delivery or Performance** | 5<br>4<br>**3**<br>2<br>1 | |
| **Business Relations** | 5<br>4<br>**3**<br>2<br>1 | |
| **Customer Satisfaction** | 5<br>4<br>**3**<br>2<br>1 | |
| **Cost Control** | 5<br>4<br>**3**<br>2<br>1 | |
| **Average Score** | **3.0** | 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 ☒** **No ☐**

## VENDOR PERFORMANCE REPORT INSTRUCTIONS

| | |
|---|---|
| **Type of report** | Identify if this is a 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** | 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<br>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 |

# BOARD RESOLUTION

**Date:** June 22, 2012

**Agenda Item :** 08-09-12-11

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

**Action:** ☒

**From:** Audrey Jackson, Director, Professional Development

**Action to be Approved:**
**Memorandum of Understanding**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a Memorandum of Understanding (MOU) with CharacterPlus to implement Caring School Community with two schools for the 2012-2013 school year: Shaw Visual Performing Arts Center and Lyon at Blow Elementary.

**BACKGROUND:** The Caring School Community program is grounded in 25 years of successful implementation in elementary schools across the country. Studies, show significant and positive effects on students' social and ethical development. Results include:

- Increase in student achievement in communication arts and math, decrease in discipline referrals, increase in students', staff, and parents' positive perception of their school as a community, increase in attendance, improved school safety and climate, increased parental involvement, and an increase in collegiality among staff.
- CharacterPlus received a $13,000.00 grant from Express Scripts to work with the two elementary schools.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** 0 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Professional Development

**Requestor:** Audrey Jackson

Audrey Jackson

**Audrey Jackson, Director, Professional Development**

**Blake Youde, Dep. Supt., Institutional Advancement**

Angela Banks

**Angela Banks, 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 the CHARACTER*plus* ("Agency") on this 11th day of June, 2012.

**The purpose of this Memorandum of Understanding is to establish a partnership between CHARACTER*plus* and the St. Louis Public Schools in order to:**

Collaborate with CHARACTER*plus* as support is given to Shaw Visual Performing Arts Center and Lyon at Blow Elementary School and staff as they implement Caring School Community.

**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)** Advise the staff of Lyon@Blow and Shaw Visual and Performing Arts Center of the partnership and the support of the implementation.

**(b)** Identify School Leadership Team members and provide time for members to participate in training sessions and provide adequate meeting space for training.

**(c)** Encourage attendance of monthly school leadership team planning meetings.

**(d)** The terms of the document titled CHARACTER*plus* and Saint Louis Public Schools and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

**6. Obligations of Agency:**

**(a)** Collaborate Shaw Visual Performing Arts Center and Lyon at Blow Elementary School as they implement the concept of Caring School Community.

**(b)** Deliver an integrated, comprehensive approach to prevent bullying of students by other students.

**(c)** Engage the School Community through training. Provide one 3-day 'Caring School Community, The CHARACTER*plus Way'* team leadership training session for both schools (which includes school's principal, counselor, 2 teachers-one being a classroom teacher, and a parent/community member.

**(d)** School leadership team will attend three half day workshops networking sessions where they will collaborate and share effective practices. A Data Review workshop will focus on interpreting the evaluation results and creating a plan of action for the coming school year.

**(e)** The terms of the document titled CHARACTER*plus* and Saint Louis Public Schools and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

**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)** Pre and Post evaluation through on-line surveys to staff, students and parents

**(b)** Collect school data as it relates to office referrals for bullying, classroom climate and bus transportation to and from school.

**(c)** Monitor student achievement.

**8. Term and Termination:** The term of the MOU will be from July, 2012 the Effective Date) through June 30, 2013, unless earlier terminated by either party by providing thirty (30) days' written notice to the person who has signed as a representative of each party below.

| Saint Louis Public Schools | (Agency) |
|---|---|
| By: _____ | By: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |

# BOARD RESOLUTION

**Date:** June 29, 2012

**Agenda Item :** 08-09-12-12

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:**
**Memorandum of Understanding**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a Memorandum of Understanding (MOU) with Kids In The Middle to provide counseling for children whose families are in transition due to traumatic changes including parental separation, divorce, incarceration or other major change. The MOU will be for the period August 10, 2012 to June 30, 2015.

