

***Katonah-Lewisboro Union Free School District***

**REQUEST FOR PROPOSAL**

<b>RFP #18/19-01</b>	<b>TITLE:</b>	<b>Provider of Special Education Related Services</b>
<b>DATE OF OPENING: May 30, 2018</b>	<b>TIME:</b>	<b>10:00 a.m.</b>

To All Providers:

Please submit a sealed proposal for the prov1s1on of Special Education Related Services for the Katonah-Lewisboro Union Free School District. The District will receive sealed proposals on, or prior to **10:00 a.m. on Wednesday, May 30, 2018.** Proposals received after stated date will be returned to the sender, unopened. Proposals must be submitted in a sealed envelope plainly marked on the outside:

**RFP #18/19-01                      Title: Provider of Special Education Related Services**

There will be no discussion at the time of the opening of the proposals. The names of the proposing firms shall be available following the proposal opening.

Proposals shall be irrevocable for a minimum period of forty-five (45) days from the date of proposal opening. Alterations to said proposals must be submitted in writing. Consideration shall be given only to those alterations, which may be caused by unforeseen circumstances beyond the control of the firm submitting said proposal. The Assistant Superintendent for Business or his/her designee shall make such determination.

The Board of Education reserves the right to reject any or all proposals that it considers not to be in the best interest of the school district.

Please read the attached material carefully before submitting your proposal. Incomplete proposals may not be considered.

Thank you very much for your cooperation.

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Karen Carroll  
Purchasing Agent

Provider Name: \_\_\_\_\_

**KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT**

**REQUEST FOR PROPOSAL**

**RFP #18/19-01**

**TITLE: Provider of Special Education  
Related Services**

**DATE OF OPENING: May 30, 2018**

**TIME: 10:00 a.m.**

**I. PURPOSE**

The Katonah-Lewisboro Union Free School District, hereinafter referred to as the "School District, District or" invites proposals from qualified individuals and firms/agencies, to provide students of the School District with special education related services. The proposer must demonstrate its ability to provide the services identified in this request for proposals.

In accordance with the School District's policies and procedures, contracts for professional services requiring special skill or training are not subject to competitive bidding requirements of § 103 of General Municipal Law.

The School District requests proposals from qualified agencies interested in providing special education related services in the School District for the 2018-2019 School Year.

**II. RECEIPT OF PROPOSALS**

An original and one (1) copy of the proposal must be submitted to the Purchasing Department. Envelopes must be clearly marked **Special Education Related Services, RFP #18/19-01** and the name and address of the Proposer. Proposals must be received no later than **10:00 a.m. on May 30, 2018** at the following address:

Katonah-Lewisboro Union Free School District  
60 North Salem Road  
Cross River, New York 10518

Attention: Karen Carroll  
Purchasing Agent

There is no express or implied obligation for the District to reimburse responding firms for any expenses incurred in preparing proposals, attending pre-proposal conferences, or interview(s) in responding to this request. Proposals submitted after the stated time and date will not be considered and will be returned to the firm unopened.

## KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

### III. SCOPE OF SERVICE

#### A. **General Responsibilities**

The School District requires individuals or firms to provide the following special education related services to the School District's students on an **as-needed basis**. The proposer must demonstrate its ability to provide the following services:

1. Occupational Therapy: Occupational therapy services encompass the functional evaluation of the student and the planning and use of a program of purposeful activities to develop or maintain adaptive skills, designed to achieve maximal physical and mental functioning of the student in his or her daily life tasks;
2. Physical Therapy: Physical therapists provide services that help improve and restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of students suffering from injuries or disease. They restore, maintain, and promote overall fitness and health. Students may include those with developmental disabilities, mental retardation, head injuries, and cerebral palsy.
3. Speech/Language Therapy: Speech/language therapy is the treatment for most children with speech and/or language disorders. A speech disorder refers to a problem with the actual production of sounds; a language disorder refers to a difficulty understanding or putting words together to communicate ideas.
4. Assistive Augmentative Communication (AAC) Consulting
5. Assistive Technology Training
6. Psychiatric/Psychological Services: A comprehensive psychiatric evaluation may be necessary to diagnose any number of emotional, behavioral, or developmental disorders.
7. RN/LPN Personal Care Services
8. Tutoring/Home Instruction
9. Teacher of the Visually Impaired
10. Special Education Instruction
11. Job Placement Services
12. Applied Behavior Analysis – BCBA: is a one to one systematic process of studying and modifying observable behavior through a manipulation of the environment. Its principles are derived from extensive basic research. It is comprised of an experimental approach to manipulating the environment and tracking alterations in behavior. This allows the discovery and manipulation of functional relationships between behavior and environmental variables.
13. Translation Services — Interpreter to interpret for the parents at CSE meetings either in person or by telephone.
14. Academic Assessment: The administration, by an appropriately certified individual, of standardized assessments that reflect a student's levels of performance in the areas of Reading, Writing and Mathematics.
15. Other

