South Eastern School District COW

Tuesday, August 4, 2026 6:00 PM
Administration Building - Professional Development Room, 377 Main St, Fawn Grove, PA 17321

1. **Presentations**

2. **Curriculum and Instruction**

2.A. Assessment Calendar for 26-27

2.B. Professional Development Calendar for 26-27

2.C. AI Professional Development (August 18) - LIU Statement of Work

3. **Business and Finance**

3.A. LIU 12 Sole Source Provider

3.B. Director of Transportation Authorization

3.C. SchoolAI Proposal

3.D. Western PA School for the Deaf Transportation Agreement

4. **Buildings and Grounds**

4.A. Updates

5. **Policies - none**

6. **Other**

7. **Public Comment**

SOUTH EASTERN SCHOOL DISTRICT
NON-COMPETITIVE METHOD (SOLE SOURCE) JUSTIFICATION FORM
IDEA GRANT

The U.S. Office of Management and Budget ("OMB") Uniform Grants Guidance ("UGG") provides rules that apply when non-federal agencies (such as school districts) use federal funds to make purchases.

Under the UGG, for procurement amounts above OMB's "micro-purchase" threshold (currently $15,000), competitive methods of procurement are required unless (a) one of four "sole source" exceptions applies, and (b) there is no state or school district prohibition to sole source procurement.

This Non-Competitive Method (Sole Source) Justification Form has been developed as a tool for the school district, to help ensure that any sole source procurement by the school district complies with the UGG.

The school district's business manager must approve this completed Form before a sole source purchase may occur that involves federal funds. The Pennsylvania Department of Education has stressed that under the UGG, the suitability of sole source procurement must be evaluated on a case-by-case basis, and the cost of any sole source procurement must be documented to be reasonable.

There are Four Steps identified below to be completed as part of this Form.

STEP 1: **CONFIRM THAT PENNSYLVANIA PUBLIC SCHOOL CODE SECTION 807.1 ("Purchase of supplies"), PENNSYLVANIA PUBLIC SCHOOL CODE SECTION 751 ("Work to be done on contracts let on bids") AND INTERMEDIATE UNIT POLICY DO NOT PROHIBIT THIS SOLE SOURCE PROCUREMENT.**

☒ **Confirming there is no Pennsylvania or Board Policy prohibition to this sole source procurement.**

STEP 2: **IDENTIFY WHY THE SOLE SOURCE METHOD IS JUSTIFIED.**
(Please review the four reasons below and mark all that apply.)

☐ **REASON 1. The item is available only from a single source for one or more of the following reasons (check all that apply under Reason 1):**

☐ **Exclusive Rights**
Item or service under patent, copyright, or exclusive territory held by a single vendor.

☐ **Provision of Free Appropriate Public Education (FAPE)**
Service provides the expertise, skills, environment, and or location required to ensure the delivery of FAPE.

☐ **Proximity of Service Site**
Service is provided at only one site that is within a reasonable distance.

☒ **Consortia/Shared Services Approach**
Services are provided through a consortium/shared services approach with the objective of participating in a cooperative effort and/or a pooling of resources to provide/secure services that

meet the need and where the actual cost of services are shared/allocated across members/participants. *(CFR §200.318 (e) To foster greater economy and efficiency, and in accordance with efforts to promote cost-effective use of shared services across the Federal Government, the non-Federal entity is encouraged to enter into state and local intergovernmental agreements or inter-entity agreements where appropriate for procurement or use of common or shared goods and services.)*

☐ **Bundled Services**

Service is appropriate or necessary to bundle and only one vendor is capable of providing all requested services. *(Refer to "Updated PDE Guidance Concerning Use of Intergovernmental Agreements in Procurements Involving Federal Funds, Effective July 1, 2017" memo emailed on March 31, 2017.)*

☐ **Exclusive Design**

Item or service possesses a unique feature or capability critical in the use of the item or service and is not available from any other sources.

☐ **Unique Expertise**

Individual or firm possesses necessary and/or provides necessary unique knowledge and expertise based on education, training, research and/or a published body of knowledge, i.e., the individual or firm is of national prominence and/or a thought leader in the particular subject area.

☐ **Exclusive Intellectual Property**

Individual or firm possesses copyright, trademark, patent, design rights and/or provides unique capabilities or body of knowledge critical to the provision of the services required.