**BACKGROUND:** Kids In The Middle has partnered with SLPS in the past and the results of the counseling have been very positive for our students. Kids in the Middle provides community education throughout the year and runs several court programs for families in transition. They are currently working with about 300 kids in the City of St. Louis.

**Accountability Plan Goals:** Goal IV: Parent Community Involvement **Objective/Strategy:** IV.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost Not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

**Blake Youde, Dep. Supt., Institutional Advancement**

**Angela Banks, 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 the Kids In The Middle ("Agency") on this 11th day of August, 2012.

The purpose of this Memorandum of Understanding is **to** partner with **Kids In The Middle (KITM)** in order to work collaboratively through the **Kids In The Middle School Outreach Counseling Program (SOC). The SOC program fosters positive adjustment for children whose families are in transition due to traumatic changes including but not limited to parental separation (whether married or not); divorce; incarceration or deployment of a parent/guardian; changes in custody including foster care; homelessness; death or illness of a family member; witness to or experience with violence or abuse. Funding for the SOC program is provided solely to KITM through a contract between KITM and the St. Louis Mental Health Board (MHB).**

**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 related to the SOC program** 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"). **SLPS acknowledges that KITM maintains client records for all student participants in the SOC program at the Agency's main office. SLPS further acknowledges that all such records and information are confidential in compliance with "HIPAA" and will not be available for review by SLPS. The staff of the Agency are Mandated Reporters and will act accordingly and in compliance with local and state laws.**

5. **Obligations of SLPS:**

   a. **Participate with KITM SOC Program Supervisor to identify 15-18 elementary schools to participate in the program.**

   b. **Obtain agreement and cooperation of school personnel, i.e. principal, counselors, social workers, teachers to foster participation and collaboration in each individual school**

   c. **Ensure that each school principal will sign and return a copy of the letter of agreement to KITM as outlined in 6 (b) below.**

   d. **Identify appropriate students to participate in the SOC program.**

   e. **Obtain signed consent and demographic information from appropriate parents/guardians and provide to KITM counselors.**

   f. **Provide a quiet, confidential space for counseling groups and individual counseling sessions to take place at each school.**

   g. **Make students available during the school day but outside the designated reading and math instructional blocks and MAP testing schedule on a weekly basis (or as specified by KITM counselor) to participate in group and/or individual counseling.**

6. **Obligations of Agency:**

a. **Provide the SOC program which includes confidential psycho-educational supportive group and individual counseling services to children in 15 – 18 elementary schools in the SLPS District. The schools will be identified and session schedule developed through mutual agreement by KITM and SLPS administrative staff.**

b. **Provide a letter of agreement to each participating school outlining expectations, procedures and requirements of the school and the KITM staff.**

c. **Provide assistance, support and consultation to school staff as needed.**

d. **Maintain case records at the KITM facility. Such case records are confidential and not shared records accessible to the SLPS staff.**

e. **Provide data and reports regarding achievement of milestones and performance targets to the MHB as per contract and the SLPS as requested.**

f. **Provide services in a schedule that does not interrupt reading and math blocks or MAP testing.**

**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 as outlined per contract with the MHB:**

**By June 30, 2015, 1,158 children will demonstrate continued use of at least three positive coping skills by the end of the school year in which they participate in the program.**

8. **Oversight of SOC program:** The Saint Louis Mental Health Board (MHB) will provide administrative oversight of the SOC program per contract with KITM through the Community Children's Services Fund.

9. **Resources:** No financial resources will be exchanged between KITM and SLPS to conduct activities outlined in this MOU.

10. **Ownership:** The name School Outreach Counseling Program (SOC) is the sole property of Kids In The Middle and may not be used without the express permission of KITM. Works created in the provision of the program remain the sole property of KITM.

