

REQUEST FOR PROPOSALS

**COUNSELING AND CONSULTATION SERVICES FOR CHILDREN AND THEIR
FAMILIES IN THE TOPS PROGRAM FOR SEVERELY EMOTIONALLY DISTURBED
STUDENTS**

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

PROPOSAL RETURN DATE

APRIL 5, 2005

RFP NO. 047-EE10

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
PROCUREMENT MANAGEMENT
1450 N.E. 2ND AVENUE, MIAMI, FLORIDA 33132
REQUEST FOR PROPOSALS # 047-EE10

COUNSELING AND CONSULTATION SERVICES FOR CHILDREN AND THEIR
FAMILIES IN THE TOPS PROGRAM FOR SEVERELY EMOTIONALLY DISTURBED
STUDENTS

Sealed proposals will be accepted in Procurement Management, at the above location, until **2:00 P.M.** on April 5, 2005 and may not be withdrawn for one hundred twenty (120) days from that date.

ANTI-COLLUSION STATEMENT

THE UNDERSIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED, OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO THE PROPOSAL WHATSOEVER. PROPOSER ACKNOWLEDGES THAT ALL INFORMATION CONTAINED HEREIN IS PART OF THE PUBLIC DOMAIN AS DEFINED BY THE STATE OF FLORIDA SUNSHINE LAW.

CERTIFICATION AND IDENTIFICATION FOR CONTRACTORS SUBMITTING PROPOSALS.

I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same service, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of these proposal specifications and I certify that I am authorized to sign this proposal.

(Please Type or Print Below)

LEGAL NAME OF AGENCY OR
CONTRACTOR SUBMITTING PROPOSAL: _____

MAILING ADDRESS: _____

CITY STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____

BY: SIGNATURE _____

BY: TYPED _____

TITLE: _____

INSTRUCTIONS TO AGENCY/CONTRACTOR SUBMITTING PROPOSAL

I. PREPARING OF PROPOSALS

- A. THE PROPOSAL IS TO BE SUBMITTED, using 8-1/2" x 11" paper.
- B. IDENTIFICATION. Failure to indicate the contractor's EXACT legal name and an unsigned proposal may be considered non-responsive.

II. SUBMITTING OF PROPOSALS

- A. Number of Proposals:

A total of (9) copies of the Proposal must be submitted as follows:

- * The original proposal in a sealed envelope or box marked "Original."
- ** (8) copies of the proposal in a separate sealed envelope or box marked "Copies."

The proposal number, proposal title and opening date must be clearly marked on all envelopes and boxes.

- B. Place, Date and Hour. Proposals shall be submitted to The School Board of Miami-Dade County, Florida, Procurement Management, Room 352, 1450 N.E. 2nd Avenue, Miami, Florida, not later than 2:00 P.M. April 5, 2005.

III. CHANGE OR WITHDRAWAL OF PROPOSAL

- A. PRIOR TO PROPOSAL OPENING. Should the agency or individual contractor withdraw its proposal, they shall do so in writing. This communication is to be received by the Assistant Superintendent, Procurement Management Services, 1450 N.E. 2nd Avenue, prior to April 5, 2005. The agency or individual contractor's name and the proposal number should appear on the envelope.
- B. AFTER PROPOSAL OPENING. After April 5, 2005, proposals may not be changed; and they may not be withdrawn for one hundred twenty (120) days from that date.

IV. PROTEST TO CONTRACT SOLICITATION OR AWARD

- A. The Board shall provide notice of a decision or intended decision concerning a solicitation, contract award, or exceptional purchase by electronic posting. This notice shall contain the following statement:

“Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.”

- B. Any person who is adversely affected by the agency decision or intended decision, shall file with the agency a notice of protest in writing within 72 hours after the posting of the notice of decision or intended decision. With respect to a protest of the terms, conditions, and specifications contained in a solicitation, including any provisions governing the methods of ranking proposals or replies, awarding contracts, reserving rights of further negotiation or modifying or amending any contract, the notice of protest shall be filed in writing within 72 hours after the posting of the solicitation. The formal written protest shall be filed within 10 days after the date of the notice of protest is filed. Failure to file a notice of protest or failure to file a formal written protest shall constitute a waiver of proceedings. The formal written protest shall state with particularity the facts and law upon which the protest is based. Saturdays, Sundays, and state holidays shall be excluded in the computation of the 72-hour time periods provided by this paragraph.
- C. The notice of protest will be reviewed by Procurement Services staff, which will offer the protesting proposer the opportunity to meet and discuss the merits of the protest. If the protest is not resolved, the proposer may seek an administrative hearing pursuant to 120.57 Florida Statutes, by filing a formal written protest within 10 days after filing the notice of protest. Petitions for hearings on protests pursuant to 120.57 Florida Statutes must be filed in accordance with School Board Rule 6Gx13-8C-1064.

V. AWARDS

- A. **RESERVATION FOR REJECTION OR AWARD.** The Board reserves the right to reject any and all proposals, to waive irregularities or technicalities, and to request re-bids.
- B. **NOTIFICATION OF INTENDED ACTION.** Notices will be posted on the District’s website 7-10 days prior to a regularly scheduled Board meeting.
- C. **OFFICIAL AWARD DATE.** Awards become official upon Board action.

VI. DEFAULT

In the event of default, which may include, but is not limited to non-performance and/or poor performance, the awardee shall lose eligibility to transact new business with the Board for a period of 14 months from date of termination of award by the Board. Proposers that are determined ineligible may request a hearing pursuant to §120.569, Fla. Stat., and School Board Rule 6Gx13-8C-1.064.

VII. PUBLIC ENTITY CRIMES

Section 287.133(2)(a) Florida Statute. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

VIII. COMPLIANCE WITH FEDERAL REGULATIONS

All contracts involving Federal funds will contain certain provisions required by applicable sections of Title 34, Section 80.36(l) and Section 85.510 Code of Federal Regulations and are included by reference herein. The vendor certifies by signing the proposal that the vendor and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in Federally funded transactions and may, in certain instances, be required to provide a separate written certification to this effect.

During the term of any contract with the Board, in the event of debarment, suspension, proposed debarment, declared ineligible or voluntarily excluded from participation in Federally funded transactions, the vendor shall immediately notify the Assistant Superintendent, Procurement Management Services, in writing.

Vendors will also be required to provide access to records, which are directly pertinent to the contract and retain all required records for three years after the grantee (The Board) or sub-grantee makes final payment.

For all contracts involving Federal funds, in excess of \$10,000, The Board reserves the right to terminate the contract for cause as well as for convenience by issuing a certified notice to the vendor.

