

Overview

For the past several years, a working group of mental health professionals and advocates (WIT Project) have served as an advisory group to the Minnesota Department of Education's mental health specialists. In their advisory capacity they generated goals for improving mental-health related services to Minnesota children and youth with disabilities. One of the tasks requested of the group was the identification of goals for meeting the mental-health needs of children and youth with disabilities. The group generated six overarching goals in 2004. These formed the basis of related outcomes, indicators of success, and strategies for meeting the outcomes. The related outcomes, indicators, and strategies were developed over the next years and were revised to align with the State Performance Plan and other MDE accountability efforts in 2006-2007.

The goals and associated outcomes and indicators provide a framework for evaluating progress in meeting the mental-health related needs of children and youth with disabilities. The process has involved linking the outcomes to existing MDE accountability efforts such as the State Performance Plan (SPP) and monitoring requirements. Through the alignment process, a blueprint was developed that can assist state personnel and mental health advocates as they plan for future strategies and programs.

The WIT Project led by, Cindy Shevlin-Woodcock, the mental health specialist in the Special Education Policy Section of the Minnesota Department of Education (MDE), has completed a Mental Health Blueprint during the 2006-2007 fiscal year and is poised to begin data collection in fall 2007. An evaluation and research consultant, Cheryl M. Lange, Ph.D. from Lange Research and Evaluation, assisted in the effort. This report serves as a final report for 2006-2007 Lange Research and Evaluation services completed through the project, and also summarizes results available at this time.

The Blueprint and the State Performance Plan (SPP)—

Since the WIT process has been in place for over four years it predates the current State Performance Plan mandated by the US Department of Education's Office of Special Education Programs. The programmatic mental health related service and organizational needs were reviewed as part of the WIT process. The underlying rationale was that these areas needed to be addressed if student academic and behavioral outcomes were to improve for students with disabilities needing mental health related services. Hence, the WIT-identified goals focus on program areas for which the WIT working group found barriers to identifying, evaluating, or serving students with disabilities in need of mental health related services in educational settings.

The SPP indicators related to students with disabilities and mental health are embedded in the overall plan. The MDE mental health specialist identified the indicators from the SPP that align with the overall child and youth outcomes which the WIT goals hope will be positively impacted if the goals are met.

The Blueprint and Data Collection

One of the stipulations made during the development of the Blueprint was that data collection should be tied, to the extent possible, to existing data collection efforts. Thus, a review of surveys and data gathered that could assist in understanding the mental health needs of students with disabilities were reviewed during 2006-2007. Included in the review were all surveys and interview protocols distributed during the local education agency (LEA) monitoring. Surveys from other Special Education Policy specialist (i.e.

transition specialist, State Personnel Development Grant) were also reviewed to determine if the data collection efforts already in existence could be utilized to gather data indicated on the Blueprint. The existing surveys or data sources were compared to the Blueprint indicators with specific items from the surveys or data sources included in the final list of Blueprint data sources. When necessary, survey items were designed for inclusion to existing surveys and submitted to specialists for their review and approval. In other cases, data sources from the SPP were reviewed and added to the Blueprint.

The Blueprint and WIT Advisory Group

After reviewing the SPP indicators that relate to mental health, an evaluation working group comprised of members of the WIT advisory group, Cindy Shevlin-Woodcock, and Cheryl Lange met to discuss several issues relating to the Blueprint. The working group reviewed the survey items included in the Blueprint as data sources and reviewed and revised any new survey items. They also recommended that, when appropriate data be collected on two disability categories and use these as proxies for all students with disabilities who may receive mental health related services or may be affected by MDE reaching the goals outlined in the Blueprint. These two groups are children and youth identified as having emotional behavior disorders EBD and those identified as OHD. Children and youth identified with these disabilities are thought to be most likely to need mental health related services and their success is the best gauge of whether MDE is meeting their mental health needs. Moreover, the baseline data for those indicators for which there are data and data from the National Transitional Longitudinal Study suggest that students in these two categories have considerable difficulty succeeding in many of the indicator areas listed above (graduation, attendance, achievement) and their success is critical. If improvement can be documented for the students it will lead to a discussion of the role of mental health related services. A cause and effect relationship will not be able to be made, but the discussion can begin as to the role of mental health related services in their success. Thus, it is recommended that data be collected and reviewed for the above indicators for those two specific groups with the intent of assessing the success of the MDE programs and services for these children and youth.

