

**REQUEST FOR PROPOSALS**

**RESPIRATORY THERAPIST, REGISTERED NURSE, AND LICENSED PRACTICAL NURSE  
SERVICES**

**THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA**

**PROPOSAL RETURN DATE**

**FEBRUARY 26, 2002**

**RFP: #067-BB10**

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA  
BUREAU OF PROCUREMENT AND MATERIALS MANAGEMENT  
1450 N.E. 2ND AVENUE, MIAMI, FLORIDA 33132

REQUEST FOR PROPOSALS #067-BB10

RESPIRATORY THERAPIST, REGISTERED NURSE, AND LICENSED PRACTICAL NURSE  
SERVICES

Sealed proposals will be accepted in the Bureau of Procurement and Materials Management, at the above location, until 2:00 P.M. on **FEBRUARY 26, 2002** and may not be withdrawn for ninety (90) days from that date.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 Proposal:

A total (9) 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, Bureau of Procurement and Materials Management, Room 352, 1450 N.E. 2nd Avenue, Miami, Florida, not later than 2:00 P.M. February 26, 2002.

### **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 Associate Superintendent, Bureau of Procurement and Materials Management, 1450 N.E. 2nd Avenue, prior to February 26, 2002. The agency or individual contractor's name and the proposal number should appear on the envelope.
- B. AFTER PROPOSAL OPENING. After February 26, 2002, proposals may not be changed; and they may not be withdrawn for ninety (90) days from that date.

#### **IV. PROTEST OF SPECIFICATIONS**

**Any notice of protest of the specifications contained in a request for proposal shall be filed in writing with the Associate Superintendent, Bureau of Procurement and Materials Management no later than 48 hours prior to the date and hour specified in page i for receipt of proposals. Failure to file a timely notice of protest shall constitute a waiver of proceedings.**

#### **V. AWARDS**

**RESERVATION FOR REJECTION OR AWARD.** The Board reserves the right to waive irregularities or technicalities, reject any or all proposals and to request re-bids.

**AWARD RECOMMENDATION.** Proposer information phone lines have been established in Procurement Management. Proposers may call 995-1375 each Friday to be advised of the recommended proposers and the time it is contemplated that the recommendation will be made. This information will be provided by school system staff as available. In no case will information as to a recommended proposer be available later than the Friday preceding the week when the award is scheduled to be made by the School Board or the Superintendent.

Proposers may file letters of protest no later than 48 hours prior to the Board Meeting for which the award is scheduled to be made. These letters of protest will be reviewed by Staff. Staff will offer the protesting proposer the opportunity for a meeting to discuss the protest. If the proposer is not satisfied with the response to the protest, he/she may request to address the School Board. Alternatively, proposers may invoke the provisions of §120.569, Fla. Stat. Petitions for hearings on protests pursuant to §120.569, Fla. Stat., must be filed in accordance with School Board Rule 6Gx13-8C-1.064. Protests filed later than the date specified herein are deemed waived. This provision supersedes and governs over any conflicting provision in this document.

#### **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 Associate Superintendent, Bureau of Procurement and Materials Management, 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.

**REQUEST FOR PROPOSALS NO. 067-BB10**

**RESPIRATORY THERAPIST, REGISTERED NURSE, AND LICENSED PRACTICAL  
NURSE SERVICES**

**THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA**

**I. NAME AND ADDRESS OF REQUESTER**

Miami-Dade County Public Schools  
Office of Exceptional Student Education and Psychological Services  
1500 Biscayne Blvd., Suite 407  
Miami, Florida 33132

**II. PURPOSE FOR REQUEST FOR PROPOSAL**

The purpose for this Request For Proposals is to evaluate and select an agency which provides Respiratory Therapist (RT), Registered Nurse (RN), and Licensed Practical Nurse (LPN) services needed as related support services for the education of (disabled) students for whom such services have been identified as necessary to access education.

**III. INSTRUCTIONS FOR SUBMISSION OF PROPOSAL**

Nine copies of the proposal, one of which must be an original, must be received by 2:00 p.m. (Eastern Standard Time) February 26, 2002, at:

The School Board of Miami-Dade County, Florida  
Bid Clerk, Division of Procurement Management and Materials Testing  
1450 N.E. Second Avenue, Room #352  
Miami, Florida 33132

The proposal must be submitted in a sealed envelope or box marked "RESPIRATORY THERAPIST, REGISTERED NURSE, AND LICENSED PRACTICAL NURSE SERVICES."

It is anticipated that a proposal may be presented to The School Board of Miami-Dade County, Florida, (School Board) for acceptance on or about May 15, 2002. If accepted, notification to the successful proposer will be on or after May 16, 2002. 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 appropriately coordinate services.

#### **V. DESCRIPTION OF PROGRAM**

The district provides RT, RN, and LPN services to those disabled students for whom it has been determined that these services are necessary in order to access and benefit from a school-based educational program. These services are only provided during regular school hours.

The Office of Exceptional Student Education (ESE) and Psychological Services has determined a need to contract with an agency which employ RTs, RNs, and LPNs who are able to provide services authorized for their specific professional discipline to handicapped students ages three through twenty-two years old. Full-time personnel provide services at approximately 29 schools, most of which have a large exceptional student population; however, services may additionally be required in any school in the district in which there is an exceptional student whose Individual Educational Plan (IEP) indicates the need for such services, and for whom a physician's medical recommendation has been received.

Students placed in ESE programs (e.g., physically impaired, profoundly mentally handicapped, trainable mentally handicapped, educable mentally handicapped, autistic) may have a range of diagnosed physical conditions. Respiratory therapy services may include, but would not be limited to, the following modalities: Nebulizer, Intermittent Positive Pressure: Breathing (IPPB), suction, heat aerosol, Chest Physical Therapy (CPT), and oxygen, as well as tracheostomy care. Nursing services may include, but are not limited to, the following: catheterization, gastric tube feeding, seizure precautions, brace application, dressing changes, and medication administration. Some students may only require the services of a RT, RN, or LPN at the prescribed time for the service, while other students may require the availability of a RT, RN, or LPN on-site or on a one-to-one basis during all school hours.

Estimates of the number of hours of service needed from July 1, 2002 through June 30, 2003 are as follows: RT services - approximately 25,000 hours; RN services - approximately 25,000 hours; and LPN services - approximately 25,000 hours.

The agency selected to provide the services must be able to provide qualified RTs, RNs, and LPNs in sufficient numbers to accommodate the service needs of the school district. The agency must identify the liaison to the school district in reference to this contract.

Upon receipt of a referral from the school district, an agency staff member will serve in a liaison role to ensure coordination between the agency, the school district, schools, parents, and physicians regarding initiation and maintenance of the services needed. The agency must maintain documentation of all services rendered, including a log of services (to document dates, times, locations, and descriptions of services provided to specific students). In addition, the agency must provide the names of staff who are qualified to supervise personnel assigned to deliver services to students.

The Assistant Superintendent, Office of ESE and Psychological Services, and other designated personnel in the Office of ESE and Psychological Services have the responsibility for maintaining effective coordination between the school district and the agency, relative to the provisions of the contractual agreement for RT, RN, and LPN services. The school district will conduct an orientation meeting between staff from the Office of ESE and Psychological Services and agency liaisons prior to the initiation of contracted services.

