

**BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT
BOARD OF EDUCATION
REQUESTS FOR PROPOSALS**

Notice is hereby given that pursuant to the provisions of N.J.S.A. 19:44A-20, New Jersey Pay to Play, and other legislative enactments, more specifically Chapter 271 of the laws of the State of New Jersey, the Black Horse Pike Regional School District Board of Education located at 580 Erial Road, Blackwood, New Jersey 08012 is seeking RFP's for professional services to be provided to the Board of Education as listed below for the period July 1, 2025 to June 30, 2026.

Requests for proposals as attached, are on file at the Board Secretary/Business Administrator's office at 580 Erial Road, Blackwood, New Jersey 08012, and may also be downloaded from the Board of Education's website.

COUNSELING SERVICES

Scope of Services:

The Board of Education seeks a Vendor to provide behavioral health services by licensed clinicians to Black Horse Pike Regional School District (BHPKSD). The agency will provide master's Level licensed clinicians (LSW or LPC preferred) with experience working with high school aged students 5 hours per day 3 days per week to the Center for Alternative and Restorative Education 40 weeks per year.

Center for Alternative & Restorative Education

The goal of this program is to help the student to restructure his or her thoughts and actions into a more assertive and adaptive framework to allow a rapid return to school, reduce anxiety and increase ability to make better life choices. Therapeutic techniques include modeling, role-playing, and reward systems for positive behavior change. Treatment Modalities would include Psychotherapy, Cognitive Behavioral Therapy and Psychoeducational sessions.

In addition to the above stated program, the following services would be provided by master's level licensed clinicians with experience working with high school aged students:

STOP (Students Taking Opposite Paths)

Substance Abuse Prevention Program provided by two licensed clinicians for both the parents and the students who have been identified by the SACs as requiring this service. This 6-week program runs continuously throughout the school year.

Onsite/Online Individual Therapy (CBT)

Meets with identified students that would benefit from individual sessions. Cognitive behavioral therapy (CBT) is a type of psychotherapeutic treatment that helps students understand the thoughts and feelings that influence behaviors. Cognitive behavior therapy is generally short-term and focused on helping students deal with a very specific problem. During the course of treatment, students will learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior and emotions.

Onsite/Online Group Therapy

Meets with identified students that would benefit from group sessions where students are able to learn and develop problem-solving skills to cope with difficult situations. Cognitive Behavioral Therapy (CBT) is utilized to assist students in changing their thinking patterns and to acknowledge one's distortions in thinking and gain better understanding of their behaviors and make effective change.

Grief Counselor or Critical Stress Debriefing

Clinicians are made available to talk with both students and staff should a critical incident occur. These sessions provide a chance to talk about the trauma with others who were involved. Services should take place within the first 3 days after the event.

Fit for Duty Evaluation

This evaluation is requested by the School District and completed by a licensed psychologist, to determine if a current employee is or is not able to perform essential job functions because of psychological or psychiatric conditions.

Professional Development

To provide on-going professional development to all staff members located within targeted schools in the area of mental health.

Child Study Team Psychiatric Evaluation

This evaluation is requested by the School District and completed by a licensed psychiatrist for behaviorally challenged students by diagnosing their emotional, behavioral or developmental problems.

PRICING PROPOSAL:

Cost per hour for Center for Alternative & Restorative Education	per hour
Cost per cycle (6 weeks) (STOP)	per cycle
Cost for Grief Counselor/NP or Critical Stress (per diem)	hour
Cost for Employee Fit for Duty Evaluation	per evaluation
Cost per group online/onsite Group therapy	per session
Cost per online/onsite individual therapy	per 50 minute session
Cost per hour for Professional Development	per hour
Cost per hour for Child Study Team Psychiatric Evaluation	per hour

The District reserves the right to select only those services that it requires from the options submitted.

All statements of proposals for professional service contracts shall include at a minimum the following information.

1. Names of individuals who will perform required tasks as well as the listing of their licenses.
 - A. Identify the person who will be primarily responsible for the services required by the Board of Education and provide a description of the experience of the primary person with projects and issues similar to those more specifically set forth in this RFP's and on behalf of the Board of Education of the Black Horse Pike Regional School District.
 - B. Identify persons who will serve as back up to the primary person including resumes of all parties.
2. Describe ability to provide services in a timely fashion including a description of your staffing and a description of your familiarity with the services required by the Board of Education of the Black Horse Pike Regional School District.