IX. CONE OF SILENCE

BOARD RULE 6GX13-8C-1.212

DEFINITION:

- A. "Cone of Silence" means a prohibition on any communication regarding a particular Request for Proposals (RFP), bid, or other competitive solicitation between:
1. any person who seeks an award therefrom, including a potential vendor or vendor's representative; and
 2. any School Board member or the member's staff, the Superintendent, Deputy Superintendent and their respective support staff, or any person appointed by the School Board to evaluate or recommend selection in such procurement process.

The Cone of Silence shall not apply to communication with the School Board Attorney or his or her staff, or with designated school district staff, who are not serving on the particular Procurement Committee, to obtain clarification or information concerning the subject solicitation. For purposes of this section, "vendor's representative" means an employee, partner, director, or officer of a potential vendor, or consultant, lobbyist, or actual or potential subcontractor or sub-consultant of a vendor, or any other individual acting through or on behalf of any person seeking an award.

- B. A Cone of Silence shall be applicable to each RFP, bid, or other competitive solicitation during the solicitation and review of bid proposals. At the time of issuance of the solicitation, the Superintendent or the Superintendent's designee shall provide public notice of the Cone of Silence. The Superintendent shall include in any advertisement and public solicitation for goods and services a statement disclosing the requirements of this section.
- C. The Cone of Silence shall terminate at the time the Superintendent of Schools submits a written recommendation to award or approve a contract, to reject all bids or responses, or otherwise takes action which ends the solicitation and review process.
- D. Nothing contained herein shall prohibit any potential vendor or vendor's representative:

1. from making public representations at duly noticed pre-bid conferences or before duly noticed selection and negotiation committee meetings;
2. from engaging in contract negotiations during any duly noticed public meeting;
3. from making a public presentation to the School Board during any duly noticed public meeting; or
4. from communicating in writing with any school district employee or official for purposes of seeking clarification or additional information, subject to the provisions of the applicable RFP, or bid documents.

The potential vendor or vendor's representative shall file a copy of any written communication with the School Board Clerk who shall make copies available to the public upon request.

- E. Nothing contained herein shall prohibit the Procurement Committee's representative from initiating contact with a potential vendor or vendor's representative and subsequent communication related thereto for the purposes of obtaining further clarifying information regarding a response to an RFP, or competitive solicitation. Such contact shall be in writing and shall be provided to the members of the applicable Procurement Committee, including any response thereto.
- F. Any violation of this rule shall be investigated by the School Board's Inspector General and may result in any recommendation for award, or any RFP award, or bid award to said potential vendor or vendor's representative being deemed void or voidable. The potential vendor or vendor's representative determined to have violated this rule, shall be subject to debarment. In addition to any other penalty provided by law, violation of this rule by a school district employee shall subject the employee to disciplinary action up to and including dismissal.

Specific Authority: 1001.41(1)(2); 1001.42(22); 1001.43(10) F.S.

Law Implemented, Interpreted or Made Specific: 1001.43(10); 1001.51(14) F.S.

History: THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

New: 6-18-03

Revised 11/03

**REQUEST FOR PROPOSALS NO. 047-EE10
COUNSELING AND CONSULTATION SERVICES FOR CHILDREN
AND THEIR FAMILIES IN THE TOPS PROGRAM FOR
SEVERELY EMOTIONALLY DISTURBED STUDENTS**

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

I. NAME AND ADDRESS OF REQUESTOR

Miami-Dade County Public Schools
Division of Exceptional Student Education (ESE)
1500 Biscayne Boulevard, Suite 409
Miami, Florida 33132

II. PURPOSE OF REQUEST FOR PROPOSALS

The purpose of this Request For Proposals (RFP) is to evaluate and select qualified agencies in the field of mental health to provide counseling to children and families in the Teaching Outreach Parent Support (TOPS) Program for severely emotionally disturbed (SED) elementary students. Services will also include consultation with school personnel and provision of parent training and support groups.

III. INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

Nine copies of this proposal, one of which must be an original, must be received by 2:00 p.m. (Eastern Standard Time) April 5, 2005 at:

The School Board of Miami-Dade County, Florida
Bid Clerk, Procurement Management
1450 NE Second Avenue, Room 352
Miami, Florida 33132

The responsibility for submitting this proposal to the District on or before the stated time and date will be solely and strictly the responsibility of the proposers. The District will in no way be responsible for delays caused by the United States mail or any other delivery service or caused by any other occurrence. The proposal must be submitted in a sealed envelope or box marked "COUNSELING AND CONSULTATION SERVICES FOR CHILDREN AND THEIR FAMILIES IN THE TOPS PROGRAM FOR SEVERELY EMOTIONALLY DISTURBED STUDENTS."

It is anticipated that a proposal(s) may be presented to The School Board of Miami-Dade County, Florida, (School Board) for acceptance on or about June 15 2005. If accepted, notification to the successful proposer(s) will be on or after June 16, 2005. The School Board reserves the right to reject any and all proposals.

IV. OWNER PROVIDED SERVICES

Proposers are notified that the School Board hereby reserves the right to provide, in whole or in part, the services described in this RFP. In the event the School Board chooses to provide services, adjustments may be required to the proposer's contract in order to coordinate services appropriately.

V. DESCRIPTION OF THE PROGRAM

The TOPS program was developed in 1979 to meet the multiple needs of SED children and their families. All students receive counseling services based on present levels of functioning and diagnostic needs.

The TOPS program maximizes school/mental health agency collaboration through joint treatment, planning, and coordinated service delivery by the Miami-Dade County Public Schools psychologist assigned to the TOPS program and agency personnel. The program is administered by the Division of Exceptional Student Education (ESE) and housed at the following locations:

TOPS/Ludlam Elementary
6639 SW 74 Street
South Miami, FL 33143
(305) 667-2084

TOPS/Howard Drive Elementary
7750 SW 136 Street
Miami, FL 33156
(305) 255-1215

Each site has two classrooms with approximately 20 children, grades K-5. It is anticipated that approximately 25 hours of staff time will be required weekly at each site. This will include at least one evening per week for a parent support group. Individual, group, and family therapy will be offered at the school site during the day with individual and family therapy offered at the agency facility during day and additional evening hours. The agency facility should be geographically accessible to TOPS parents.

The agency will provide one therapist at each site to consult with staff, coordinate clinical services with the TOPS psychologist, and attend weekly TOPS progress review meetings, which take place at each site. Proposers must indicate whether they want to be considered to provide services for one or both sites.

One hourly fee is required. Do not differentiate fees for specific services.

The agency(ies) selected must identify a liaison to the District in reference to this contract. Upon referral from the District, the liaison will ensure coordination and

maintain documentation of all services rendered (including a log of services to document dates, times, locations, descriptions, and hours of service). In addition, the agency must provide the District with the name(s) of staff qualified to supervise personnel assigned to deliver services to students.