11. **Term and Termination:** The term of the MOU will be from August 11, 2012 (the Effective Date) through June 30, 2015, unless earlier terminated by either party by providing thirty (30) days' written notice to the person who has signed as a representative of each party below.

**12. Official Contacts:**

For SLPS:
Dr. Kelvin R. Adams
Superintendent
St. Louis Public Schools
801 N. 11th Street
St. Louis, MO 63101

For KITM:
Christine Woodward
School Outreach Counseling Program Supervisor
Kids In The Middle
121 West Monroe Avenue
St. Louis, MO 63122
(314) 909-9922
cwoodward@kitm.org

**13.** Authorized Signatures:

Saint Louis Public Schools

By: _____
Name: Dr. Kelvin R. Adams
Title: Superintendent
Date: _____

Kids In The Middle

By: _____
Name: Judy Berkowitz
Title: Executive Director
Date: _____

# BOARD RESOLUTION

**Date:** June 29, 2012 **Agenda Item :** 08-09-12-13

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

**From:** Dr. Dan Edwards, Assoc. Supt., Secondary Schools

**Action to be Approved:**
**Memorandum of Understanding**

**Other Transaction Descriptors:**
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve a Memorandum of Understanding with Achievement Tutors to provide tutoring services during the 2012-13 school year at no cost to students at Soldan High School.

**BACKGROUND:** Achievement Tutors identifies volunteers to tutor high school students in the general academic areas. Tutors will meet with students twice per week during after school hours. If possible, the tutoring program will be expanded to Clyde C. Miller.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** N/A | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Academics

**Requestor:** Dan Edwards

**Angela Banks, Budget Director**

**Enos Moss, CFO/Treasurer**

**Dr. Dan Edwards, Assoc. Supt., Secondary Schools**

**Blake Youde, Dep. Supt., Institutional Advancement**

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

# MEMORANDUM OF UNDERSTANDING
## (NON-FUNDRAISING)

This Memorandum of Understanding ("MOU") is entered into by and between the Saint Louis Public Schools ("SLPS") and the Achievement Tutors ("Agency") on this 4th day of September, 2012.

**The purpose of this Memorandum of Understanding is to establish a partnership between Agency and the St. Louis Public Schools in order to establish a tutoring program at Soldan High School with possible expansion to Clyde C. Miller Career Academy. All general academic subjects will be covered in the tutoring.**

**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)** SLPS will provide adequate space for tutoring within the school site(s).

**(b)** SLPS will provide a point of contact both at the school site and administrative level._

**(c)** SLPS in identifying potential students for tutoring.

**(d)** SLPS will provide curriculum materials for tutors to review ensure consistency with classroom activities.

**6. Obligations of Agency:**

**(a)** Agency will provide tutors for two-day per week sessions during after school hours

**(b)** Agency will periodically meet with school staff to ensure that tutoring is supporting classroom activities.

**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)** Students tutored will show improvement as evidence by academic performance in the classroom and on benchmark testing.

**8. Term and Termination:** The term of the MOU will be from September 4, 2012 (the Effective Date) through June 30, 2012, unless earlier terminated by either party by providing thirty (30) days' written notice to the person who has signed as a representative of each party below.

Saint Louis Public Schools

By: _____
Name: _____
Title: _____

(Agency)

By: _____
Name: _____
Title: _____

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# BOARD RESOLUTION

**Date:** June 28, 2012

**Agenda Item :** 08-09-12-14

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:**
**Memorandum of Understanding**

**Other Transaction Descriptors:** Renewal
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-16-11-01

**SUBJECT:** To approve the renewal of the Memorandum of Understanding (MOU) with the Union and Sarah Senior Center to provide school to work transitional training for special education students. This opportunity will be available to all high school special education students in the District who are recommended by their teaching staff. The MOU will be for the period August 11, 2012 through June 30, 2013.

