



NEW HAVEN PUBLIC SCHOOLS
AGREEMENT COVER SHEET

Please Type

Contractor full name: Bonnie Ray

Doing Business As, if applicable: Sign Language Interpreting

Business Address: 249 Deer Run, Shelton, CT 06484

Business Phone: 203-954-7327

Business email: Bonnie.Ray@new-haven.k12.ct.us

SS# OR Tax ID #: 040-52-0817

Funding Source & Acct # including location code: General Funds, Other Contractual Services,
Account # 190-490-56694

Principal or Supervisor: Glynis King Harrell

Agreement Effective Dates: From 07/01/2020. To 06/30/2021.

Hourly rate or per session rate or per day rate. \$50.00

Total amount: \$85,500.00

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

Bonnie Ray will provide sign language interpreting services to deaf/hearing impaired students throughout the district.

Submitted by: Stacie Ormond Phone: 475-220-1664



NEW HAVEN PUBLIC SCHOOLS

Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Glynis King Harrell
Date: May 18, 2020
Re: Bonnie Ray

Executive Summary/ Statement: (Please provide 1-2 sentences describing the Service – do not leave blank):

Bonnie Ray will provide sign language interpreting services to deaf/hearing impaired students throughout the district.

Amount of Agreement and the Daily, Hourly or per Session Cost:

\$85,000.00, Agreement Amount; \$436.2200, Daily Rate; \$50.00, Hourly Rate.

Funding Source & Account #:

General Funds, Other Contractual Services, 190-490-56694

Key Questions: (Please have someone ready to discuss the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education):

1. Please describe how this service is strategically aligned to the District Continuous Improvement Plan?
Sign language interpreters are needed for deaf/hearing impaired students in the district to allow academic access and meet the communicative needs of the disabled students from Pre-k thru 12th grade. Success in academic, college and career all require effective communication and comprehension of course content which is compromised for deaf students without this support.
2. What specific need will this contractor address?
The contractor will address communicative barrier for deaf/hearing impaired students in the district.
3. How was the contractor selected? Quotes? RFP? Sealed Bid or Sole Source? Please describe the selection process including other sources considered and the rationale for selecting this method of selection:
Professional networking, competitive pricing, and positive history with district performance.
4. If this is a continuation service, when was the last time the alternatives were sought?
April 23, 2020
5. What specific skill set does this contractor bring to the project?
A specialized skill of sign language interpretation. Resume is attached.

6. How does this contractor fit into the project as a whole? (If the contractor is an individual, please attach a copy of their resume):
Disabled students are legally required to an IEP to address their ability to access general education curriculum. Once a student is identified, the service is mandated by IDEA.
7. Is this a new or continuation service?
Continuation of service at the same rate.
8. If this is a continuation service has cost increased?
Yes
 - a) If yes, by how much?
\$3450.00
 - b) What would an alternative contractor cost?
Ranges up to \$67.00 per hour.
 - c) Is this a service existing staff could provide? Why or why not?
Staff needed due to extended school year for disabled students is mandated by IEP.
9. Evidence of Effectiveness: How will the contractor's performance be monitored and evaluated?
Evidence of effectiveness will be monitored through observation, timely submission of paperwork and compliance with IEP mandates.
10. If a continuation service, attach a copy of the previous evaluations or archival data demonstrating effectiveness. (If archival data includes lengthy reports, syllabi, training materials, etc., please have a copy available for review)
11. If the service is a professional development program, can the training be provided internally, by district staff?
N/A
 - a) If not, why not?
 - b) How will the output of this Agreement contribute to building internal capabilities?
12. Why do you believe this Agreement is fiscally sound?
Sign language interpreters provide a unique service. Rates start at \$55.00 per hour and increase depending on experience, travel and demand. Department of Rehab services charges \$55.00 per hour, plus travel fees from home. Community Services (FSW) Interpreting charges \$60.00 per hour plus travel fees from home. Both of these are agencies. Previous experience has demonstrated a misalignment between district and agency expectations. Our students require not just literal interpreting but also elaboration, explanation, tutorial. Agency staff are often literal interpreters, nothing more.
13. What are the implications of not approving this Agreement?
Disable students will not receive appropriate intervention, hence failure to comply with IEP mandates can lead to state and federal complications.