The Administrative Director, Division of ESE, and other designated personnel in the Division of ESE have the responsibility for maintaining effective coordination between the District and the agency(ies) relative to the provisions of the contractual agreement for counseling and consultation services. The orientation meeting will be conducted with staff from the Division of ESE and agency liaisons prior to the initiation of contractual services.

VI. **REQUIRED INFORMATION TO BE SUBMITTED BY PROPOSERS**

A. Proposer(s) must possess the following minimum qualifications to be considered for the provision of the above-referenced services:

1. Masters degree in psychology, social work, counseling, or school psychology;
2. Current Florida license in psychology, clinical social work, mental health counseling, marriage and family therapy, or school psychology;
3. A current professional liability insurance policy that covers practice in the proposer's mental health discipline; and
4. Two years experience working with emotionally disturbed youngsters. (Student interns will not be considered.)

B. Proposer(s) must submit the information listed below (including information when applicable, on all mental health counselors to provide services under the proposer's auspices) as well as other information specified elsewhere in this RFP:

1. A brief description of the design for provision of services.
2. Evidence (e.g., certificate, diploma) of the highest educational degree for **each** staff member who will provide services.
3. Evidence of agency's licensure/certification to practice psychology, clinical social work, mental health counseling, marriage and family therapy or school psychology in the State of Florida. A copy of

each clinician's license/certificate should be submitted. State the experience for each professional that will provide services for the agency in providing mental health counseling services on Attachment A- **Provider Application Form**. Proposer(s) may submit resume(s) to document the required experience, as well as documentation to confirm that references related to experience have been checked by the proposer.

4. Documentation of bilingual capability in one or more of the following languages: English/Spanish, English/Haitian Creole, English/French for mental health counselors.
5. Information on other professional qualifications, skills and areas of expertise that would assist in the provision of these counseling services must be written on Attachment A - **Provider Application Form**.
6. A minimum of two letters of reference written within **one year** of the date of this RFP.
7. Documentation on the type and frequency of supervision to be provided, including the positions and qualifications of staff member(s) who will provide supervision.
8. Identification of the agency's staff member to serve as liaison for service delivery and description of this staff member's qualifications and experience.
9. The proposer's hourly fee must be indicated on Attachment B - **Proposer's Fee, Proposed Service Area, and Certification of Hours of Services**.
10. The school site(s) for which services are proposed must be indicated on Attachment B - **Proposer's Fee, Proposed Service Area, and Certification of Hours of Services**.
11. The signature of the authorized person empowered to submit this proposal indicated in the space provided for such on Attachment B - **Proposer's Fee, Proposed Service Area, and Certification of Hours of Services**.
12. Evidence of security clearance for each of the proposer's staff that will provide services to students. Since M-DCPS is a public agency which serves children and adolescents, all employees and contracted

personnel must have a security clearance to insure that individuals with criminal records involving moral turpitude do not have contact with students. Professionals who are proposed to provide services will comply with security clearance procedures prescribed by M-DCPS; see Attachment C - **Security Clearance Procedures for Miami-Dade County Public Schools.**

VII. INSURANCE REQUIREMENTS

At all times during the Agreement Term, the Agency shall, at its sole cost and expense, procure and maintain in full force and effect, with insurance carriers duly authorized to do business in the State of Florida, with a general Best's rating of "A" or better and a financial size category of "IV" or better to the A.M. Best Rating Guide and acceptable to the Board, the following types of insurance:

1. Commercial General Liability Insurance

Except as otherwise provided, the Commercial General Liability Insurance provided by the Agency shall conform to the requirements hereinafter set forth:

- (a) The Agency's insurance shall cover the Agency for those sources of liability (including but not by way of limitation, coverage for operations, Products/Completed Operations, independent contractors, and liability contractually assumed) which would be covered by the latest occurrence form edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance Services Office.
- (b) The minimum limits to be maintained by the Agency (inclusive of any amounts provided by an umbrella or excess policy) shall be \$1 million per occurrence/\$3 million annual aggregate.
- (c) Except with respect to coverage for Property Damage Liability, the Commercial General Liability coverage shall apply on a first dollar basis without any application of a deductible or a self-insured retention. The coverage for Property Damage Liability shall be subject to a maximum deductible of \$1,000 per occurrence.

- (d) The Agency shall include the School Board and its members, officers, and employees as "additional insured" on the required Commercial General Liability Insurance. The coverage afforded such Additional Insured shall be no more restrictive than that which would be afforded by adding the Board as Additional Insured using the latest Additional Insured Owners, Lessees or Contractors (Form B) Endorsement (ISO form CG 20 10). The Certificate of Insurance shall be clearly marked to reflect "The School Board of Miami-Dade County, Florida, its members, officers, employees, and agents as additional insured."

2. Professional Liability Insurance

The Professional Liability Insurance provided by the Agency shall conform to the following requirements:

- (a) The Agency's Professional Liability Insurance shall be on a form acceptable to the Board and shall cover those sources of liability typically insured by Professional Liability Insurance, arising out of or the rendering or failure to render professional services in the performance of this agreement, including all provisions of indemnification which is part of this agreement.
- (b) The insurance shall be subject to a maximum deductible not to exceed \$25,000.
- (c) If on a claims-made basis, the Agency shall maintain without interruption, the Professional Liability Insurance until (3) years after this agreement.
- (d) The minimum limits to be maintained by the Agency (inclusive of any amounts provided by an umbrella or excess policy) shall be \$1 million per claim/annual aggregate.

3. Worker's Compensation/Employers' Liability

The Worker's Compensation/Employers' Liability Insurance provided by the Agency shall conform to the following requirements:

- (a) The Agency's insurance shall cover the Agency (and to the extent its subcontractors and sub-subcontractors are not otherwise insured), for those sources of liability which would

be covered by the latest edition of the standard Worker's Compensation Policy, as filed for use Florida by the National Council on Compensation Insurance, without restrictive endorsements. In Addition to coverage for Florida Worker's Compensation Act, where appropriate, coverage is to be included for the Federal Employers' Liability Act and any other applicable federal or state law.

- (b) Subject to the restrictions found in the standard Worker's Compensation Policy, there shall be no maximum limit on the amount of coverage for liability imposed by the Florida Worker's Compensation Act or any other coverage customarily insured under Part One of the standard Worker's Compensation Policy. The minimum amount of coverage for those coverages customarily insured under Part Two of the standard Worker's Compensation Policy shall be: EL Each accident: \$500,000; EL Disease-Policy Limit: \$500,000; EL Disease-Each Employee: \$500,000.

VIII. TERMS OF CONTRACT

The purpose of this RFP is to establish a contract for services effective, July 1, 2005 through June 30, 2006. The contract may, by mutual agreement between the School Board and the awardee, be extended for two additional one-year periods and, if needed, 90 days beyond the expiration date of the current renewal period. The School Board, through Procurement Management Services, shall if considering an extension, request a letter of intent to extend, from the awardee, prior to the end of the current contract period(s). The awardee will be notified when the recommendation has been acted upon. All prices shall be firm for the term of the contract and extension period, if any. Extension will be dependent upon funding availability and the need for the services, as determined by the Division of ESE.

Payment for services will be made in monthly installments upon receipt by the Division of ESE of a properly documented invoice and approved service log. All financial records pertinent to the provision of mental health counseling and consultation services will be maintained in the office of the proposer for a period of five years and will be made available to the School Board and its designee for audit.

The School Board, by law, must reserve the right to cancel the contract at the end of the year of the contract term or fiscal year, as well as in the event the services rendered do not comply with the provisions of the proposal.

The proposer shall comply with all municipal, state, and federal statutes prohibiting discrimination. The proposer shall, at all times, comply with local, state, or national standards for the provision of mental health counseling services, whichever is more stringent.

It is understood that for the provision of mental health counseling services, all counselors provided by the proposer shall be covered for the term of the contract by professional liability insurance subject to the terms outlined in Section VII. The coverage will be present and in force during the term of the contract. Required proof of coverage shall be submitted subsequent to the School Board's award of this contract and must be acknowledged and approved by the School Board's Office of Risk and Benefits Management prior to providing professional services.

If selected, the proposer shall agree to hold harmless, indemnify, and defend the indemnitees (as hereinafter defined) against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature including, but not by way of limitation, attorneys' fees and court costs arising out of bodily injury or damage to tangible property arising out of or incidental to the performance of the services of this RFP, by or on behalf of the proposer, excluding only the sole negligence or culpability of the indemnitee. The following shall be deemed to be indemnitees: The School Board of Miami-Dade County, Florida, and its members, officers, and employees.

IX. **ADDITIONAL REQUIREMENTS**

The agency must ensure the provision of adequate clinical supervision for the staff assigned to this program. All services provided by the agency will be coordinated with the school site administrator.

Staff from the agency will be required to write clinical notes for each direct service and student-oriented consultation that is provided. In addition, an annual progress report on each student will be required. Staff will also be required to complete a weekly log documenting hours of service for each student served. See Attachment D - **Weekly Contact Log for Mental Health Counselors**. A monthly invoice based upon hours of services rendered must also be submitted at the end of each month.

X. **EVALUATION OF PROPOSALS**

A. Proposals will be evaluated by representatives of the District in order to ascertain which proposal(s) best meets the needs of the School Board. The evaluation of proposals will be made by a committee consisting of the following members:

- a region center instructional supervisor of ESE or designee;
- a supervisor of the Division of ESE;

- a representative of the Division of Psychological Services;
- a representative of the Superintendent's District Advisory Panel for ESE;
- a representative of the Division of Business Development and Assistance;
- a representative of Procurement and Materials Management;
- a representative of the TOPS program; and,
- a representative of United Teachers of Dade .

B. Evaluation consideration will include, but not be limited to, the following:

1. The responsiveness of the proposal in clearly stating an understanding of the work to be performed within the established time frames.
2. The cost may not be the dominant factor but will have some significance. It will be a particularly important factor when all other evaluation criteria are relatively equal.
3. The proposed service area will not be the dominant factor, but will be considered. It will be a particularly important factor when all other evaluation criteria are relatively equal.
4. The background, qualifications, experience, skills, and/or expertise in the area of the provision of mental health counseling services for EH students, along with the type and frequency of supervision and the identification and documentation of the agency liaison staff member will be important factors. Preference will be given to proposers who can provide counselors who have bilingual capability in any one or more of the following languages: English/Spanish, English/Haitian Creole, English/ French.
5. The District reserves the right to reject any and all proposals submitted, or any phase thereof. When the final selection is made, a professional services agreement acceptable to the attorney for the School Board will be entered into with the successful proposer(s). No debriefing or discussion will be held with unsuccessful proposers. The School Board is not obligated to place any order for services subsequent to the award of this proposal. The School Board retains the right to waive irregularities and to request clarifications in the proposal. The information contained in this proposal is supplied as an aid to the proposer in determining whether it will be able to supply the services which may be required by the School Board.

XI. AFFIRMATIVE ACTION REQUIREMENTS AND M/WBE PARTICIPATION

A. Equal Employment Opportunity

It is the policy of the School Board that no one person will be denied access, employment, training, or promotion on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, or disability and that merit principles will be followed. Each firm is requested to indicate its equal employment policy and provide a detailed breakdown, by ethnicity, gender, and occupational categories of its workforce. See Attachment E - **Affirmative Action Employment Breakdown (FM-4859)**.

B. Minority/Women Business Enterprises (M/WBE) Participation

It is the policy of the School Board to actively encourage the participation of minority owned and controlled businesses (African American, Hispanic, and Women) in the award and performance of Board contracts. In keeping with this policy, all M/WBEs (prime and subcontractor/subconsultant) must be certified by the Division of Business Development and Assistance, prior to contract award. See Attachment **F-M/WBE Certification Application (FM-3920)**.

C. It is the policy of the School Board to track payments that are made to M/WBE subcontractors/subconsultants. In keeping with this policy, all payments to subcontractors must be reported to the Director, Division of Business and Development and Assistant, 1450 NE 2nd Avenue, Room 456, Miami, FL 33132. See Attachment **G-M/WBE Subcontractor/Subconsultant Quarterly Expenditure Report (FM-4831)**.

XII. MEDICAID FUNDS

The District will seek Medicaid reimbursement for the services provided. Contracted employees will be required to complete the M-DCPS paperwork to document their services as is necessary to assist the District in this process.

XIII. IMPLEMENTATION SCHEDULE

The planned schedule for implementation of proposals for the provision of mental health counseling services, is as follows:

Procurement Contract Review Committee	January 20, 2005
Mailing of RFP	March 7, 2005
Opening of Proposals	April 5, 2005
Evaluation completed by Selection Committee.....	April 19, 2005
Contract Award	June 15, 2005

XIV. ADDITIONAL INFORMATION

Any additional information with respect to the RFP may be obtained from:

Ms. Barbara Jones, CPPB, Director
Procurement Management
Miami-Dade County Public Schools
1450 NE Second Avenue, Room 352
Miami, Florida 33132
Telephone: (305) 995-2348

SUMMARY OF REQUEST FOR PROPOSALS

TITLE: Counseling and Consultation Services for Children and Their Families in the TOPS Program for Severely Emotionally Disturbed Students

INITIATED BY: Division of Exceptional Student Education (ESE)

The Division of ESE has determined the need to contract for the provision of mental health services needed as related support services for the education of severely emotionally disturbed (SED) students for whom such services have been identified as necessary to access and benefit from school-based education. Students eligible to receive these services will have the need for services specified on their Individual Educational Plans (IEPs). Such services will be provided in the TOPS program for SED students. Proposers will provide weekly group and/or individual counseling to students assigned to these programs and their families.

Agencies will be selected for the provision of services based upon proposals submitted. In addition to the provision of mental health counseling and consultation, agencies must designate a staff member to serve as a liaison among the agency, Division of ESE, and the TOPS program. At a minimum, monthly supervision of services must also be provided by the agency.

Agencies selected will provide the following approximate hours per week from July 1, 2005 through June 30, 2006, for an approximate total of 50 hours per week.

ATTACHMENT A

COUNSELING AND CONSULTATION SERVICES FOR CHILDREN
AND THEIR FAMILIES IN THE TOPS PROGRAM FOR
SEVERELY EMOTIONALLY DISTURBED STUDENTS

PROVIDER APPLICATION FORM

Provider's Name: _____ Date of Bid Submission: _____
Address: _____ Telephone: _____

Type of DPR License: _____ License Number: _____

How many years have you been providing mental health counseling services in Miami-Dade County? _____ outside of Miami-Dade County? _____

Are you bilingual? _____ If yes, in what languages: _____

Please note your professional specialization skills:

- | | |
|---|--|
| <input type="checkbox"/> Individual Counseling (Children) | <input type="checkbox"/> Consultation with Schools |
| <input type="checkbox"/> Group Counseling (Children) | <input type="checkbox"/> Preschool Evaluation (Ages 3-4) |
| <input type="checkbox"/> Family Therapy/Parent Counseling | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Substance Abuse Counseling | <input type="checkbox"/> Cognitive/Behavior Therapy |
| <input type="checkbox"/> Psychiatric Consultation | <input type="checkbox"/> Psycho-dynamic Therapy |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

ATTACHMENT B

**COUNSELING AND CONSULTATION SERVICES FOR CHILDREN
AND THEIR FAMILIES IN THE TOPS PROGRAM FOR
SEVERELY EMOTIONALLY DISTURBED STUDENTS**

**PROPOSER'S FEE, PROPOSED SERVICE AREA, AND CERTIFICATION
OF HOURS OF SERVICES**

I. PROPOSER'S FEE

Hourly Fee _____

II. PROPOSED SERVICE AREA

Proposers must specify the school(s) for which they are proposing to provide services
(**Check one or more of the schools below**):

_____ Ludlam Elementary TOPS

_____ Howard Drive Elementary TOPS

_____ Both Schools

LEGAL NAME OF AGENCY OR CONTRACTOR SUBMITTING PROPOSAL:

Authorized Signature: _____

Name Typed: _____

Position: _____

Date: _____

ATTACHMENT C

SUMMARY OF SECURITY CLEARANCE PROCEDURES FOR MIAMI-DADE COUNTY PUBLIC SCHOOLS

Pursuant to Florida Statute 1012.32, it is the intent of the School Board to insure that individuals with criminal records involving moral turpitude do not have contact with students in the district.

Applicants who will be awarded a contract **must comply** with the following M-DCPS procedures for security clearance, **prior to conducting any evaluations**. (The Restricted Personal Data Form and Affidavit of Good Moral Character will be sent to proposer(s) selected for a contract who have previously submitted evidence of security clearance to work with children/adolescents, as referenced above.)

1. Restricted Personal Data Form (FM-3505 Rev. [11-00])

One item on this form asks an applicant if she/he has ever been convicted, fined, imprisoned or placed on probation in a criminal proceeding. If the applicant responds affirmatively, the date, location, penalty/disposition for each offense must be specified, and the form is sent to M-DCPS Special Investigative Unit for a local law enforcement check.

2. Affidavit of Good Moral Character

3. Fingerprinting

A. The applicant must pay \$71.00 or the current fee for processing.

B. The applicant is fingerprinted.

C. The fingerprints are submitted to the Florida Department of Law Enforcement (FDLE), which completes a state check for criminal activity. FDLE submits the fingerprints to the Federal Bureau of Investigation (FBI), which completes a national check for criminal activity.

If is subsequently found that the applicant/proposer has been convicted of a crime involving moral turpitude, the contractual agreement will not be executed or, if the contractual agreement has already been initiated, it will be terminated.

ATTACHMENT A

COUNSELING AND CONSULTATION SERVICES FOR CHILDREN
AND THEIR FAMILIES IN THE TOPS PROGRAM FOR
SEVERELY EMOTIONALLY DISTURBED STUDENTS

PROVIDER APPLICATION FORM

Provider's Name: _____ Date of Bid Submission: _____
Address: _____ Telephone: _____

Type of DPR License: _____ License Number: _____

How many years have you been providing mental health counseling services in Miami-Dade County? _____ outside of Miami-Dade County? _____

Are you bilingual? _____ If yes, in what languages: _____

Please note your professional specialization skills:

- | | |
|---|--|
| <input type="checkbox"/> Individual Counseling (Children) | <input type="checkbox"/> Consultation with Schools |
| <input type="checkbox"/> Group Counseling (Children) | <input type="checkbox"/> Preschool Evaluation (Ages 3-4) |
| <input type="checkbox"/> Family Therapy/Parent Counseling | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Substance Abuse Counseling | <input type="checkbox"/> Cognitive/Behavior Therapy |
| <input type="checkbox"/> Psychiatric Consultation | <input type="checkbox"/> Psycho-dynamic Therapy |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

ATTACHMENT B

**COUNSELING AND CONSULTATION SERVICES FOR CHILDREN
AND THEIR FAMILIES IN THE TOPS PROGRAM FOR
SEVERELY EMOTIONALLY DISTURBED STUDENTS**

**PROPOSER'S FEE, PROPOSED SERVICE AREA, AND CERTIFICATION
OF HOURS OF SERVICES**

I. PROPOSER'S FEE

Hourly Fee _____

II. PROPOSED SERVICE AREA

Proposers must specify the school(s) for which they are proposing to provide services
(Check one or more of the schools below):

_____ Ludlam Elementary TOPS

_____ Howard Drive Elementary TOPS

_____ Both Schools

LEGAL NAME OF AGENCY OR CONTRACTOR SUBMITTING PROPOSAL:

Authorized Signature: _____

Name Typed: _____

Position: _____

Date: _____

ATTACHMENT C

SUMMARY OF SECURITY CLEARANCE PROCEDURES FOR MIAMI-DADE COUNTY PUBLIC SCHOOLS

Pursuant to Florida Statute 1012.32, it is the intent of the School Board to insure that individuals with criminal records involving moral turpitude do not have contact with students in the district.