**BACKGROUND:** The Union and Sarah Senior Center will provide school to work transitional training in the area of food service. Once a student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with the Union and Sarah Senior Center or other appropriate placement. This will be the second year of the program.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

**Blake Youde, Dep. Supt., Institutional Advancement**

**Angela Banks, 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 Union and Sarah Senior Center on this 11th day of August 2012.

**The purpose of this Memorandum of Understanding is to establish a partnership between Union and Sarah Senior Center and the St. Louis Public Schools in order to provide school to work transition training for students with disabilities.**

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) Provide two student volunteers (Monday thru Thursday) to participate in an "off Campus" work-related experience.

b) Slps staff will communicate regularly with Union and Sarah Senior Center staff

c) Provide on-going observation of students on premises

d) Maintain records of attendance, grades, and communicate with the home school of enrollment...

e) Collaborate with the Union and Sarah Senior Center in developing transitional work experience program for students with disabilities.

6. **Obligations of Union and Sarah Senior Center:**

a) To create an environment in which the student volunteer may develop the ability and motivation to learn skills that will help them become successful academically and in the working community.

b) To provide meaningful work experience for the volunteers in the activity and dietary departments.

c) Give the volunteers professional developments opportunities that will allow them to build up their skills and abilities and foster positive relationships within the community.

d) Provide a brief description of job duties

e) Provide a Classroom

f) Provide sign in sheet, hair nets, aprons, and Id budgets for students and staff.

g) Union and Sarah Senior Center 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 St. Louis Public 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.

h) Union and Sarah Senior Center shall make available to assigned St. Louis Public School's 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, Union and Sarah Senior Center may, with the consent of St. Louis Public School's program coordinator, place the student in a volunteer/paying position with Union and Sarah Senior Center or other appropriate placement upon the student's graduation from the St. Louis Public School program.

i) Union and Sarah Senior Center shall have the right to remove a student from assignment to Union and Sarah Senior Center and will notify St. Louis Public School High School's representative of the basis of that decision.

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

**St. Louis Public School 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:

1. The program will include at least 20 students from the various high schools of the SLPS District.

2. At least 5 students from the program will be employed as a result of the skills and volunteer experience.

**8. <u>Term and Termination</u>:** The term of the MOU will be one year from the Effective Date, unless earlier terminated by either party by providing thirty (30) days' written notice to the person who has signed as a representative of each party below.

| Saint Louis Public Schools | Union and Sarah Senior Center |
|---|---|
| By: _____ | By: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |

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# BOARD RESOLUTION

**Date:** June 28, 2012 **Agenda Item :** 08-09-12-15

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

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:**
**Memorandum of Understanding**
**Previous Board Resolution #** 06-16-11-02

**Other Transaction Descriptors:** Renewal
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the renewal of the Memorandum of Understanding (MOU) with the 99 Billion Better to provide school to work transitional training for special education students. This opportunity will be available to all high school special education students in the District who are recommended by their teaching staff. The MOU will be for the period August 11, 2012 through June 30, 2013.

**BACKGROUND:** The 99 Billion Better will provide school to work transitional training in the hospitality industry. Once a student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with 99 Billion Better or other appropriate placement. This will be the second year of the program.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

**Blake Youde, Dep. Supt., Institutional Advancement**

**Angela Banks, 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 99 Billion better on this 11th day of August 2012.

**The purpose of this Memorandum of Understanding is to establish a partnership between with 99 Billion Better and the St. Louis Public Schools in order to provide educational services to the Agency's Consumers who are located within the Saint Louis Public School District.**

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:**

- Provide academic instruction to students referred to "Professional Student's" as governed by criteria established based upon IEP goals as SLPS Mandates.
- Provide certified special education teachers.
- Provide computer- aid instructions
- Collaborate with 99 Billion Better to develop a transitional, entrepreneurial program for students with disabilities.
- Provide instruction in Personal Finance, Business Management, and Character Education.
- Maintain records of attendance, grades, and communicate with home school of enrollment.
- Provide Free and Reduced Breakfast, Lunch, not including those times that SLPS does not provide FRBL, such as holidays and breaks
- The terms of the document titled **99 Billion Better** and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

