



NEW HAVEN PUBLIC SCHOOLS  
AGREEMENT COVER SHEET

**Cover Sheet is an Internal Document for Business Office Use**

Contractor full name: Infinity Music Therapy Services

Doing Business As, if applicable:

Business Address: 196 Queen Street, Southington, CT 06489

Business Phone: (860) 518-5557

Business email: jona@infinitymusictherapy.com

Funding Source & Acct # IDEA Special Funds Account, account # 2504-5034-56903-0490, including Location Code: 0490

Principal or Supervisor: Typhanie Jackson, Executive Director of Special Education

Agreement Effective Dates: From 11/28/2023 To 06/12/2024.

- Hourly rate or per session rate or per day rate of \$70.00 per session  
Eighteen (18) special education classrooms across the district will receive 30 minutes weekly group music therapy
- Fifteen (15) special education classrooms across the district will receive 30 minutes bi-weekly group music therapy.

Total amount: \$49,980

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

Infinity Music Therapy Group will provide the following weekly and bi-weekly services. Group goals will be designed for each classroom which may include improvising social communication skills, expressive and receptive language skills, motor functioning, cognition, attention to task and more. Interventions may include therapeutic instrument play, song recreation, therapeutic singing exercises, movement to music, and more. In the event of extended school closures, services will be moved to a virtual format during any weeks that the district holds virtual learning opportunities.

Submitted by: Typhanie Jackson, Executive Director Phone: 475-220-1760



NEW HAVEN PUBLIC SCHOOLS

## Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Typhanie Jackson, Director of Special Education/Student Services  
**Date:** October 17, 2023  
**Re:** Infinity Music Therapy Services Contract

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Please ***answer all questions and attach any required documentation as indicated below.*** 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. **Contractor Name: Infinity Music Therapy Services**
2. **Description of Service:** Infinity Music Therapy Group will provide the following weekly service. Group goals will be designed for each classroom which may include improvising social communication skills, expressive and receptive language skills, motor functioning, cognition, attention to task and more. Interventions may include therapeutic instrument play, song recreation, therapeutic singing exercises, movement to music, and more. In the event of extended school closures, services will be moved to a virtual format during any weeks that the district holds virtual learning opportunities.
3. **Amount of Agreement and hourly or session cost:** hourly rate of \$70.00 for each 30-minute session
  - Totaling in the amount of \$49,980. Eighteen (18) special education classrooms across the district will receive **30 minutes weekly** group music therapy
  - Fifteen (15) special education classrooms across the district will receive **30 minutes bi-weekly** group music therapy.
4. **Funding Source** and account number: IDEA Special Funds Account, account # 2504-5034-56903, Location Code: 0490
5. Approximate number of staff served through this program or service: 0
6. Approximate number of students served through this program or service: 100
7. **Continuation/renewal or new Agreement? new**  
**Answer all questions:**
  - a. If continuation/renewal, has the cost increased? If yes, by how much? Renewal, less
  - b. What would an alternative contractor cost: N/A

- c. If this is a continuation, when was the last time alternative quotes were requested?
- d. For new or continuation: is this a service existing staff could provide. If no, why not? No, this is a service to be provided by trained music therapy clinicians.

**8. Type of Service:**

**Answer all questions:**

- a. Professional Development? This is not a professional development program.
  - i. If this is a professional development program, can the service be provided by existing staff? If no, why not? This is not a professional development program.
- b. After School or Extended Hours Program? No
- c. School Readiness or Head Start Programs? No  
Other: (Please describe) and special education classrooms for the 2023-24 school year, inclusive of pre-k, elementary/middle and high school classrooms

**9. Contractor Classification:**

**Answer all questions:**

- a. Is the Contractor a Minority or Women Owned Business? No
- b. Is the Contractor Local? Yes, Southington CT
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? No
- d. Is the Contractor a public corporation? N/A
- e. Is this a renewal/continuation Agreement or a new service? New service
- f. If it is a renewal/continuation has cost increased? If yes, by how much? N/A
- g. Will the output of this Agreement contribute to building internal capabilities?  
If yes, please explain: No

**10. Contractor Selection:**

**Answer all questions**

- a. What specific skill set does this contractor bring to the project? If a new contractor, please attach a copy of the contractor's resume.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source? The contractor was selected by a referral with follow up meetings and quote.
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor: This contractor has a well-established program with board certified music therapists. This company provided research-based information about the positive outcomes of music therapy.

**11. Evidence of Effectiveness & Evaluation**

**Answer all questions**

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met? This contractor will target each group music therapy class to the specific needs of the class. They will set goals for themselves and provide feedback on the outcomes of those goals. They will address social/emotional skills, communication, self-expression and cognitive skills through music.