**VI. REQUIRED INFORMATION TO BE SUBMITTED BY PROPOSER(S)**

- A. Proposer(s) must possess the following minimum qualifications to be considered for the provision of RT, RN, and LPN services:
  - 1. A State of Florida license/certificate for the appropriate discipline in which the staff member(s) will provide services.
  - 2. One year of experience in the appropriate discipline. (Two years experience is preferred in the appropriate discipline, including one year of experience in the provision of appropriate services to a pediatric population.)
  - 3. Bilingual capability, if any, in one or more of the following areas (preferred): English/Spanish, English/Haitian Creole, English/French.
- B. Provide evidence that an agency can provide supervision of services provided to all students on at least a monthly basis.
- C. The agency must identify a liaison to coordinate service delivery.
- D. Proposers must submit the information listed below (including information, when applicable, on all RTs, RNs, and LPNs 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 of licensure/certification to practice RT, RN, or LPN services in the State of Florida. A copy of each RT's, RN's, and LPN's license/certificate should be submitted.
3. Documentation of experience in providing RT, RN, and LPN services, including one year of pediatric experience, if applicable, for each such professional to be provided by the agency. (A resume may be submitted to document the required experience.) In addition, submit documentation to confirm that the proposer has checked references related to experience.
4. Documentation of bilingual capability in one or more of the following areas: English/Spanish, English/Haitian Creole, English/French, for RTs, RNs, and LPNs.
5. Documentation on the type and frequency of supervision to be provided (including the position(s) and qualifications of staff member(s) who will provide supervision).
6. Identification of the agency's staff member to serve as liaison for service delivery and description of this staff member's qualifications and experience.
7. Hourly fees specified separately for RT, RN, and LPN services. The proposer should not specify distinct fees for different types of services provided by these personnel. The proposer's hourly fee must be indicated on Attachment A - **Proposer's Fee and Certification of Hours of Service.**
8. Certification of the proposer's agreement to provide the estimated number of hours of RT, RN, and LPN services as specified in item V of this RFP. This certification must be indicated on Attachment A - **Proposer's Fee and Certification of Hours of Service.**
9. The signature of the authorized person empowered to submit this proposal indicated in the space provided for such on Attachment A - **Proposer's Fee and Certification of Hours of Service.**
10. Evidence of security clearance. 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 B - Security Clearance Procedures for Miami-Dade  
County Public Schools.**

**E. Insurance**

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 according 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. Workers' Compensation/Employers' Liability**

**The Workers' 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 Workers' Compensation Policy, as filed for use in Florida by the National Council on Compensation Insurance, without restrictive endorsements. In addition to coverage for the Florida Workers' 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 Workers' Compensation Policy, there shall be no maximum limit on the amount of coverage for liability imposed by the Florida Workers' Compensation Act or any other coverage customarily insured under Part One of the standard Workers' Compensation Policy. The minimum amount of coverage for those coverages customarily insured under Part Two of the**

standard Workers' Compensation Policy shall be: EL Each Accident: \$500,000; EL Disease-Policy Limit: \$500,000; EL Disease- Each Employee: \$500,000.

## **VII. TERMS OF CONTRACT**

- A. The purpose of this Request for Proposals is to establish a contract for services from July 1, 2002 through June 30, 2003. The contract may, by mutual agreement between the School Board and the awardee upon final School Board approval, be renewable for two additional one-year periods and, if needed, 90 days beyond the expiration date of the final renewal period. The School Board, through the Bureau of Procurement and Materials Management, shall if considering to renew, request a letter of intent to renew from the awardee prior to the end of the current contract period. The awardee will be notified when the School Board has acted upon the recommendation. All prices shall be firm for the term of the contract and renewal period, if any. Renewal will be dependent upon funding availability and the need for the services, as determined by the Office of ESE and Psychological Services.

Payment for services will be made in monthly installments upon receipt by the Office of ESE and Psychological Services of a properly documented invoice and approved service log. All financial records pertinent to the provision of RT, RN, and LPN 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 and/ or the quality of service is found to be undesirable.

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 RT, RN, and LPN services, whichever is more stringent.

It is understood that for the provision of RT, RN, and LPN services, all RTs, RNs, and LPNs provided by the proposer will be covered for the term of the contract by professional liability insurance subject to the terms outlined in Section VI. 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 Management prior to the vendor 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, attorney's 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.