CONTRACTOR ASSESSMENT

Vendor Name Bonnie Ray

Project Description Sign Language Interpreter

Evaluator Dr. Glynis King Harrell Date April 28, 2020

	Unacceptable			Excellent		Not applicable
	1	2	3	4	5	N/A
Quality of contractor's Work						
1. Attendance					X	
2. Effectiveness of Instruction (Sign)					X	
3. Ability to relate to parents and professionals during PPT's					X	
4. Educational/tutorial support					X	
Working relationship of contractors with district						
Timely submission of invoices				X		
6. Accuracy of invoices				X		
7. Collegial, collaborative relations				X		
Implementation of practice across the district						
8. Flexibility in scheduling				X		
9. Coverage when needed (substitution)				X		
10. Team work with teacher and other professionals				X		

Bonnie Ray
249 Deer Run Shelton, CT 06484
Cell: 203-954-7327 bontj@comcast.net

OBJECTIVE ASL/English Interpreter

QUALIFICATIONS:

2008 RID Certificate of Transliteration
On-site, VRS, and VRI Experience
Community, Medical, Educational Arenas

AFFILIATIONS:

National Association of Interpreters in Education
Connecticut Association of the Deaf
Massachusetts RID

EDUCATION:

AS in English/ASL Interpreting, NCCC. Winsted, CT 2005
BA in Psychology, Kalamazoo College, Kalamazoo, MI 1983

- Individual Research Project: Cochlear nerve development
- Foreign Study Abroad: Madrid, Spain

WORK HISTORY:

09/08-Present ASL/English Interpreter: *New Haven Board of Educations, New Haven, CT*

10/06-Present Community/Educational/Medical Interpreter: *Life Bridge Interpreter Services, CT*

06/09-04/20 Video Relay Interpreter: *Sorenson Communications, Hartford, CT*

9/02-9/06 Administrative Assistant/Dispatcher: *FSW, Bridgeport, CT.* ASL Environment.
Fast-paced office. Daily contact with Deaf staff and clients. Member of a
dedicated team matching interpreters to hospital assignments and offering services
to Deaf clients in the area.

9/00-6/02 Special Education Tutor: *Ripton School, Shelton CT.* Attended to the physical and
academic needs of a non-ambulatory teenager who suffered from legal blindness,
and a Traumatic Brain Injury. She communicated Y/N answers by eye gaze.

3/91-9/97 Mental Health Assistant: *State of Connecticut, Cedarcrest Hospital BHSAS, and
Berkshire Woods Treatment Center (since closed).*

6/89-6/91 Admissions Director: *Cornerstone of Eagle Hill (formerly Parkside Lodge).*
Coordinated a 24-hour admissions office in a medical facility. Supervised several
employees. Team Environment

REFERENCES: Linda Fildes, Certified Interpreter and Colleague. (203) 240-0899
Richard Espinosa, Director of Interpreting – SVRS Hartford, CT
Cell: 860.324.0360 VP: 860.269.0293



NEW HAVEN PUBLIC SCHOOLS

AGREEMENT
By And Between
The New Haven Board of Education
AND

Bonnie Ray

FOR DEPARTMENT/PROGRAM

Department of Student Services

This agreement entered into on the 1st day of May, 2020, effective (*start date no sooner than the day after Board of Education Approval*), on the 1st day of July, 2020, by and between the New Haven Board of Education (herein referred to as the “Board”) and, **Bonnie Ray** located at **249 Deer Run, Shelton, CT 06484** (herein referred to as the “Contractor”).

COMPENSATION

The Board shall pay the contractor for satisfactory performance of the services required the amount of **\$50.00** per day, hour or session, for a total of **1710** days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: **Eighty Five Thousand Five Hundred Dollars \$85,500.00**. Compensation will be made upon submission of an itemized invoice which includes a detailed description of the work performed and date of service.

Fiscal support for this Agreement shall be by **General Funds, Other Contractual Services** Program of the New Haven Board of Education, **Account Number 190-490-56694 Location Code:**.

This agreement shall remain in effect from July 1, 2020 to June 30, 2021.

SCOPE OF SERVICES

Please describe service deliverables, including, locations and costs for service, including travel and supplies, if applicable. A detailed Scope of Service with pricing must be attached as Exhibit A).

The general services to be performed by the Contractor shall consist of: Sign language interpreting, educational tutorial, trouble shoot audiological equipment, confer with teachers, team and parents.