Applicants who will be awarded a contract **must comply** with the following. M-DCPS procedures for security clearance, **prior to conducting any evaluations**. (The Restricted Personal Data Form and Affidavit of Good Moral Character will be sent to proposer(s) selected for a contract who have previously submitted evidence of security clearance to work with children/adolescents, as referenced above.)

1. Restricted Personal Data Form (FM-3505 Rev. [11-00])

One item on this form asks an applicant if she/he has ever been convicted, fined, imprisoned or placed on probation in a criminal proceeding. If the applicant responds affirmatively, the date, location, penalty/disposition for each offense must be specified, and the form is sent to M-DCPS Special Investigative Unit for a local law enforcement check.

2. Affidavit of Good Moral Character

3. Fingerprinting

A. The applicant must pay \$71.00 or the current fee for processing.

B. The applicant is fingerprinted.

C. The fingerprints are submitted to the Florida Department of Law Enforcement (FDLE), which completes a state check for criminal activity. FDLE submits the fingerprints to the Federal Bureau of Investigation (FBI), which completes a national check for criminal activity.

If is subsequently found that the applicant/proposer has been convicted of a crime involving moral turpitude, the contractual agreement will not be executed or, if the contractual agreement has already been initiated, it will be terminated.



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
SERVICE PROVIDER INPUT DOCUMENT**

Social Security # _____

Last Name _____ First _____ MI _____

AKA _____

Sex _____ EEO _____ Birth Date _____

Permanent Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Date _____

To the Office of Fingerprinting:

I request that the abovementioned person be fingerprinted to provide services to students as a

(Coach, Outreach Support, Intern, Agency Employee).

Name Typed

Name of Office

Signature

Fingerprinting payment and processing procedures are located on the back of this form.

New Fingerprinting Payment and Procedures

The new fingerprint payments and procedures listed below apply to all full and part-time instructional and non-instructional Miami-Dade County Public Schools (M-DCPS) applicants and employees, contracted and charter school employees, specified university and college interns, private bus drivers, students hired under the Work-Student Component of the Carl D. Perkins Act of 1990 Vocational Education and Applied Technology Grant, all insurance agents referred by the Florida Department of Insurance, and specified private school employees.

\$61 Fingerprinting Processing Fee

- \$61 money order payable to "Fingerprinting Services, LLC";

or

- prepay by credit card (your credit card will be charged \$61) prior to visiting M-DCPS Fingerprint Office by:
 - visiting the Florida Department of Education Fingerprinting Application Website at <http://www.flprints.com>; or
 - calling the toll-free number 1-877-357-7456.

\$10 Local Processing Fee

- a cash payment; or
- All non-instructional M-DCPS applicants may opt for a one time \$10 payroll deduction from their first paycheck, upon completing and signing a payroll deduction form available in the M-DCPS Fingerprint Office

Required Forms of Identification

A current official picture identification such as a driver's license, passport, or State of Florida identification card **AND** a social security card must be presented at the time of printing.

M-DCPS Fingerprint Office

1500 Biscayne Blvd., Suite 115, Miami, FL 33132

Phone: 305-995-7472

Hours of Operation:

8:00 a.m. - 3:45 p.m., Monday through Friday

RESTRICTED PERSONAL DATA
PERSONNEL MANAGEMENT AND SERVICES
OFFICE OF HUMAN RESOURCES

NAME (LAST) (FIRST) (MIDDLE)			SOCIAL SECURITY NO.		BIRTHDATE (YR.) (MO.) (DAY)	
ADDRESS (CITY) (STATE) (ZIP)				TELEPHONE NO.		RACE/ETHNIC INFORMATION (See definitions on back.) (CHECK ONE) <input type="checkbox"/> WHITE/NON-HISPANIC <input type="checkbox"/> BLACK/NON-HISPANIC <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ ALASKAN NATIVE
PLACE OF BIRTH (CITY/STATE/COUNTRY)	HEIGHT	WEIGHT	COLOR OF HAIR	COLOR OF EYES	SEX	

POSITION DESIRED _____

PLEASE BE ADVISED THAT YOUR FINGERPRINTS SHALL BE USED BY THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT AND THE FBI TO CHECK FOR A CRIMINAL HISTORY. EMPLOYMENT IS PROBATIONARY UNTIL THE RESULTS OF THE FINGERPRINT CHECKS HAVE BEEN FINALIZED.

- Yes No Are criminal charges other than minor traffic violations currently pending against you? (DUI is not a minor traffic violation)
- Yes No Have you ever pled guilty to a criminal offense?
- Yes No Have you ever been convicted in a criminal proceeding?
- Yes No Have you ever been fined as a result of criminal action?
- Yes No Have you ever pled "no contest" and/or nolo contendere in a criminal proceeding?
- Yes No Have you ever been placed on probation for a criminal offense?
- Yes No Have you ever had adjudication withheld (withholding of guilt or innocence by a judge) in a criminal proceeding?
- Yes No Have you ever failed to appear in court and thereby forfeited bond in a criminal proceeding?
- Yes No Have you ever had a sealed or expunged record as a result of a criminal proceeding?

If you answered YES to any of the above questions, you must provide an original/certified copy of the disposition(s) for each charge and attach to this form.

City Where Arrested/Charged	State	Date of Arrest(s)/Charge(s)	Charge(s)	Disposition(s)

Have you ever been dismissed from any position? Yes No

If Yes, explain and include name and address of employer(s).

In order to comply with federal guidelines, accurate information must be maintained in the record of each employee and student as regards to SEX and RACIAL/ETHNIC classification.

RACIAL/ETHNIC CATEGORY DEFINITION

- White (Not of Hispanic Origin)** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (Not of Hispanic Origin)** A person having origins in any of the Black racial groups of Africa.
- Hispanic** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and the Samoa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Are you eligible for veterans preferential treatment? Yes No

Veteran Status: Peacetime Service Vietnam Service Other _____

Total years of military service _____

Permission is hereby given to any agency of the government of the United States, and/or any other agency, person, firm or corporation holding records considered confidential to furnish the Miami-Dade County Public Schools Police all information desired involving me in any way, upon request. Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on the job performance, educational records, and any other information which may not otherwise be obtained without prior agreement. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me, to supply such information to the Miami-Dade County Public Schools Police.

I certify the above entries are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any omission and/or false statement on this form may result in immediate dismissal from employment.