## **VIII. EVALUATION OF PROPOSALS**

A. Proposals will be evaluated by representatives of the school district in order to ascertain which proposal best meets the needs of the School Board. The evaluation of proposals will be made on or about, March 7, 2002, by a committee consisting of the following members:

- an executive director for the Division of Exceptional Student Education
- a supervisor for the Division of Exceptional Student Education
- a region director for Exceptional Student Education or designee
- a principal from a school with students who receive RT, RN, or LPN services
- a representative from the Superintendent's District Advisory Panel for ESE
- a teacher from a program with students who receive RT, RN, or LPN services
- a representative from the Division of Business Development and Assistance
- a representative from the Bureau of Procurement and Materials Management

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 background, qualifications, experience, skills, and/or expertise in the area of the provision of RT, RN, and LPN services, along with the type

and frequency of supervision and the identification and documentation of the agency liaison staff member. Preference will be given to proposers which can provide RTs, RNs, and LPNs with at least one year of pediatric experience and with bilingual capability in any one or more of the following areas: English/Spanish, English/Haitian Creole, English/French.

4. The school 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. No debriefing or discussion will be held with unsuccessful proposers. The School Board is not obligated to place any order for any 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 that may be required by the School Board.

## **IX. AFFIRMATIVE ACTION REQUIREMENTS AND M/WBE PARTICIPATION**

### **A. Equal Employment Opportunity**

It is the policy of the School Board that no 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 shall be required to indicate its equal employment policy and provide a detailed breakdown, by ethnicity, gender, and occupational categories of its workforce. See **Attachment C - Affirmative Action Employment Breakdown.**

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

The School Board of Miami-Dade County, Florida has an active Minority/Women Business Enterprises (M/WBE) Program to increase contracting opportunities for M/WBEs. In keeping with this policy, if a minority firm, which is Woman or African American-owned and operated is to perform a scope of work, provide documentation to substantiate the M/WBEs and its staff's experience in providing this type of service. All M/WBEs must be certified by the Division of Business Development and Assistance, prior to contract award. See **Attachment D- M/WBE Certification Application.**

- C. Reports documenting efforts undertaken by the proposer to maintain the stipulated M/WBE participation will be submitted quarterly and shall include each M/WBE's name, contact person, and the payments thereto for the quarter. The reports shall be submitted to the Director, Division of Business

Development and Assistance, 1450 N. E. 2nd Avenue, Room 456, Miami, Florida 33132.

**X. MEDICAID FUNDS**

The Proposer is herein advised and must agree to provide the documentation necessary for the School Board to seek reimbursement from the Medicaid school match program for services rendered to Medicaid eligible students. The Proposer may not use Medicaid funds or seek Medicaid reimbursement for services rendered under this proposed contract.

**XI. IMPLEMENTATION SCHEDULE**

The planned schedule for implementation of proposals for the provision of RT, RN, and LPN services, is as follows:

Procurement Contract Review Committee .....	January 10, 2002
Request School Board approval to issue RFP and approval of Selection Committee.....	January 16, 2002
Mailing of RFP .....	January 25, 2002
Opening of Proposals.....	February 26, 2002
Evaluation completed by Selection Committee.....	March 7, 2002
Contract Award.....	May 15, 2002

**XII. ADDITIONAL INFORMATION**

Any additional information with respect to the Request For Proposals may be obtained from:

Ms. Barbara Jones, Director  
Division of Procurement Management and Materials Testing  
Miami-Dade County Public Schools  
1450 North East Second Avenue, Room 356  
Miami, Florida 33132  
Telephone: (305) 995-2348

Any additional information regarding proposal specifications may be obtained from:

Mr. Ronald K. Felton, Assistant Superintendent  
Office of Exceptional Student Education and Psychological Services  
Miami-Dade County Public Schools  
1500 Biscayne Boulevard, Suite 407  
Miami, Florida 33132  
Telephone (305) 995-1721

## **SUMMARY OF REQUEST FOR PROPOSALS**

**TITLE:** Respiratory Therapist, Registered Nurse, and Licensed Practical Nurse Services

**INITIATED BY:** Office of Exceptional Student Education and Psychological Services

The Office of Exceptional Student Education (ESE) and Psychological Services has determined the need to contract for the provision of Respiratory Therapist (RT), Registered Nurse (RN), and Licensed Practical Nurse (LPN) services needed as related support services for the education of handicapped 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) and will also have a physician's medical recommendation for these services. Such services will be provided by full-time personnel at approximately 29 schools, most of which have a large exceptional student population; however, services may additionally be required in any school in the district in which there is an exceptional student whose Individual Educational Plan (IEP) indicates the need for such services. Services for a given student may only be required at a prescribed time, or the RT, RN, or LPN may be required on-site or on a one-to-one basis during all school hours.

An agency will be selected for the provision of services, based upon proposals submitted. In addition to the provision of qualified RTs, RNs, and LPNs, the agency must designate a staff member to serve as a liaison between the agency, Office of ESE and Psychological Services, schools, parents, and physicians regarding the provision of services. At a minimum, monthly supervision of services must also be provided by the agency.

Estimates of the number of hours of service needed, from July 1, 2002 through June 30, 2003, are as follows: RT services - approximately 25,000 hours; RN services approximately 25,000 hours; and LPN services approximately 25,000 hours. The estimated amount of the contract will be in an amount not to exceed \$1,900,000.



**RESPIRATORY THERAPIST, REGISTERED NURSE, AND LICENSED  
PRACTICAL NURSE SERVICES NEEDED AS RELATED SUPPORT  
SERVICES FOR THE EDUCATION OF DISABLED STUDENTS**

**ATTACHMENT A**

**PROPOSER'S FEE AND CERTIFICATION OF HOURS OF SERVICE**

**I. PROPOSER'S FEE**

Hourly Fee – Respiratory Therapist Services \_\_\_\_\_

Hourly Fee – Registered Nurse Services \_\_\_\_\_

Hourly Fee – Licensed Practical Nurse Services \_\_\_\_\_

**II. CERTIFICATION OF HOURS OF SERVICE**

Proposer agrees to provide the estimated number of hours of services, as specified below, to students with disabilities from July 1, 2002 to June 30, 2003 at the hourly fee specified above (Item I):

Respiratory Therapist \_\_\_\_\_

Registered Nurse \_\_\_\_\_

Licensed Practical Nurse \_\_\_\_\_

**LEGAL NAME OF AGENCY OR CONTRACTOR SUBMITTING PROPOSAL:**

\_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**NAME TYPED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**ATTACHMENT B**

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

Pursuant to Florida Statute 231.02, 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 the Affidavit of Good Moral Character will be sent to proposer(s) selected for a contract who have not previously submitted evidence of security clearance to work with children/adolescents, as referenced above.)

1. Restricted Personal Data form [FM-3505 Rev. (02-97)]

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.

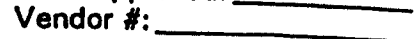
2. Affidavit of Good Moral Character

3. Fingerprint Card

- a. The M-DCPS Fingerprinting Department completes necessary information on the fingerprint card.
- b. The applicant must pay \$55 or the current fee for processing.
- c. The applicant is fingerprinted.
- d. The fingerprint card is submitted to the Florida Department of Law Enforcement (FDLE) which completes a state check for criminal activity. FDLE submits the card to the Federal Bureau of Investigation (FBI) which completes a national check for criminal activity.

If it 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.





FM-3920 Rev. (05-01)

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).

Agency Name

Determination

Date


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.

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

- 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:

	Name and title	Race/ethnicity/ gender
a. Check signing		

	<u>Name and title</u>	<u>Race/ethnicity/ 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.

- a. Management
- b. Administrative/clerical
- c. Professional/technical
- d. Craftsperson/laborers

Total Number  
of Employees

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AM	AF	HM	HF	WM	WF

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 &amp; 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 1120 or 1120s, with all schedules.
- ☐ All issued and cancelled 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.

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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

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## 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)