Evaluation of Proposals:

The School District intends to award a professional services contract for the defined scope of work under the Fair and Open Process in accordance with N.J.S.A. 19:44A-20.4 et seq.

The proposals will be evaluated by a committee of School District staff based upon information supplied by each Proposer in response to this RFP and the following criteria:

- Ability to meet all minimum qualifications.
- Overall knowledge and familiarity with the operations of the School District.
- Experience of the firm in providing similar services to other public bodies, with special emphasis on experience in New Jersey.
- Qualifications and experience of the professional.
- Qualifications and experience of the other members of the professional's firm.
- The hourly rates proposed. The proposal shall identify whether clerical and other overhead costs will be billed separately or included in the hourly labor rate for the professionals.

Any questions regarding this Request for Proposals should be directed to Mr. Scott Kipers, School Business Administrator of the Black Horse Pike Regional School District.

Please submit two (2) copies of the proposal to:

Black Horse Pike Regional School District
580 Erial Road
Blackwood, New Jersey 08012
856-227-4106

All RFP's must be received at the School District's Administrative Office by **Friday, May 9, 2025** no later than 12:00 pm, at which time they will be publicly opened.

AFFIRMATIVE ACTION QUESTIONNAIRE

This form is to be completed and returned with the bid. However, the Board will accept in lieu of this Questionnaire, Affirmative Action Evidence Employee Information Report.

1. Our company has a federal Affirmative Action Plan approval. ☐ Yes ☐ No

If yes, please attach a copy of the plan to this questionnaire.

2. Our company has a N.J. State Certificate of Employee Information Report ☐ Yes ☐ No

If yes, please attach a copy of the certificate to this questionnaire.

3. If you answered "**NO**" to both questions No.1 and 2, you must apply for an Affirmative Action Employee Information Report - Form AA302.

Please visit the New Jersey Department of Treasury website for the Division of Public Contracts Equal Employment Opportunity Compliance: www.state.nj.us/treasury/contractcompliance/

- Click on "Employee Information Report"
- Complete and submit the form with the appropriate payment to:

Department of Treasury
Division of Public Contracts/EEO Compliance
P.O. Box 209
Trenton, NJ 08625-0002

All fees for this application are to be paid directly to the State of New Jersey. A copy shall be submitted to the Board of Education within seven (7) days of the notice of the intent to award the contract or the signing of the contract.

I certify that the above information is correct to the best of my knowledge.

Name _____

Signature _____

Title _____ Date _____

Name of Company _____

Address _____

City, State, Zip _____

STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP

Re: Proposal for the Black Horse Pike Regional Board of Education.

Proposal Date: _____

Please check one type of Ownership. complete the form. and execute where provided.

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Liability Corp
<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Limited Liability Partnership
<input type="checkbox"/>	Sub Chapter S Corp	<input type="checkbox"/>	Other

No corporation "or partnership" shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any material or supplies, the cost of which is to be paid with or out of any public funds, by the State or any county, municipality or school district, or any subsidiary or agency of the State, or by an authority, board or commission which exercises governmental functions, unless prior to the receipt of the bid or accompanying the bid of said corporation or said partnership, there is submitted a statement setting forth the names and all individual partners in the partnership who own a 10% or greater interest therein, as the case may be." If one or more such stockholder "or partner" is itself a corporation "or partnership", the stockholder holding 10% or more of that corporation "or partnership" the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be, continued until names and addresses of every non-corporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed.

IT IS MANDATORY THAT THIS FORM BE COMPLETED AND SUBMITTED WITH BID. In the event that there are no persons who own ten percent or more of the stock or ownership of the bidder, then such fact should be certified below as part of this disclosure.

Name of Company _____

Address _____

City, State, Zip _____

List of Owners with Ten Percent (10%) or More Interest

Owner's Name	Home Address	Title/Office Held	Percent (%) of Partnership Shares Owned

NOTE: If you need more space than that provided above, please use an extra sheet for furnishing the above required information for any remaining persons or entities.

Signature

Date

(form continued on next page)

To be completed and signed below.

STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP (con't)

If your firm is not a corporation and/ or partnership, please explain below how your firm is organized and include a list of the various principals.

Our firm, _____, is organized

Names of Principals

Title

Use additional paper if needed. Check here ☐ if additional sheets are attached.