Signature

Date

PLEASE RETURN THIS FORM TO:

Name _____

W. Loc. # _____ Room # _____

APPROVED _____

Signature

Date

NOT APPROVED _____

Signature

Date

ATTACHMENT D

DIVISION OF EXCEPTIONAL STUDENT EDUCATION

Weekly Contact Log

Mental Health Therapists / Consultant for TOPS



Name of Counselor:

Week of:

Name of School Site:

STUDENT NAME	TREATMENT OR CONSULTATION	DATE	TIME		LOCATION OF SERVICE	NUMBER OF PARTICIPANTS	TOTAL		COMMENTS
			FROM	TO			HOURS	MINUTES	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTAL HOURS									

PE - Parent Education	FT - Family Therapy
PC - Parent Consultation	PL - Planning
TC - Teacher Consultation	PR - Progress Report
CI - Crisis Intervention	SC - Student Consult.
AC - Other Agency Contact	CO - Classroom Observation
GC - Group Counseling	PY - Psychiatric Consult.

I Certify that these services have been rendered to the students listed above

Mental Health Therapist (Signature) _____ Date _____

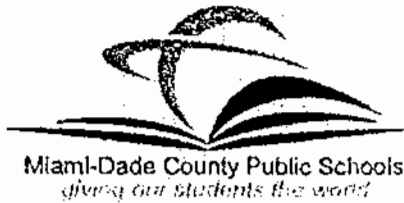
School Site Clinician (Signature) _____ Date _____



ATTACHMENT E
AFFIRMATIVE ACTION
EMPLOYMENT BREAKDOWN

<u>Occupational Category</u>	<u>Gender</u>		<u>Race/Ancestry</u>			<u>Am. Ind./</u> <u>Alaska</u> <u>Native</u>			
	<u>Male</u>	<u>Female</u>	<u>Non-</u> <u>Hispanic</u> <u>White</u>	<u>Non-</u> <u>Hispanic</u> <u>Black</u>	<u>Hispanic</u>		<u>Asian</u>		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

ATTACHMENT F



For office use only:
Date received:
Reviewer:
M/WBE Code:
Date Approved:
Vendor #:

M/WBE CERTIFICATION APPLICATION

(Please Print/Type)

Certification Category Requested: () African American () Woman () Hispanic

1. Business Name President's/Owner's Name
Telephone number Fax number E-Mail Address

Business street address

Business mailing address

2. LEGAL STRUCTURE: (Check one and indicate the date the business was established)

() Sole proprietor Date () Joint Venture Date
() Partnership Date () Corporation Non-profit Date
() For Profit Corporation Date

3. **CERTIFICATIONS:** Indicate if this business shares common officers, owners, directors or management personnel with another business that has received, been denied or had its certification revoked as an MBE/DBE/WBE or SBA 8(a) Certified Contractor. Indicate the name of the certifying authority, as well as the date and type of determination (certification /denial/revocation).

<u>Agency Name</u>	<u>Determination</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **OWNERSHIP:**

a. Identify the proprietor, each partner, or stockholder by name, as well as his/her citizenship (c) or (r) residency status, gender, ethnic group, and percentage of ownership.

<u>Name</u>	<u>Owner/ shareholder</u>	<u>Resident or *U.S. Citizen</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>% Owned</u>	<u>Years Owned</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

b. If the business is a corporation, please indicate the following:

1. The number of shares authorized: _____
2. The number shares issued: _____
3. Are there any stock option agreements? Yes ___ No ___
If yes, please provide a copy of each agreement.

5. **OPERATIONAL CONTROL:** Provide the name, title, race/ethnicity, and gender of each individual (including owners and non-owners) with the primary responsibility for the following:

	<u>Name and title</u>	<u>Race/ethnicity</u>	<u>Gender</u>
a. Check signing	_____	_____	_____
	_____	_____	_____

	<u>Name and title</u>	<u>Race/ethnicity</u>	<u>Gender</u>
b. Payroll signing	_____	_____	_____
	_____	_____	_____
c. Signing, or guaranteeing loans	_____	_____	_____
	_____	_____	_____
d. Acquiring lines of credit	_____	_____	_____
	_____	_____	_____
e. Acquiring surety bonding and insurance	_____	_____	_____
	_____	_____	_____
f. Purchasing major equipment/services	_____	_____	_____
	_____	_____	_____
g. Signing contracts/change orders/payment requisitions	_____	_____	_____
	_____	_____	_____
h. Estimating	_____	_____	_____
	_____	_____	_____
i. Qualifying the company for professional/trade license(s)	_____	_____	_____
	_____	_____	_____
j. Marketing/sales	_____	_____	_____
	_____	_____	_____
k. Hiring and firing managerial employees	_____	_____	_____
	_____	_____	_____
l. Hiring and firing non-management employees	_____	_____	_____
	_____	_____	_____
m. Supervising field/ operations	_____	_____	_____
	_____	_____	_____
n. Supervising office personnel	_____	_____	_____
	_____	_____	_____

6. **PERSONNEL:** Identify the number of individuals, including owners, that are currently employed by the business in the following areas:

Please use the following to classify women/minority persons: AM-African American male, AF-African American female, HM-Hispanic male, HF-Hispanic female, WM-Non Hispanic White male, WF-Non Hispanic White female.

	<u>Total Number of Employees</u>																									
a. Management	_____	<table border="1" style="border-collapse: collapse; width: 100px; height: 100px;"> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AF</td> <td style="text-align: center;">HM</td> <td style="text-align: center;">HF</td> <td style="text-align: center;">WM</td> <td style="text-align: center;">WF</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	AM	AF	HM	HF	WM	WF																		
AM	AF		HM	HF	WM	WF																				
b. Administrative/clerical	_____																									
c. Professional/technical	_____																									
d. Craftsperson/laborers	_____																									
e. Provide a copy of the business affirmative action statement, if one is available.																										

7. **BUSINESS RELATIONSHIPS:** Provide the requested information for each of the following:

a. Bonding Company: _____
 Address: _____
 Agent name: _____ Phone number: _____
 Single Contract Limit: _____ Aggregate Limit: _____

b. Bank(s) Name(s): _____
 Branch: _____
 Contact person: _____ Phone number: _____
 Credit limit: _____

c. Identify the company's/creditors including banks and the amount of money owed to:

<u>Creditor</u>	<u>Loan Guarantor(s)</u>	<u>Address & telephone</u>	<u>Loan Amount</u>

d. Insurance company: _____
 Type of insurance: _____ Insurance limits: _____

e. List the business' three largest contracts or jobs.

<u>Contract/ job type</u>	<u>Contact person</u>	<u>Telephone number</u>	<u>Contract amount</u>	<u>Bonded (Yes/No)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. EQUIPMENT: List the type and value of major equipment that is owned (O) or leased (L) by the business.

<u>Equipment</u>	<u>O/L</u>	<u>Value (\$ amount)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. M/WBE JOINT VENTURE - Joint ventures must provide a copy of the joint venture agreement.

