



**Lee's Summit R-7 School District  
Purchasing and Distribution Services  
702 SE 291 Highway  
Lee's Summit, MO 64063  
816-986-2190  
Email: [christa.battaglia@lsr7.net](mailto:christa.battaglia@lsr7.net)**

**REQUEST FOR PROPOSAL FOR EQUITY BASED CONSULTANT WORK  
RFP NO. 2019-34**

**IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS**

**PROPOSALS MUST BE RECEIVED BY 3:00 PM (CST) ON APRIL 5, 2019.**

The cutoff date for any written questions for this RFP is MARCH 28, 2019 at 12:00 PM (CST).

**It is the responsibility of interested firms to check [www.publicpurchase.com](http://www.publicpurchase.com)  
for any addendums or notices of information prior to the opening date and time of this RFP.  
All addendums must be signed and included with your submitted proposal.**

The undersigned certifies that he/she has the authority to bind this company in an agreement to supply the commodity and/or services in accordance with all terms, conditions, and pricing specified herein or to offer a "no response." Please type or print the information below. **The Respondent is REQUIRED to complete, sign and return this form with your submitted response for this RFP.**

|                |       |   |          |
|----------------|-------|---|----------|
| <hr/>          |       | <hr/>   |          |
| Company Name   |       | Authorized Person (Print)                                       |          |
| <hr/>          |       | <hr/>   |          |
| Address        |       | Signature   |          |
| <hr/>          |       | <hr/>   |          |
| City/State/Zip |       | Title   |          |
| <hr/>          |       | <hr/>   |          |
| Telephone #    | Fax # | Date  | Tax ID # |
| <hr/>          | <hr/> | <hr/>   | <hr/>    |
| E-mail         |       | Entity Type (Corporation, LLC, Sole Proprietor,<br>Partnership) |          |

If submitting a "no proposal" please provide a brief explanation for the reason why and return this page:

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**FORM NO. 1: CONSULTANT PROFILE**

1. Lead Consultant Firm(s) (or Joint Venture) Name and Address:
  - 1a. Firm / Provider is:  National  Regional  Local
  - 1b. Year Firm / Provider Established:  
Years of Experience providing Equity Based Consultant Work? \_\_\_\_\_
  - 1c. Licensed to do business in the State of Missouri:  Yes  No
  - 1d. Name, title, telephone number and email address of Principal to contact:
  - 1e. Address of office to perform work, if different from Item No. 1:
  
2. Please list the number of persons by discipline that your Firm/Joint Venture will commit to the District's project:
  
3. If submittal is by Joint Venture or utilizes subcontractors, list participating firms/providers and outline specific areas of responsibility (including administrative and technical) for each firm:
  - 3a. Has this Joint Venture previously worked together?  Yes  No

**FORM NO. 2 – Not Applicable**



### **FORM NO. 3: EXPERIENCE/REFERENCES**

Work by Firm/Provider (including any subcontractors or Joint-Venture companies) that best illustrate current qualifications relevant to the district project that has been/is being accomplished by personnel during the past three (3) years that shall be assigned to the District's project. List no more than three (3) total projects of similar size to the District:

Client Name & Address:

Dates of Service:

Client Contact Person, Title & Telephone Number:

Estimated Cost for Entire Contract: \$

Scope of Entire Contract: (Please give quantitative indications wherever possible).

Provider's responsibilities in contract: (Please give quantitative indications wherever possible).

Firms/Providers Personnel (Name/ Project Assignment) who worked on the stated project that shall be assigned to the District's project:



**FORM NO. 4: RESUME OF KEY PERSONNEL**

Brief resume of key persons, specialists, and certified staff that shall be assigned to the District's Equity Based Consultant Work project:

- a. Name and Title:
  
- b. Assignment:
  
- c. Name of Firm with which associated:
  
- d. Years of Experience:  
With this firm \_\_\_\_\_ other firms \_\_\_\_\_
  
- e. Education: Degree(s) or Certification(s)/Year/Specialization:
  
- f. Current Registration(s):
  
- g. Other Experience & Qualifications relevant to the proposed project:



## **FORM NO. 5: PROJECT NARRATIVE**

Use this space to provide a detailed project approach including but not limited to:

- Schedule and detailed approach to District's specifications given in RFP
- Describe Services offered
- Identify any and all proven techniques used
- Clearly identify roles of all involved parties
- Identify/recognize critical or unique issues specific to the project and unique approaches used elsewhere
- Provide proposed timeline for implementation of contract
- Provide proposed communication process
- Provide any additional value added services firm is willing to offer the district

The foregoing is a statement of facts.

Signature:

Typed Name and Title:

Telephone Number:

Date:



**FORM NO. 6: PRICING**

**Equity Based Consultant Work**

**Based on all items included in Specifications. Please add additional items in space below, if needed.**

| <b>DESCRIPTION OF SERVICE</b>   |           |
|---|-----------|
| 3.1 & 3.2 - Develop a Working Definition for Equity and Develop a Long-Term Plan for Equity Professional Learning that is Aligned with the District's Strategic Plan                            | \$        |
| 3.3 & 3.7 - Facilitate Equity Based Work with Groups Identified in the RFP  | \$        |
| 3.4 - Conduct Analysis of Existing Organizational Strengths/Challenges with Recommendations on how to Build Upon Strengths to Foster Equity, Diversity & Inclusion in all Areas of the District | \$        |
| 3.5 & 3.6 - Guide & Support Development of Shared Organizational Goals and a Mission Regarding Equity, Diversity & Inclusion for the District   | \$        |
|   |           |
| <b>GRAND TOTAL</b>  | <b>\$</b> |
| Hourly Rate for all services, if applicable   | \$ /hr    |
|   |           |



## Lee's Summit R-VII School District

301 NE Tudor Road  
Lee's Summit, Missouri 64086  
(816) 986-1000 • FAX (816) 986-1168  
**Business Services**

As a condition for any service provided to the Lee's Summit R-VII School District, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

Every such business entity shall complete the following affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contract services. [RSMO 285.530 (2)]. The completed affidavit must be returned as part of the contract documentation or mailed to Lee's Summit R-VII School District, Attn: Accounts Payable, 301 NE Tudor Road, Lee's Summit, Missouri 64086.

This affidavit affirms that \_\_\_\_\_ (Company Name) is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and \_\_\_\_\_ (Company Name) does not knowingly employ any person who is unauthorized alien in conjunction with the contracted services.

\_\_\_\_\_  
Name (Please Print) of registered agent, legal representative or corporate officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of registered agent, legal representative or corporate officer

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_ I am commissioned as  
(DAY) (MONTH, YEAR)  
a notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_, and my commission  
(NAME OF COUNTY) (NAME OF STATE)  
expires on \_\_\_\_\_  
(DATE)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

**Failure to respond will cause payments due to you to be held until affidavit is received. Once the affidavit is received, payments will be released.**



Form **W-9**  
(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

**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)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_

Other (see Instructions) ▶ \_\_\_\_\_

Exempt payee

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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.

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

**Social security number**

|  |  |  |   |  |  |   |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|
|  |  |  | - |  |  | - |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|

**Employer identification number**

|  |  |   |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|
|  |  | - |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

**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 ▶      Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.