Strategies

In addition to the Blueprint, strategies associated with each of the goals and outcomes were identified during 2006-2007. These strategies are documented and will be reviewed as data from the Blueprint are available. The strategies include all those projects or activities funded through special education under the supervision of MDE.

The Blueprint

The Blueprint is a working document that has evolved as the state has developed and implemented the SPP and other accountability activities. It is recommended that the July 2007 version of the Blueprint be used to begin data collection efforts in fall 2007 with revisions being considered when necessary.

The Blueprint is provided below followed by a data collection document. A data analysis plan will be written to accompany the Blueprint in 2007-2008. Currently, only results related to the Survey of Social/Emotional Supports and Services (SSESS) are available for review. The results are attached to this document.

Goal 1: Children and youth with disabilities, age birth through 21, will have access to mental health services and will receive specialized instruction and mental-health related services as required by IDEA.

Outcomes	Indicators	Indicator Data Source
<p>1.1 Special education and related services staff facilitate access to mental-health related services for children and youth with disabilities, ages birth through 21.</p> <p>1.2 Special education and related services staff facilitate access to culturally and linguistically appropriate mental-health related services for children and youth, ages birth through 21.</p> <p>1.3 Special education and related services staff provides for the mental-health related service needs of children and youth with disabilities, ages birth through 21.</p> <p>1.4 School and community-based mental health services are utilized to ensure children and youth with disabilities with mental-health service needs are served in the Least Restrictive Environment (LRE).</p>	<p>1.1, 1.3-1.4</p> <p>Percent of student-support service staff (school psychologists, social workers, school counselors, school nurses, etc.) and local directors of special education who report mental health needs are met.</p> <p>1.2 Percent of districts have policies and procedures in place for accessing culturally and linguistically appropriate mental-health related services for children and youth with disabilities ages birth through 21</p>	<p>1.1-1.4</p> <p>Survey of Social/Emotional Supports and Services-SSESS (U of MN)-Every third year (if possible)</p> <p>LEA Director of Special Education interview*</p>

*Collected on monitoring cycle

Goal 2: The Minnesota Department of Education Special Education Policy Section will provide guidance on the state and federal laws, regulations, and policies pertaining to the mental-health related service needs of children and youth with disabilities age birth through 21.

Outcomes	Indicators	Data Sources
<p>2.1 There is a policy framework for identification, evaluation, and assessment, individual program planning, and service coordination that guides special education practice regarding the provision of mental-health related services for children and youth with disabilities, ages birth through 21 and it is disseminated.</p> <p>2.2 Fiscal requirements regarding special education statutory responsibility for payment and provision of mental-health related services are identified and clarified.</p> <p>2.3 Policies and procedures for LEAs to access third-party reimbursement for mental-health related services for children and youth with disabilities, ages birth through 21, are developed and disseminated.</p>	<p>2.1 Completion of a policy framework and inventory</p> <p>2.2 Completion of fiscal requirements in writing</p> <p>2.3 Completed LEA policies and procedures for third party reimbursement</p>	<p>2.1</p> <p>Review of Framework and Inventory by Major Stakeholders</p> <p>Number of documents disseminated</p> <p>Number of documents distributed via mail, trainings, or through the web*</p>
		<p>2.2</p> <p>Review of met requirements*</p>
		<p>2.3</p> <p>Review of met requirements*</p>

*Collected annually

Goal 3: The local special education service system will implement the state and federal laws, regulations, and policies in order to respond to the mental-health related service needs of children and youth with disabilities age birth through 21.

Outcomes	Indicators	Data Sources
3.1 Local Education Agencies (LEA) have policies and procedures for addressing the system framework components (see goal 2).	3.1 Percent of districts have policies and procedures in place for addressing the system framework components	3.1 LEA Director of Special Education interview **
3.2 Local education agencies have qualified staff to meet the mental-health related service needs of children and youth with disabilities, ages birth through 21.	3.2 Percent of special education administrators who report having qualified student-support service staff (school psychologists, social workers, school counselors, school nurses, etc.) in the area of mental health services	TSES Review**
3.3 Local child find systems are coordinated across service systems to ensure that eligible children and youth, ages birth through 21, with suspected disabilities with mental-health related needs are identified, evaluated and referred for appropriate mental-health related services.	3.3-3.4 Qualitative findings that support these outcomes are being met at the school district level	3.2 Survey of Social/Emotional Supports and Services (U of MN)-Every third year (if possible) LEA Director of Special Education interview**
3.4 Early intervening services address the mental health needs of children and youth, ages birth through 21.	Percent of monitored districts where outcomes are evident	3.3-3.4 LEA Director of Special Education interview**
3.5 Individual plans (IFSPs, IEPs and IIPs) address mental-health related service needs for the child or youth, which have been identified by the planning team.	3.5-3.7 Percent of electronic IIP, IFSPs that include mental health diagnosis	3.5-3.7 IIP and IFSP file review
3.6 Adaptations and accommodations listed on the IFSP/IEP/IIP address mental-health related service needs of children and youth with disabilities.	3.8 Qualitative findings that support this outcome	3.8 LEA Director of Special Education interview**
3.7 The IEP/IFSP/IIP manager coordinates the eligible child's program plan among home, school and other agencies, as outlined in IDEA.	Percent special education administrators who report having adequate student support service staff (school psychologists, school counselors, school nurses, etc.) who can provide culturally and linguistically appropriate mental-health related services	3.9 SPP Indicator #1 proxy data from EBD/OHD/Autism graduation rates*
3.8 Linguistically and culturally appropriate mental-health related services are provided for children and youth with disabilities, ages birth through 21.		
3.9 Children and youth with disabilities with mental-health related needs will demonstrate desired graduation rates.	3.9 Percent of students identified as EBD/OHD/ASD who graduate	

*Collected annually

**Collected on monitoring cycle

Goal 4: An interagency and school district infrastructure is in place that allows for coordination, planning, evaluation, and delivery of mental-health related services under IDEA (birth-21) and the Coordinated Interagency Services Act of 1998.

Outcomes	Indicators	Data Sources
<p>4.1 There is a system of coordinated interagency services in place that links LEAs with other child serving agencies in order to meet the mental-health related needs of children and youth with disabilities, ages birth through 21, and their families.</p> <p>4.2 Service coordination, as a function of interagency coordination, is available for eligible children and youth with disabilities and identified mental-health related service needs, ages birth through 21, and their families, as appropriate.</p>	<p>4.1 Percent of interagency agreements that identify mental health needs and the roles, responsibilities, payment options, and access for services.</p>	<p>4.1 Interagency agreements with rubric**</p>
	<p>4.2 Percent of local directors of special education who indicate service coordination availability.</p>	<p>4.2 LEA Director of Special Education interview**</p>

*These data will be collected annually from MACMH and PACER grant reports.

** Collected annually

Goal 5: Family members and transition-aged youth (ages 14-21) will experience authentic involvement in the special education and/or interagency planning process related to their mental-health related service needs.

Outcomes	Indicators	Data Sources
<p>5.1 Parents/Guardians understand special education policy and procedures in areas including identification, evaluation and assessment, individual program planning, and service coordination.</p> <p>5.2 School personnel work effectively in a strengths-based, family- centered process for special education program planning.</p> <p>5.3 Students are involved in the special education transition process for youth ages birth through 21.</p>	<p>5.1 Percent of parents trained in the framework components who report a high level of understanding of the components and their use</p>	<p>5.1 MACMH and PACER Grant evaluation data*</p>
	<p>5.2 Percent of parents/guardians of children and youth with disabilities who report that school personnel provide a strength-based, family centered process for special education program planning</p>	<p>5.2 Parent Surveys from monitoring visits**</p>
	<p>5.3 Percent of students with disabilities who report involvement in the special education transition process</p>	<p>5.3 Student Survey—Post-school Follow-up Survey</p>

*These data will be collected from MACMH and PACER grant reports.