The Contractor agrees to:

1. Reassign Medicaid payment for School Based Child Health Services to the State Department of Education;
2. Not bill Medicaid directly for services provided under the agreement; the Contractor understands that to do so would constitute double billing.
3. Provide documentation in a form and manner acceptable to the Board and which is in Compliance with the Department of Social Services regulations; and
4. Comply with the pertinent requirements of the Department of Social Services Performing Provider Agreement signed by the Board.

Exhibit A: Scope of Service:

Please attach contractor's detailed Scope of Service with all costs for services including travel and supplies, if applicable.

Exhibit B: Student Data and Privacy Agreement:

Attached

APPROVAL:

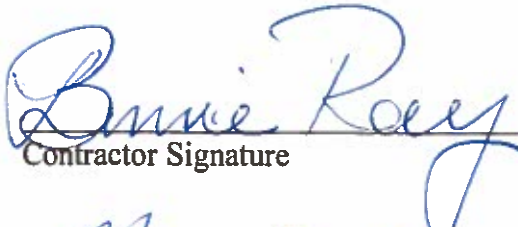
This Agreement must be approved by the New Haven Board of Education prior to service start date. Contractors may begin service no sooner than the day after Board of Education approval.

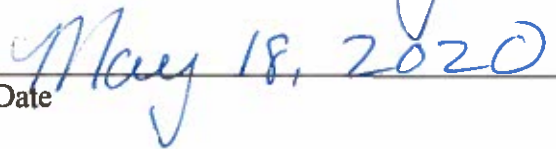
HOLD HARMLESS:

The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor' breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

TERMINATION:

The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.


Contractor Signature


Date

President
New Haven Board of Education

Date

Bonnie Ray
Contractor Name Printed & Title

Exhibit A: Scope of Service:

Please attach contractor's detailed Scope of Service with all costs for services including travel and supplies, if applicable.

The general services to be performed by this contractor, Bonnie Ray, shall consist of:

- Provide language access between a Deaf student, hearing students and adults in academic and non-academic activities.
- Interpret all language required during classroom instruction for the purpose of effective communication and maximum learning.
- Help in finding subject material to meet the linguistic needs of the student in classes where she/he is not working at peer grade level.
- Develop material to reinforce newly learned concepts.
- Model ASL and present appropriate video material online developed by native ASL signers to increase student's ability to communicate in a visual language.
- Review and discuss curricular material with educators.
- Collaborate with the Teacher of the Deaf to assure that classroom goals specified in the student's IEP are obtained.
- Act as a resource to regular education for the purpose of orientating staff to the functions of an interpreter.
- Informally teach sign language to students and teachers who want to know some sign language for the purpose of socializing with the Deaf student.
- Provide ASL/Interpreter services for other New Haven Board of Education sites when the need arises. Ex: Deaf parents in a school PPT meeting, Birth-to-3 evaluation, and Student IEP assessments.

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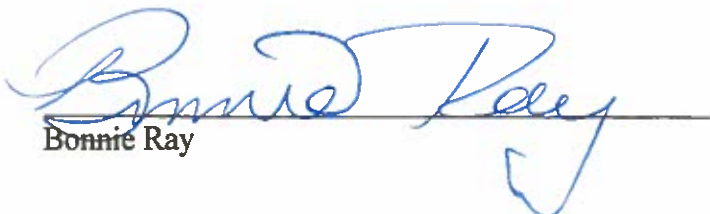
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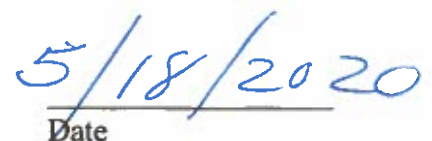
Cost for Delivery of Services:

General Service Delivery (as detailed above): \$50.00 per hour

Travel Costs: \$0.00

Supply Costs: \$0.00


Bonnie Ray


Date



NEW HAVEN PUBLIC SCHOOLS

EXHIBIT B

STUDENT DATA PRIVACY AGREEMENT SPECIAL TERMS AND CONDITIONS

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student-generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student-generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

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8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

