



## **R-20/21-24**

### **School-Based Health Center**

Issue Date: 4/16/2021

Questions Deadline: 5/13/2021 12:00 PM (CT)

Response Deadline: 5/19/2021 01:00 PM (CT)

### **Contact Information**

Contact: Heather Falls

Address: Purchasing

702 SE 291 Highway

Lee's Summit, MO 64063-4306

## Event Information

Number: R-20/21-24  
Title: School-Based Health Center  
Type: Request for Proposal  
Issue Date: 4/16/2021  
Question Deadline: 5/13/2021 12:00 PM (CT)  
Response Deadline: 5/19/2021 01:00 PM (CT)  
Notes: The Lee's Summit R-7 School District is soliciting proposals for a School-Based Health Center. This contract will include but is not limited to: Physical and Behavioral Health Services provided to LSR7 students within the District. Lee's Summit R-7 School District (or the "District") is requiring proposers to submit their proposals electronically. Electronic submission help eliminate errors, eliminate unnecessary work, and is more friendly to the environment. Lee's Summit R-7 School District will not accept proposals that are submitted via email or fax machine. The District reserves the right to accept or reject any and all proposals and to waive any formalities or technicalities if deemed in the best interest of the District. It is the responsibility of all responders to review the entire proposal, seek clarification of any item or requirement that may not be clear, and check all responses for accuracy before submitting a response.

If you are having difficulty submitting electronically, please contact Heather Falls at (816) 986-2195 or email [heather.falls@lsr7.net](mailto:heather.falls@lsr7.net) for instructions.

It is the responsibility of interested firms to check <https://lsr7ebid.ionwave.net> for any addendums or notices of information prior to the opening date and time of this RFP.

## Billing Information

Address: 301 NE Tudor Rd  
Lee's Summit, MO 64086-5702  
Phone: (816) 986 x1000

## Bid Attachments

### General Terms & Conditions for RFPs, RFQs and Bids.pdf

General Terms and Conditions

[Download](#)

### Governance Addendum LS School District (Data Governance Addendum).pdf

Data Governance Addendum

[Download](#)

### 1\_- \_Sample\_Insurance\_Certificate.pdf

Certificate of Insurance

[View Online](#)

### 3\_- \_E-Verify-LSR7\_(1) (1).pdf

E-Verify

[View Online](#)

### 4\_- \_MO\_Tax\_Exemption\_Certificate.pdf

Missouri Tax Exemption Certificate

[View Online](#)

# Bid Attributes

## 1 Introduction

The Lee's Summit R-7 School District is soliciting proposals for a School-Based Health Center. This contract will include but is not limited to: Physical and Behavioral Health Services provided to LSR7 students within the District. Lee's Summit R-7 School District (or the "District") is requiring proposers to submit their proposals electronically. Electronic submission help eliminate errors, eliminate unnecessary work, and is more friendly to the environment. Lee's Summit R-7 School District will not accept proposals that are submitted via email or fax machine. The District reserves the right to accept or reject any and all proposals and to waive any formalities or technicalities if deemed in the best interest of the District. It is the responsibility of all responders to review the entire proposal, seek clarification of any item or requirement that may not be clear, and check all responses for accuracy before submitting a response.

## 2 Instructions to Respondents

1. All questions regarding this RFP shall be submitted online via the "Questions" tab of this bid opportunity. The District reserves the right to reject any and all proposals, to waive technical defects in proposals, and to select the proposal(s) deemed most advantageous to the District.
2. It is the responsibility of each respondent before submitting a proposal to examine the documents thoroughly and request written interpretation or clarifications soon after discovering any conflicts, ambiguities, errors, or omissions in the proposal documents. Requests for clarification must be submitted online via the "Questions" tab.
3. Changes to the specifications will not be allowed except by written addendum issued by the District through this online procurement system. Oral explanations or instructions given prior to award will not be binding.
4. Respondent shall quote net costs of all goods and services requested and all quotes shall include all transportation to destination and inside delivery.
5. There will be no public opening of the proposals.
6. Acceptance of this proposal or any part thereof, in writing, within ninety (90) days after the closing date, by the District shall constitute a legal and binding agreement; wherein, the vendor shall furnish the services in accordance with the specifications and offeror's proposal on the written order of the District.
7. The District reserves the right to award this contract in its entirety or to split the contract among bidders, whichever is in the best interest of the District. The District may accept any item or group of items of the bid unless qualified by specific limitation of the bidder.
8. To be considered, a firm must have at least three (3) proven clients of similar size to our district.

I have read and understand.

*(Required: Check if applicable)*

### **3 SELECTION PROCESS**

The proposals will be evaluated by a District Selection Committee (DSC) comprised of selected District personnel. The overall process may consist of two steps: the first being a review and evaluation of all responsive proposals and the second being the interview phase for the short list of respondents selected for interview, if applicable.

#### **Step One: Evaluation of Proposals**

Members of the DSC will review and rate each responsive proposal based on the following criteria:

- a. The firm's experience in providing similar services to school districts or governmental agencies during the past five (5) years.
- b. Key personnel that will be assigned to the District's project, and their experience with similar projects.
- c. Applicable resources offering quality assurances/quality control procedures; as well as adequacy of team/resources to complete the project within the proposed time-frame.
- d. Project approach including project schedule and detailed approach to complete this project, familiarity with this project, identification of unique issues related to project, and the process proposed for communications with District staff.
- e. Cost

#### **Step Two: Interviews (If Deemed Necessary)**

The Proposal Ranking Sheet for the evaluation of the proposals is included in this RFP. The DSC may request additional submittals.

### **4 Responding to Attributes**

There are attributes, including this one, associated with this proposal. Some are notes and require no response, but most have a required response. **\*\*Please select each page from the bottom right-hand side of this list of attributes in order to view the next page of Bid Attributes.\*\***

### **5 Attachments Required**

Be sure to upload all required documents and forms to the "Response Attachments" Tab.

**6 Purchase Agreements**

Purchase Agreements shall be awarded in accordance with regulations adopted by the Lee's Summit R7 Board of Education and adhere to all applicable purchasing policies. Purchase Agreements will be negotiated with the lowest responsible bidder who meets the qualifications for quality, price, terms of bid, lead time, and determined to be in the best interest of the District. The bid award will be at the sole discretion of the District. The District reserves the right to reject any and all bids in part or in whole, and to accept the bid that is in the best interest of the District.

I have read and understand.

*(Required: Check if applicable)*

**7 Terms of This Bid**

The terms of this bid shall remain in effect for at least one year from date of award. All prices MUST remain firm during that time period. The District may make additional purchases at the itemized price listed in the bid packet for a period of one (1) year. The District may, at its option, renew the Contract for up to three (3) additional one-year contract periods by giving written notice to the supplier.

I have read and understand.

*(Required: Check if applicable)*

**8 Communications Statement**

Communications: Contact between vendors and Lee's Summit R7 personnel during the proposal process or evaluation process is prohibited. Any attempt by vendors during the proposal process to contact Lee's Summit R7 personnel may result in disqualification. All communication shall go through the Purchasing and Contracts Department during this competitive process. All questions received and the corresponding answers will be distributed to all bidders. No verbal responses will be provided. The deadline for questions about this proposal is stated in the Bid Activities and the district will not respond to questions after this time and date. Response to questions will be posted in the form of an addendum to this proposal. The vendors will be responsible for checking the website for any posted addenda.

I have read and understand.

*(Required: Check if applicable)*

**9 General Terms and Conditions**

I have downloaded and read the General Terms and Conditions from the ATTACHMENTS tab. By selecting this box, I agree to to the terms and conditions.

I have read and agreed to the T&C

*(Required: Check if applicable)*

**10 Proposal Requirement**

**PROPOSAL REQUIREMENTS**

**11 Scope**

**Background**

The purpose of the Lee's Summit R-7 School District (LSR-7) is to prepare each student for success in life. Whether it is success for college, career, or life, and regardless of background or circumstances we want all students to succeed.

LSR-7 is committed to building partnerships with organizations that embody trauma sensitive practices, that serve our students, families, and communities. It has long been recognized that schools are the heart of health in a community. Schools play a crucial role in the health of young people and healthy kids are more likely to attend school ready to learn. One important resource for keeping kids healthy are School-Based Health Centers (SBHCs). SBHCs provide comprehensive health services to youth and adolescents in a setting that is trusted, familiar and immediately accessible: their schools. SBHCs can be a one-stop location for primary care, mental health, oral health and health prevention services. SBHCs can serve as medical homes for students as well as coordinate health care services by multiple providers in managing chronic conditions. SBHCs can also serve as catalysts and leaders in primary prevention efforts to improve the health of school communities and engage students and staff in these efforts; which ultimately increases the academic achievement and overall well being of our students and their families.

It is our goal at LSR-7 to further deepen our commitment to the health and wellness of our students and families by

partnership with our local health providers to promote a culture of health in schools; of which is included in this Request for Proposals. LSR-7 seeks to increase the capacity of SBHCs to improve the health of young people, promote the full participation of SBHCs in our regional health care system, and increase access to care for the most vulnerable in our communities.

As healthcare reform progresses, SBHCs will need to respond to community needs as well as adapt to changes in funding. SBHCs have proven that they are a vital community resource and have gained significant recognition in recent years as the number of SBHCs continues to grow. But many SBHCs still face huge barriers to fulfilling their promise. Inadequate funding, limited hours and equipment, lack of coordination with school staff and limited youth engagement are issues faced by many SBHCs across the region. Many communities are still without SBHCs and families experience more missed work time, increased school absenteeism and limited access to healthcare services for children and youth.

Co-located physical and mental health professionals/services within the school setting have gained national recognition as a model for an accessible and cost-effective way to address student health needs, in particular students who otherwise do not have meaningful access to such services. Numerous research studies on school-based mental health point to measurable gains in academic achievement, declines in suspension and grade retention, and reductions in typical childhood mental illness such as depression and behaviors associated with conduct disorder and attention deficit/hyperactivity disorder when students have regular access to mental health services as needed. Co-located health professionals also serve a role in helping school districts to create a culture within the school of competence, growth and inclusion for all students.

LSR-7 is requesting proposals for mental and physical health agencies to provide school-based mental and physical health services within the district. Based on the services provided by applicants, LSR-7 will determine the most appropriate school or sites for SBHCs. LSR-7 is requesting proposals from local mental health providers who are either Federally Qualified Health Centers (FQHC) or have the capacity and means to provide school-based health services within LSR-7 beginning in the near future.

This RFP is looking for highly qualified providers/agencies to provide the following physical and behavioral health services to LSR-7 students:

- Comprehensive Clinical Assessments
- Individual therapy
- Group therapy
- Family therapy
- Medication Management
- Well-Child Exams / Physicals
- Immunizations
- Basic Medical Care
- Dental / Vision Exams

Successful Service Providers must have the capacity to establish in-school access to clinical outpatient treatment services and be capable of providing health services at varying levels of intensity, based on the individualized needs of the students and which are able to adjust as rapidly as the changing needs of the students. LSR-7 will attempt to provide a counseling-friendly space (confidential, non-stigmatizing, etc.) within each selected school.

School based health services will be available for all students, regardless of ability to pay. All financial obligations related to the provision of physical and behavioral health services will be the responsibility of the provider.

Goals for the School Based Mental Health Services:

- To provide mental health programs that address early intervention and prevention services for LSR-7 students and families in need.
- To increase the accessibility of mental health services for LSR-7 students and families in need of these services in a non-stigmatizing environment.

### **Scope of Services**

Physical and behavioral health services provided to LSR-7 students in school should be based on the following principles and guidelines:

- Services will be provided and supervised by a local health provider agency.
- Family engagement and active family involvement is critical at the initiation and throughout the treatment process. Services will only be provided to students following the receipt of parental consent.
- Services should be proactive and positive, building on the strengths of the student and families.
- Service Providers should show willingness to build strong alliances collaborating with school administrators, student services staff, teachers and a Multi-Tiered System of Support Team.
- Services may be awarded to multiple agencies, which in this case shall work together to best serve the Districts needs.
- Services must follow the mandate to be least intrusive, least restrictive and responsive to the individual needs of the child within the school setting.
- All employees of the Service Provider shall agree to follow all LSR-7 district rules, regulations, procedures and Board policies when providing services to LSR-7 students on school property.
- District prefers Service Provider to have funding sources available to partner with District.
- Service Provider will be responsible for billing, paperwork, necessary signatures to begin services, and for release of information.
- Service Provider will also see all referred students who have no source of payment. Providers should be able to accept Medicaid and also be part of private insurance panels.
- Services should be provided during regular school hours unless the family and agency are able to arrange services in other locations to accommodate parents' schedules.
- Service Provider is seen as an extension of the district.
- Service Provider recommendations do not supersede school district procedures and any recommendations for accommodations or service must run through the district's educational decision-making processes.
- Service Provider will serve to support the district with crisis and high risk assessments, and connect families with possible intake services for outpatient or inpatient care.
- District prefers that Service Providers have the option of multilingual mental and physical providers.

I have read and understand.  
(Required: Check if applicable)

**1**  
**2** **PROPOSAL REVIEW:**

LSR-7 reserves the right to reject any and all responses to this RFP. If all responses are unacceptable, LSR-7 reserves the right to reject the responses and issue a new RFP. Responses shall be limited to the requested information and should not include any information or a proposal about other services other than school-based mental health outpatient clinical services as requested in this RFP. LSR-7 reserves the right to reject a proposal at any time during the process. Providers/agencies submitting a proposal under this RFP should be prepared to participate in an interview process and to provide a presentation to a committee of LSR-7 staff and administrators.

In order to respond to this RFP, the service provider must meet the following minimum qualifications:

1. Be committed as an organization to the concepts of recovery and resiliency.
2. Have an existing collaborative relationship with mental or physical health resources, or be a FQHC.
3. Ability to accept a variety of private insurances and have credentialed staff to meet those requirements.
4. Ability to provide mental health services to language minorities, including Spanish-speaking students and families.
5. Have procedures for on-call, after-hour services or 24-hour access to support for students and families during the school year and during student holidays/vacations and summer breaks.
6. Provide staff with all required and appropriate licensure and training to provide mental and behavioral health services to students.

**1**  
**3** **BUSINESS PLAN:**

Please provide a brief business plan that addresses the following:

**Relevant Experience**

1. Describe your experience providing health-related services (e.g., primary, etc.) within school settings.
2. Describe your experience providing health-related services (e.g., primary, etc.) to an adolescent patient population.
3. Describe any existing relationships you have with LSR-7 School District.
4. Describe your ability or plan to expand or meet the needs for services on each campus.
5. Describe how the partnership will be aligned with the school-based health alliance framework to achieve excellence in delivering care in a school setting. (Access, Student-Focus, School Integration, Accountability, School Wellness, Systems Coordination, & Sustainability)

The Request for Partnership application must also include a business/operational plan describing the following components:

1. Staffing Plan & Treatment Methods
2. Data Collection Plan
3. Funding & Sustainability Plan
4. Evaluation Plan
5. Referral Process

**Staffing Plan & Treatment Methods**

While a needs assessment will inform the final staffing plan, please outline the staff required to operate the school based health center. Describe, in detail, the proposed staff that will provide services at the center. Include the days of the week and hours that you anticipate these staff will be on the premises, the services that will be available during these times, and any additional organizations with whom you plan to partner in order to deliver services. All clinical staff must have necessary certification and/or licensure.

Please explain how the center will deliver primary care and the type of quality metrics you will use to monitor and evaluate delivery. Include details on diagnosis and treatment of medical conditions, managing students' chronic conditions, laboratory services, specimen testing, and other testing that will be available onsite, and explain which services will be handled offsite or referred to another provider.

**Funding & Sustainability Plan**

1. Please provide a 2-year budget that includes projections for startup costs, staff salaries, estimated



reimbursement from Medicaid and private insurers (based on projected student visits in years 1-2), and anticipated grant funding.

2. Describe your plan for achieving financial sustainability for the SBHC within 5 years.

### **Data Collection Plan**

Describe what data you will collect at the SBHC and how the information will be used. Also explain your plans for sharing data with the school district and any other partners, including anticipated data sharing agreements and processes for maintaining confidentiality.

### **Evaluation Plan**

Describe how you will evaluate the progress and success of the SBHC. While detailed evaluation plans are not required, please note metrics and outcomes that will be tracked and how evaluation data will inform continuous improvement of service delivery.

### **Referral Process**

Describe your process for referring students to specialty and other needed services, including your existing referral partners, their proximity to the school location, and the services they provide.

The success of a school-based health center depends on shared and coordinated responsibilities. Expected responsibilities are outlined below.

### **Healthcare Provider / Healthcare Facility**

The responsibilities of (Healthcare Provider /Healthcare Facility) will include:

- Provide necessary equipment through funding or in-kind donations
- Provide a plan for expansion
- Manage the operations of the health center(s)
- Collaborate with the school district to open the health center and sustain its operations.
- Work with school partners to inform and engage key constituencies (e.g., parents, students, faculty, staff, and community)
- Collaborate with the school district leadership to form a SBHC Advisory Committee that meets regularly and includes school administration, staff, and parents
- Collaborate with school building leadership to form a student Advisory Committee that meets regularly and gives feedback to ensure services are youth friendly and meet student needs
- Provide physical and preventive health services to students and staff.
- Communicate and coordinate services with the school staff
- Establish a MOU that includes a data sharing agreement with the school (including school nurse and primary care provider) and evaluation partners as well as clarification of privacy rules that are in accordance with FERPA and HIPAA and MO law for adolescent health care
- Bill Medicaid and other third-party reimbursement
- Implement a no turn away policy if a student has no insurance or cannot pay for services
- Assist with enrolling students in Medicaid and other third-party insurance
- Phase in services based on needs identified in the initial needs assessment and periodic updates
- Maintain medical records in accordance with federal and state confidentiality laws
- Provide services in line with evidence-based practice and up-to-date clinical guidelines
- Provides vaccines for students including VFC vaccines
- Document parental consent for the treatment of minors and demonstrate an understanding of a minor's right to privacy under MO law
- Provide opportunity for school district, school building, and community representation on a board committee
- Designate an individual responsible for SBHC administration, operations, and oversight who is on site and available to all partners<sup>3</sup>
- Operate the SBHC for a minimum of 2 years and create a succession plan to ensure continuity of care
- Ensure the healthcare provider for the school-based center completes pediatric asthma management training (example: Asthma Echo through the University of Missouri)
- Provide medical consultation to the district for policy and procedures as needed
- Provide a flu vaccine program for students and staff that includes billing insurance and VFC vaccine.
- Provide standing orders for emergency medications (i.e. epinephrine, albuterol) School District Responsibility

## School District Responsibility

The responsibilities of the school district will include:

- Provide the space and utilities necessary to support a functioning center
- Identify a point person from the district and school building leadership to serve as the school leads for the partnership
- Provide access to students and families to obtain parental consent and enroll students into care at the health center
- Facilitate participation of students, parents, faculty, and staff in the needs assessment, advisory committees, and the ongoing feedback and support of the SBHC
- Establish a MOU that includes a data sharing agreement with the selected provider/facility as well as clarification of privacy rules that are in accordance with FERPA and HIPAA
- Develop and implement building-level policies based on best practices to support enrollment and utilization of the health center.
- Commit to regular partnership meetings with the practitioners in the SBHC to facilitate ongoing quality improvement and responsiveness to student and family needs
- Facilitate partnership between the SBHC and the school nurse acknowledging the unique and important role each plays to improve student health and wellbeing

(Optional: Maximum 4000 characters allowed)

## 14 Schedule of RFP Process

Timeline for RFP Process:

The timeline listed below is the District's estimation of time required to complete the RFP process. All efforts shall be made to abide by this schedule; however, it is subject to change due to different circumstances.

RFP Notification 4/16/2021  
Receive Proposals 5/12/2021  
School Board 6/17/2021  
Notice to Proceed 6/18/2021

## 15 No Deviations or Exceptions

Bidders are expected to bid on the items as listed on the Equipment Specifications List, or Scope of Work. If there are any deviations from the specifications or scope of work listed, the bidder is expected to make note, along with a brief description in the next below. The District reserves the right to determine the successful bidder and will make that decision based on the best interest of the District.

I have read and agree.

(Required: Check if applicable)

**1  
6** **Deviations and Exceptions**

If your company intends to deviate from the Specifications listed in the attached documents, all such deviations and exceptions must be listed here, with complete and detailed conditions and information included. The District will consider any deviations or exceptions in its bid award decisions. The District reserves the right to accept or reject any proposals based upon any deviations indicated below.

If none, please enter N/A (Not Applicable).

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*(Required: Maximum 4000 characters allowed)*

**1  
7** **Cooperative Procurement with Other Jurisdictions**

This section is optional; it will not affect the agreement.

1) Sales will be made in accordance with the prices, terms, and conditions of the Request for Proposals and any subsequent term agreement.

2) There shall, however, be no obligation under the cooperative procurement agreement for any organization represented by MACPP or MARC to utilize the proposal or agreement unless they are specifically named in the Request or Proposals as a joint respondent.

3) All sales to other jurisdictions will be made on purchase orders issued by that jurisdiction. All receiving, inspection, payments and other agreement administration will be the responsibility of the ordering jurisdiction.

4) Each jurisdiction that is a party to the joint proposal has authority to act as Administrative Contracting Officer with responsibility to issue purchase orders, inspect and receive goods, make payments and handle disputes involving shipment to the jurisdiction.

If the District awarded you the proposed agreement, would you sell under the prices and terms of this agreement to any public school district or any other non-profit organization having membership in the Mid-America Council of Public Purchasing (MACPP) or Mid-America Regional Council (MARC) and located within the greater Kansas City metropolitan trade area? (All deliveries shall be F.O.B. Destination and there shall be no obligations on the part of any member of said Council to utilize this agreement).

Yes  No

*(Optional: Check only one)*

**1  
8** **Consultant Profile**

**CONSULTANT PROFILE**

**1  
9** **Lead Consultant Name**

Enter the Lead Consultant Firm(s) (or Joint Venture) name.

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*(Required: Maximum 1000 characters allowed)*

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**Lead Consultant Address**

Enter the Lead Consultant Firm(s) (or Joint Venture) address.

street  
city, state zip

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*(Required: Maximum 4000 characters allowed)*

2  
1

**Lead Consultant Provider**

Please designate the service area provided by the lead consultant.

Local  Regional  National

*(Required: Check only one)*

2  
2

**Year Provider Firm Established**

Please enter the year the provider's firm was established.

*(Required: Numbers only)*

2  
3

**Years of Experience**

Please enter the number of years of experience providing this service.

*(Required: Numbers only)*

2  
4

**Licensed in Missouri**

Are you licensed to do business in the State of Missouri?

Yes  No

*(Required: Check only one)*

2  
5

**Principal Contact**

Please provide name, title, telephone number and email address of Principal contact

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*(Required: Maximum 4000 characters allowed)*

**26** **Address of Office to Perform Work**  
Please provide address of office to perform work if different than Lead Consultant Firm address.

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*(Optional: Maximum 4000 characters allowed)*

**27** **Number of Persons Committed to District's Project**  
Please list the number of persons by discipline that your Firm/Joint Venture will commit to the District's project

*(Required: Numbers only)*

**28** **Joint Venture Areas of Responsibility**  
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.

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*(Optional: Maximum 4000 characters allowed)*

**29** **Has This Joint Venture Previously Worked Together?**  
Has This Joint Venture Previously Worked Together?  
 Yes  No  
*(Optional: Check only one)*

**30** **Key Outside Consultants**

**Key Outside Consultants**

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*(Optional: Maximum 1000 characters allowed)*

**31** **Subcontractor #1 Name**  
Please provide name of Subcontractor.

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*(Optional: Maximum 1000 characters allowed)*

**3**  
**2** **Subcontractor #1 Address**  
Please provide address of Subcontractor.  

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*(Optional: Maximum 1000 characters allowed)*

**3**  
**3** **Specialty/Role with this Project**  
Provide Subcontractors Specialty/Role with this Project.  

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*(Optional: Maximum 1000 characters allowed)*

**3**  
**4** **Worked with Lead Firm Before?**  
Worked with Lead Firm Before?  
 Yes  No  
*(Optional: Check only one)*

**3**  
**5** **Year Firm Established**  
Year Firm Established  
  
*(Optional: Numbers only)*

**3**  
**6** **Years of Experience**  
Please provide number of years experience providing this service.  
  
*(Optional: Numbers only)*

**3**  
**7** **Subcontractor #2 Name**  
Please provide name of subcontractor #2.  

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*(Optional: Maximum 1000 characters allowed)*

**3**  
**8** **Subcontractor #2 Address**  
Please provide address of subcontractor #2  

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*(Optional: Maximum 1000 characters allowed)*

**3**  
**9** **Specialty/Role with this Project**  
Please provide subcontractors specialty/role with this project  

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*(Optional: Maximum 1000 characters allowed)*

**40** **Worked with Lead Firm Before?**  
Has this Subcontractor worked with the lead firm before?  
 Yes  No  
*(Optional: Check only one)*

**41** **Year Firm Established**  
Please provide year Subcontractors firm was established.  
  
*(Optional: Numbers only)*

**42** **Years of Experience**  
Please provide subcontractors number of years of experience.  
  
*(Optional: Numbers only)*

**43** **Resume of Key Personnel**  
**Resume of Key Personnel**  

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*(Optional: Maximum 1000 characters allowed)*

**44** **Name of Key Personnel**  
Provide name of key persons, specialists, or certified staff that shall be assigned to the District's project.  

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*(Optional: Maximum 1000 characters allowed)*

**45** **Title of Key Personnel**  
Provide job title of key personnel assigned to District's project.  

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*(Optional: Maximum 1000 characters allowed)*

**46** **Assignment**  
Experience of Key Personnel: Provide previous or current assignment of key personnel related to this service.  

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*(Optional: Maximum 4000 characters allowed)*

**47** **Name of Firm with which Associated**  
Experience of Key Personnel: Provide name of firm which assignment was/is associated with.

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*(Optional: Maximum 4000 characters allowed)*

**48** **Years of Experience with this Firm**  
Please provide assigned key personnel's experience with this firm.

*(Optional: Numbers only)*

**49** **Years of Experience with Other Firms**  
Please provide assigned key personnel's experience with other firms.

*(Optional: Numbers only)*

**50** **Education**  
Degree(s) or Certification(s)/Year/Specialization

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*(Optional: Maximum 4000 characters allowed)*

**51** **Current Registration(s)**  
Please provide current registration(s)

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*(Optional: Maximum 4000 characters allowed)*

**52** **Other Experience & Qualifications**  
Please provide other Experience & Qualifications relevant to the proposed project

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*(Optional: Maximum 4000 characters allowed)*



**5  
3** PROPOSAL SCORING CRITERIA

**PROPOSAL SCORING CRITERIA**

**5  
4** Evidence of Experience & References with Similar Accounts (Ref & Exp)  
Evaluation Criteria

**Evidence of Experience & References with Similar Accounts (Ref & Exp)**

Consider experience and references listed by the firm/provider. Is the firm/provider experienced in providing services similar to that requested in this RFP?

- Familiarity and experience with similar projects.
- Consider the number of years of experience the firm/provider has.
- Consider the number of years the firm has been in business.
- Consider the references given by the firm/provider.

**5  
5** Applicable Resources (Personnel Qualifications)  
Evaluation Criteria

**Applicable Resources (Personnel Qualifications)**

Evaluate the extent of applicable resources available to the provider to execute the contract.

- Adequacy of proposed number of staff for the district's need.
- Consider experience of person(s) assigned to service the district's contract.
- Consider the qualifications of the staff proposed.
- Consider whether firm has multilingual mental and physical providers.
- Consider staffing plan & treatment methods.

**5  
6** Approach and Understanding of Scope  
Evaluation Criteria

**Approach and Understanding of Scope**

Evaluate the provider's approach to and understanding of the scope of services required in the RFP as evidenced by the vendor's proposal:

- Detailed approach is reasonable /responsive to District's needs.
- Familiarity with project locations as evidenced by proposal.
- Identify/recognize critical or unique issues specific to the project.
- Unique approaches that have been successful elsewhere.
- Provide literature outlining plan for implementation and training.
- Consider data collection plan.
- Consider evaluation plan.

**57** **Cost Evaluation Criteria**

**Cost**

Determination of cost and pricing data:

- Consider the amount of time estimated for supplying staff and the fees associated with it.
- Consider funding & sustainability plan.
- Consider if Service Provider has funding sources available to support partnership with District.
- Consider detailed budget projections.

**58** **REFERENCES**

**REFERENCES**

**59** **How many years has your company been in business?**

*(Required: Numbers only)*

**60** **References**

List multiple references and prior experience; preferably with other school districts or governmental agencies, in the last 3 – 5 year period; work or services in the same type and size to the project being proposed. Please list the following information for each school district:

**61** **Reference 1**

**Reference 1**

**62** **Reference #1 Contact Person's Name**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**63** **Reference #1 - Contact Person's School District/Business**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**64** **Reference #1 Address**

Enter Street address, city, state, zip code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Required: Maximum 1000 characters allowed)*

**65 Reference #1 Phone Number**  
 ext:   
*(Required)*

**66 Reference #1 Email**  
  
*(Required: Email address)*

**67 Reference #1: Description of services performed and completion date**  
Describe the services performed and completion date of project.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 4000 characters allowed)*

**68 Reference 2**  
**Reference 2**

**69 Reference #2 - Contact Person's Name**  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**70 Reference #2 - Contact Person's School District/Business**  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**71 Reference #2 Address: Street, City, State, Zip Code**  
\_\_\_\_\_  
\_\_\_\_\_  
*(Required: Maximum 1000 characters allowed)*

**72 Reference #2 Phone Number**  
 ext:   
*(Required)*

**73 Reference #2 Email**  
  
*(Required: Email address)*

**74 Reference #2: Description of services performed and completion date**  
Describe the services performed and completion date of project.

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*(Required: Maximum 4000 characters allowed)*

**75 Reference #3**  
**Reference #3**

**76 Reference #3 Contact Person's Name**

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*(Required: Maximum 1000 characters allowed)*

**77 Reference #3 - Contact Person's School District/Business**

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*(Required: Maximum 1000 characters allowed)*

**78 Reference #3 Address: Street, City, State, Zip Code**

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*(Required: Maximum 1000 characters allowed)*

**79 Reference #3 Phone Number**

()  -  ext:

*(Required)*

**80 Reference #3 Email**

*(Required: Email address)*

**81 Reference #3: Description of services performed and completion date**  
Describe the services performed and completion date of project.

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*(Required: Maximum 4000 characters allowed)*

**Additional References****Additional References**

Additional reference information can be submitted as document. The document can be uploaded to the "Response Attachments" tab within the bid event.

Be sure to include the following information:

- Reference Contact Name
- Reference contact's school district/business
- Reference address (street, city, state, zip)
- Reference phone number
- Reference email address
- Description of services performed and completion date

**Supplier Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Supplier Notes**

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By submitting your response, you certify that you are authorized to represent and bind your company.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*