



Philip Thornton, Ed.D., Superintendent  
Warwick Public Schools  
philip.thornton@warwickschools.org

TO: Philip Thornton, Ed. D., Superintendent  
FROM: Anthony Ferrucci, Exe. Director of Finance & Operations  
DATE: April 24, 2020

SUBJECT: Contract Award-Grants – Art Therapy Consultant

Attached is a copy of Dr. Anne Siesel’s Direct Payment Request in support of her request to award a contract for art therapy under the McKinney-Vento Grant.

Upon review of the document provided and acknowledging that this is a budgeted GRANT expense, I concur with the request to award a contract as follows:

<u>Company</u>	<u>Description</u>	<u>Cost</u>
Lori Shulkin Lowinger	Art Therapy services, as documented.	\$3,150.00

We are requesting that the School Committee consider awarding this contract at the next meeting scheduled for Tuesday, April 28, 2020.

At the meeting Dr. Siesel will be present to answer any questions as they may relate to this request.

Thank you.

**WARWICK PUBLIC SCHOOLS**  
DIRECT PAYMENT

**Type of Payment**



Grants

Mult. Responsibility

Requestor: Carol Maloney Title: Secretary  
 Date: 4/20/20 School/Department: Grant Programs/Curriculum  
 Vendor Code: 24179 Original Invoice/Document #: \_\_\_\_\_

(Must be attached)

Vendor Name: Lori Shulkin Lowinger  
 Vendor Address: 39 Bel Aire Road  
Cranston, RI 02920

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

**Brief description of goods/services**

7 weeks of Art Therapy under the McKinney-Vento Grant during the months of January, February and March for a total of 42 hours at a rate of \$75.00 per hour = \$3,150.00

UCOA No. XX-XXXXXXXX-XXXX-XX-XXXX-XXXX-XXXX-XXXX	BALANCE	TOTAL
20-21142100-01400-232-10-0200-53204-0000-1200000	\$3,750.00	\$ 3,150.00
Total	\$	3,150.00

**Special instructions/comments:**

Requested by: \_\_\_\_\_  
 Approved by: [Signature] Date: 4/20/2020

*Second signature needed only for multiple responsibility transactions.*

Chief Budget Officer: \_\_\_\_\_ Date: \_\_\_\_\_

*For transactions of \$500 or more.*

Reason for return:  
 Funds  Back up  Approvals  Vendor  Invalid Code  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_ 5/20/2015

Funds Transferred on \_\_\_\_\_ By: \_\_\_\_\_



WARWICK CARES PROGRAM  
INVOICE

Please pay:

Lori Shulkin Lowinger  
39 East Bel Air Road  
Cranston, RI 02920  
SS# 038-42-8371

Payment for Art Therapy conducted in the Warwick Shelters  
for the months of January, February and March 2020 for a total of  
7 weeks.

Total Hours Worked           42          

@ \$75.00 per hour

Total Due:                     \$3,150.00          

Approved:                      4/17/2020

20-21142100-01400-232-10-0200-53204-0000-120000