Name of Company _____

Address _____

City, State, Zip _____

Authorized Agent _____ **Title** _____

SIGNATURE OF AUTHORIZED AGENT

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit
no later than 10 days prior to the award of the contract.

Part I - Vendor Information

Vendor Name:			
Address:			
City:		State:	Zip:

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the instructions accompanying this form.

Signature	Printed Name	Title
-----------	--------------	-------

Part II - Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

☐ Check here if disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
			\$

☐ Check here if the information is continued on subsequent page(s)

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee*
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
 - of the public entity awarding the contract
 - of that county in which that public entity is located
 - of another public entity within that county
 - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**

N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."

BLACK HORSE PIKE REGIONAL BOARD OF EDUCATION

Business Office
580 Erial Road
Blackwood, New Jersey 08012

Proposal Form
Title of Proposal
RFP – Counseling Services

The respondent by signing this proposal form, acknowledges that he/she has carefully examined the proposal specifications and documents; and further acknowledges he/she understands and is able to render the scope of activity and services outlined in the proposal.

Name _____

Address _____ P.O. Box _____

City, State, Zip Code _____

Federal Tax ID Number _____

Phone Number () _____ Extension _____

Fax No. () _____ E-Mail _____

Authorized Agent _____ Title _____

Cost per hour for Center for Alternative & Restorative Education	_____ per hour
Cost per cycle (6 weeks) (STOP)	_____ per cycle
Cost for Grief Counselor/NP or Critical Stress (per diem)	_____ hour
Cost for Employee Fit for Duty Evaluation	_____ evaluation
Cost per group online/onsite Group therapy	_____ per session
Cost per online/onsite individual therapy	_____ per 50 minute session
Cost per hour for Professional Development	_____ per hour
Cost per hour for Child Study Team Psychiatric Evaluation	_____ per hour

The District reserves the right to select only those services that it requires from the options submitted.

Agent's Signature _____ Date _____

All RFP's must be received at the School District's Administrative Office by
Friday, May 9, 2025 no later than 12:00 pm at which time they will be publicly opened.

Mr. Scott Kipers, Business Administrator
Board Secretary, Purchasing Agent
580 Erial Road
Blackwood, New Jersey 08012
Phone # 856-227-4106/Fax # 856-401-8763

ETHICS IN PURCHASING

Statement to Vendors

School District Responsibility

Recommendation of Purchases

It is the desire of the Black Horse Pike Regional Board of Education to have all Board employees and officials practice exemplary ethical behavior in the procurement of goods, materials, supplies, and services.

School district officials and employees who recommend purchases shall not extend any favoritism to any vendor. Each recommended purchase should be based upon quality of the items, service, price, delivery, and other applicable factors in full compliance with N.J.S.A. 18A:18A-1 et.seq.

Solicitation/Receipt of Gifts – Prohibited

School district officials and employees are prohibited from soliciting and receiving funds, gifts, materials, goods, services, favors, and any other items of value from vendors doing business with the Black Horse Pike Regional Board of Education or anyone proposing to do business with the Black Horse Pike Regional School District.

Vendor Responsibility

Offer of Gifts, Gratuities -- Prohibited

Any vendor doing business or proposing to do business with the Black Horse Pike Regional School District, shall neither pay, offer to pay, either directly or indirectly, any fee, commission, or compensation, nor offer any gift, gratuity, or other thing of value of any kind to any official or employee of the Black Horse Pike Regional School District or to any member of the official's or employee's immediate family.

Vendor Influence -- Prohibited

No vendor shall cause to influence or attempt to cause to influence, any official or employee of the Black Horse Pike Regional School District, in any manner which might tend to impair the objectivity or independence of judgment of said official or employee.

Vendor Certification

Vendors or potential vendors will be asked to certify that no official or employee of the Black Horse Pike Regional Board of Education or immediate family members are directly or indirectly interested in this request or have any interest in any portions of profits thereof. The vendor participating in this request must be an independent vendor and not an official or employee of the Black Horse Pike Regional Board of Education.

Mr. Scott Kipers
Business Administrator
Board Secretary
Purchasing Agent

NON-COLLUSION AFFIDAVIT

Re: Proposal for the Black Horse Pike Regional Board of Education.