Services will be rendered to students receiving instruction in the School District's schools; private/parochial schools; or home setting. Services may be required to be provided on either an individual or group basis and in accordance with each student's individualized education program ("IEP"). Proposers are required to be licensed and qualified to perform the services set forth herein. All therapists performing services for the School District shall be licensed under the laws of the State of New

## KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

York, inclusive of the State Education Department Licensing requirements. Proposers shall certify that all such therapists possess documentation evidencing such license qualifications as required by federal, state or local statutes, rules regulations and orders.

Services shall consist of, but not limited to the following:

- a. Service based on individual student IEPs;
- b. The implementation of goals and objectives for the educational services provided as per each individual student's IEP;
- c. The completion of progress reports regarding student achievement of objectives as per report card schedules;
- d. Provide the Committee on Special Education (CSE) with annual progress reports for each individual student receiving service to be reviewed at each student's CSE meeting;
- e. Complete evaluations as per the request of the Director of Special Education on an as needed basis;
- f. Consult with educational and other related services staff to maximize intervention and ensure carryover of treatment goals;
- g. Upon referral, the therapist shall administer individual evaluations to determine the individual student's need for therapy as a related service;
- h. In connection with services rendered to Medicaid-eligible students, provide attendance records, notes and assistance to the School District for Medicaid billing;
- i. Attend CSE meetings.

All services shall be provided in strict compliance with the student's IEP. Therapists shall provide the School District with a copy of any progress reports, testing and/or observation reports prepared in connection with the students served.

The Proposer understands and agrees that it shall comply and is responsible for complying with all applicable Federal, State and local statutes, rules and ordinances, including the New York State Safe Schools Against Violence in Education (SAVE) legislation. The successful Proposer shall adhere to all requirements and protocols as established by the School District and the State Education Department of New York: to wit, but not limited to, fingerprinting. The successful Proposer further agrees and understands that all teachers and/or professional service providers must be cleared by the New York State Education Department in accordance with the provisions contained in the SAVE Legislation prior to providing services to the School District. In the event that the successful Proposer sends a provider to the School District who has not obtained fingerprinting clearance with the State Education Department, the School District shall have the right to immediately terminate the within contract.

## KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

### B. Responsiveness And Time Requirements

1. The firm selected is expected to have qualified staff available by telephone for consultation during normal business hours.
2. The School District may require regular or periodic on-site consultation.
3. The School District is unable to predict the total amount of time that may be required of the firm. The firm selected will be expected to provide services as required throughout the year.
4. The Firm shall attend Board of Education meetings on weekday evenings as may be necessary.

### IV. PROPOSAL SUBMISSIONS

All proposals must be submitted in two parts. Part 1 must consist of responses to the management and qualifications items. Part 2 must consist of complete contract cost and pricing information. Incomplete submissions will not be considered for award. Proposals should not be excessively long, and should be submitted in a format that permits copying for review by the Board of Education. Only two copies of each proposal will be accepted, one copy titled "ORIGINAL" and the second titled "COPY". Each page of the quotation must state the firm submitting the proposal, the fact that the RFP is being submitted to the School District, and the page number. All materials submitted in response to this request for proposal shall become the property of the District.

#### PART 1 -Management and Qualifications

All individuals providing services hereunder must be licensed and qualified to provide the within services to the School District. Individuals providing services must possess: at a minimum, a Bachelor's degree in the relevant field. Individuals providing services must be licensed in the State of New York and have a school certification issued by the State of New York, where applicable. Proposers shall satisfy these criteria in order to qualify for award.

