

**REQUEST FOR PROPOSALS**

**COUNSELING SERVICES IN 20 PROGRAMS WITH FULL-TIME CLASSES FOR EMOTIONALLY  
HANDICAPPED STUDENTS**

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

**PROPOSAL RETURN DATE**

**MARCH 21, 2002**

**RFP NO. 085-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 #085-BB10

COUNSELING SERVICES IN 20 PROGRAMS WITH FULL-TIME CLASSES FOR EMOTIONALLY  
HANDICAPPED STUDENTS

Sealed proposals will be accepted in the Bureau of Procurement and Materials Management, at the above location, until **2:00 P.M. on MARCH 21, 2002** and may not be withdrawn for ninety (90) days from that date.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. March 21, 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 March 21, 2002. The agency or individual contractor's name and the proposal number should appear on the envelope.
- B. AFTER PROPOSAL OPENING. After March 21, 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 #085-BB10  
COUNSELING SERVICES IN 20 PROGRAMS WITH FULL-TIME CLASSES  
FOR EMOTIONALLY HANDICAPPED STUDENTS**

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

**I. NAME AND ADDRESS OF REQUESTOR**

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

**II. PURPOSE OF REQUEST FOR PROPOSALS**

The purpose of this Request For Proposals (RFP) is to evaluate and select one or more agencies in the field of mental health to provide weekly group and/or individual counseling to students assigned to full-time programs for the emotionally handicapped. The programs requiring services are located in 18 schools districtwide. See Attachment A - **Schools With Full-time Classes For Emotionally Handicapped Students Requiring Mental Health Counseling Services**. Proposer may propose to serve one or more sites. Parent and teacher contacts/conferences and other related activities are also sought at each site.

**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) March 21, 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 "PROPOSAL FOR COUNSELING SERVICES IN 20 PROGRAMS WITH FULL-TIME CLASSES FOR EMOTIONALLY HANDICAPPED 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 May 15, 2002. If accepted, notification to the successful proposer(s) 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 contracts in order to appropriately coordinate services.

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

The Office of Exceptional Student Education (ESE) and Psychological Services operates specialized classes for full-time emotionally handicapped (FT/EH) students clustered in 24 elementary schools and 13 senior high schools districtwide. Each elementary school has a minimum of three classes, one has four classes, and three have six classes for FT/EH students. Ten senior high schools have a minimum of two classes and three senior high schools have one class each. Each class has a teacher and a paraprofessional delivering the academic curriculum and affective education program to the emotionally handicapped students. In addition, a Behavior Management Teacher (BMT) is assigned to each elementary school program and 8 senior high school programs. The BMT provides direct assistance and support to teachers in the FT/EH program in the areas of development and implementation of the curriculum, and the establishment of a classroom behavior management system.

Miami-Dade County Public Schools has been providing counseling services in 20 programs for EH students, in 18 school sites, through professional service contracts. The terms of the contract expires this year, therefore a new RFP needs to be developed in order to continue these services.

Agencies that are selected will provide the following approximate hours per week from July 1, 2002 through June 30, 2003, for an approximate total of 316 hours per week:

- John G. DuPuis Elementary (Pre-K program) and John F. Kennedy Middle Schools, 10 hours of services per week;
- Banyan , Howard Drive, Linda Lentin, Morningside, Rockway, Sunset, and Vineland Elementary Schools, 13 hours of services per week;
- Orchard Villa, Royal Green, and Silver Bluff (two programs) Elementary Schools and Miami Coral Park Senior High School, 17 hours of services per week; and
- Campbell Drive, Chapman, John G. DuPuis, Kendale Lakes, Parkview, and Whispering Pines Elementary Schools, 20 hours of services per week.