6. **Obligations of Agency:**

- Provide a safe work experience environment for students of SLPS
- Report any concerns immediately to Work Experience Counselor servicing said students.
- 99 Billion Better 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 St. Louis Public 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.
- 99 Billion Better shall make available to assigned St. Louis Public School's 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, 99 Billion Better may, with the consent of St. Louis Public School's program coordinator, place the student in a volunteer/paying position with 99 Billion Better or other appropriate placement upon the student's graduation from the St. Louis Public School program.

- 99 Billion Better shall have the right to remove a student from assignment to 99 Billion Better and will notify St. Louis Public School High School's representative of the basis of that decision.

- The terms of the document titled **99 Billion Better** and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

**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. The program will include at least 20 students from the various high schools of the SLPS District
B. At least 5 students from the program will be employed as a result of the skills and volunteer experience.

C. Ten (10) or more students will complete the program with favorable performance evaluation.

D. The agency will provide a list of services to the students and family upon completion to the transition work program.

**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 | 99 Billion Better |
|---|---|
| By: _____ | By: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |

# BOARD RESOLUTION

**Date:** June 28, 2012

**Agenda Item :** 08-09-12-16

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:**
**Memorandum of Understanding**

**Previous Board Resolution #** 07-07-11-13

**Other Transaction Descriptors:** Renewal
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the renewal of the Memorandum of Understanding (MOU) with the Work Net to provide school to work transitional training for special education students. This opportunity will be available to all high school special education students in the District who are recommended by their teaching staff. The MOU will be for the period August 11, 2012 through June 30, 2013.

**BACKGROUND:** The Work Net program will provide job related skills necessary to obtain employment in the food services or custodial services industries after graduation. Once a student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with the 99 Billion Better or other appropriate placement. This will be the second year of the program.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

**Blake Youde, Dep. Supt., Institutional Advancement**

**Angela Banks, 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 WorkNet on this 11th day of August 2012.

**The purpose of this Memorandum of Understanding is to establish a partnership between WorkNet and the St. Louis Public Schools in order to provide school to work transitional training for students with disabilities.**

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:**

- Provide a potential student referral list.
- Collaborate with Work Net in developing a transitional work program for students with disabilities.

The terms of the document titled **MOU** with WorkNet and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

6. **Obligations of WorkNet:**

- Transition IEP's in IWP's. Enroll participants in the Ticket to Work (SSA) program.
- Career and Job development, provide support services and SSA work incentives information.
- Provide Job retention support and career advancement.
- Share data collection with SLPS.

The terms of the document titled **MOU** with WorkNet and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

**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:

- **Ten (10) or more students will complete the program with favorable performance evaluation.**
- **The agency will provide a list of services to the students and family upon completion to the transition work program.**

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

| | |
|---|---|
| Saint Louis Public Schools | WorkNet |
| By: _____ | By: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |

# BOARD RESOLUTION

**Date:** June 28, 2012

**Agenda Item :** 08-09-12-17

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:**
**Memorandum of Understanding**

**Other Transaction Descriptors:** Renewal
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 07-07-11-14

**SUBJECT:** To approve the renewal of the Memorandum of Understanding (MOU) with the Society of St. Vincent de Paul to provide school to work transitional training for special education students. This opportunity will be available to all high school special education students in the District who are recommended by their teaching staff. The MOU will be for the period August 11, 2012 through June 30, 2013.

**BACKGROUND:** The Society of St. Vincent de Paul program will provide job related skills necessary to obtain employment in the food services industry after graduation. Once a student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with the Society of St. Vincent de Paul or other appropriate placement. This will be the second year of the program.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

**Blake Youde, Dep. Supt., Institutional Advancement**

**Angela Banks, 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 the Society of St. Vincent de Paul on this 11th day of August 2012.