In addition to providing proof of the qualifications set forth above, in setting forth its qualifications, each individual or firm submitting a proposal shall:

- Provide the name of the firm as well as a brief description of its business activities and history.
- Provide the name and title of person(s) submitting the proposal, the firm's main office address, and primary and secondary points of contact and their telephone and fax numbers (including area codes.)

## KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

- Provide information on how long the firm has been in business and length of its experience in providing services in school districts. Provide evidence of an individual's credentials and qualifications in the areas covered by this RFP.
- Provide a listing and description of similar contracts awarded with other organizations giving dates of service.
- Provide evidence of the individual/firm's license to practice in the State of New York.
- Describe the individual's or firm's experience and expertise focusing on the services to be provided for school districts or related entities.
- State the name(s) of the officer(s) and associate(s) in the firm.
- State the names and credentials of all principals, employees or independent contractors that might be assigned to the School District and provide their resumes.
- Detail the experience your firm and its staff have in working with public sector clients. Describe how needs specific to the public sector were met. Highlight any experience specific to school districts.
- Provide at least *three* client references from similar contracts. Include contact names, addresses and telephone numbers.
- Provide any other information that might be beneficial to the School District.

### **PART 2 – Cost:**

Each firm submitting a proposal shall:

State the rates at which the services of all services would be provided to the School District. Rates for individual and group sessions must be included for: in-district school services; private/parochial school services; and home-based services. In addition, state which principals and/or staff are expected to perform the services. Proposers must submit the requested information on the provided Proposal forms. Proposals should include include:

- A. For each individual whose resume is provided, give the title and the regular rate(s) and the rate you are quoting.
- B. For each work item excluded from the rate, include the rate associated with the item of work. On the Proposal Form, List these rates as "other", and define the work to be provided.

## KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

- C. The cost proposal must be an all-inclusive amount for the full range of services required for one year under the contract. No additional billing will be allowed for travel expenses, parking, participant materials, or other incidentals.
- D. Proposer may include in its proposal items not specified in this RFP, which it would consider pertinent. All such alternatives must be listed separately from the proposal and the cost thereof must be separate and itemized.
- E. Provide any other relevant information that will assist the District in evaluating your Proposal.

### V. BACKGROUND

The following is a brief description of the School District:

- a) Student Enrollment                      3039
- b) Number of Employees                  628
- c) Number of Schools                      5
- d) Board of Education:
  - a. 7 Members
  - b. Elected by Seat
  - c. 2 year terms
  - d. District Clerk
  - e. District Treasurer
- e) Management:
  - a. Superintendent – Andrew Selesnick
  - b. Director for Special Services – David Feller
  - c. Interim Assistant Superintendent for Human Resources – Harry LeFevre
  - d. Assistant Superintendent for Business - Michael Jumper
  - f) Budget for 2017-2018                  \$106,809,945

Please note: All Board of Education Policies can be viewed on the District website.

### VI. PROPOSAL EVALUATION

- A. Proposals received will be evaluated by the Assistant Superintendent for Business to determine whether the requirements of this RFP are met and to make a recommendation to the Board of Education for contract award.

Proposals shall be evaluated based upon the following:

- 1. Proposer's comprehension of the required (work) Scope of Services
- 2. Prior experience in similar projects
- 3. Professional qualifications

## KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

4. Total proposed price
5. Proposer's demonstrated capabilities (equipment, financial solvency, location)
6. Length of time in business
7. Client references
8. Staffing - (Evaluation of Employees' Resumes)

- B. The evaluation process is designed to award the proposal not necessarily to the Proposer of least cost, but rather to the Proposer with the best combination of attributes based on the evaluation criteria.

### VII. INTERVIEW

The award process will include an interview with the Assistant Superintendent for Business and the Board of Education. Date of interview to be determined.

### VIII. SPECIFICATION CLARIFICATION/INQUIRIES

All inquiries with respect to this Request for Proposal must be directed to:

Purchasing Agent  
Attention: Karen Carroll  
914-763-7044 or [kcarroll@klschools.org](mailto:kcarroll@klschools.org)

### IX. FINANCIAL STATEMENT OF THE CORPORATION

Proposers shall submit the most recent financial statement for the company. The District reserves the right to use third party companies to verify financial information provided.