**Collected on monitoring cycle

**Collected annually

State Improvement Plan Indicators Aligned with Mental Health Blueprint Goals

SSP Indicators Related to Mental Health	Data Sources
Indicator 1: Percent of youth with IEPs graduating from high school with a regular diploma compared to percent of all youth in the State graduating with a regular diploma	EBD and OHD identified students in the state data-base
Indicator 2: Percent of youth with IEPs dropping out of high school compared to the percent of all youth in the State dropping out of high school	
Indicator 3: Participation and performance of children with disabilities on statewide assessment	
Indicator 4: Percent of districts identified by the State as having a significant discrepancy in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year: and the percent of districts identified by the State as having a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year of children with disabilities by race and ethnicity	Data from state system for students identified as EBD or OHD
Indicator 5: Percent of children with IEPs aged 6-21: 1) Removed from regular class less than 21% of the day; 2) Removed from regular class greater than 60% of the day; 3) Served in public or private separate schools, residential placements, or homebound or hospital placements	
Indicator 6: Percent of preschool children with IEPs who received special education and related services in settings with typically developing peers (e.g., early childhood settings, home, and part-time early childhood/part-time early childhood special education settings)	
Indicator 7: Percent of preschool children with IEPs who demonstrate improved: 1) Positive social – emotional skills (including social relationships); 2) Acquisition and use of knowledge and skills (including early language/communication and early literacy); and 3) Use of appropriate behaviors to meet their needs	
Indicator 8: Percent of parents with a child receiving special education serviced who report that school facilitated parent involvement as means of improving services and results for children with disabilities	Monitoring Surveys from site visits
Indicator 8: Percent of parents with a child receiving special education serviced who report that school facilitated parent involvement as means of improving services and results for children with disabilities	
Indicator 9: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification	Data on EBD and OHD students only
Indicator 10: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification	
Indicator 11: Percent of children with parental consent to evaluate, who were evaluated and eligibility determined within 30 school days from the date that consent was received	
Indicator 13: Percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the students to meet the post-secondary goals	EBD and OHD students only
Indicator 14: Percent of youth who had IEPs, who are no longer in secondary school and who have	

been competitively employed, enrolled in some type of postsecondary school, or both, within one year of leaving high school	
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WIT Project Outcomes, Indicators, and Data Sources
July 2007 Revision—Blueprint with Data Collection Plan

Goal 1: Children and youth with disabilities, age birth through 21, will have access to mental health services and will receive specialized instruction and mental-health related services as required by IDEA.

Outcomes	Indicators	Indicator Data Source	Data Collection Timeline
<p>1.1 Special education and related services staff facilitate access to mental-health related services for children and youth with disabilities, ages birth through 21.</p> <p>1.5 Special education and related services staff facilitate access to culturally and linguistically appropriate mental-health related services for children and youth, ages birth through 21.</p> <p>1.6 Special education and related services staff provides for the mental-health related service needs of children and youth with disabilities, ages birth through 21.</p> <p>1.7 School and community-based mental health services are utilized to ensure children and youth with disabilities with mental-health service needs are served in the Least Restrictive Environment (LRE).</p>	<p>1.1, 1.3-1.4</p> <p>Percent of student-support service staff (school psychologists, social workers, school counselors, school nurses, etc.) and local directors of special education who report mental health needs are met.</p> <p>1.2 Percent of districts have policies and procedures in place for accessing culturally and linguistically appropriate mental-health related services for children and youth with disabilities ages birth through</p>	<p>1.1-1.4</p> <p>Survey of Social/Emotional Supports and Services-SSESS (U of MN)-Every third year (if possible)</p> <p>LEA Director of Special Education interview*</p>	<p>SSESS</p> <p>Every third year beginning 2006 with 2006 data considered baseline</p> <p>LEA Director of Special Education Survey</p> <p>Fall 2007 for monitored districts and annually thereafter</p>

*Collected on monitoring cycle

WIT Project Outcomes, Indicators, and Data Sources
June 2007 Revision—Blueprint with Data Collection Plan

Goal 2: The Minnesota Department of Education Special Education Policy Section will provide guidance on the state and federal laws, regulations, and policies pertaining to the mental-health related service needs of children and youth with disabilities age birth through 21.

