

Education
Mercedes Toural, Associate Superintendent

**SUBJECT: REQUEST FOR AUTHORIZATION FOR THE SUPERINTENDENT
TO ISSUE A REQUEST FOR PROPOSALS FOR MENTAL
HEALTH PROFESSIONALS/AGENCIES TO PROVIDE
COUNSELING SERVICES IN 29 PROGRAMS FOR EMOTIONALLY
HANDICAPPED STUDENTS, IN AN AMOUNT NOT TO EXCEED
\$1,266,300, EFFECTIVE JULY 1, 2003 THROUGH JUNE 30, 2004**

**COMMITTEE: ELEMENTARY AND SECONDARY EDUCATION AND SCHOOL
OPERATIONS**

Authorization is requested to issue a Request for Proposals (RFP) for mental health professionals/agencies to provide counseling services in 29 self-contained programs for emotionally handicapped (EH) students. Miami-Dade County Public Schools has been providing counseling services for EH students through professional services contracts since 1994. These services include individual and group counseling, parent and/or teacher consultation, and record keeping.

Contracts for the 29 programs, at 29 school sites, in an amount not to exceed \$1,266,300, will be developed to provide services from July 1, 2003 through June 30, 2004. A review of all contracts will take place prior to the end of the 2003-2004 fiscal year. Pending funding availability, approval will be requested to extend contracts which have been satisfactorily completed for a maximum of two additional one-year periods.

The selection will be made by a committee on the basis of several factors including qualifications, ability to provide bilingual services, and fee. The proposed members of the selection committee are:

- a region director for Exceptional Student Education (ESE) or designee;
- a supervisor for the Division of ESE;
- a representative from the Division of Psychological Services;
- a representative from the Superintendent's District Advisory Panel for ESE;

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- 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; and
- a representative from United Teachers of Dade.

The estimated timeline for implementation is as follows:

Procurement Contract Review Committee	February 6, 2003
Request Board approval to issue RFP and approval of Selection Committee	February 12, 2003
Mailing of RFP	February 18, 2003
Opening of Proposals	March 25, 2003
Evaluations completed by Selection Committee	April 7, 2003
Contract Award	May 14, 2003

The appropriation for this item will be included in the 2003-2004 Tentative Budget to be recommended for adoption in July 2003 under Fund 0100, Function 4217, Program 6840, Object 5310, Location 9731.

RECOMMENDED: That The School Board of Miami-Dade County, Florida:

1. authorize the Superintendent to issue a Request for Proposals for mental health professionals/agencies to provide counseling services in 29 programs for emotionally handicapped students, in an amount not to exceed \$1,266,300, effective July 1, 2003 through June 30, 2004; and
2. approve the selection committee to evaluate proposals submitted.

The appropriation for this item will be included in the 2003-2004 Tentative to be recommended for adoption in July 2003.

RKF:II

REQUEST FOR PROPOSALS

COUNSELING SERVICES IN 29 PROGRAMS WITH SELF-CONTAINED CLASSES
FOR EMOTIONALLY HANDICAPPED STUDENTS

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

PROPOSAL RETURN DATE

March 25, 2003

RFP #: 094-CC10

REQUEST FOR PROPOSALS # 094-CC10

COUNSELING SERVICES IN 29 PROGRAMS WITH SELF-CONTAINED CLASSES
FOR EMOTIONALLY HANDICAPPED

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 Student/Career 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 self-contained programs for the EH. The programs requiring services are located in 29 schools Districtwide. See Attachment A - **Schools With Self-Contained 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 services to be provided 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 25, 2003 at:

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

The proposal must be submitted in a sealed envelope or box marked "PROPOSAL FOR COUNSELING SERVICES IN 29 PROGRAMS WITH SELF-CONTAINED 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 14, 2003. If accepted, notification to the successful proposer(s) will be on or after May 15, 2003. 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 THE PROGRAM

The Office of Exceptional Student Education (ESE) and Student/Career Services operates specialized classes for self-contained EH students. Each class has a teacher and a paraprofessional delivering the academic curriculum and affective education program to the EH students. In addition, a Behavior Management Teacher (BMT) is assigned to each elementary school cluster. The BMT provides direct assistance and support to teachers in the self-contained EH program in the following areas: the development and implementation of the curriculum, and the establishment of a classroom behavior management system.

Miami-Dade County Public Schools (M-DCPS) has been providing counseling services in 29 programs for EH students, at 29 school sites, through professional service contracts. Contracts expire this year; therefore, a new RFP must be developed in order to continue these services.

Agencies selected will provide the following approximate hours per week from July 1, 2003 through June 30, 2004, for an approximate total of 469 hours per week:

- Morningside Elementary School (Pre-K), Nautilus Middle School, J.R.E. Lee Opportunity School, Miami Douglas MacArthur South Senior High School, Dorothy M. Wallace COPE Center, and COPE Center North, 10 hours of services at each school per week;
- Miami Heights (Pre-K), Madie Ives and Ben Sheppard Elementary Schools, Lake Stevens and Lawton Chiles Middle Schools, Dr. Michael M. Krop and North Miami Beach Senior High Schools, 13 hours of services per week;
- Ruben Dario and South Miami Middle Schools, Jan Mann Opportunity School, and William H. Turner Technical Arts High School, 17 hours of services at each school per week;
- Lenora B. Smith, Fienberg-Fisher, North Glade, North Hialeah, and Pine Lake Elementary Schools, Allapattah, Howard A. Doolin, Highland Oaks and Horace Mann Middle Schools, and Miami Northwestern Senior, 20 hours of services at each school per week; and
- Laura C. Saunders Elementary School and Miami Douglas MacArthur North Senior High School, 23 hours of services at each school per week.

These services that are sought, on-site at each school, on a weekly basis, must include the following approximate hours:

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

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

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

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

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

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

For the two programs receiving 23 hours of services per week,

- 20 hours of group and/or individual counseling weekly (It is recommended that each student be seen twice weekly.)
- one and one-half hours of parent/teacher consultation weekly
- one and one-half hours of 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 rendered (including a log of services to document dates, times, locations, descriptions, and hours of service). In addition, the agency 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 Student/Career Services, and other designated personnel in the Office of ESE and Student/Career 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 between 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. Masters degree in psychology, social work, counseling, or school psychology;
 2. Current Florida license in psychology, clinical social work, mental health counseling, marriage and family therapy, or school psychology;
 3. A current professional liability insurance policy that covers practice in the proposer's mental health discipline; and
 4. Two years experience working with emotionally disturbed youngsters. (Student interns will not be considered.)
- B. Proposers must submit the information listed below (including information when applicable, on all mental health counselors to provide services under the proposer's auspices) as well as other information specified elsewhere in this RFP:
1. A brief description of the design for provision of services.
 2. Evidence (e.g., certificate, diploma) of the highest educational degree for **each** staff member who will provide services.

3. Evidence of agency's licensure/certification to practice psychology, clinical social work, mental health counseling, marriage and family therapy, or school psychology in the State of Florida. A copy of **each** clinician's license/certificate should be submitted.
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 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 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 reference written within **one year** of the date of this RFP.
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 to 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(s) 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 authorized person empowered to submit this proposal 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 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 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 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 0001), 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 2010). 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 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

The purpose of this RFP is to establish a contract for services from July 1, 2003 through June 30, 2004. 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(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 Student/Career Services.

Payment for services will be made in monthly installments upon receipt by the Office of ESE and Student/Career 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 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 mental health counseling services, whichever is more stringent.

It is understood that for the provision of mental health counseling services, all counselors provided by the proposer shall be covered for the term of the contract by professional liability insurance subject to the terms outlined in Section 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 and Benefits 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 members, 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 organization 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 will be required. Staff will also be required to complete a weekly log documenting hours of service for each student served. See Attachment E - **Weekly Contact Log for Mental Health Counselors**. A monthly invoice based upon hours of services rendered must also be submitted at the end of each month.

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, April 7, 2003, by a committee consisting of the following members:

- a region director for ESE or designee;
- a supervisor for the Division of ESE;
- a representative from the Division of 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; and
- 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. The cost may not be the dominant factor but will have some significance. It will be a particularly important factor when all other evaluation criteria are relatively equal.
 3. The proposed service area will not be the dominant factor, but will be considered. It will be a particularly important factor when all other evaluation criteria are relatively equal.
 4. The background, qualifications, experience, skills, and/or expertise in the area of the provision of mental health counseling services for 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 who 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 submitted, or any phase thereof. When the final selection is made, a professional services agreement acceptable to the Attorney for the School Board will be entered into with the successful proposer(s). No debriefing or discussion will be held with unsuccessful proposers. The School Board retains the right to waive irregularities and to request clarifications in the proposal. The information contained in this proposal is supplied as an aid to the proposer in determining whether it will be able to supply the services which may be required by the School Board.

X. **AFFIRMATIVE ACTION REQUIREMENTS AND M/WBE PARTICIPATION**

A. Equal Employment Opportunity

It is the policy of the School Board that no one person will be denied access, employment, training, or promotion on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, or disability and 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 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/WBE 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 G - **M/WBE Certification Application**.

- C. Quarterly reports documenting efforts undertaken by the proposer to maintain the stipulated M/WBE participation will be submitted quarterly and shall include each MWBE's name, contact persons, and the payments thereto for the quarter. The reports 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 district will seek Medicaid reimbursement for the services provided. Contracted employees will be required to complete the M-DCPS paperwork to document their services as is necessary to assist the district in this process.

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	February 6, 2003
Request Board approval to issue RFP and approval of Selection Committee	February 12, 2003
Mailing of RFP	February 18, 2003
Opening of Proposals	March 25, 2003
Evaluation completed by Selection Committee	April 7, 2003
Contract Award	May 14, 2003

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 NE Second Avenue, Room 356
Miami, Florida 33132
Telephone: 305 995-2348

Any additional information regarding proposal specifications may be obtained from:

Ms. Robin J. Morrison, Instructional Supervisor
Division of Exceptional Student Education
Miami-Dade County Public Schools
1500 Biscayne Boulevard, Suite 407J
Miami, Florida 33132
Telephone: 305 995-1806

Summary of Request for Proposals

TITLE: Counseling Services in 29 Programs with Self-Contained Classes for Emotionally Handicapped Students

INITIATED BY: Office of Exceptional Student Education and Student/Career Services

The Office of Exceptional Student Education (ESE) and Student/Career 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 assigned to these programs.

Agencies will be selected for the provision of services based upon proposals submitted. In addition to the provision of mental health counseling, agencies must designate a staff member to serve as a liaison between the agency, Office of ESE and Student/Career 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 the following approximate hours per week from July 1, 2003 through June 30, 2004, for an approximate total of 469 hours per week:

- Morningside Elementary School (Pre-K), Nautilus Middle School, J.R.E. Lee Opportunity School, Miami Douglas MacArthur South Senior High School, Dorothy M. Wallace COPE Center, and COPE Center North, 10 hours of services at each school per week;
- Miami Heights (Pre-K), Madie Ives and Ben Sheppard Elementary Schools, Lake Stevens and Lawton Chiles Middle Schools, Dr. Michael M. Krop and North Miami Beach Senior High Schools, 13 hours of services at each school per week;
- Ruben Dario and South Miami Middle Schools, Jan Mann Opportunity School, and William H. Turner Technical Arts High School, 17 hours of services at each school per week.
- Lenora B. Smith, Fienberg-Fisher, North Glade, North Hialeah, and Pine Lake Elementary Schools, Allapattah, Howard A. Doolin, Highland Oaks and Horace Mann Middle Schools, and Miami Northwestern Senior, 20 hours of services at each school per week;
- Laura C. Saunders Elementary School and Miami Douglas MacArthur North Senior High School, 23 hours of services at each school per week.

The estimated amount of the contract will be in an amount not to exceed \$1,266,300.

ATTACHMENT A

SCHOOLS WITH SELF- CONTAINED CLASSES FOR EMOTIONALLY HANDICAPPED STUDENTS REQUIRING MENTAL HEALTH COUNSELING SERVICES

Miami Heights Elementary (Pre-K)
17661 SW 117th Avenue
Miami, Florida 33177
Phone: 305 238-3602
Mail Code: 3261

Morningside Elementary (Pre-K)
6620 NE 5th Avenue
Miami, Florida 33138
Phone: 305 758-6741
Mail Code: 3501

Fienberg-Fisher Elementary
1420 Washington Avenue
Miami Beach, Florida 33139
Phone: 305 531-0419
Mail Code: 0761

North Glade Elementary
5000 NW 177th Street
Opa Locka, Florida 33055
Phone: 305 624-3608
Mail Code: 3861

North Hialeah Elementary
4251 East 5th Avenue
Hialeah, Florida 33013
Phone: 305 681-4611
Mail Code: 3901

Pine Lake Elementary
16700 SW 109th Avenue
Miami, Florida 33157
Phone: 305 233-7018
Mail Code: 4441

Laura C. Saunders Elementary
505 SW 8th Street
Homestead, Florida 33030
Phone: 305 247-3933
Mail Code: 2941

Highland Oaks Middle
2375 NE 203rd Street
North Miami Beach, Florida 33180
Phone: 305 932-3810
Mail Code: 6241

Ben Sheppard Elementary
5700 West 24th Avenue
Hialeah, Florida 33016
Phone: 305 556-2204
Mail Code: 5021

Lenora B. Smith Elementary
4700 NW 12th Avenue
Miami, Florida 33127
Phone: 305 635-0873
Mail Code: 0081

Madie Ives Elementary
20770 NE 14th Avenue
North Miami Beach, Florida 33179
Phone: 305 651-3155
Mail Code: 2581

Allapattah Middle
1331 NW 46th Street
Miami, Florida 33142
Phone: 305 634-9787
Mail Code: 6011

Ruben Dario Middle
350 NW 97th Avenue
Miami, Florida 33172
Phone: 305 226-0179
Mail Code: 6121

Howard A. Doolin Middle
6400 SW 152nd Avenue
Miami, Florida 33193
Phone: 305 386-6656
Mail Code: 6131

Lawton Chiles Middle
8190 NW 197th Street
Miami, Florida 33015
Phone: 305 816-9101
Mail Code: 6161

Dr. Michael M. Krop Senior
1410 NE 215th Street
Miami, Florida 33179
Phone: 305 652-6808
Mail Code: 7141

Lake Stevens Middle
18484 NW 48th Place
Carol City, Florida 33055
Phone: 305 620-1294
Mail Code: 6351

Horace Mann Middle
8950 NW 2nd Avenue
Miami, Florida 33150
Phone: 305 757-9537
Mail Code: 6411

Nautilus Middle
4301 N. Michigan Avenue
Miami Beach, Florida 33140
Phone: 305 532-3481
Mail Code: 6541

South Miami Middle
6750 SW 60th Street
South Miami, Florida 33143
Phone: 305 661-3481
Mail Code: 6881

Miami Northwestern Senior
1100 NW 71 Street
Miami, Florida 33150
Phone: 305 836-0991
Mail Code: 7411

North Miami Beach Senior
1247 NE 167th street
North Miami Beach, Florida 33162
Phone: 305 949-8381
Mail Code: 7541

COPE Center North
9950 NW 19th Avenue
Miami, Florida 33147
Phone: 305 836-3300
Mail Code: 8121

Miami Douglas MacArthur North
13835 NW 97th Avenue
Miami, Florida 33016
Phone: 305 826-1989
Mail Code: 7254

Miami Douglas MacArthur South
11035 SW 84th Street
Miami, Florida 33173
Phone: 305 279-5422
Mail Code: 7631

Jan Mann Opportunity
16101 NW 44th Court
Opa-Locka, Florida 33169
Phone: 305 625-0855
Mail Code: 8101

J.R.E. Lee Opportunity
6521 SW 62nd Avenue
South Miami, Florida 33143
Phone: 305 661-1551
Mail Code: 2861

William H. Turner Technical Arts
10151 NW 19th Avenue
Miami, Florida 33147
Phone: 305 691-8324
Mail Code: 7601

Dorothy M. Wallace COPE Center
10225 SW 147th Terrace
Miami, Florida 33176
Phone: 305 233-1044
Mail Code: 8131

ATTACHMENT B

MENTAL HEALTH PROFESSIONALS/AGENCIES TO PROVIDE COUNSELING SERVICES IN 29 PROGRAMS WITH SELF-CONTAINED CLASSES FOR EMOTIONALLY HANDICAPPED STUDENTS

PROVIDER APPLICATION FORM

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

Address: _____ Telephone: _____

Type of DPR License: _____ License Number: _____

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

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

Please note your professional specialization skills:

- | | |
|--------------------------------------|-------------------------------------|
| ___ 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 _____ | |

ATTACHMENT C

MENTAL HEALTH PROFESSIONALS/AGENCIES TO PROVIDE COUNSELING SERVICES IN 29 PROGRAMS WITH SELF-CONTAINED CLASSES FOR EMOTIONALLY HANDICAPPED STUDENTS

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

I. PROPOSER'S FEE

Hourly Fee _____

II. PROPOSED SERVICE AREA

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

- | | |
|---|---|
| <input type="checkbox"/> Lenora B. Smith Elementary | <input type="checkbox"/> Lake Stevens Middle |
| <input type="checkbox"/> Fienberg-Fisher Elementary | <input type="checkbox"/> Horace Mann Middle |
| <input type="checkbox"/> Miami Heights Elementary (Pre-K) | <input type="checkbox"/> Nautilus Middle |
| <input type="checkbox"/> Madie Ives Elementary | <input type="checkbox"/> South Miami Middle |
| <input type="checkbox"/> Morningside Elementary (Pre-K) | <input type="checkbox"/> Dr. Michael M. Krop Senior |
| <input type="checkbox"/> North Glade Elementary | <input type="checkbox"/> Miami Northwestern Senior |
| <input type="checkbox"/> North Hialeah Elementary | <input type="checkbox"/> North Miami Beach Senior |
| <input type="checkbox"/> Pine Lake Elementary | <input type="checkbox"/> Miami Douglas MacArthur North Senior |
| <input type="checkbox"/> Laura C. Saunders Elementary | <input type="checkbox"/> Miami Douglas MacArthur South Senior |
| <input type="checkbox"/> Ben Sheppard Elementary | <input type="checkbox"/> Jan Mann Opportunity |
| <input type="checkbox"/> Allapattah Middle | <input type="checkbox"/> J.R.E. Lee Opportunity |
| <input type="checkbox"/> Ruben Dario Middle | <input type="checkbox"/> Dorothy M. Wallace COPE Center |
| <input type="checkbox"/> Howard A. Doolin Middle | <input type="checkbox"/> COPE Center North |
| <input type="checkbox"/> Lawton Chiles Middle | <input type="checkbox"/> William H. Turner Technical Arts |
| <input type="checkbox"/> Highland Oaks Middle | |

LEGAL NAME OF AGENCY OR CONTRACTOR SUBMITTING PROPOSAL: _____

AUTHORIZED SIGNATURE: _____

NAME TYPED: _____

POSITION: _____

DATE: _____

ATTACHMENT D

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 ensure 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

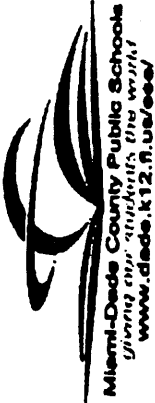
3. Fingerprint Card

- a. The M-DCPS Fingerprinting Department completes necessary information on the fingerprint card.
- b. The applicant must pay \$62 or current fee for processing (money order for \$52.00 and \$10.00 in cash).
- 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

OFFICE OF EXCEPTIONAL STUDENT EDUCATION
AND PSYCHOLOGICAL SERVICES



Name of Counselor: _____ Report for Week(s) of: _____
 Name of School Site: _____

Student Name or Group Names (attach list)	Treatment or Consultation Code	Date	Time		Location of Service	No. of Participants	Total		Comments
			From	To			Hrs.	Min.	

Total for this page _____

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

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

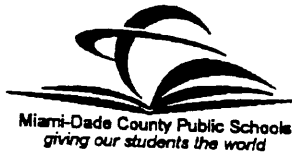
Mental Health Counselor (signature) Date

School Site Administrator or Designee (signature) Date



**AFFIRMATIVE ACTION
EMPLOYMENT BREAKDOWN**

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



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

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

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

4. **OWNERSHIP:**

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

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

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

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

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

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

	Name and title	Race/ethnicity/ gender
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.

- Total Number
of Employees
- a. Management _____
 - b. Administrative/clerical _____
 - c. Professional/technical _____
 - d. Craftsperson/laborers _____

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 & 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. MWBE JOINT VENTURE - Joint ventures must provide a copy of the joint venture agreement.

M/WBE CERTIFICATION APPLICATION

AFFIDAVIT

STATE OF _____ :

COUNTY OF _____ :SS

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

of: _____ (Firm)

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

(Corporate Seal), if appropriate

Minority/Woman Owner's Signature

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

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

Notary Public

My Commission Expires: _____

SEAL

**M/WBE
Certification Check List**

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

Please check if documents are attached:

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

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

13. Sole Proprietor - Submit all of the above items, as applicable and the following:
 - U.S. IRS 1040-C Schedule.
 - Fictitious name affidavit, if applicable.

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

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

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

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

16. Joint venture agreement(s).

17. Certificate(s) of insurance.

18. Sub-contractual agreement(s).

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

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

COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO:

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE
1450 N.E. 2ND AVENUE, ROOM 456
MIAMI, FL 33132**