- b. If this is a renewal/continuation service attach a copy of the evaluation or archival data that demonstrates effectiveness.
  - c. How is this service aligned to the District Continuous Improvement Plan? This service directly aligns with the mission of the District Continuous Improvement Plan, as it states: To provide all students in New Haven Public Schools with personalized authentic, and engaging learning, experiences through creativity, exploration, innovation, critical thinking, problem-solving, and high-quality instruction. Given the inclusive nature of “all students”, NHPS will be providing new opportunities for learning and engagement by agreeing to the service of Infinity Music Therapy.
12. Why do you believe this Agreement is fiscally sound? This Agreement is fiscally sound because according to the 2018 American Music Therapy survey, group music therapy ranges from \$80-95 per session. The Infinity Music Therapy Services group is charging NHPS \$70 per session. The benefits of the addition of group music therapy services to the NHPS to the students of the self-contained classrooms are increased social skills, communication, self-expression and cognitive development, using a research-based approach.
13. What are the implications of not approving this Agreement? The implications of not approving this agreement is that students in the special education classrooms whom are responding to the methods of group music therapy or will have the opportunity to respond to the methods of music therapy, will not be able to develop social skills, communicating skills, self-expression and cognitive skills as they are/will by participating in this group therapy.



NEW HAVEN PUBLIC SCHOOLS

**AGREEMENT**  
**By And Between**  
**The New Haven Board of Education**  
**AND**

**Infinity Music Therapy Services**

FOR DEPARTMENT/PROGRAM:

**Student Services/Special Education Department**

This Agreement entered into on the 17<sup>th</sup> day of October, 2023 effective (*no sooner than the day after Board of Education Approval*), the 07<sup>th</sup> day of November, 2023 by and between the New Haven Board of Education (herein referred to as the “Board” and, Infinity Music Therapy Services, located at, 196 Queen Street, Southington, CT 06589 (herein referred to as the “Contractor”).

**Compensation:** The Board shall pay the contractor for satisfactory performance of services required the amount of \$70.00 per session for 30 mins each session.

- Eighteen (18) special education classrooms across the district will receive 30 minutes weekly group music therapy
- Fifteen (15) special education classrooms across the district will receive 30 minutes bi-weekly group music therapy.

The maximum amount the contractor shall be paid under this agreement: Forty-Nine Thousand Nine Hundred Eighty Dollars (\$49,980). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

**Fiscal support** for this Agreement shall be by IDEA Special Funds Account Program of the New Haven Board of Education, **Account Number:** 2504-5034-56903, **Location Code:** 0490

This agreement shall remain in effect from November 28, 2023 to June 12, 2024.

**SCOPE OF SERVICE:** *Please provide brief summary of service to be provided.*

Infinity Music Therapy Services will be providing music therapy to special education students in our New Haven Public School district ranging from Pre-K to High Schools, sessions will take place in classrooms and musical instruments will be provided by Infinity Music Therapy Services. Students will be engaged in musical lessons which target social skills and emotional development as well as academic skills.

**Exhibit A: Scope of Service:** Please attach contractor's detailed Scope of Service on contractor letterhead 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**. Contactors 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

\_\_\_\_\_  
President  
New Haven Board of Education

10/31/23  
Date

\_\_\_\_\_  
Date

Jana Shook - Director of Services / owner  
Contractor Printed Name & Title



**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.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student generated content.
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



## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Jana Lesage Maloney</b>	
Business name, if different from above <b>Infinity Music Therapy Services, LLC</b>	
Check appropriate box: <input checked="" type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) <b>196 Queen St.</b>	Requester's name and address (optional) <b>City of New Haven 200 Orange Street New Haven CT 06510</b>
City, state, and ZIP code <b>Southington, CT 06489</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
+   +
or

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number
8   2   2   2   0   9   3   6   6

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of U.S. person ▶

*[Handwritten Signature]*

Date ▶ **10/31/2023**

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

## CONTRACTOR ASSESSMENT

Vendor Name: Infinity Music Therapy Services

Project Description: To provide communication skills, motor functioning, cognition skills to special education students across our school district.

Evaluator: Typhanie Jackson

Date: 10/17-2023

	Unacceptable			Excellent		Not applicable
	1	2	3	4	5	N/A
<b>Quality of contractor's Work</b>						
1. Attendance					X	
2. Effectiveness of consultation					X	
3. Ability to communicate with staff and parents					X	
4. Monitor and maintain social emotional behavioral records					X	
5. Appropriate recommendations for student programming					X	
<b>Working relationship of contractors with district</b>						
6. Timely submission of department data				X		
7. Positive feedback from staff and families					X	
8. Collegial, collaborative relationships with building professionals					X	
<b>Implementation of practice across the district</b>						
9. Flexibility in scheduling				X		
10. Team work with teacher and other professionals					X	