Outcomes	Indicators	Data Sources	Data Collection Timeline
<p>2.4 There is a policy framework for identification, evaluation, and assessment, individual program planning, and service coordination that guides special education practice regarding the provision of mental-health related services for children and youth with disabilities, ages birth through 21 and it is disseminated.</p> <p>2.5 Fiscal requirements regarding special education statutory responsibility for payment and provision of mental-health related services are identified and clarified.</p> <p>2.6 Policies and procedures for LEAs to access third-party reimbursement for mental-health related services for children and youth with disabilities, ages birth through 21, are developed and disseminated.</p>	<p>2.1 Completion of a policy framework and inventory</p> <p>2.2 Completion of fiscal requirements in writing</p> <p>2.3 Completed LEA policies and procedures for third party reimbursement</p>	<p>2.1</p> <p>Review of Framework and Inventory by Major Stakeholders</p> <p>Number of documents disseminated</p> <p>Number of documents distributed via mail, trainings, or through the web*</p>	<p>Framework and Inventory Review</p> <p>Fall 2007</p> <p>Inventory Dissemination</p> <p>Fall 2007 for 2006-2007 fiscal year and annually thereafter</p>
		<p>2.2</p> <p>Review of met requirements*</p>	<p>Fiscal Requirements Review</p> <p>May 2008 for 2007-2008 fiscal year and annually thereafter</p>
		<p>2.3</p> <p>Review of met requirements*</p>	<p>Third-party Reimbursement Policy and Procedure Review</p> <p>May 2008 for 2007-2008 fiscal year and annually thereafter</p>

*Collected annually

WIT Project Outcomes, Indicators, and Data Sources
June 2007 Revision—Blueprint with Data Collection Plan

Goal 3: The local special education service system will implement the state and federal laws, regulations, and policies in order to respond to the mental-health related service needs of children and youth with disabilities age birth through 21.

Outcomes	Indicators	Indicator Data Sources	Data Collection Timeline
<p>3.10 Local Education Agencies (LEA) have policies and procedures for addressing the system framework components (see goal 2).</p> <p>3.11 Local education agencies have qualified staff to meet the mental-health related service needs of children and youth with disabilities, ages birth through 21.</p> <p>3.12 Local child find systems are coordinated across service systems to ensure that eligible children and youth, ages birth through 21, with suspected disabilities with mental-health related needs are identified, evaluated and referred for appropriate mental-health related services.</p> <p>3.13 Early intervening services address the mental health needs of children and youth, ages birth through 21.</p> <p>3.14 Individual plans (IFSPs, IEPs and IIPs) address mental-health related service needs for the child or youth, which have been identified by the planning team.</p> <p>3.15 Adaptations and accommodations listed on the IFSP/IEP/IIP address mental-health related service needs of children and youth with disabilities.</p> <p>3.16 The IEP/IFSP/IIP manager coordinates the eligible child's program plan among home, school and other agencies, as outlined in IDEA.</p> <p>3.17 Linguistically and culturally appropriate mental-health related services are provided for children and youth with disabilities, ages birth through 21.</p> <p>3.18 Children and youth with disabilities with mental-health related needs will demonstrate desired graduation rates.</p>	<p>3.1 Percent of districts have policies and procedures in place for addressing the system framework components</p> <p>3.2 Percent of special education administrators who report having qualified student-support service staff (school psychologists, social workers, school counselors, school nurses, etc.) in the area of mental health services</p> <p>3.3-3.4 Qualitative findings that support these outcomes are being met at the school district level</p> <p>Percent of monitored districts where outcomes are evident</p> <p>3.5-3.7 Percent of electronic IIP, IFSPs that include mental health diagnosis</p> <p>3.8 Qualitative findings that support this outcome</p> <p>Percent special education administrators who report having adequate student support service staff (school psychologists, school counselors, school nurses, etc.) who can provide culturally and linguistically appropriate mental-health related services</p> <p>3.9 Percent of students identified as EBD/OHD/ASD who graduate</p>	<p>3.1 LEA Director of Special Education interview** TSES Review**</p> <p>3.2 Survey of Social/Emotional Supports and Services (U of MN)- Every third year (if possible) LEA Director of Special Education interview**</p> <p>3.3-3.4 LEA Director of Special Education interview**</p> <p>3.5-3.7 IIP and IFSP file review</p> <p>3.8-3.9 LEA Director of Special Education interview**</p> <p>3.9 SPP Indicator #1 proxy data from EBD/OHD/Autism graduation rates</p>	<p>LEA Director of Special Education Survey Fall 2007 for monitored districts and annually thereafter</p> <p>SSESS Every third year beginning 2006 with 2006 data considered baseline</p> <p>IIP, IFSP File Review Fall 2007 for 2006-2007 academic year and annually thereafter</p> <p>Graduation Rates for Students Identified as EBD/OHD/ASD Fall 2007 for 2006-2007 academic year and annually thereafter</p>