Services at each school site, must include on a weekly basis the following approximate hours:

For the two programs receiving ten hours of services per week,

- eight hours of group and/or individual counseling weekly (It is recommended that each student is seen twice weekly.)
- one hour of parent/teacher consultation weekly
- one hour of record keeping

For the seven programs receiving 13 hours of services per week,

- 11 hours of group and/or individual counseling weekly (It is recommended that each student is seen twice weekly.)
- one hour of parent/teacher consultation weekly
- one hour of record keeping

For the five programs receiving 17 hours of services per week,

- 14 hours of group and/or individual counseling (It is recommended that each student is seen twice weekly.)
- one and one-half hours of parent/teacher consultation
- one and one-half hours of record keeping

For the six programs receiving 20 hours of services per week,

- 17 hours of group and/or individual counseling weekly (It is recommended that each student is seen twice weekly.)
- one and one-half of hours parent/teacher consultation weekly
- one and one-half of hours record keeping

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



The agency(ies) selected must identify a liaison to the school district in reference to this contract. Upon referral from the school district, the liaison will ensure coordination and maintain documentation of all services that are rendered (including a log of services to record dates, times, locations, descriptions, and hours of service). In addition, the agency(ies) must provide the school district with the name(s) of staff 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(ies) relative to the provisions of the contractual agreement for counseling services. The school district will conduct an orientation meeting for staff from ESE and agency liaisons prior to the initiation of contractual services.

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

- A. Proposers must possess the following minimum qualifications to be considered for the provision of the above-referenced services:
  - 1. A Masters degree in psychology, social work, counseling or school psychology.
  - 2. A 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.
  - 4. Two years experience working with emotionally disturbed youngsters. (Student interns will not be considered.)
- B. Proposers must submit the information listed below, (including information when applicable, on all mental health counselors that will provide services under the proposer's auspices), as well as other information that is specified elsewhere in this RFP:
  - 1. A brief description of the proposer's design for provisions of services.
  - 2. Evidence (e.g., certificate, diploma) of the highest educational degree for each staff member who will provide services.

3. Evidence of the 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 mental health clinician's license/certificate should be submitted.
4. State the experience for each professional that will provide services for the agency in providing mental health counseling services on Attachment B- **Provider Application Form**. Proposers may submit brief resume(s) to document the required experience, as well as documentation to confirm that references related to experience have been checked by the proposer.
5. Documentation of bilingual capability in one or more of the following areas: English/Spanish, English/Haitian Creole, English/French, for mental health counselors.
6. Information on other professional qualifications, skills and areas of expertise of staff that would assist in the provision of these counseling services must be written on Attachment B - **Provider Application Form**.
7. A minimum of two letters of references (within one year).
8. Documentation on the type and frequency of supervision to be provided, including the positions and qualifications of staff member(s) who will provide supervision.
9. Identification of the agency's staff member that will serve as liaison for service delivery and description of this staff member's qualifications and experience.
10. The proposer's hourly fee must be indicated on Attachment C - **Proposer's Fee, Proposed Service Area, and Certification of Hours of Services**.
11. The school site for which services are proposed must be indicated on Attachment C - **Proposer's Fee, Proposed Service Area, and Certification of Hours of Services**.
12. The signature of the person this is authorized to submit this proposal must be indicated in the space provided for such on Attachment C - **Proposer's Fee, Proposed Service Area, and Certification of Hours of Services**.
13. 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 ensure 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 D - **Security Clearance Procedures for Miami-Dade County Public Schools**.

C. 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 occurrences/\$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 School Board as Additional Insured using the latest Additional Insured Owners, Lessees or Contractors (Form B) Endorsement (ISO form CG 2001). 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 School 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 Workers' Compensation/Employers' Liability (EL) Insurance provided by the Agency shall conform to the following requirements:

- a. The Agency's insurance shall cover without restrictive endorsements 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. 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 on 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**

The purpose of this RFP 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 current 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(s). The awardee will be notified when the recommendation has been acted upon by the School Board. All prices shall be firm for the term of the contract and renewal period(s), 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 mental health counseling 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 agency's contract 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 mental health counseling services, whichever, is most stringent.

It is understood that all counselors provided by the agency shall be covered for the term of the contract by professional liability insurance subject to the terms outlined in Section VI. The coverage shall 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, 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 member, officers, and employees.

#### VIII. ADDITIONAL REQUIREMENTS

The organization 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 organization 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 that the agency serves will be required. Staff will also be required to complete a weekly log documenting the hours of service that each student is served. See Attachment E - **Weekly Contact Log for Mental Health Counselors**. A monthly bill based upon hours of services rendered must also be submitted at the end of each month.

