



**REQUEST FOR NON-COMPETITIVE CONTRACT - FOR BOCS APPROVAL ON: January 15, 2025**

This form must be completed by Department Heads or their designee when requesting contracts where a determination has been made that seeking competition would not be in the best interest of the taxpayers. Completed form must be attached to all resolutions and requisitions. Check off each box that applies and provide the required detailed reasons in the JUSTIFICATION section.

**VENDOR INFORMATION**

Vendor Legal Business Name: **Capstone Publishers**  
Vendor Address: **1710 Roe Crest Drive, North Mankato, MN 56003**  
Vendor Main Point of Contact: Vicky Sweet  
Title: **Account Supervisor** Phone: 914.316.0083 Email: **vicky@mlassociatesny.com**  
Detailed Description of Service and Contract Term: Annual **on-going monthly books to grow campus collections**  
Total Cost and Method of Compensation: \$ **40,580.56**

**EXCEPTIONS PER SECTIONS 6 (D) AND 6 (Q) OF THE CITY'S PROCUREMENT POLICY**

- Contracts with medical or health-related entities.
- Contracts with lecturers, other educational professionals or experts, and institutions.
- Procurements which involve the expenditure of federal or state assistance where and to the extent that federal or state law, rules, or regulations conflict with the provisions of the procurement policy.
- Contracts with not for profit organizations for the support, enhancement, or preservation of cultural resources and the arts.
- Other contracts deemed to be in the best interests of the District; however, any such request for this exemption shall be made by submission of a written recommendation, including sufficient justification by the department head certifying that such exemption is necessary and appropriate in order to further the best interests of the District.

**SOLE SOURCE:** Only one vendor is capable of providing the service.  
**SINGLE SOURCE:** The service is available from more than one source, but for particular reasons it must be procured from a specific vendor.

- Single Source: Upgrade to existing software available only from the software developer who sells on a direct basis.
- Single Source: Upgrade to existing software available only from the software developer's designated Value Added Reseller for this territory.
- Single Source: Continuation of an on-going service already procured from this vendor. Provide the reasons why it would not be prudent to procure these services from another vendor.
- Single / Sole Source: Sole provider of a patented or licensed service.
- Single / Sole Source: The requesting Department can demonstrate that such services, due to unique or special circumstances, cannot be procured through a competitive Request for Proposal process.

**REQUIRED JUSTIFICATION:** Provide detailed reasons why it is in the best interest of the taxpayers to contract with this vendor without competition. List other vendors and quotes that were obtained during the process.

Capstone eBooks provides titles including Spanish language books to increase students selection of fiction and nonfiction titles towards strengthening reading and outcomes.

**APPROVAL:** I certify that to the best of my knowledge the information above is a complete and accurate justification for the competitive procurement of these services.

Department / Department Head Name: Library Services / Dr. Cynthia Y. Palmer  
Signature: C. Palmer Date: 12/20/24



# YPS Vendor/Partner Evaluation Form

An evaluation of partnerships throughout the District

Evaluator Name: Dr. Cynthia Y. Palmer

Role: Director, Library Services

General Information			
Grant Name		Contract Amount	
Partner/Partner	Capstone	Date of Service(s)	January 2025-January 2026
School Site(s)	K6/K8 campuses		

1. Were there three quotes for vendor services?

- YES (if yes, please list vendors below)
- NO (if no, please explain)
- N/A

Explain:

No, renewal of services, increasing collections

2. In what ways does this vendor/partnership align to our Districts mission/vision/strategic plan?

Provides nonfiction and fiction titles with diverse characters for our students including Spanish language books.

3. What was the primary goal of the partnership? (Fill the option(s) that most closely relates to the main objective of the partnership.)

- To provide PD to a certain population of the schools.
- To provide programmatic support to the schools.
- To provide tutoring or instructional support.
- To help to assess current practices.
- To connect the schools with other resources.
- To help to develop curriculum and activities for the district, school or classroom.
- To support mental and emotional health
- Other: \_\_\_\_\_

4. Were the specified goal(s) and objectives reached?

- YES
- NO (if no, please explain)
- N/A

Explain: Specific goals to expand collections within K6 and K8 campuses were reached.

5. Did this partner deliver on the expected agreement and outcomes?

- YES
- NO (if no, please explain)

Explain: Yes, the expected agreement is reached towards planned outcomes.

6. Did this partner supply appropriate materials and supplies necessary to accomplish goals and outcomes?

- YES
- NO (if no, please explain)
- N/A

Explain: Yes, appropriate materials are provided to accomplish goals and outcomes.

7. Did this partner provide adequate feedback and support?

- YES
- NO (if no, please explain)
- N/A

Explain: yes, adequate feedback and support are provided.

8. Please complete the Vendor/Partner Assessment Criteria scale below and rank this partner on the following areas:

Vendor/Partner Assessment Criteria					
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
<b>Preparation:</b> <i>Provides high-quality services to meet goals</i>					X
<b>Competency:</b> <i>Knowledge of craft</i>					X
<b>Flexibility:</b> <i>Willingness to change or compromise</i>				X	
<b>Consistency:</b> <i>Schedule &amp; routine</i>					X
<b>Organization:</b> <i>Structured, orderly, &amp; efficient use of time management</i>					X
<b>Professionalism:</b> <i>Interactions are cordial &amp; respectful</i>					X
<b>Overall Experience with partner</b>					X

9. Please indicate specifically how the vendor/partner impacted student achievement, leadership development or district operations. **Note: Please provide documentation and evidence of impact of vendor/partner services.**

This vendor enables us to achieve goals impacting student achievement.

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10. Use the space below to provide any additional feedback you think would be helpful:

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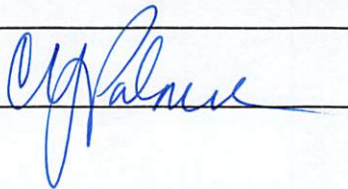
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Signature of Evaluator



Date:

12/20/24

\*\*\*\*\* FOR PEER REVIEW ONLY \*\*\*\*\*

Vendor/Partner Peer Review Criteria					
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
Impact: Based on artifacts/evidence/ evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overall Experience with partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Peer Reviewer

A. Colonbarcia

Date:

12/20/24

Signature of Peer Reviewer



Date:

12/20/24