*Collected annually

**Collected on monitoring cycle

WIT Project Outcomes, Indicators, and Data Sources
June 2007 Revision—Blueprint with Data Collection Plan

Goal 4: An interagency and school district infrastructure is in place that allows for coordination, planning, evaluation, and delivery of mental-health related services under IDEA (birth-21) and the Coordinated Interagency Services Act of 1998.

Outcomes	Indicators	Data Sources	Data Collection Timeline
<p>4.3 There is a system of coordinated interagency services in place that links LEAs with other child serving agencies in order to meet the mental-health related needs of children and youth with disabilities, ages birth through 21, and their families.</p> <p>4.4 Service coordination, as a function of interagency coordination, is available for eligible children and youth with disabilities and identified mental-health related service needs, ages birth through 21, and their families, as appropriate.</p>	<p>4.1 Percent of interagency agreements that identify mental health needs and the roles, responsibilities, payment options, and access for services.</p> <p>4.2 Percent of local directors of special education who indicate service coordination availability.</p>	<p>4.1 Interagency agreements with rubric*</p>	<p>Interagency Agreements Review Fall 2007 for agreements from 2006-2007 and annually thereafter</p> <p>LEA Director of Special Education Survey Fall 2007 for monitored districts and annually thereafter</p>
		<p>4.2 LEA Director of Special Education interview**</p>	

*Collected annually

**Collected on monitoring cycle.

WIT Project Outcomes, Indicators, and Data Sources
June 2007 Revision—Blueprint with Data Collection Plan

Goal 5: Family members and transition-aged youth (ages 14-21) will experience authentic involvement in the special education and/or interagency planning process related to their mental-health related service needs.

Outcomes	Indicators	Data Sources	Data Collection Timeline
5.4 Parents/Guardians understand special education policy and procedures in areas including identification, evaluation and assessment, individual program planning, and service coordination. 5.5 School personnel work effectively in a strengths-based, family- centered process for special education program planning. 5.6 Students are involved in the special education transition process for youth ages birth through 21.	5.1 Percent of parents trained in the framework components who report a high level of understanding of the components and their use	5.1 MACMH and PACER Grant evaluation data*	MACMH and PACER Evaluation Data Summer 2008 for work completed in 2007-2008 and annually thereafter Parent Surveys from Monitoring Visits Fall 2007 for monitored districts and annually thereafter Student Survey Fall 2007 for data gathered for 2006-2007 and annually thereafter
	5.2 Percent of parents/guardians of children and youth with disabilities who report that school personnel provide a strength-based, family centered process for special education program planning	5.2 Parent Surveys from monitoring visits**	
	5.3 Percent of students with disabilities who report involvement in the special education transition process	5.3 Student Survey—Post-school Follow-up Survey	

*These data will be collected from MACMH and PACER grant reports.