M/WBE CERTIFICATION APPLICATION

AFFIDAVIT

STATE OF _____:

COUNTY OF _____:SS

I hereby declare and affirm that I am the _____ (Title)

of: _____ (Firm)

That I am duly authorized to execute the foregoing M/WBE Certification Application, and that the contents of said documents are complete, true and correct to the best of my knowledge and belief. I hereby certify that the documents include all material information necessary to identify the true and lawful owners of the subject business enterprise. Further, the undersigned is notified of their responsibility to submit an updated Minority/Woman Business Enterprise Certification Application whenever a change occurs in ownership, management or control of the company. Any M/WBE applicant, certified M/WBE principal(s) and all related parties, who misrepresents the status of any concern as an M/WBE, or is a party to such misrepresentation to obtain business or contracts with the School Board under the Business Development and Assistance Program, **will be suspended from doing business with the School Board for fourteen (14) months.**

(Corporate Seal), if appropriate

Minority/Woman Owner's Signature

On this _____ day of _____, 20____, personally appeared before me, the undersigned officer authorized to administer oaths: _____ known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____
SEAL

**M/WBE
Certification Check List**

Please attach copies, not originals, of all applicable items. Incomplete applications cannot be processed, and failure to submit the documents will delay or result in termination of the application process.

Please check if documents are attached:

1. M/WBE certifications from other public agencies.
2. M/WBE Certification Application Affidavit (Page 6 of Application).
3. Miami-Dade County Public Schools Vendor Application.
4. Lease/purchase agreement for the business' facilities.
5. Current professional/business license(s).
6. Proof of citizenship or permanent resident status.
7. Resumes for owners and key personnel.
8. Lease/purchase agreements for major business equipment.
9. Most current application for bonding, if applicable.
10. Management agreement(s).
11. Loan agreement(s) or promissory note(s).
12. Birth certificate, drivers license, passport or any other document which substantiates the ethnicity/race/gender of owners, officers and directors.

***If any of the aforementioned documents are not available, please provide a written notarized statement that information is not available.**

13. Sole Proprietor - Submit all of the above items, as applicable and the following:

- U.S. IRS 1040-C Schedule.
- Fictitious name affidavit, if applicable.

14. Partnerships - Submit all of the above items, and the following:

- Partnership agreement(s).
- U.S. IRS 1065, with schedules.
- Profit sharing agreements.

15. Corporations - Submit all of the above items, and the following:

- Articles of Incorporation, with amendments.
- By-Laws, with amendments.
- The most current U.S. IRS Corporate Tax Return 11 20 or 1 120s, with all schedules.
- All issued and canceled stock certificates (front & back).
- Minutes of the first shareholders' meeting.
- Minutes of the first board of directors' meeting.
- Minutes of meetings at which the current board of directors and officers were elected or appointed.
- Stock transfer ledger.
- Most current annual report filed with the Secretary of State.
- Profit sharing agreement(s).
- Agreements affecting management, control or rights of any stockholder(s).

16. Joint venture agreement(s).

17. Certificate(s) of insurance.

18. Sub-contractual agreement(s).

NOTE: If after filing this application, there is any significant change in the information submitted herein, you must inform the Division of Business Development and Assistance of the change, or the company may be denied certification.

Certified companies must inform the Division of Business Development and Assistance of any changes in the information contained herein, which formed the basis of certification. Failure to do so may result in denial, revocation or suspension of certification.

COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO: **MIAMI-DADE COUNTY PUBLIC SCHOOLS**
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE
1450 N.E. 2ND AVENUE, ROOM 456
MIAMI, FL 33132

DEFINITION OF MINORITY/WOMEN BUSINESS ENTERPRISES

- (1) "Minority/Women Business Enterprises" means any legal entity, which is organized to engage in commercial transactions and which is at least fifty-one (51) percent owned and controlled by a minority person or persons.
- (2) "Minority person" means a person who is a citizen or lawful permanent resident of the United States, and who is:
 - (a) An African American, a person having origins in any of the Black racial groups of Africa;
 - (b) An Hispanic, a person of Spanish or Portuguese culture including, but not limited to, persons with origins in Mexico, South America, Central America, or the Caribbean Islands, regardless of race, or
 - (c) A Woman

WARNING

- (3) IT IS UNLAWFUL FOR ANY INDIVIDUAL TO FALSELY REPRESENT ANY ENTITY, AS A MINORITY/WOMEN BUSINESS ENTERPRISE, FOR THE PURPOSES OF QUALIFYING FOR CERTIFICATION UNDER A PROGRAM WHICH, IN COMPLIANCE WITH FEDERAL LAW, IS DESIGNED TO ASSIST MINORITY/WOMEN BUSINESS ENTERPRISES IN THE RECEIPT OF CONTRACTS FOR THE PROVISION OF GOODS OR SERVICES. ANY PERSON WHO VIOLATES THIS SECTION IS GUILTY OF A FELONY OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082 OR S. 775.084.

(102891)

ATTACHMENT G



M/WBE SUBCONTRACTOR/SUBCONSULTANT QUARTERLY EXPENDITURE REPORT

Fiscal Year
20__ - 20__
Office Use Only

M-DCPS PROJECT #	PROJECT LOCATION	PROJECT DESCRIPTION	CONTRACT AMOUNT
------------------	------------------	---------------------	-----------------

COMPANY NAME	ADDRESS	CITY	STATE	ZIP
--------------	---------	------	-------	-----

PHONE	FAX	OWNER'S NAME
-------	-----	--------------

Select Quarter (ONLY ONE)	<input type="radio"/> 1st Qtr: July 1, 20__ - Sept. 30, 20__	<input type="radio"/> 3rd Qtr: Jan. 1, 20__ - Mar. 31, 20__	<input checked="" type="radio"/> 4th Qtr: Apr. 1, 20__ - Jun. 30, 20__
	<input type="radio"/> 2nd Qtr: Oct. 1, 20__ - Dec. 31, 20__		

SUBCONTRACTOR	M/WBE** CODE	SPEC SECTION	SUBCONTRACT AWARD AMOUNT	AMOUNT PAID THIS QUARTER*	CHECK NO. (S)

* INCLUDE ONLY THOSE DOLLARS PAID TO M/WBEs. ** AA-AFRICAN AMERICAN/ H-HISPANIC/ W-WOMAN

YES NO

- 1. Have all M/WBE subcontractors been paid in full, including retention?
- 2. Has the construction on this project been completed? If not, what is the scheduled completion date? _____
- 3. Has the project been certified as substantially completed by the A/E or DCP?

BY SIGNING BELOW, I AGREE THAT I AM DULY AUTHORIZED TO EXECUTE THIS REPORT, AND THAT THE INFORMATION PROVIDED HEREIN IS COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME: _____
PRINT
SIGNATURE
TITLE
DATE