

REQUEST FOR PROPOSAL

Excelsior Springs School District

300 W. Broadway

Excelsior Springs, MO 64024

Teacher of Students with Visual Impairments

Detailed Proposal Information is Available on District Website <http://www.essd40.com>

Bid Closing Date: Tuesday, June 19, 2018

Bid Closing Time: 2:00 PM CST

Excelsior Springs School District reserves the right to reject any or all proposals and to waive informalities or irregularities in any proposal.



EXCELSIOR SPRINGS
SCHOOL DISTRICT
— Together, Achieving Excellence —

REQUEST FOR PROPOSAL - Teacher of Students with Visual Impairments

The Excelsior Springs School District (DISTRICT) is seeking proposals from qualified providers (PROVIDER) to furnish comprehensive services as a Teacher of Students with Visual Impairments beginning July 1, 2018 for the 2018-2019 school year.

Proposals will be received by the Director of Student Services at the District Office located at 300 W. Broadway, Excelsior Springs, MO 64024 **BY TUESDAY, JUNE 19 AT 2:00 PM.**

Proposals will be evaluated by a selection committee of the DISTRICT at that time. A copy of the initial selection criteria is included in this RFP. Once the evaluation process is complete, the information will be available to all who responded.

Said proposals must conform to the specifications and instructions.

The DISTRICT reserves the right to reject any and all proposals and to waive informalities or irregularities in any proposal.

Proposals must be returned on the form(s) provided, with "Teacher of Students with Visual Impairments" clearly on the label. A proposal must consist of all pages of the proposal form, required attachments, and the signature page of the proposal, signed by an authorized representative of the PROVIDER. Non-conformance with these instructions may be grounds for rejection of proposal.

Faxed or e-mailed proposals will be accepted. Late proposals will not be considered.

Terri Combs
Director of Student Services
Excelsior Springs School District
300 W. Broadway
Excelsior Springs, MO 64024
tcombs@ga.essd40.com
(816) 630-9200 phone
(816) 630-9203 fax

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PURPOSE

Excelsior Springs School District is seeking a qualified PROVIDER to furnish a teacher of students with visual impairments that will include, but not be limited to:

Services are needed district wide and currently cover three schools. Travel time (if needed) is within 20 minutes and mileage is no greater than 16 miles apart. Requested services are required for four students in the K-12 Special Education Programs:

1. Direct therapy to children with visual impairments ages 3-21 as specified within the IEP and/or 504 service plan
2. Consultative Services
3. Functional Vision and Learning Media assessments for initial and reevaluations with interpretation
4. Participation in evaluation staffing and IEP meetings as requested by district
5. Preparation of required paperwork including IEPs, Progress Reports, Medicaid and documentation of services
6. Consultation on assistive technology and equipment needs
7. Training for classroom teachers/paraprofessionals and other implementers of the students' goals and objectives
8. Homebound services as needed
9. Extended School Year coverage for services deemed necessary as written into the IEP
10. Other therapy-related assistance to the IEP team/school district as needed

RFP SCHEDULE

June 4, 2018	RFP specifications available for distribution
June 19, 2018	RFP due by 2:00 PM CST
June 20, 2018	Committee meeting to review proposals
June 25, 2018	Recommend PROVIDER to Board of Education for approval - letter of intent issued
July 1, 2018	Sign contract for the upcoming year

INTERVIEWS

The District may choose to schedule interviews with selected PROVIDERS after review of the submitted proposals. Interviews will be scheduled between March 1 and March 8, 2017.

GENERAL TERMS AND CONDITIONS

1. If there are variances or conflicts between the General Terms and Conditions and the Special Conditions outlined in the solicitation, the Special Conditions shall prevail.
2. The PROVIDER must respond to this RFP by submitting all data required herein in order for its proposal to be evaluated and considered for award. Failure to submit such data shall be deemed sufficient cause for disqualification of the proposal from further consideration for award.
3. PROVIDERS are required to state what they intend to furnish the DISTRICT in response to this solicitation and must indicate in writing any variances to the terms, conditions, and specifications of this proposal.
4. The DISTRICT shall issue a written addendum to this RFP if substantial changes are made which impact the submission of proposals. All addendums must be signed by a duly authorized employee of the DISTRICT. A copy of the addendum will be e-mailed to each PROVIDER receiving the solicitation and posted on the DISTRICT website. In the event of conflict between the original RFP and an addenda, the addenda shall control. Subsequent addenda shall govern over prior addenda.
5. The PROVIDER is advised that the ONLY official position of the DISTRICT is that position which is stated in writing and issued by the Deputy Superintendent as an RFP and any amendments or addenda thereto. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement.
6. The Proposal must contain a manual signature of an authorized agent of the PROVIDER in the space provided on the Proposal form. If the PROVIDER's authorized agent fails to sign and return the Proposal form; its proposal shall be non-responsive and shall not be considered.
7. The PROVIDER, by affixing its signature to its Proposal, certifies that the proposal is made without previous understanding, agreement, or connection, either with any persons, firms or corporations offering the same items, or with the DISTRICT. The PROVIDER also certifies that its proposal is in all respects fair, without outside control, collusion, fraud, or otherwise illegal action.
8. The Proposal must be typed or legibly printed in ink. The use of erasable ink is not permitted. An authorized agent of the PROVIDER must initial all corrections made by the PROVIDER.

9. The Proposal shall be submitted in one of the following manners by the due date:
 - a. sealed in an envelope with “Teacher of Students with Visual Impairments” clearly marked on the front of the envelope. Excelsior Springs School District assumes no responsibility for the delivery of mail via U.S. Post Office or other means.
 - b. faxed to (816) 630-9203 with the title “Teacher of Students with Visual Impairments” clearly marked on a cover page and directed to Terri Combs, Director of Student Services.
 - c. emailed to Terri Combs at tcombs@ga.essd40.com with “Teacher of Students with Visual Impairments” clearly stated in the subject line.
10. Late proposals received after the date and time set forth in the RFP will not be considered.
11. Modifications to a proposal may only be made by written notice on company letterhead and must be received prior to the time and date set for the deadline. Each modification must be submitted using one of the three options listed for submission as with the original RFP. The modification must contain a manual signature of an authorized agent of the PROVIDER.
12. If more than one modification is submitted, the modification bearing the latest date of receipt by the DISTRICT will be considered valid.
13. Proposals may be withdrawn prior to the time and date set for the deadline. Any such request must be made in writing on company letterhead and signed by the authorized agent of the PROVIDER.
14. The DISTRICT reserves the right, before making an award, to investigate whether the qualifications or services offered by the PROVIDER meet the requirements set forth in the RFP. The DISTRICT reserves the right to waive any defects and informalities in any proposal, to reject any and all proposals, take any or all proposals under advisement, or to accept any proposal as may be deemed in the best interest of the DISTRICT.
15. The DISTRICT reserves the right to consider historic information and fact, whether gained from PROVIDER’S submission in response to the RFP, question and answer conference, references, or any other source, in the evaluation process of this RFP.
16. PROVIDERS shall not include federal, state or local excise or sales taxes in their proposal prices, as the DISTRICT is exempt from payment of such taxes.
17. PROVIDERS shall maintain insurance to protect self and the DISTRICT from claims under the Workers' Compensation Act, and from any other claim for damages for personal injury, including death, and for damages to property which may arise from operations, whether such operations be by itself or by any sub-PROVIDER or anyone directly employed by either of them.

SPECIAL CONDITIONS

Intent

The intent of this Request for Proposal is to acquire a Teacher of Students with Visual Impairments for the DISTRICT.

Award of Service

Services will be awarded to the PROVIDER, judged by the DISTRICT, submitting the best overall proposal in accordance with the specifications and all required documents. The DISTRICT reserves the right to reject any and all proposals based upon its sole discretion. Any non-responsive proposals will not be considered for award.

Negotiations

The DISTRICT may or may not conduct negotiations of technical aspects of the proposals and/or prices after reviewing all proposals submitted. These negotiations will only be with the PROVIDER whom the DISTRICT is considering for award of services. Post-proposal negotiations may be conducted jointly with representatives of the DISTRICT and PROVIDER's representatives. The PROVIDER's representative shall be qualified and empowered with the authority for answering and giving administrative and technical/price clarifications relative to the proposal.

