FORM NO. 6: PRICING: TEMPORARY STAFFING SERVICES

Based on all items included in Specifications

Job Title	Current Daily or Hourly Pay Rate (Without Markup)	Markup	Daily or Hourly Bill Rate
Substitute Teacher/Interventionist	\$100.00/Day	%	\$
Substitute Teacher / Interventionist/ Special Education - Long term after day 11- not retro	\$125.00/Day	%	\$
Substitute Teacher/Special Education	\$100.00/Day	%	\$
Paraprofessional/Classroom Assistant/Paraprofessional Specialist	\$11.50/Hr.	%	\$
Paraprofessional/ Classroom Assistant / Paraprofessional Specialist / Long Term after day 11 not retro	\$11.85/Hr.	%	\$
Resource Aide	\$10.50/Hr.	%	\$
BASS / before and after - no long term	\$10.12/Hr.	%	\$
Resource Aide - Long Term after day 11- not retro	\$10.85/Hr.	%	\$
Clerical	\$10.50/Hr.	%	\$
Clerical - Long Term after day 11- not retro	\$10.85/Hr.	%	\$
RN	\$21.00/Hr.	%	\$
RN- Long Term after day11- not retro	\$23.00/Hr.	%	\$
LPN	\$15.00/Hr.	%	\$
LPN- Long Term after day 11- not retro	\$15.35/Hr.	%	\$
Scheduler – In-House FTE	New Position Added	%	\$

Respondent must complete the following section in its entirety and sign and date where indicated. This agreement shall take effect upon the approval of the District.

The undersigned respondent hereby proposes to furnish all transportation, equipment, supplies, materials and perform all necessary labor to complete all work stipulated in, required by, and in conformity with the proposed agreement documents and specifications attached hereto and other documents referred to therein for and in consideration of prices as follows:

A.	Acceptance of proposal by District : The District shall have maximum ninety (90) calendar days from the date of the proposal opening to accept respondent's offer.
B.	Response time/delivery: As specified in requirements
C.	District standard payment terms are Net 30 after receipt of invoice. Payment terms are negotiable. Please state any discounts offered:
D.	Submittals: The following must be submitted with proposal 1. References and experience 2. Personnel Qualifications 3. Certificate of Insurance 4. Return all parts of this complete document (respondents to keep copy of proposal submitted)
Signatu	re:
• 1	Name and Title: one Number:

Date: