



**Lee's Summit R-VII School District**  
**Purchasing and Distribution Services**  
**702 SE M-291 Highway**  
**Lee's Summit, MO 64063**  
**816-986-2190**

May 10, 2021

SUMMIT BEHAVIORIAL SERVICES  
 MALLORY FOLTZ  
 1460 NW VIVION RD  
 KANSAS CITY MO 64118

SUBJECT: Contract Renewal

<b>Bid/RFP # and Title</b>	<b>RFP No. 2019-42 Behavioral Services</b>
<b>Original Contract Term:</b>	<b>August 10, 2019 to August 9, 2020</b>
<b>Number of Renewals for Contract:</b>	<b>3</b>

Dear Ms. Foltz;

The current period on the contract referenced above is due to expire on August 9, 2021. There is a provision to renew this contract for an additional (1) one-year period. This renewal period shall be governed by the specifications, pricing, and the terms and conditions set forth per contract executed on July 29, 2019. I am inquiring to see if you would be interested in extending the contract for this additional period of time.

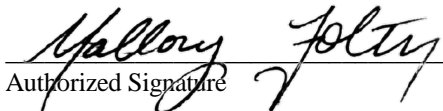
Please complete the appropriate section below indicating your response on renewing the contract no later than June 4, 2021. If pricing needs to be adjusted, please fill out the attached pricing sheet and include the manufacturer/supplier documentation that supports the price increase. The increase will be limited to the current Federal Price Index, "CPI-U, All Items" (Urban Consumers) index CPI rate.

Thanks for your consideration in this matter. If you have any questions, please feel free to contact me at 816.986.2210.

Sincerely,

Jennifer Lalumondier  
 Purchasing and Distribution Services Administrative Assistant

- I agree to the renewal of RFP No. 2019-42 Behavioral Services for the period beginning August 10, 2021 to August 9, 2022. All terms and conditions of the original agreement will remain the same.
- I agree to the renewal of RFP No. 2019-42 Behavioral Services for the period beginning August 10, 2021 to August 9, 2021, but will require adjustments to the price that was included in the original contract. I have included the new price(s) along with the justification of the adjustment.
- No, I do not wish to renew the contract.

  
 \_\_\_\_\_  
 Authorized Signature

05/10/2021  
 \_\_\_\_\_  
 Date

Office Manager  
 \_\_\_\_\_  
 Title

**COOPERATIVE PROCUREMENT WITH OTHER JURISDICTIONS:**

- 1) This section is optional; it will not affect the agreement. 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 X SIGNATURE: *Mallory Foltz*


- 2) Sales will be made in accordance with the prices, terms, and conditions of the Request for Proposals and any subsequent term agreement.
- 3) 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.
- 4) 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.
- 5) 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.

**FORM NO. 5: PROJECT NARRATIVE**

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

- Schedule and detailed approach is reasonable/responsive to District’s needs
- Describe Services offered
- Identify any and all proven techniques used
- Roles of all involved parties clearly identified
- Familiarity with project location as evidenced by proposal/interview (if applicable)
- Identify/recognize critical or unique issues specific to the project and unique approaches used elsewhere
- Proposed timeline for implementation of contract
- Proposed communication process

The foregoing is a statement of facts.

Signature:   
Typed Name and Title: Mallory Foltz, Office Manager  
Telephone Number: 816-853-0946, 107  
Date: 06/05/2019

Summit Behavioral Services has provided Behavior Therapy to the Lee’s Summit School District for several consecutive years. As such, our providers are familiar with the facilities, faculty, and many of the students requiring behavioral supports in the district. The staffing structure at Summit Behavioral Services is set up so that a Board-Certified Behavior Analyst (BCBA) oversees all of the work being performed by the Implementers. The BCBA is the first point of direct contact to the district, and, as they are familiar with the students, can advise on specific behavioral questions. The BCBA will also be responsible for any training to the school district staff on general behavioral questions and any student-specific questions. The administrative staff, namely Mallory Foltz, will be the point of contact for any billing-related questions.

Both BCBA’s currently recommended for this project have an intimate knowledge of the district’s facilities and the students who have been receiving behavioral supports to date.

When a new student is identified as needing behavioral interventions, a BCBA will conduct observations and interviews to determine the functions of problematic behaviors and to establish goals needed to achieve a successful school experience. From there, the BCBA will generate a custom behavior plan to address the behaviors in an efficient, effective, and least-restrictive manner. Each student’s needs and abilities are different, and the behavior plans reflect that, as well as any limitations set by the classroom or other settings in which the student spends time.

The BCBA’s will not only generate a behavior plan, but will oversee its implementation by working with the Summit Implementers assigned to the student, and the classroom teachers or other faculty, as needed.

**FORM NO. 6: PRICING: Behavioral Services**  
**Based on all items included in Specifications**

DESCRIPTION OF SERVICE	
Pre-Pay Consulting Services (Block of 100 hours)	\$ 8,500.00
Behavioral Consultation	\$ 90.00/hr
Behavior Implementer Services	\$ 50.00/hr

**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:** Discounts are offered for pre-purchased blocks of 100 hours only. We do not discount regularly invoiced services below our standard rates listed above.
  
- 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)**

Signature: 

Typed Name and Title: Mallory Foltz, Office Manager

Telephone Number: 816-853-0946, 107

Date: 05/15/2020