☐ **Replacement Equipment**

The purchase is for equipment associated with the use of existing equipment where compatibility is essential for integrity of results.

☐ **Replacement Accessories**

The purchase is for accessories sought for enhancement of existing equipment where compatibility with equipment from the original manufacturer is paramount.

☐ **Technical Service**

The purchase is for technical services associated with the assembly, installation or servicing of equipment of a highly technical or specialized nature.

☐ **Continuation of Prior Work**

Additional item, service or work required, but not known to have been needed when the original order was placed and is not feasible or practical to contract separately for the additional need.

☐ **Delivery Date**

Only one supplier can meet the necessary delivery requirements.

☐ **Other Reason That Item is Available Only from a Single Source**

Explain: _____; or

☐ **REASON 2. The public agency exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation. An emergency exists whenever the time required for the Board to act in accordance with regular procedures would endanger life or property or threaten continuance of existing school classes; or**

☐ **REASON 3. The federal agency (or pass-through entity) awarding the federal funds has expressly authorized sole source procurement in response to a written request from the BCIU; or**

☐ **REASON 4. After solicitation of a number of sources, the BCIU determines that competition for the procurement is inadequate.** Please document all sources contacted.

STEP 3: COMPLETE THE FOLLOWING INFORMATION CONCERNING THE PURCHASE.

1. Vendor Name: Lincoln Intermediate Unit 12
2. Vendor Contact Name: Dr. Jennifer Leese
3. Vendor Contact Email: Jbleese@iu12.org
4. Vendor Address: 65 Billerbeck St., New Oxford, PA 17350
5. Goods or services to be purchased: Special education services (formerly Schedule A)
6. Are there any other providers of these goods or services? (Please provide information regarding contractor selection/rejection) N/A – consortium model
7. State in definitive terms why this source is the only one who can provide the goods or services (rationale for the method of procurement): Cost sharing consortium model
8. Is the price determined to be reasonable? Cost sharing consortium model
9. If the price is determined to be reasonable, why is the price reasonable? Cost sharing consortium model
10. What is the basis for the contract price? Cost sharing consortium model
11. Additional information about the situation that is applicable to the rationale for this purchase method: Cost sharing consortium model

STEP 4: SUBMIT COMPLETED FORM AND VENDOR'S PROPOSAL TO BUSINESS MANAGER

By signing this form, the individual initiating the transaction provides assurance that the form is complete and accurate and there are no known conflicts of interest as outlined in Board Policy.

Prepared by:
Name: _____ _____
Title: Director of Special Education **Date:**

Approved by:
Name: _____ _____
Title: Superintendent **Date:**

South Eastern School District Board Approved: August 18, 2026

schoolai

Order Form

This SchoolAI Order Form ("**Order Form**") is entered into between SchoolAI Inc., a Delaware corporation with offices at 2000 Ashton Blvd #500, Lehi, Utah 84059 and the subscriber identified below ("**Client**"). This Order Form is effective as of the date of last signature below ("**Effective Date**").

Client Information	
Name:	Stewartstown El Sch
Address:	17945 Barrens Rd N Stewartstown, PA, 17363
Email of Contact Person	schiefenm@sesdrams.org

Initial Subscription Date: 2026-07-01 - 2027-06-30

Upon the expiration of the Initial Subscription Period, the subscription term will automatically renew for additional Renewal Terms in 12 month increments unless terminated in accordance with the Terms.

Services and Pricing:

SchoolAI Classroom Pro w/ Browser Ext.
Price $6.00 per year
Quantity 400
Total $2,400.00 per year

Onboarding
Price $0.00
Quantity 1
Total $0.00

Section total	$2,400.00
Total	**$2,400.00**

Billing Contact Name:

Email:

My organization is tax exempt ☐

Payment Terms:

The applicable Fees are due and payable upon the Effective Date or, if applicable, the end of the Trial Period (the "**Initial Payment Date**"). Upon commencement of a Renewal Term the Subscription Fee will be invoiced on the anniversary of the Initial Payment Date and payable in accordance with the Agreement.

General Terms:

This Order Form incorporates by reference the Terms of Service which can be found at schoolai.com/msa ("**Terms")** as if fully set forth herein. In the event of any conflict between this Order Form and the Terms, this Order Form will control. All capitalized terms not defined in this Order Form have the meanings given in the Terms

By signing below, the Parties (i) accept and agree to be bound by the terms and conditions of this Agreement and (ii) for the individual signing on behalf of Client, represents that they have the authority to bind the Client to this Agreement.

"SchoolAI"	**"Client"**
SchoolAI, Inc.	Stewartstown El Sch
By:	By:
Name: Karin Simelaro	Name:
Title: Chief Revenue Officer	Title:
Date:	Date:

Programs of Western Pennsylvania School for the Deaf
300 East Swissvale Avenue, Pittsburgh, PA 15218-1469

This will confirm a contract between:

Western Pennsylvania School for the Deaf ("WPSD")
300 East Swissvale Avenue
Pittsburgh, PA 15218

And
South Eastern School District ("SD")
377 Main Street
Fawn Grove, PA 17321

For services to be provided during the 2026-2027 school year, subject to the following provisions:

A. SERVICES

WPSD will transport school children attending WPSD from its 3820 Hartzdale Drive, Camp Hill location to WPSD in Pittsburgh at the start of the week; then back to 3820 Hartzdale Drive, Camp Hill at the end of the school week. It is the responsibility of the SD to transport the student to/from the Camp Hill location. Attached is a school calendar showing the days (180) school is in session.

B. COMPENSATION

WPSD will be compensated at the adjusted rate of $9,000.00 per child for the services. WPSD will send 10 equal monthly invoices of $900.00 (for each child), starting the month of September. (See student listing at end of contract*). In the event a student is enrolled after the start of the school year, or the student moved from SD during the school year, the rate will be pro-rated.*

The compensation is based on one pick-up at the start and end of each week. There is no mid-week pick-up for students missing the bus for any reason.

C. INDEPENDENT CONTRACTOR

WPSD acknowledges that it is retained as an independent contractor and not as an employee of the SD and will not be entitled to any benefit programs the SD makes available to its employees.

D. INSURANCE

WPSD will provide liability insurance while the children are in our care, custody and control.

E. CLEARANCES

WPSD drivers and bus aides have Act 34, Act 82, Act 151, and FBI clearances, which will be provided upon request.

F. WPSD POINT OF CONTACT

When the child will be absent or not utilizing WPSD transportation, the parents must notify WPSD.

On the day of transportation, for any transportation issues, parents (or connecting bus driver) should call Dr. Jennifer Craig (Director of Student Affairs) at 412-484-9246 or Jessica Marks at 717-909-5577. Unless notified, the bus driver will wait 15 minutes past scheduled departure time for any late-arriving students.

All other times, parents must call WPSD and notify Dr. Jennifer Craig (Director of Student Affairs) at the above number for any other transportation issues.

G. MUTUAL INDEMNIFICATION

Each party shall indemnify and hold harmless the other party, its directors, officers, employees, agents, successors, and assigns from all damages, costs, expenses and liabilities, including reasonable attorney's fees, expert fees and disbursements, incurred in connection with the indemnifying party's negligent failure to perform its obligations and duties under this Agreement.

H. CONTRACT CHANGES

All changes to this contract – including increase in contract value, must be signed by SD and WPSD.

I. LAW AND VENUE

This contract is subject to the laws of the Commonwealth of Pennsylvania. Venue for any legal action will be in Allegheny County, Pennsylvania.

Accepted:

For: South Eastern SD	For: WPSD
_____	_____
Signature	Signature
_____	_____
Printed Name	Printed Name
_____	_____
Title	Title
_____	_____
Date	Date

Student Listing:

L.D.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Diana Klezek	
Simpson & McCrady LLC 310-330 Grant Street Suite 1320 Pittsburgh PA 15219-2233	PHONE (A/C, No, Ext): (412) 261-2222	FAX (A/C, No): (412) 261-3437
	E-MAIL ADDRESS: dklezek@simpson-mccrady.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Western Pennsylvania School for the Deaf 300 Swissvale Avenue Pittsburgh PA 15218	INSURER A: Philadelphia Indemnity Ins. Co	18058
	INSURER B: UPMC Health Benefits, Inc.	11018
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2582749465 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2721708001	09/01/2025	09/01/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY			PHPK2721708001	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PHUB922655001	09/01/2025	09/01/2026	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC10020368922025A	09/01/2025	09/01/2026	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	Professional Liability			PHPK2721708001	09/01/2025	09/01/2026	Occurrence	$1,000,000
							Aggregate	$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE