

TO:	Michelle Pratt
FROM:	Dr. Michelle Reid
DATE:	9/28/22
SOURCE OF FUNDING (e.g. grants, central funds, department, etc.):	Department
Product or Service:	Consulting Services- Strategic Planning
Proposed Supplier:	Performance Fact, Inc.
Total Amount (indicate per year, over initial five years, etc.):	\$465,000 between September 2022-June 2023

INSTRUCTIONS

1. Please type or print legibly. Use as much space as necessary.
2. Complete request by addressing each point below and provide full explanations, complete descriptions, and/or list all relevant reasons to support the determination. Requests which lack sufficient detail will be returned.
3. Attach a written quotation from the vendor, including any business terms or vendor agreement(s) which would be required for the product or service to be provided.
4. Sign and date by Director and Assistant Superintendent at the end of form and submit to OPS for approval.
5. This document will be attached to the Determination & Findings and made part of the contract file.

STATEMENT:

I am aware that the Fairfax County Purchasing Resolution prescribes the basic policies for the conduct of all purchasing in Fairfax County and that all contracts with nongovernmental contractors for the purchase or lease of goods or for the purchase of services be awarded after competition wherever practicable. However, the following determination is provided to document the basis for the request of best practicable source/sole source procurement:

1. Provide a brief description of the project and/or the purpose for which the product or service is required.

The purpose of this project is to engage the school community (staff, students, families, community members, etc) in developing an updated strategic plan that reflects the desired state for the division and provides direction and alignment of resources and efforts. This will include the collection and analysis of student data to inform decisions and recommendations for strategic plan goals.

2. In addition to the product or service requested what other products and/or services have you researched and/or considered and why are they not acceptable? Provide links, sources, etc.

N/A- please see items 3 and 4.

3. Is the proposed supplier the only distributor of this product/service?

While there are a number of consulting firms that provide K-12 educational consulting services, Performance Fact, Inc is uniquely positioned to support strategic planning efforts in FCPS having worked with over 80 school divisions to support their efforts to build stronger schools and accelerate learning for all students through systems efforts. The consultants have previously supported Dr. Reid's strategic planning vision in her former district, allowing a time and cost savings to these efforts and ensuring alignment between the superintendent expectations and the consultant's approach.

4. Explain why this action/choice is in the best interest of FCPS.

The strategic plan is the foundation for the school division; it defines and communicates the outcomes we expect for students, provides an accountability and monitoring plan, and allows the division to align and target resources (fiscal and human) to achieve our goals. The strategic plan was most recently updated in 2018, prior to the pandemic, and an updated is indicated based on strategic planning best practices.

5. Describe the efforts that were made to negotiate the best possible price and contract terms. Why is the price considered fair and reasonable?

This pricing is in alignment with what other districts have paid for similar work.

6. What is the anticipated cost over the term of this contractual effort?

\$465,000 and travel expenses.

7. Is any part of the requirement using grant funds?

No.

8. What performance criterion will you use to evaluate the success of this vendor under the proposed contract?

A final strategic plan will be adopted by the Board by June 2023. The consultant will provide a final written report with recommendations to the Superintendent by June 2023.


I certify the above to be true and correct and that I have no financial interest or other beneficial interest in the vendor and understand that this certification will become a public document open to public inspection.

DEPARTMENT APPROVAL (SIGNATURES REQUIRED)


Program Manager:

_____ Signature	_____ Date
_____ Printed Name	_____ Title

Director:

 _____ Signature	<u>9/28/22</u> _____ Date
<u>Marcy Kneale</u> _____ Printed Name	

Assistant Superintendent:

 _____ Signature	_____ Date
<u>Michelle C. Reed</u> _____ Printed Name	