#### IX. EVALUATION OF PROPOSALS

A. Proposals will be evaluated by representatives of the school district in order to ascertain which proposal(s) best meets the needs of the School Board. The evaluation of proposals will be made on or about, March 26, 2002, by a committee consisting of the following members:

- a region director of Exceptional Student Education or designee
- a supervisor for the Division of Exceptional Student Education
- a representative from Psychological Services
- a representative from the Superintendent's District Advisory Panel for ESE
- a representative from the Division of Business Development and Assistance
- a representative from the Bureau of Procurement and Materials Management

- a representative from a school receiving contracted counseling services
- a representative from 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. Cost may not be the dominant factor in selecting a provider but will have some significance. It will be a particularly important factor when all other evaluation criteria are relatively equal.
3. The proposed geographic service area (the entire school district or a smaller 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 proposer's and its staff's background, qualifications, experience, skills, and/or expertise in the area of the provision of mental health counseling services for emotionally handicapped students, 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 who can provide counselors that have bilingual capability in any one or more of the following areas: English/Spanish, English/Haitian Creole, English/French.
5. The school district reserves the right to reject any and all proposals. 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 retains the right to waive irregularities and to request clarifications of the proposal. The information contained in this RFP is supplied as an aid to the proposer in determining whether it will be able to provide the services which may be required by the School Board.

**X. 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, pregnancy, linguistic preference,

or disability, and that merit principles will be followed. Each proposer is required to indicate its equal employment policy and provide a detailed breakdown by ethnicity, gender, and occupational categories of its work force. See Attachment F - **Affirmative Action Employment Breakdown**.

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

The School Board of Miami-Dade County, Florida, has an active Minority/Women Business Enterprise (M/WBE) Program to increase contracting opportunities for M/WBEs. In keeping with this policy, each proposer is required to state its M/WBE utilization. If a minority firm, which is Woman-owned and operated, or African American-owned and operated, is used to perform a scope of work, the firm is to indicate the M/WBE's experience in providing this type of required services, and experience of staff who will participate. All M/WBEs must be certified by the Division of Business Development and Assistance prior to contract award. See Attachment G - **M/WBE Certification Application**.

C. **Quarterly reports of the efforts undertaken by the proposer to maintain the stipulated M/WBE participation will be required. The reports shall include the names of firms, contact persons and expenditures paid each quarter to M/WBEs, and shall be submitted to the Director, Division of Business Development and Assistance, 1450 N.E. Second Avenue, Room #456, Miami, Florida, 33132.**

XI. **MEDICAID FUNDS**

The proposer is herein advised and must agree that its aggregate reimbursement from the School Board will be reduced by Medicaid funds, if any, that are received by proposer for services provided to eligible Medicaid recipients pursuant to their Individual Education Plans. The proposer is required to notify the district as a part of this RFP of whether the proposer intends to access any Medicaid funds. The proposer agrees to provide the School Board with reasonable documentation on a quarterly basis in order to reconcile any such Medicaid receipts.



## **XII. 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 31, 2002
Request Board approval to issue RFP and approval of Selection Committee .....	February 13, 2002
Mailing of RFP .....	February 22, 2002
Opening of Proposals .....	March 21, 2002
Evaluation completed by Selection Committee .....	March 26, 2002
Contract Award .....	May 15, 2002

### **XIII. ADDITIONAL INFORMATION**

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

Ms. Barbara Jones, Director  
Bureau of Procurement and Materials Management  
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:

Ms. Brucie Ball, Executive Director  
Division of Exceptional Student Education  
Miami-Dade County Public Schools  
1500 Biscayne Boulevard, Suite 409N  
Miami, Florida 33132  
Telephone: 305 995-1796

or

Ms. Robin J. Morrison, Instructional Supervisor  
Division of Exceptional Student Education  
Miami-Dade County Public Schools  
1500 Biscayne Boulevard, Suite 407J  
Miami, Florida 3132  
Telephone: 305 995-1733

## Summary of Request for Proposals

**TITLE:** Mental Health Professionals/Agencies to Provide Counseling Services in 20 Programs with Full-time Programs for Emotionally Handicapped Students

**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 mental health services needed as related support services for the education of emotionally handicapped (EH) 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 schools with full-time classes for EH students. Proposers will provide weekly group and/or individual counseling to students that are assigned to these programs.

Agencies will be selected to provide services based upon their proposals. In addition to the provision of mental health counseling, each agency must designate a staff member to serve as a liaison among the agency, Office of ESE and Psychological Services, and schools regarding the provision of services. At a minimum, monthly supervision of services must also be provided by the agency.

