ATTACHMENT D

PSYCHIATRIC CONSULTATION SERVICES FOR UP TO 51 PROGRAMS WITH SELF-CONTAINED CLASSES FOR STUDENTS EMOTIONAL/BEHAVIORAL DISABILITIES

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 area **and** Center School for which they are proposing to provide services.

_____ North (Schools north of Flagler)

_____ Robert Renick Educational Center

_____ South (Schools south of Flagler)

_____ Ruth Owens Kruse Educational Center

LEGAL NAME OF AGENCY OR CONTRACTOR SUBMITTING PROPOSAL:

_____

AUTHORIZED SIGNATURE:

_____

NAME TYPED:

_____

POSITION:

_____

DATE: _____