STATE OF _____)

Date: _____

:ss:

COUNTY OF _____)

I, _____ of the City of _____

in the County of _____ and the State of _____

of full age, being duly sworn according to law on my oath depose and say that:

I am _____ of

Position in Company

the firm of _____ and the bidder making the Proposal for the above names contract, and that I executed the said Proposal with full authority so to do; that I have not, directly or indirectly, entered into any agreement, participated in any collusion, discussed any or all parts of this proposal with any potential bidders, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named bid, and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the Black Horse Pike Regional Board of Education relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said bid.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of bona fide established commercial or selling agencies maintained by

(Print Name of Contractor/Vendor)

Subscribed and sworn to: _____

(SIGNATURE OF CONTRACTOR/VENDOR)

before me this _____ day of _____, _____.

Month

Year

NOTARY PUBLIC SIGNATURE

Print Name of Notary Public

My commission expires _____, _____.

Month

Day

Year

– Seal –

**To be completed, signed and returned with RFP
Disclosure of Investment Activities in Iran**

Person or Entity

Part 1: Certification

COMPLETE PART 1 BY CHECKING **EITHER BOX.**

Pursuant to Public Law 2012, c. 25, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate is identified on the State Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The list is found on Treasury's website at www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

The Chapter 25 list must be reviewed prior to completing the below certification. If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may provided by law, rule or contract, including but not limited to imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.



I certify, pursuant to Public Law 2012, c. 25, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate thereof is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR



I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate thereof is listed on the N.J. Department of the Treasury's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below sign and complete the Certification below.

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN.

You must provide a detailed, accurate and precise description of the activities of the person or entity, or a parent entity, subsidiary, or affiliate thereof engaging in investment activities in Iran below and, if more space is needed, on additional sheets provided by you.

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.

*I acknowledge that the **Black Horse Pike Regional School District** is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the **Black Horse Pike Regional School District** to notify the **Black Horse Pike Regional School District** in writing of any changes to the answers of information contained herein.*

*I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the **Black Horse Pike Regional School District** and that the **Black Horse Pike Regional School District** at its option may declare any contract(s) resulting from this certification void and unenforceable.*

Full Name (Print)		Title	
Signature		Date	



CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([L. 2022, c. 3](#)) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

(Check the Appropriate Box)

☐ A. That the Vendor is not identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus](#).

OR

☐ B. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus](#).

OR

☐ C. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list](#). However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

(Attach Additional Sheets If Necessary.)

Signature of Vendor's Authorized Representative	Date
Print Name and Title of Vendor's Authorized Representative	Vendor's FEIN
Vendor's Name	Vendor's Phone Number
Vendor's Address (Street Address)	Vendor's Fax Number
Vendor's Address (City/State/Zip Code)	Vendor's Email Address

ⁱ Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

BUSINESS REGISTRATION CERTIFICATE (N.J.S.A. 52:32-44)

Pursuant to N.J.S.A. 52:32-44 as amended by P.L. 2004 – Chapter 57, all respondents shall submit with their proposal package a copy of their “New Jersey Business Registration Certificate” as issued by the Department of Treasury of the State of New Jersey. Failure to provide the New Jersey Business Registration Certification with the proposal package, or prior to the award of contract, will be cause for the rejection of the entire proposal.

INSURANCE; PROFESSIONAL LIABILITY – CERTIFICATE REQUIRED

☐ Required

☐ Not Required

The successful respondent to whom the contract is awarded shall provide to the Board of Education with contract documents a Professional Liability Insurance Certificate with the following limits:

\$1,000,000 Each Incident; Occurrence; Wrongful Act
\$3,000,000 Aggregate

The insurance certificate name as to the certificate holder shall be as follows:

The Black Horse Pike Regional Board of Education
c/o The Business Office
580 Erial Road
Blackwood, NJ 08012

The insurance certificate shall remain in full force during the term of contract.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
				-				-		
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The District reserves the right to select only those services that it requires from the options submitted.

Fee Schedule Must be the last page of the Bid Packet

Cost per hour for Center for Alternative & Restorative Education	_____ per hour
Cost per cycle (6 weeks) (STOP)	_____ per cycle
Cost for Grief Counselor/NP or Critical Stress (per diem)	_____ hour
Cost for Employee Fit for Duty Evaluation	_____ evaluation
Cost per group online/onsite Group therapy	_____ per session
Cost per online/onsite individual therapy	_____ per 50 minute session
Cost per hour for Professional Development	_____ per hour
Cost per hour for Child Study Team Psychiatric Evaluation	_____ per hour