Revised: 10/2/18



NEW HAVEN PUBLIC SCHOOLS

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By And Between
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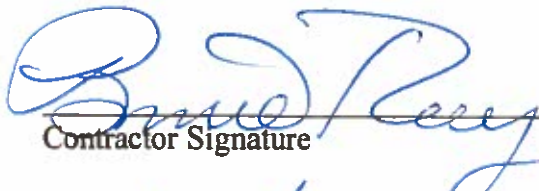
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Contractor Signature

5/18/2020

Date

President
New Haven Board of Education

Date

Bonnie Ray

Contractor Name Printed & Title

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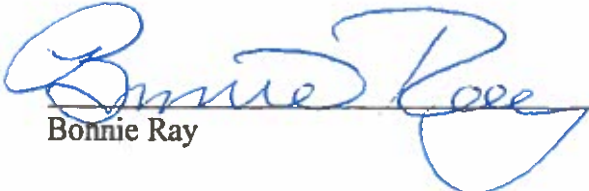
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Bonnie Ray



Date



NEW HAVEN PUBLIC SCHOOLS

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SPECIAL TERMS AND CONDITIONS**

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9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

Revised: 10/2/18

THE CITY OF NEW HAVEN

BUREAU OF PURCHASES

200 Orange Street

New Haven, Connecticut 06510
(203) 946-8201 - FAX (203) 946-8206

TONI N. HARP
Mayor



Michael V. Fumiatti
Purchasing Agent

DISCLOSURE & CERTIFICATION AFFIDAVIT OF OUTSTANDING OBLIGATIONS TO THE CITY OF NEW HAVEN

VENDOR NAME	Bonnie Ray
VENDOR ADDRESS	249 Deer Run Shelton, CT 06484
TELEPHONE /FAX	203 954 7327
CONTACT/E-MAIL ADDRESS	bonnie.ray@new-haven-ki2.ct.us
SOLICITATION TITLE	
SOLICITATION NUMBER	

For the purposes of this Disclosure of Outstanding Financial Obligations, the following definitions apply:

- (a) "Contract" means any Public Contract as defined below.
- (b) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
- (c) "Public Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
- (d) "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.

State of Connecticut County of New Haven Ss.
040-52-0817
(type or print your name above) being first duly sworn, deposes and says that:

1. I am owner, partner, officer, representative, agent or _____ of: Bonnie Ray
(circle one) Company Name (if individual type your name)
2. I am fully informed respecting the preparation and contents of the attached Agreement and of all pertinent circumstances respecting such Agreement;
3. That as a person desiring to contract with the City (check all that apply):
- The Contractor and each owner, partner, officer, representative, agent or affiliate of the Contractor has filed a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
- Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor are required to file a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
- Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, owes back taxes to the City of New Haven
- Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, has any other outstanding obligations to the City of New Haven
- The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor owes back taxes and has executed an agreement, satisfactory to the tax collector, to pay said back taxes in installment payments and the payments under said agreement are not in default. The agreement shall be attached, and incorporated herein by reference.

4. The following list is a list of the names of all persons affiliated with the business of the Contractor, if none state none. Use additional sheet if necessary (Must be on company letterhead and notarized): This does not mean ALL employees - just officers, owners etc.

Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1	none	none		
2				
3				
4				

5. That as a person desiring to contract with the City:

(a) The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1	none	none		
2				
3				
4				

(b) The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized) :

Organization Name	Address	Type of Ownership		
1	non			
2				

(c) The following persons possess an ownership interest in the Contractor. If the Contractor is a corporation, list all of the officers of the corporation and the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

Name	Title	DOB	Stock %	
1	none			
2				

(d) Of the following of the affiliates, individuals or business entities identified in this affidavit, list each that owns, owned, or within one (1) year prior to the date of this disclosure has owned, taxable property situated in the City of New Haven, if none state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

Name	Title	Affiliated Company (if none state NONE)	Address	DOB
1	none			
2				

(e) If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none:

TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1	none	
2		

I hereby certify that the statements set forth above are true and complete, and I understand that any incorrect information or omission of information from this affidavit may result in the immediate termination of the Contractor's agreement with the City of New Haven.

(Signed) Bunnie L Ray
Title:

Subscribed and sworn to before me this 16 day of May, 2020
[Signature]
(Title)

My commission expires 2/29, 2024

This Form Must be Notarized



MARESSA ZADROZNY
 NOTARY PUBLIC
 STATE OF CONNECTICUT
 MY COMM. EXP 02/29/2024