In addition, the School District may make such investigations it deems necessary to determine the ability of the Proposer to perform the work. The Proposer shall furnish to the District within five (5) days of a request, all such information and data for this purpose as may be requested. The District reserves the right to reject any Proposal if the information submitted by, or investigation of, such Proposer fails to satisfy the District that such Proposer is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein. Conditional Proposals will not be accepted.



## KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

### X. **FREEDOM OF INFORMATION LAW**

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84-90, mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the Proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that the information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law must clearly identify the pages of the proposals containing such information by typing in bold fact on the top of each page, **"THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW."** The District assumes no liability for disclosure of information so identified, provided that the District has made a good faith legal determination that the information is not protected under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction.

### XI. **RIGHT TO REJECT REQUESTS FOR PROPOSAL**

The District reserves the right to reject without prejudice any and all proposals received under this Request for Proposal.

### XII. **TERM OF CONTRACT**

**Contract Period:** This contract shall be for the 2018-2019 school year beginning 7/1/18 to 6/30/19. Renewal contracts may be negotiated at the end of each one year contract period for a cost increase not to exceed the annual percentage increase of the March NY – Northeastern NJ CPI for all Urban Consumers for the preceding 12 months, with the option to renew for two (2) years 2019-2020 and 2020-2021, upon approval by the Board of Education for each year. The District reserves the right to terminate the contract without cause, with thirty (30) days written notice to the contractor. No contract becomes binding until the necessary funds have been approved. This Proposal will be utilized on an "as-needed" basis. There is no guarantee that any/all of the services listed will be utilized.

Any contract agreed to under this Request for Proposal is subject to termination by either party with thirty (30) days written notice. In the event of termination of the contract, the District's responsibility shall be to pay for unpaid services performed and authorized costs incurred by the Proposer.

### XIII. **MEDICAID COMPLIANCE**

The successful Proposer shall comply with all laws, rules and regulations related to the furnishing of Medicaid services and all related billing functions. The successful Proposer agrees that it shall defend, indemnify and hold harmless the District, its officers, directors, agents and employees for all loss, costs, damages and expenses, including attorneys' fees, judgments, fines and amounts paid in settlement in connection with a terminated, pending or completed action, suit or proceeding arising from any act, error or omission, misstatement, misleading statement, neglect or breach of duties by the successful Proposer or any of its officers, directors, agents or employees taken or made with respect to the furnishing of Medicaid services and all related billing functions.

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

XIV. LEGAL CONSTRUCTION

In case any one or more of the provisions contained in this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect any other provision thereof and this agreement shall be construed as if such invalid, illegal or unenforceable provision has never been contained therein.

XV. FORM OF AGREEMENT

Upon award of the contract, the Proposer agrees to enter into a formal written agreement with the School District, which agreement shall outline in detail the duties and obligations of the Proposer in connection with the performance of the services to be provided hereunder.

Notwithstanding the inclusion of a Form of Agreement herein, the terms and conditions set forth in the within Request for Proposals are incorporated into the Form of Agreement by reference and shall form a part of the Agreement executed by the Board of Education and the successful Proposer.

NAME & ADDRESS OF VENDOR: \_\_\_\_\_  
(Please Print)  
\_\_\_\_\_  
\_\_\_\_\_

FEDERAL EMPLOYER ID #: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

SIGNATURE & TITLE: \_\_\_\_\_

\_\_\_\_\_ Date  
Please Print Name

NO CONTRACT BECOMES BINDING UNTIL THE NECESSARY FUNDS HAVE BEEN APPROVED FOR THE FISCAL YEAR DURING WHICH THE CONTRACT IS IN EFFECT.

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

*REFERENCES*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Dates of Contract(s) \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Date of Contract(s) \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Date of Contract(s) \_\_\_\_\_

Proposer's Name: \_\_\_\_\_

**KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT**

**AFFIDAVIT OF COMPLIANCE**

**STATE OF**

**COUNTY OF**

\_\_\_\_\_, Being duly sworn, deposes and says:

- 1) That (s)he is an officer or representative of \_\_\_\_\_ and that (s)he has the authority to sign this affidavit.
  