Agencies selected will provide approximately 316 hours per week, from July 1, 2002 through June 30, 2003, at the following school sites:

- John G. DuPuis Elementary (Pre-K program) and John F. Kennedy Middle Schools, 10 hours of services per week;
- Banyan, Howard Drive, Linda Lentin, Morningside, Rockway, Sunset, and Vineland Elementary Schools, 13 hours of services per week;
- Orchard Villa, Royal Green, and Silver Bluff (two programs) Elementary Schools and Miami Coral Park Senior High School, 17 hours of services per week; and
- Campbell Drive, Chapman, John G. DuPuis, Kendale Lakes, Parkview, and Whispering Pines Elementary Schools, 20 hours of services per week.

The estimated amount of the contract will be in an amount not to exceed \$711,000.

**SCHOOLS WITH FULL-TIME CLASSES FOR EMOTIONALLY  
HANDICAPPED STUDENTS REQUIRING MENTAL HEALTH COUNSELING SERVICES**

**ATTACHMENT A**

**RFP NO. 085-BB10  
REGION I**

\*DuPuis Elementary  
1150 W. 59 Place  
Hialeah, FL 33012  
Phone: 821-6361  
Mail Code: 1481

**REGION II**

Parkview Elementary  
17631 N.W. 20 Avenue  
Opa Locka, FL 33056  
Phone: 625-1591  
Mail Code: 4301

Linda Lentin Elementary  
14312 NE 2<sup>nd</sup> Court  
Miami, FL 33161  
Phone: 891-4011  
Mail Code: 2911

John F. Kennedy Middle  
1075 NE 167<sup>th</sup> Street  
North Miami Beach, FL 33162  
Phone: 947-1451  
Mail Code: 6301

**REGION III**

Banyan Elementary  
3060 S.W. 85 Avenue  
Miami, FL 33155  
Phone: 221-4011  
Mail Code: 0201

Orchard Villa Elementary  
3100 NW 5<sup>th</sup> Avenue  
Miami, FL 33127  
Phone: 576-2424  
Mail Code: 4171

Rockway Elementary  
2790 S.W. 93 Court  
Miami, FL 33165  
Phone: 221-1192  
Mail Code: 4721

Miami Coral Park Senior  
8865 S.W. 16 Street  
Miami, FL 33165  
Phone: 226-6565  
Mail Code: 7271

**REGION IV**

Morningside Elementary  
6620 N.E. 5 Avenue  
Miami, FL 33138  
Phone: 758-6741  
Mail Code: 3501

\*\*Silver Bluff Elementary  
2609 S.W. 25 Avenue  
Miami, FL 33133  
Phone: 856-5197  
Mail Code: 5041

Sunset Elementary  
5120 S.W. 72 Street  
Miami, FL 33143  
Phone: 661-8527  
Mail Code: 5401

## **REGION V**

Howard Drive Elementary  
7750 S.W. 136 Street  
Miami, FL 33156  
Phone: 235-1412  
Mail Code: 2541

Royal Green Elementary  
13047 S.W. 47 Street  
Miami, FL 33175  
Phone: 221-4452  
Mail Code: 4741

Vineland Elementary  
8455 S.W. 119 Street  
Miami, FL 33156  
Phone: 238-7931  
Mail Code: 5671

## **REGION VI**

Dr. W.A. Chapman Elementary  
27190 SW 140<sup>th</sup> Avenue  
Homestead, FL 33032  
Phone: 245-1055  
Mail Code: 0771

Campbell Drive Elementary  
15790 S.W. 307 Street  
Miami, FL 33033  
Phone: 245-0270  
Mail Code: 0651

Whispering Pines Elementary  
18929 S.W. 89 Road  
Miami, FL 33157  
Phone: 238-7382  
Mail Code: 5951

Kendale Lakes Elementary  
8000 SW 142 Avenue  
Miami, FL 33183  
Phone: 385-2575  
Mail Code: 2651

\*DuPuis Elementary has a pre-kindergarten program and an elementary program.

\*\*Silver Bluff Elementary has two programs.

**MENTAL HEALTH PROFESSIONALS/AGENCIES TO PROVIDE COUNSELING  
SERVICES IN 20 PROGRAMS WITH FULL-TIME CLASSES FOR EMOTIONALLY  
HANDICAPPED STUDENTS  
RFP NO. 085-BB10  
ATTACHMENT B**

**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:

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| ___ Individual Counseling (Children) | ___ Consultation with Schools       |
| ___ Group Counseling (Children)      | ___ Preschool Evaluation (Ages 3-4) |
| ___ Family Therapy/Parent Counseling | ___ Play Therapy                    |
| ___ Substance Abuse Counseling       | ___ Cognitive/Behavior Therapy      |
| ___ Psychiatric Consultation         | ___ Psycho-dynamic Therapy          |
| ___ Other _____                      |                                     |
| ___ Other _____                      |                                     |

**MENTAL HEALTH PROFESSIONALS/AGENCIES TO PROVIDE COUNSELING  
SERVICES IN 20 PROGRAMS WITH FULL-TIME CLASSES FOR EMOTIONALLY  
HANDICAPPED STUDENTS**

**RFP NO. 085-BB10**

**ATTACHMENT C**

**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**)

- |   |  |
|---|--|
| <input type="checkbox"/> John G. DuPuis Elementary (Elementary EH Program)    | <input type="checkbox"/> Sunset Elementary           |
| <input type="checkbox"/> John G. DuPuis Elementary (Pre-Kindergarten Program) | <input type="checkbox"/> Howard Drive Elementary     |
| <input type="checkbox"/> Linda Lentin Elementary                              | <input type="checkbox"/> Royal Green Elementary      |
| <input type="checkbox"/> Parkview Elementary                                  | <input type="checkbox"/> Vineland Elementary         |
| <input type="checkbox"/> John F. Kennedy Middle                               | <input type="checkbox"/> Campbell Drive Elementary   |
| <input type="checkbox"/> Banyan Elementary                                    | <input type="checkbox"/> Chapman Elementary          |
| <input type="checkbox"/> Orchard Villa Elementary                             | <input type="checkbox"/> Kendale Lakes Elementary    |
| <input type="checkbox"/> Rockway Elementary                                   | <input type="checkbox"/> Whispering Pines Elementary |
| <input type="checkbox"/> Miami Coral Park Senior                              |  |
| <input type="checkbox"/> Morningside Elementary                               |  |
| <input type="checkbox"/> Silver Bluff Elementary (Two Programs)               |  |

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

\_\_\_\_\_

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

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

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

**DATE:** \_\_\_\_\_

**ATTACHMENT D**  
**RFP NO. 085-BB10**  
**SECURITY CLEARANCE PROCEDURES FOR**  
**MIAMI-DADE COUNTY PUBLIC SCHOOLS**

Pursuant to Section 231.02, Florida Statutes, 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 proposers 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. (2-97)]

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

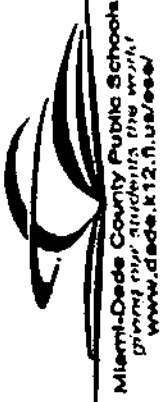
3. Fingerprint Card

- a. The M-DCPS Fingerprinting Department completes necessary information on the fingerprint card.
- b. The applicant must pay \$55 or 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.



# Weekly Contact Log For Mental Health Counselors



Name of Counselor: \_\_\_\_\_

**Name of School Site:** \_\_\_\_\_

[illegible]

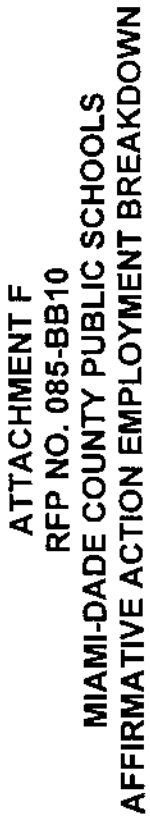
Total for this page

***I certify that these services have been rendered to the students listed above.***

C PC - Parent Consultation  
 O TC - Teacher Consultation  
 D IC - Individual Counseling  
 E GC - Group Counseling  
 6 RK - Record Keeping

Mental Health Counselor (signature)

School Site Administrator or Designee (signature)





ATTACHMENT  
G

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 \_\_\_\_\_ Date \_\_\_\_\_  
Non-profit

☐ 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).

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.

<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/ gender</u>
a. Check signing	_____	_____
	_____	_____

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

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.

---

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)