**Collected on monitoring cycle

**Collected annually



**STATE OF MINNESOTA
PURCHASE ORDER**

MN DEPARTMENT OF EDUCATION

2008-REQ1999,BEHRENS,FERGUSON, 2/6

PURCHASE ORDER NO: 34267956

DATE PRINTED: 01/22/08

FY: 08

PAGE NO: 1

REQN. NO. :
 REQR. NAME : MN DEPARTMENT OF EDUCATION
 AGENCY REQN. NO. :
 SOLICITATION NO. :
 CONTRACT NO. : 436544
 VENDOR QUOTE NO. :
 VENDOR NO. : 200567725-00
 VENDOR CONTACT : MOLLY BEHYMER
 VENDOR PHONE : (651) 486-0700
 VENDOR FAX : (651) 486-0703
 VENDOR EMAIL : MOLLY@CREATIVECATERINGLLC.COM

**CREATIVE CATERING LLC
3470 LEXINGTON AVE
SHOREVIEW, MN 55126**

SUPPLEMENTARY TERMS

1. Show the purchase order number on invoice and all tags, packages and correspondence.
2. This purchase order incorporates by reference all terms, conditions, and specifications of the Contract, the RFP/RFB and vendor's response. In case of a conflict in terms, the order of precedence shall be: First, this P.O., second the Contract, third the RFP/RFB and fourth the vendor's response.
3. All deliveries hereunder shall comply with all applicable State of Minnesota and Federal laws.
4. Invoicing must match line items on the purchase order.
5. The State of MN holds Direct Pay Permit 1114, issued July 1, 1995 and pays tax directly to Revenue. DO NOT CHARGE SALES TAX unless otherwise instructed to do so on this Purchase Order or the solicitation document.
6. Payment terms are NET 30 unless a discount is offered for early payment.

REQUESTED DELIVERY: 01/22/08
 FREIGHT TERMS : DESTINATION
 DISCOUNT TERMS : NONE

CONTACT FOR DELIVERY INSTRUCTIONS:
 NAME : JUDEE FERGUSON
 PHONE : (651) 582-8865

SHIP TO: (Unless specified otherwise on the lines)
 MN DEPARTMENT OF EDUCATION
 SHIPPING & RECEIVING
 1500 HIGHWAY 36 W
 ROSEVILLE, MN 55113

BILL TO:
 MN DEPARTMENT OF EDUCATION
 ACCOUNTS PAYABLE
 1500 HIGHWAY 36 W
 ROSEVILLE, MN 55113

LINE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
	DELIVERIES ACCEPTED BETWEEN 8:00 AM AND 4:00 PM.				
00001	COMMODITY CODE: 890-12-000000 CONTRACT LINE: 00001 FOOD SERV (PREPARED/CATERED) (PAY SALES TAX TO VENDOR) 8-GAL COFFEE	8.000	GAL	7.50	\$ 60.00
00002	COMMODITY CODE: 890-12-000000 CONTRACT LINE: 00001 FOOD SERV (PREPARED/CATERED) (PAY SALES TAX TO VENDOR) 75--#4 LUNCHES	75.000	EACH	7.45	\$ 558.75
00003	COMMODITY CODE: 890-12-000000 CONTRACT LINE: 00001 FOOD SERV (PREPARED/CATERED) (PAY SALES TAX TO VENDOR) GRATUITY	1.000	LOT	61.88	\$ 61.88
00004	COMMODITY CODE: 023-22-000000 CONTRACT LINE: 00002 TAX PAYMENT (PAY TAX TO VENDOR)	1.000	LOT	40.22	\$ 40.22
				ORDER TOTAL	\$ 720.85

PURCHASING AGENT NAME: SHEILA GULBRANSON
 EXECUTIVE AGENCY: MN DEPARTMENT OF EDUCATION
 PHONE NUMBER: (651) 582-8284
 EMAIL ADDRESS: SHEILA.GULBRANSON@STATE.MN.US

SIGNED _____

Authorized signature

VENDOR COPY

Expense Budget Summary Inquiry

Budget Fiscal Year	08	Fund	100	Agency	E37	Organization	3350
Appropriation Unit	001	Activity					
Organization Name	AGENCY OPERATING EXPENDITURES						
Allotment Name	AGENCY OPERATIONS						

Totals

Current	2,483,060.00	Encumbered	590,498.91
Expended	709,785.46	Available	1,182,775.63

	Object Class	Description	Current	Projection Encumbered	Expended	Available
1	200	OTHER OPERAT	163,520.00	15,082.67	148,428.80	8.53
2						
3						
4						
5						