- 2) This affidavit is offered as an inducement to the Katonah-Lewisboro Union Free School District to award to \_\_\_\_\_ such purchase contracts for goods or services as directed by the Board of Education, in accordance with New York State law and with District policy.
  
- 3) That no Officer, Employee or Stockholder of the above referenced vendor is an Employee, in any position, Administrator or Board Member at the Katonah-Lewisboro Union Free School District.
  
- 4) That no Officer, Employee or Stockholder of the above-referenced vendor is related to an employee in any position, administrator or Board Member, at the Katonah-Lewisboro Union Free School District other than as disclosed below:

Vendor: List Officer, Employee or Stockholder's Name	Position with Vendor	Employee, Administrator or Board Member Name	Relationship between parties

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Seal

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

OCCUPATIONAL THERAPY SERVICES

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

\$\_\_\_\_\_ per 30-minute session

\$\_\_\_\_\_ per 45-minute session

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ per hour - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

**PHYSICAL THERAPY SERVICES**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

\$\_\_\_\_\_ per 30-minute session

\$\_\_\_\_\_ per 45-minute session

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ per hour - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

SPEECH/LANGUAGE THERAPY SERVICES

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

\$\_\_\_\_\_ per 30-minute session

\$\_\_\_\_\_ per 45-minute session

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ per hour - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

ASSISTIVE AUGMENTATIVE COMMUNICATION (AAC) CONSULTING

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per session

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_



KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

ASSISTIVE TECHNOLOGY TRAINING

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per session

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT SPECIAL  
EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

**PSYCHIATRIC/PSYCHOLOGICAL SERVICES**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per session

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

RN/LPN/CERTIFIED NURSE'S AID- PERSONAL CARE SERVICES

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ hourly rate - other

\$\_\_\_\_\_ reports

On days in which student's school is in session  
and student is in attendance.

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT**

**KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES**

**PROPOSAL FORM**

**TUTORING/HOME INSTRUCTION**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

FOR ONE HOUR HOMEBOUND INSTRUCTION:

For general education & Regents Level subjects (K-12):

\$ \_\_\_\_\_ per hour

For Chemistry, Physics, Calculus, Advanced Placement and  
and other courses of instruction generally offered as college  
level including but not limited to "5th year" courses (such as  
French 5, Math 5, etc.):

\$ \_\_\_\_\_ per hour

\$ \_\_\_\_\_ reports

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

**TEACHER OF THE VISUALLY IMPAIRED**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

\$\_\_\_\_\_ per 60-minute session

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ per hour - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

SPECIAL EDUCATION INSTRUCTION (Teachers, Teacher Assts., Teacher Aides)

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per session

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT

KATONAH-LEWISBORO SCHOOL DISTRICT SPECIAL  
EDUCATIONAL & RELATED SERVICES

PROPOSAL FORM

**JOB PLACEMENT SERVICES**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per session

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**KATONAH-LEWISBORO SCHOOL DISTRICT  
SPECIAL EDUCATIONAL & RELATED SERVICES**

**PROPOSAL FORM**

**APPLIED BEHAVIOR ANALYSIS - BCBA**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per session

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_



**KATONAH-LEWISBORO SCHOOL DISTRICT SPECIAL  
EDUCATIONAL & RELATED SERVICES**

**PROPOSAL FORM**

**TRANSLATION SERVICES**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per hour (to be prorated as required)

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**KATONAH-LEWISBORO SCHOOL DISTRICT SPECIAL  
EDUCATIONAL & RELATED SERVICES**

**PROPOSAL FORM**

**ACADEMIC ASSESSMENT**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per hour (to be prorated as required)

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**KATONAH-LEWISBORO SCHOOL DISTRICT SPECIAL  
EDUCATIONAL & RELATED SERVICES**

**PROPOSAL FORM**

**OTHER SERVICES (specify):**

Quotes are inclusive of all expenses including travel, copying, postage and telephone.

Provide rate(s) for all that apply:

\$\_\_\_\_\_ per session

\$\_\_\_\_\_ per evaluation

\$\_\_\_\_\_ per consultation

\$\_\_\_\_\_ per day

\$\_\_\_\_\_ reports

\$\_\_\_\_\_ hourly rate - other

Name of Provider: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature &  
Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_