**The purpose of this Memorandum of Understanding is to establish a partnership between Society of St. Vincent de Paul and the St. Louis Public Schools in order to provide school to work transition training for students with disabilities.**

**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)** Provide a teacher and teacher assistant (if needed) to provide vocational academic instruction related to Community-Based Transition Classroom volunteer positions.

**(b)** Provide a teacher and teacher assistant (if needed) to provide "job coaching" to students in the Community-Based Transition Classroom volunteer positions.

**(c)** Provide a teacher and teacher assistant (if needed) to provide supervision of students in the Community-Based Transition Classroom volunteer positions.

The terms of the document titled **the Society of St. Vincent DePaul** and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

6. **Obligations of Society of St. Vincent de Paul:**

**(a)** Provide an area for classroom instruction.

**(b)** Provide an area for lunch.

**(c)** Provide meaningful work experience for student volunteers.

**(d)** The Society of St. Vincent DePaul 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 St. Louis Public 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.

**(e)** The Society of St. Vincent DePaul shall make available to assigned St. Louis Public School's 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, the Society of St. Vincent DePaul may, with the consent of St. Louis Public School's program coordinator, place the student in a volunteer/paying position with the Society of St. Vincent DePaul or other appropriate placement upon the student's graduation from the St. Louis Public School program.

(f) The Society of St. Vincent DePaul shall have the right to remove a student from assignment to the Society of St. Vincent DePaul and will notify St. Louis Public School High School's representative of the basis of that decision.

The terms of the document titled **the Society of St. Vincent DePaul** and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

**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:

1. The program will include at least 20 students from the various high schools of the SLPS District.

2. At least 5 students from the program will be employed as a result of the skills and volunteer experience.

**8. <u>Term and Termination</u>:** The term of the MOU will be one year from the Effective Date, unless earlier terminated by either party by providing thirty (30) days' written notice to the person who has signed as a representative of each party below.

Saint Louis Public Schools

By: _____
Name: _____
Title: _____

the Society of St. Vincent DePaul

By: _____
Name: _____
Title: _____

# BOARD RESOLUTION

**Date:** June 28, 2012

**Agenda Item :** 08-09-12-18

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:**
**Memorandum of Understanding**

**Other Transaction Descriptors:** Renewal
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 07-07-11-12

**SUBJECT:** To approve the renewal of the Memorandum of Understanding (MOU) with the Northview Rehabilitation Center to provide school to work transitional training for special education students. This opportunity will be available to all high school special education students in the District who are recommended by their teaching staff. The MOU will be for the period August 11, 2012 through June 30, 2013.

**BACKGROUND:** The Northview Rehabilitation Center will provide school to work transitional training in the area of food service. Once a student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with the Northview Rehabilitation Center or other appropriate placement. This will be the second year of the program.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

**Blake Youde, Dep. Supt., Institutional Advancement**

**Angela Banks, 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 Northview Rehabilitation Center on this 11th day of August 2012.

**The purpose of this Memorandum of Understanding is to establish a partnership between Northview Rehabilitation Center and the St. Louis Public Schools in order to provide school to work transitional training for students with disabilities.**

**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:**

- Provide a potential student referral list.
- Collaborate with the Northview Rehabilitation Center in developing a transitional work Program for students with disabilities.
- To collaborate with JESS/SLATE in finding job training sites.
- Provide Free and Reduced Breakfast, Lunch, not including those times that SLPS does not provide FRBL, such as holidays and breaks
- The terms of the document titled **Northview Rehabilitation Center** and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

6. **Obligations of Northview Rehabilitation Center:**

- To create an environment in which the student volunteer may develop the ability and motivation to learn skills that will help them become successful academically and in the working community.
- To provide meaningful work experience for the volunteers in the activity and dietary departments.
- Give the volunteers professional developments opportunities that will allow them to build up their skills and abilities and foster positive relationships within the community.
- Northview Rehabilitation Center 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 St. Louis Public 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.