Insurance

PROVIDER shall, at its expense, procure and keep in force liability and property damage liability insurance protecting DISTRICT, its board, officers, employees and agents, and PROVIDER, its employees and agents.

Reports

The PROVIDER shall make and furnish such reports as may be required or requested by the DISTRICT or by the Missouri Department of Elementary and Secondary Education.

Attachments to this RFP

A – Evaluation Criteria to be used by the Selection Committee at Excelsior Springs School District

B – PROVIDER Proposal Form

(the Proposal Form can also be provided in a Microsoft Word document to facilitate ease of completion)

ATTACHMENTS

Attachment A: Evaluation Criteria

General Criteria	Unacceptable	Less than ideal	Ideal	Exceeds Ideal
Treatment rate				
Evaluation rate				
Consultation rate				
Meeting rate				
Documentation rate				
Mileage rate with estimated mileage				
Local Company				
Length of time with school district				

Attachment B – Provider Proposal Form

Provider Proposal Form
Employee Supplemental Benefits for
Excelsior Springs School District

Full Business Name:	
Primary Contact Person:	
Email of Primary Contact Person:	
Mailing Address (street, city, state, zip code):	
Physical Address (street, city, state, zip code):	
Phone:	
Fax:	

FINAL ATTACHMENTS NEEDED

BID SPECIFICATIONS SHOULD INCLUDE:

1. Certification of therapist(s)
2. Proof of liability insurance
3. Specify hourly rates for:
 - a. Treatment rate (TVI)
 - b. Evaluation rate
 - c. Consultation rate
 - d. Meeting rate
 - e. Documentation rate
 - f. Mileage rate
4. Explanation of ability to provide appropriate staff with caseload increases throughout the year and/or when assigned staff are unable to fulfill assignments (i.e. illness, maternity, continuing education, etc.)
5. Therapist (or agency) is required to be enrolled and participate in a federal work authorization program with respect to the employee(s) working in connection with the contracted services being provided, or to be provided, to the District (to the extent allowed by E-Verify). In addition, the business entity must affirm the same through sworn affidavit and provision of documentation. In addition, the business entity must sign an affidavit that it does not knowingly employ any person who is an unauthorized alien in connection with the services being provided, or to be provided, to the District.
6. In compliance with Excelsior Springs School Board Policy; the District requires criminal background checks of all employees. The agency will be required to obtain a background check on all potential candidates prior to their consideration by the District for employment. The background check must include: a search of the FBI criminal history files; the Missouri Highway Patrol's criminal database and sexual offender registry; and the central registry of child abuse and neglect of the Children's Division of the Department of Social Services.
7. Each bidder may submit references, preferably from education institutions and people who have observed or supervised the therapist's work.

Proof of Insurance

PROVIDER shall, at its expense, procure and keep in force liability and property damage liability insurance protecting DISTRICT, its board, officers, employees and agents, and PROVIDER, its employees and agents.

Submitting Proposal

The proposal form shall be submitted in one of the following manners by 2:00 PM on June 19, 2018:

a. sealed in an envelope with “Teacher of Students with Visual Impairments” clearly marked on the front of the envelope and mailed to:

Terri Combs
Director of Student Services
300 W. Broadway
Excelsior Springs, MO 64024

b. faxed to (816) 630-9203 with the title “Teacher of Students with Visual Impairments” clearly marked on a cover page and directed to Terri Combs, Director of Student Services.

c. e-mailed to Terri Combs at tcombs@ga.essd40.com with “Teacher of Students with Visual Impairments” clearly stated in the subject line

SIGNATURE OF AUTHORIZED AGENT OF PROVIDER

The PROVIDER, by affixing its signature to its proposal, certifies that the proposal is made without previous understanding, agreement, or connection, either with any persons, firms or corporations offering the same items, or with the DISTRICT. The PROVIDER also certifies that its proposal is in all respects fair, without outside control, collusion, fraud, or otherwise illegal action.

Name of Authorized Agent: _____

Title of Authorized Agent: _____

Date: _____

PROVIDER Name: _____

PROVIDER Address: _____

Signature of Authorized Agent:
