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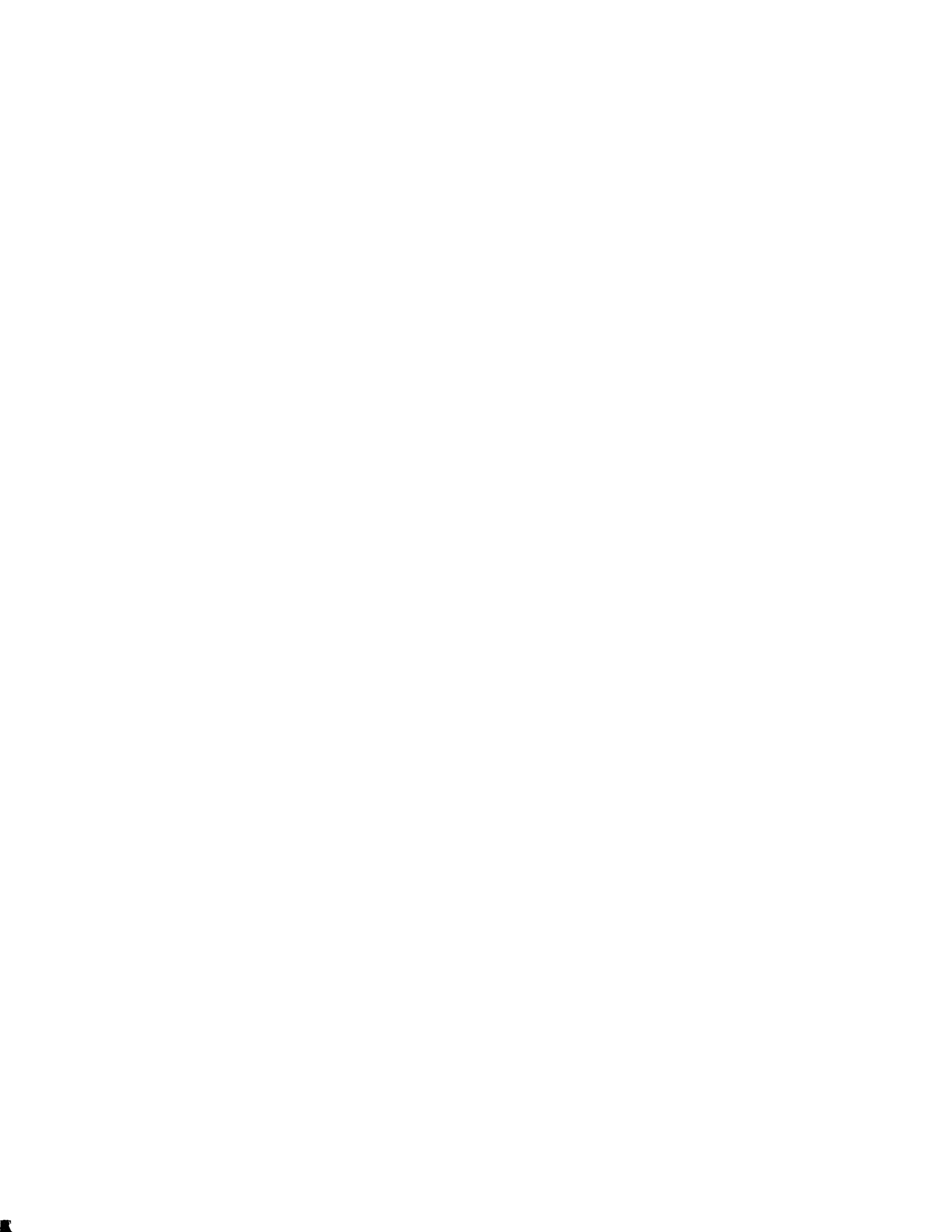
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Attachment B – Respondent Certification

I, the undersigned, submit this Statement of Qualifications and have read the specifications, which are a part of this RFQ. My signature also certifies that I am authorized to submit this Statement of Qualifications, sign as a representative for Vendor, and carry out services solicited in this RFQ.

Signature of Authorized Agent: _____

Printed Name and Title of Agent: _____

Respondent Name: _____

Address: _____

Telephone Number:

Fax Number: _____

Contact Person: _____

Email Address (if applicable): _____

Web Site Address (if applicable):

Attachment C – Certification Regarding Lobbying

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certifications shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an office or employee of any agency, a Member of Congress, or an officer or employee of Congress, an employee of a Member of Congress, or any Board Member, officer, or employee of IDEA in connection with the awarding of Federal contract, the making of a Federal grant, the making of a Federal Loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, an employee of a Member of Congress, or any Board Member, officer, or employee of IDEA in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form –LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the awarded documents for all covered sub awards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Respondent Name

Signature of Authorized Respondent

Date

Printed Name and Title of Authorized Representative

Attachment D – Debarment or Suspension Certificate

IDEA is prohibited from contracting with or making sub-awards under covered transaction to parties that are suspended or debarred or whose owners/members/principals and certain employees are suspended or debarred. Respondent must certify that it and its owners/members/principals are not suspended or debarred under federal law and rule.

By submitting signing contract and this certificate, Respondent certifies that no suspension or debarment is in place, which would otherwise preclude Respondent or its Owner/Members/Principals or employees from receiving a federally funded contract under a

Attachment E – Reference Sheet

Please list a minimum of three (3) references of agencies (governments, chartered nonpublic schools, community schools or school districts) that have used your products. We would prefer some of the references to be new customers in the last year.

COMPANY NAME		CONTACT PERSON	
STREET ADDRESS	CITY	STATE	ZIP
CONTACT PERSON		TELEPHONE NUMBER	
PRODUCTS		NATURE OF WORK	

COMPANY NAME		CONTACT PERSON	
STREET ADDRESS	CITY	STATE	ZIP
CONTACT PERSON		TELEPHONE NUMBER	
PRODUCTS		NATURE OF WORK	

COMPANY NAME  CONTACT PERSON

STREET ADDRESS

CITY

STATE

ZIP

CONTACT PERSON

TELEPHONE NUMBER

PROD 

 SIMILAR TYPE OF WORK

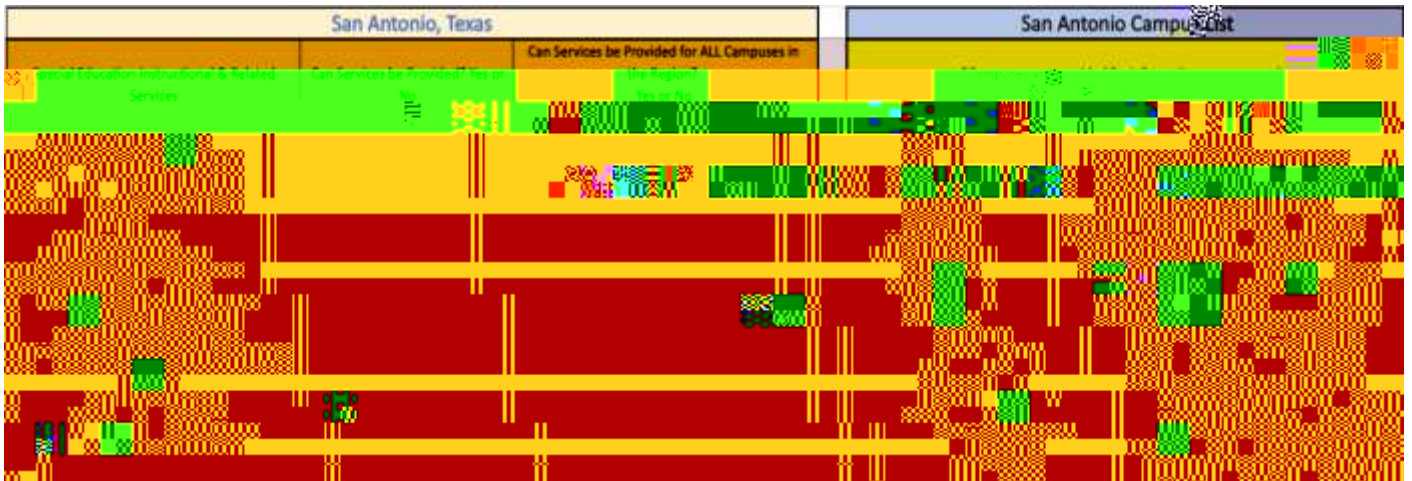
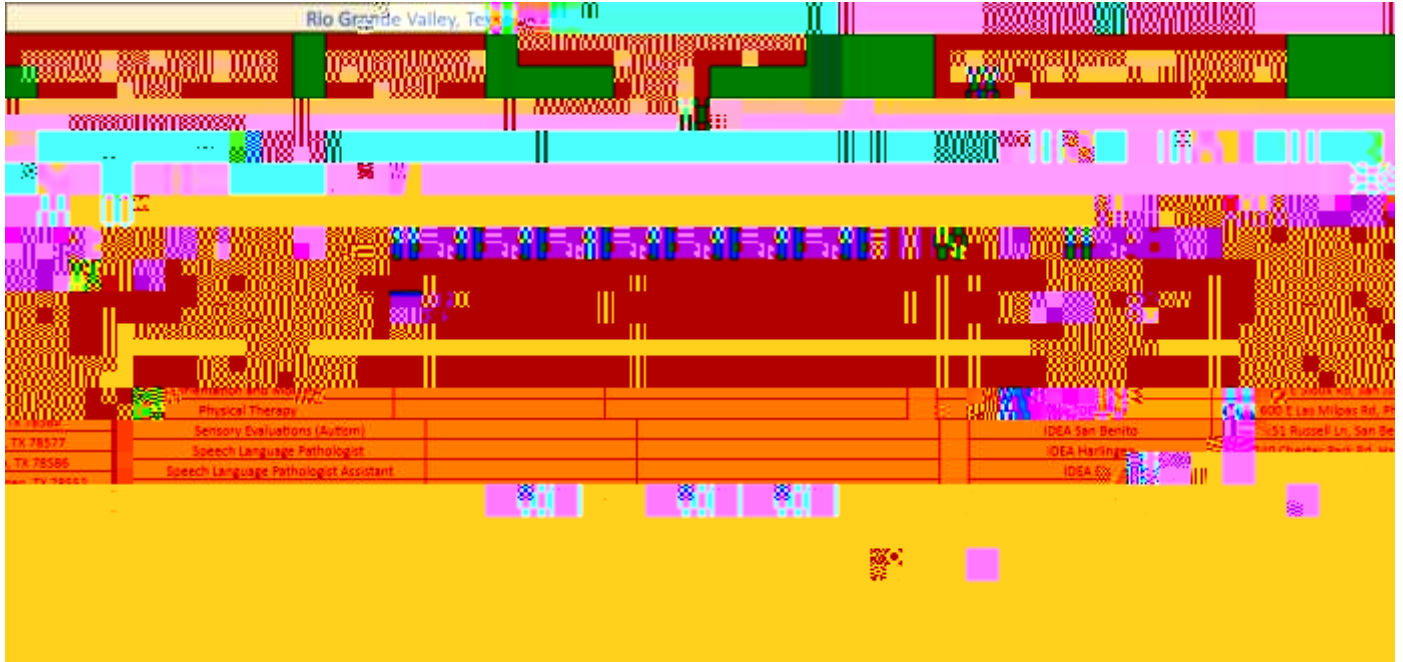
Attachment F – Proof of Insurance or Bonding

Please provide proof of insurance or bonding for each individual state included in this RFQ as applicable.

IDEA requires the minimum insurance coverage & limits as stated below:

Attachment G – Geographic Coverage

Respondent shall provide geographic coverage for services referenced in this RFQ in their qualification submission.



Attachment H – Vendor Questionnaire

All questions must be answered with the submission of qualifications.

Please describe the types of services your company can provide in each of our requested regions.

Can your company provide its own testing kits, protocols, equipment, and laptop for services