- Northview Rehabilitation Center shall make available to assigned St. Louis Public School's 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, Northview Rehabilitation Center may, with the consent of St. Louis Public School's program coordinator, place the student in a volunteer/paying position with Northview Rehabilitation Center or other appropriate placement upon the student's graduation from the St. Louis Public School program.

- Northview Rehabilitation Center shall have the right to remove a student from assignment to Northview Rehabilitation Center and will notify St. Louis Public School High School's representative of the basis of that decision.

- The terms of the document titled **Northview Rehabilitation Center** and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

**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:

1. The program will include at least 20 students from the various high schools of the SLPS District.

2. At least 5 students from the program will be employed as a result of the skills and volunteer experience.

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

Saint Louis Public Schools

By: _____
Name: _____
Title: _____

**Northview Rehabilitation Center**

By: _____
Name: _____
Title: _____

19

# BOARD RESOLUTION

**Date:** June 28, 2012

**Agenda Item :** 08-09-12-19

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:**
**Memorandum of Understanding**

**Previous Board Resolution #** 08-16-11-02

**Other Transaction Descriptors:** Renewal
(i.e.: Sole Source, Ratification)

**SUBJECT:** To approve the renewal of the Memorandum of Understanding (MOU) with MERS/Goodwill to provide school to work transitional training for special education students. This opportunity will be available to all high school special education students in the District who are recommended by their teaching staff. The MOU will be for the period August 11, 2012 through June 30, 2013.

**BACKGROUND:** The MERS/Goodwill program will provide job related skills necessary to obtain employment in the food services industry after graduation. Once a student has demonstrated proficiency in necessary skills, the student will be place in a volunteer/paying position with MERS/Goodwill or other appropriate placement. This will be the second year of the program.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

**Blake Youde, Dep. Supt., Institutional Advancement**

**Angela Banks, 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 11th day of August, 2012.

**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)** SLPS shall have total responsibility for planning and determining the adequacy of the educational experience of the students in basic skills, attitude and behavior and will assign to each MERS/Goodwill site only those students whom it deems satisfactory in the areas. Students assigned to MERS/Goodwill worksite will have a work related goal in their IEP.

**(b)** SLPS shall inform its students and faculty that they must abide by the rules and regulation 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)** SLPS will ensure all students participation on work site will be limited to 90 hours for assessment, with addition of up to 120 hours for training if that is added to the IEP. SLPS faculty will be responsible to keep track of the student hours to stay within 90 hour + 120 hour total.

**(d)** SLPS 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 continuing exchange of information on the progress of the programs.

**(e)** SLPS shall have the right to withdraw a student from assignment with MERS/Goodwill.

**(f)** SLPS "teacher-in-charge" and support staff will provide constant direct supervision for all students performing work with MERS/Goodwill staff. This assignment shall include on-site visits when practical and continuing exchange of information on the progress of the program.

**(g)** SLPS 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 representative.

(h) SLPS staff assigned to MERS/Goodwill must have participated in a background check provided by SLPS.

(I) The terms of the document titled **MOU with MERS Goodwill** The terms of the document titled and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

6. **Obligations of Agency:**

(a) MERS Goodwill shall designate a member of its staff from each site where students are located to be coordinated of the program and function as a supervisor with whom the SLPS program coordinate is to communicate for the conduct of the program, which may include the development of objective, methods of instruction and other details of the experience.

(b) MERS Goodwill shall make available to assigned SLPS students and staff appropriate facilities, equipment, 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 SLPS program coordinator, place the student in a volunteer/paying position with MERS/Goodwill or other appropriate placement upon the student's graduation from SLPS.

(c) MERS Goodwill shall have the right to remove a student from assignment to MERS Goodwill and will notify SLPS' representative of the basis of that decision.

(d) The terms of the document titled **MOU with MERS Goodwill** and attached hereto as Exhibit A are also incorporated herein, except where specifically noted.

**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. The program will include at least 20 students from the various high schools of the SLPS District
B. At least 5 students from the program will be employed as a result of the skills and volunteer experience.

C. Ten (10) or more students will complete the program with favorable performance evaluation.

D. The agency will provide a list of services to the students and family upon completion to the transition work program.

**8. <u>Term and Termination</u>:** The term of the MOU will be one year from the Effective Date, unless earlier terminated by either party by providing thirty (30) days' written notice to the person who has signed as a representative of each party below.

| Saint Louis Public Schools | MERS Goodwill |
|---|---|
| By: _____ | By: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |

# BOARD RESOLUTION

**Date:** June 29, 2012

**Agenda Item :** 08-09-12-20

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

**Action:** ☒

**From:** Dr. Chip Jones, Assoc. Supt., Student Support Serv

**Action to be Approved:**
**Memorandum of Understanding**

**Other Transaction Descriptors:** Renewal
(i.e.: Sole Source, Ratification)

**Previous Board Resolution #** 06-16-11-04 & 06-16-11-05

**SUBJECT:** To approve the renewal of the Memorandum of Understanding (MOU) with the St. Louis Science Center to provide school to work transitional training for students with disabilities. Previously, there were two MOU's with the St. Louis Science Center. The two were combined into a single MOU for this year. The MOU will be for the period August 11, 2012 through June 30, 2013.

**BACKGROUND:** The St. Louis Science Center will provide school to work transitional training in the area of food service and visitor relations and exhibit management. Once a student has demonstrated proficiency in necessary skills, the student will be placed in a volunteer/paying position with the St. Louis Science Center or other appropriate placement. This will be the second year of the program. Last year the services were separated into two MOUs, however, it was felt that they could be combined into one MOU this year.

**Accountability Plan Goals:** Goal I: Student Performance **Objective/Strategy:** I.A.

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

| | | |
|---|---|---|
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Fund Source:** | | **Requisition #:** |
| **Amount:** | | |
| **Cost not to Exceed:** $ 0.00 | ☐ **Pending Funding Availability** | **Vendor #:** |

**Department:** Student Support Services

**Requestor:**

**Dr. Chip Jones, Assoc. Supt., Student Support Serv**

**Blake Youde, Dep. Supt., Institutional Advancement**

**Angela Banks, 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 St. Louis Science Center on this 11th day of August 2012.

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

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) Provide certified special education teachers.

b) Provide student volunteers

c) Slps staff will communicate regularly with Science Center staff

d) Provide on-going observation of students on premises

e) Maintain records of attendance, grades, and communicate with the home school of enrollment...

f) Collaborate with the Science Center in developing transitional work experience program for students with disabilities.

6. **Obligations of St. Louis Science Center:**

a) To create an environment in which the student volunteer may develop the ability and motivation to learn skills that will help them become successful academically and in the working community.

b) To provide meaningful work experience for the volunteers in the activity and dietary departments.

c) Give the volunteers professional developments opportunities that will allow them to build up their skills and abilities and foster positive relationships within the community.

d) Provide a brief description of job duties

e) Provide a Classroom

f) Provide sign in sheet, hair nets, aprons, and Id budgets for students and staff.

g) The St. Louis Science Center 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 St. Louis Public 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.

h) The St. Louis Science Center shall make available to assigned St. Louis Public School's 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, The St. Louis Science Center may, with the consent of St. Louis Public School's program coordinator, place the student in a volunteer/paying position with The St. Louis Science Center or other appropriate placement upon the student's graduation from the St. Louis Public School program.

i) The St. Louis Science Center shall have the right to remove a student from assignment to The St. Louis Science Center and will notify St. Louis Public School High School's representative of the basis of that decision.

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

**St. Louis Public School 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:

1. The program will include at least 20 students from the various high schools of the SLPS District.

2. At least 5 students from the program will be employed as a result of the skills and volunteer experience.

**8. <u>Term and Termination</u>:** The term of the MOU will be one year from the Effective Date, unless earlier terminated by either party by providing thirty (30) days' written notice to the person who has signed as a representative of each party below.

| Saint Louis Public Schools | The St. Louis Science Center |
|---|---|
| By: _____ | By: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |