

ED08-0011 CONTACT INFORMATION

ID#:	Provider	Contact Information	
01	4 Success Schools, LLC	Kelli Lund	602-841-2444
02	A New Leaf (Prehab Of Arizona)	Beth Noble	480-969-4024
03	Academic Behavioral Alternatives (CBHS Arizona)	Erik Ryan	480-456-0942
04	Alternatives Unlimited, Inc.	John Sullivan	410-339-3945
05	ACCEL	Connie F. Laird	602-995-7366
06	Chrysalis Academy (Play ABA)	Tara J. Rice	480-839-6000
07	Desert Choice Schools	Marshall Langan	602-274-1311
08	Desert Voices Oral Learning Center	Emily Lawson	602-224-0598
09	Devereux Arizona	Lane Martin-Barker	480-998-2920
10	Foundation For Blind Children	Michael Hanks	602-331-1470
11	Gateway Academy	O. Robin Sweet	480-998-1071
12	Gompers Habilitation Center	Dr. Thomas A Dempster	602-336-0061
		X 115	
13	Hi-Star Center For Children	Kristin I. Texada	602-548-3038
14	Howard S. Gray Education Program	Shari Carlsted	480-941-7615
15	Life Development Institute	Rob Crawford	623-773-2774
16	Neurologic Music Therapy Services of Arizona	Suzan Oliver	602-840-6410
17	New Way learning Academy	Dr. Jeffrey Watkins	480-946-9112
18	Phoenix Center For Education	Robin Sorrey	602-230-0010
19	Southwest Education Center (Special Education Services)	Laura Breeser	602-277-0920
20	The Aces	Frances Austin	623-937-5090
21	The Aurora School, LLC	Dr. Sherry Jones	623-385-3590
22	The Children's Center for Neurodevelopmental Studies	Wendy Farr	623-915-0345
23	Upward Foundation	Sharon Graham	602-279-5801
24	Youth Development	Trish Cocoros	602-256-5350

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

4 Success Schools, LLC

Company Name

Kelli Grund

Name of Person Authorized to Sign Offer

5727 N. Black Canyon Fwy.

Street Address

Program Coordinator

Title of Authorized Person

Phoenix AZ 85015

City

State

Zip Code

Kelli Grund 10-15-07

Signature of Authorized Person

Date of Offer

Telephone Number: 602-841-2444

Facsimile Number: 602-841-2666

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

41-2091709

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-15-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011- 01.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

Douglas C. Peoples
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

4 Success Schools, LLC

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$108.00	180	\$19,440.00
EDP: Emotional Disability/Separate Facility/Private School	\$108.00	180	\$19,440.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$108.00	180	\$19,440.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$108.00	180	\$19,440.00
MOMR: Moderate Mental Retardation	\$108.00	180	\$19,440.00
OHI: Other Health Impairment	\$108.00	180	\$19,440.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$108.00	180	\$19,440.00
SLI: Speech/Language Impairment	\$108.00	180	\$19,440.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$108.00	180	\$19,440.00
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

4 Success Schools, LLC

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$87.00
Occupational Therapy	YES	NO	\$87.00
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	Depending on student's insurance.
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Music Therapy	YES	YES	
Other: Art Therapy	YES	YES	
Other: Pet Therapy	YES	YES	
Extended School Year	NO	NO	

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

**ATTACHMENT 0.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate/unit (if not included)
Speech/Language Therapy	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Occupational Therapy	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Physical Therapy	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Audiology	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Pre-vocational/Vocational	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Counseling/Guidance for Students	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Parent Counseling and Training	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Psychoeducational Assessments	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Psychological Services	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Recreation	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
School Health Services	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Medical	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Transportation	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Extended School Year	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

FEE SCHEDULE PART I

SOLICITATION NO. ED06-0047

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility of Private School	K-8 98.39 9-12 100.23	199	19,579.61 19,945.77
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI/MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SV/ISHI, SV/MOMR, SV/SMR, SV/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	K-8-35.00 9-12-35.00	199	6,965
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			

**SECTION 2
SPECIAL TERMS AND CONDITIONS**

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

808 E. UNIVERSITY Av.
(Street Address)
MESA, AZ 85203
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

BeVA Noble, Grants & Contract Administration
(Name and Title)
808 E. UNIVERSITY Av.
(Street Address)
MESA, AZ 85203
(City & State) (Zip Code)
480-969-4024 / 480.969.0039 (fax)
(Telephone & Facsimile Numbers)
bnoble@turnanewleaf.org
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

CBHSP Arizona, Inc. dba Academic Behavioral Alternatives Erik Ryan
Company Name Name of Person Authorized to Sign Offer

1835 E. Guadalupe Rd. #103 Vice President, Educational Services
Street Address Title of Authorized Person

Tempe AZ 85283 LLK Oct. 15th, 2007
City State Zip Code Signature of Authorized Person Date of Offer

Telephone Number: 480-456-0942 Facsimile Number: 480-456-0956

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: 860782736

Offeror's Federal Employer Identification Number: 86-078236

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
<i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-15-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-03**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

Operational and Price Increase Justification for RFP #ED06-0047
Submitted by: CBHSP AZ, Inc. dba ABA Schools

August 8, 2007

Annual Price Increase:

Tuition/Rates for 06/07:

- \$138 per Student per Day (EDP/MIMR/OHI/SLI/SLD/Alt Ed)
- \$199 per Student per Day (MD/MOMR/A/TBI/SMR)
- \$138 per Student per Day (1:1 Health Aide)
- \$90 per Hour (Counseling Services)
- \$95 per Hour (Speech/OT/PT)
- \$100 per Hour (Pre-Voc/Vocational Services)

Tuition/Rates for 07/08:

- \$146 per Student per Day (EDP/MIMR/OHI/SLI/SLD/Alt Ed) = 6% increase
- \$203 per Student per Day (MD/MOMR/A/TBI/SMR) = 2% increase
- \$146 per Student per Day (1:1 Health Aide) = 6% increase
- \$100 per Hour (Counseling Services) = 11% increase
- \$100 per Hour (Speech/OT/PT) = 5% increase
- No Charge (Pre-Voc/Vocational Services)

Operational Justification:

- Campus added a 2nd Behavior Coach for 07/08 to better support an expanded student population for SY 2007-2008
- Cost of Living Adjustment of ~3-5% covers increased compensation and benefit costs from 2006 to 2007
- Pre-Voc/Vocational Services were added as a core component to the educational program; as such, there will be no separate billing for these services
- Increased hourly rate for Counseling services due to increased Certification/Licensure standards for Counselors who provide services to students in a private-day setting
- Cost of Service to provide a 1:1 Health Aide = \$21/hr; Aides are scheduled up to 7 hours per day

Academic Behavioral Alternatives

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$203	180	\$36,540/yr
EDP: Emotional Disability/Separate Facility/Private School	\$146	180	\$26,280/yr
HI: Hearing Impairment	NA	NA	NA
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$203	180	\$36,540/yr
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	NA	NA	NA
MIMR: Mild Mental Retardation	\$146	180	\$26,280/yr
MOMR: Moderate Mental Retardation	\$203	180	\$36,540/yr
OHI: Other Health Impairment	\$146	180	\$26,280/yr
OI: Orthopedic Impairment	NA	NA	NA
PMD: Preschool-Moderate Delay	NA	NA	NA
PSD: Preschool-Severe Delay	NA	NA	NA
PSL: Preschool-Speech/Language Delay	NA	NA	NA
SLD: Specific Learning Disability	\$146	180	\$26,280/yr
SLI: Speech/Language Impairment	\$146	180	\$26,280/yr
SMR: Severe Mental Retardation	\$203	180	\$36,540/yr
TBI: Traumatic Brain Injury	\$203	180	\$36,540/yr
VI: Visual Impairment	NA	NA	NA
Alternative General Education: for At-Risk students	\$146	180	\$26,280/yr

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Academic Behavioral Alternatives

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$100.00/hr.
Occupational Therapy	YES	NO	\$100.00/hr.
Physical Therapy	YES	NO	\$100.00/hr.
Audiology	NO	NO	NA
Pre-vocation/Vocational	YES	YES	Included in Tuition
Counseling/Guidance for Students	YES	NO	\$100.00/hr.
Parent Counseling and Training	YES	NO	\$100.00/hr.
Psychoeducational Assessments	YES	NO	\$100.00/hr.
Psychological Services	YES	NO	\$100.00/hr.
Recreation	YES	YES	Included in Tuition
School Health Services	NO	NO	NA
Medical	NO	NO	NA
Transportation	NO	NO	NA
Other: 1:1 Aide (>4hrs/day)	YES	NO	\$146/day
Other: 1:1 Aide (<4hrs/day)	YES	NO	\$107/day
Other:	NO	NO	NA
Extended School Year	YES	NO	\$97/day (ED) \$120/day (MD/A)

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

(Street Address)

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Erik Ryan, Vice President
(Name and Title)

1835 E. Guadalupe Rd. #103
(Street Address)

Tempe, AZ 85283
(City & State) (Zip Code)

480.456.0942 / 480.456.0956
(Telephone & Facsimile Numbers)

eryan@centene.com
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

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Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Alternatives Unlimited, Inc.
Company Name

John C. Sullivan
Name of Person Authorized to Sign Offer

8508 Loch Raven Blvd. Suite E
Street Address

Chief Operating Officer
Title of Authorized Person

Baltimore, MD 21286
City State Zip Code

[Signature] 10/5/07
Signature of Authorized Person Date of Offer

Telephone Number: 410-339-3945

Facsimile Number: 410-339-7496

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 52-2073228

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
<i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-5-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-04.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

Alternatives, Unlimited

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School	\$110.00	210	\$23,100
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$110.00	210	\$23,100
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$110.00	180	\$19,800

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Alternatives, Unlimited

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	NO	\$75.00/hour
Physical Therapy	YES	NO	\$75.00/hour
Audiology	YES	NO	\$75.00/hour
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	\$100.00/hour
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	YES	NO	\$20.00, one way/student
Other: Social Worker	YES	YES	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	YES	except alternative

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

8508 Loh Raven Blvd. E

(Street Address)

Baltimore MD 21286

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

John C. Sullivan, COO

(Name and Title)

8508 Loh Raven Blvd. E

(Street Address)

Baltimore, MD 21286

(City & State)

(Zip Code)

410-339-3945 / fax 410-339-7496

(Telephone & Facsimile Numbers)

jsullivan@alternativesunlimited.com

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

ACCEL
Company Name

10251 N. 35th Ave.
Street Address

Phoenix AZ 85051
City State Zip Code

Telephone Number: 602 995 7366

CONNIE F. LAIRD
Name of Person Authorized to Sign Offer

EXECUTIVE DIRECTOR
Title of Authorized Person

Connie Laird 10/18/07
Signature of Authorized Person Date of Offer

Facsimile Number: 602 995 0867

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 95 349 7070

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	Amendment No. Date	Amendment No. Date
	_____	_____
	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-18-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-05.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

Douglas C. Peebles
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

ARIZONA CENTERS FOR COMPREHENSIVE EDUCATION AND LIFE-SKILLS

ACCEL

2007-2008

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$193.89	180	\$34,900
EDP: Emotional Disability/Separate Facility/Private School	\$178.33	180	\$32,100
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	see attached	180	see attached
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input checked="" type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$185.00	180	\$33,300
MIMR: Mild Mental Retardation	\$178.33	180	\$32,100
MOMR: Moderate Mental Retardation	\$185.00	180	\$33,300
OHI: Other Health Impairment	\$171.11	180	\$30,800
OI: Orthopedic Impairment	\$171.11	180	\$30,800
PMD: Preschool-Moderate Delay	\$116.70	180	\$21,000
PSD: Preschool-Severe Delay	\$130.00	180	\$23,400
PSL: Preschool-Speech/Language Delay	\$116.70	180	\$21,000
SLD: Specific Learning Disability	\$171.11	180	\$30,800
SLI: Speech/Language Impairment	\$171.11	180	\$30,800
SMR: Severe Mental Retardation	\$171.11	180	\$30,800
TBI: Traumatic Brain Injury	\$171.11	180	\$30,800
VI: Visual Impairment	\$171.11	180	\$30,800
Alternative General Education: for At-Risk students			

If payment is made within 10 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by / % . (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ACCEL will charge districts an interest based service charge on the late payment of bills. Service charge is 1% on the unpaid balance each month starting after 30 days from the invoice date on bill

ACCEL will charge districts an interest based service charge on the late payment of bills. Service charge is 1% on the unpaid balance each month starting after 30 days from the invoice date on bill

ARIZONA CENTERS FOR COMPREHENSIVE EDUCATION AND LIFE-SKILLS
ACCEL

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Aquatics Therapy & Music Therapy	YES	YES	
Other: Therapeutic Horseback Riding	YES	YES	
Other: 1:1 Staff	YES	NO	see attached
Extended School Year	YES	NO	see attached

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

ARIZONA CENTERS FOR COMPREHENSIVE EDUCATION AND LIFE-SKILLS

ATTACHMENT 6.1

CATEGORY	DAILY RATE	ANNUAL RATE
OI, SMR, OHI, TBI, VI, SLI, SLD	\$171.11	\$30,800
EDP, MIMR, MIMR/ED	\$178.33	\$32,100
MDSSI, MOMR	\$185.00	\$33,300
AUTISTIC, MOMR/ED, SMR/ED	\$193.89	\$34,900

CATEGORY	EXTENDED SCHOOL YEAR RATE
OI, SMR, OHI, TBI, VI, SLI, SLD	\$3,400
EDP, MIMR, MIMR/ED	\$3,500
MDSSI, MOMR	\$3,600
AUTISTIC, MOMR/ED, SMR/ED	\$3,800
PSL, PMD, PSD	\$2,800

RELATED SERVICE	BILLING MONTH RATE	ANNUAL RATE
1:1 regular classroom aide	\$1,100	\$11,000
2:1 regular classroom aides	\$2,000	\$20,000
1:1 behavior technician	\$1,500	\$15,000

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

ACCEL

10251 N. 35th Ave

(Street Address)

Phoenix, Az 85051

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Connie Laird, Executive Director

(Name and Title)

10251 N. 35th Avenue

(Street Address)

Phoenix, Az 85051

(City & State)

(Zip Code)

(602) 995-7366 F-(602) 995-0867

(Telephone & Facsimile Numbers)

c.laird@accel.org

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Chrysalis Academy
Company Name

610 E Baseline Rd
Street Address

Tempe AZ 85283
City State Zip Code

Telephone Number: _____

Tara J. Rice
Name of Person Authorized to Sign Offer

co-owner / Director
Title of Authorized Person

[Signature] 10/10/07
Signature of Authorized Person Date of Offer

Facsimile Number: 480-839-6363

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 33-1135118

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
<i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 10-10-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-06**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

Chrysalis Academy

MAY 23 2007

ARIZONA DEPARTMENT OF EDUCATION

**ATTACHMENT 69
OFF SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$143.00	214	year round Aug-July \$30,602.00
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment	\$143.00	214	year round Aug-July \$30,602.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Chrysalis Academy

**ATTACHMENT G
REP SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	NO	\$75.00/hour
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	NO	\$75.00/hour
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	YES	

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

610 E. Baseline Rd
(Street Address)

Tempe, AZ 85283
(City & State) (Zip Code)

18 Contractor representative to contact for contract administration purposes:

Tara Rice - co owner / Director
(Name and Title)

P.O. Box 51521
(Street Address)

Phx AZ 85076-1521
(City & State) (Zip Code)

480-839-6000 Fax 480-839-6363
(Telephone & Facsimile Numbers)

play.aba@gmail.com
(E-mail Address)

19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Desert Choice Schools, LLC

Company Name

Marshall Langan

Name of Person Authorized to Sign Offer

1110 E Missouri Ave Ste 160

Street Address

Managing Member

Title of Authorized Person

Phoenix AZ 85014

City

State

Zip Code

[Signature] 10/18/07

Signature of Authorized Person

Date of Offer

Telephone Number: 602.274.1311

Facsimile Number: 602.889.0900

Offeror's Arizona Transaction (Sales) Privilege Tax License Number:

N/A

Offeror's Federal Employer Identification Number:

20-4787425

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-18-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-07**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

DESERT CHOICE SCHOOLS

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days In Calendar	Annual Rate
A: Autism	\$127.50	180	\$22,950.00
EDP: Emotional Disability/Separate Facility/Private School	\$127.50	180	\$22,950.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VII/SLD <input type="checkbox"/> V/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$127.50	180	\$22,950.00
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$127.50	180	\$22,950.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$150.00	180	\$27,000.00

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DESERT CHOICE SCHOOLS

ATTACHMENT 6.1 EEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$80.00/hr
Occupational Therapy	YES	NO	\$80.00/hr
Physical Therapy	YES	NO	\$80.00/hr
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	NO	\$55.00/per 1/2 hr
Parent Counseling and Training	YES	NO	Neogitable
Psychoeducational Assessments	YES	NO	\$650.00/English
Psychological Services	YES	NO	\$55.00 per 1/2 hr
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	NO	Neogitable
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$90.00 per day

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

DESERT VOICES ORAL LEARNING CENTER

Company Name

EMILY LAWSON

Name of Person Authorized to Sign Offer

3426 E. SHEA BLVD.

Street Address

EXECUTIVE DIRECTOR

Title of Authorized Person

PHOENIX AZ 85028

City

State

Zip Code

Emily Lawson 10-19-07

Signature of Authorized Person

Date of Offer

Telephone Number: 602-224-0598

Facsimile Number: 602-224-2460

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

86-0834633

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-19-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-08.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

Douglas C. Peoples
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

DESERT VOICES ORAL LEARNING CENTER

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment	\$100.56	180	\$18,100.00
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DESERT VOICES ORAL LEARNING CENTER

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$1,000.00

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

**SECTION 2
SPECIAL TERMS AND CONDITIONS**

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

3426 E. Shea Blvd.

(Street Address)

Phoenix, AZ 85028

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Emily Lawson, Executive Director

(Name and Title)

3426 E. Shea Blvd.

(Street Address)

Phoenix, AZ 85028

(City & State)

(Zip Code)

(602) 224-8598 (602) 224-2460 (fax)

(Telephone & Facsimile Numbers)

elawson@desertvoices.phxcoxmail.com

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Devereux Arizona
Company Name

Lane Martin-Barker
Name of Person Authorized to Sign Offer

11000 N. Scottsdale Rd., Ste 260
Street Address

Executive Director
Title of Authorized Person

Scottsdale AZ 85254
City State Zip Code

[Signature] 10/5/07
Signature of Authorized Person Date of Offer

Telephone Number: 480.998.2920

Facsimile Number: 480.943.5587

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Offeror's Federal Employer Identification Number: 23-1390618

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	Amendment No. Date	Amendment No. Date
	<u>N/A</u>	

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-5-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-09.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peebles, MBA, CPPB, CPCU
Procurement Director

DEVEREUX SWEETWATER

**ATTACHMENT 6J
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$129	180	\$23220
EDP: Emotional Disability/Separate Facility/Private School	\$129	180	\$23220
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$129	180	\$23220
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$129	180	\$23220
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$129	180	\$23220
SLI: Speech/Language Impairment	\$129	180	\$23220
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$129	180	\$23220

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DEVEREUX SWEETWATER

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$78
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$78
Parent Counseling and Training	YES	NO	\$78
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	YES	NO	\$78/trip
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$129/day

Check all grades for which you are approved:

- PreSchool Kindergarten First Second Third Fourth Fifth
 Sixth Seventh Eighth Ninth Tenth Eleventh Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

11000 N. Scottsdale Rd. Ste 260
(Street Address)

Scottsdale, AZ 85254
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Sophie Park, Financial Manager
(Name and Title)

11000 N. Scottsdale Rd. Ste 260
(Street Address)

Scottsdale, AZ 85254
(City & State) (Zip Code)

480-889-0569 / 480-443-5587
(Telephone & Facsimile Numbers)

spark@devereux.org
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

FOUNDATION FOR BLIND CHILDREN
Company Name

MARC ASHTON
Name of Person Authorized to Sign Offer

1235 E. HARMONT
Street Address

EXECUTIVE DIRECTOR
Title of Authorized Person

Phoenix AZ 85020
City State Zip Code

[Signature] 10-19-07
Signature of Authorized Person Date of Offer

Telephone Number: 602 331-1470

Facsimile Number: 602 678-5803

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 86-0129981

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
<i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-19-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-10.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

FOUNDATION FOR BLIND CHILDREN/PRESCHOOL

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	\$91.39	144	\$13,160 (rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
PSD: Preschool-Severe Delay	\$91.39	144	\$13,160 (rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
PSL: Preschool-Speech/Language Delay	\$91.39	144	\$13,160 (rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
SLD: Specific Learning Disability			

FOUNDATION FOR BLIND CHILDREN/K-2

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input checked="" type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$131.11	180	\$23,600 (rate includes all appropriate therapies as developed by the IEP team including O&M services)
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input checked="" type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input checked="" type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$131.11	180	\$23,600 (rate includes all appropriate therapies as developed by the IEP team including O&M services)
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

FOUNDATION FOR BLIND CHILDREN/K-2

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Independent Living skills as available	YES	YES	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$235/Week

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment	\$62.78	144	\$9,040 (rate does not include the cost for any speech, physical, or occupational therapies)
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

FOUNDATION FOR BLIND CHILDREN/PRESCHOOL

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	PLEASE INDICATE	\$70.00/Hr. (if not included in the tuition rate-see Part I)
Occupational Therapy	YES	PLEASE INDICATE	\$70.00/Hr. (if not included in the tuition rate-see Part I)
Physical Therapy	YES	PLEASE INDICATE	\$70.00/Hr. (if not included in the tuition rate-see Part I)
Audiology	NO	PLEASE INDICATE	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational	NO	PLEASE INDICATE	

Assessments			
Psychological Services	NO	PLEASE INDICATE	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	PLEASE INDICATE	
Transportation	NO	PLEASE INDICATE	
Other: Independent Living skills as available	YES	YES	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	\$180/Week for Preschool; \$235/Week for Elem./Second.

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth



independence



master



October, 2007

To the Department of Special Education:

Each year, The Foundation for Blind Children publishes its fees for the coming school year for services provided to blind and low vision children. Following are the fees for the 2007-2008 school year. These fees will remain in effect through **June 30, 2008**.

TEXTBOOK SERVICE	\$1,100/YEAR
PRESCHOOL TUITION (Annual):	
VISUALLY IMPAIRED*	\$9,040/YEAR
VI with PSD, PMD & PSL**	\$13,160/YEAR
K-2 MDSSI CLASSROOM TUITION (Annual)	\$23,600/YEAR
VISION RESOURCE TEACHING (including evaluations)	\$85.00/HOUR
ORIENTATION & MOBILITY INSTRUCTION (including evaluations)	\$85.00/HOUR
EDUCATIONAL EVALUATIONS	\$85.00/HOUR
ASSISTIVE TECHNOLOGY TRAINING	\$62.00/HOUR
ASSISTIVE TECHNOLOGY EVALUATIONS	\$90.00/HOUR
EXTENDED SCHOOL YEAR SERVICES – PRESCHOOL	\$180.00/WEEK
EXTENDED SCHOOL YEAR SERVICES – ELEMENTARY & SECONDARY	\$235.00/WEEK
INDEPENDENT LIVING SKILLS TRAINING – as available	NO CHARGE
COUNSELING SERVICES – as available	NO CHARGE

*The preschool tuition of \$9,040 for the visually impaired child does not include the cost for any therapies, i.e., speech, physical or occupational. These therapies are sometimes recommended and any therapies approved in the child's IEP will be billed separately, over and above the tuition rate, at an hourly rate of \$70.00/hour.

**The preschool tuition of \$13,160 for the MDSSI child includes individualized speech, physical and occupational therapies, not to exceed six (6) hours of individualized therapy per month. If additional therapy is authorized by the district and is available from FBC, the district will be billed at \$70.00/hour.

FBC is designed as a vision resource center to assist school districts and students in the provision of specialized services and materials for blind and visually impaired children. If we can be of any assistance or answer any questions, please contact Elaine Baldrige or me at 602-331-1470.

Sincerely

Michael Hanks
 Director of Finance & Administration



SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

1235 E. HARMONT DRIVE
(Street Address)

PHOENIX AZ 85020
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

MICHAEL HANKS
(Name and Title)

SAME
(Street Address)

(City & State) (Zip Code)

602.331-1470 FAX 602-678.5803
(Telephone & Facsimile Numbers)

Mhanks@SECITOURWAY.ORG
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

CORREWAY ACADEMY
Company Name

O. ROBIN SWIFT
Name of Person Authorized to Sign Offer

7655 E. GELDING DR. A-2
Street Address

EXECUTIVE DIRECTOR
Title of Authorized Person

SCOTTSDALE AZ 85260
City State Zip Code

[Signature] 10/12/07
Signature of Authorized Person Date of Offer

Telephone Number: 480-998-1071

Facsimile Number: 480-998-1046

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 20-2689988

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-12-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011- 11.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of December, 2007

[Signature]
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

Gateway Academy

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$250		\$45,000
EDP: Emotional Disability/Separate Facility/Private School	\$250		\$45,000
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$250		\$45,000
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$250		\$45,000
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$250		\$45,000
SLI: Speech/Language Impairment	\$250		\$45,000
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$250		\$45,000

If payment is made within 0 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

TYPE SCHOOL/FACILITY NAME HERE

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	\$350/hour
Psychological Services	YES	NO	\$200/hour
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Equine Therapy	YES	YES	
Other: Music Therapy	YES	YES	
Other: Social Skills	YES	YES	
Extended School Year	YES	NO	

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

(Street Address)

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

O. ROBIN SWEET - EXECUTIVE DIRECTOR
(Name and Title)

7655 E. CORDING DR. A-3
(Street Address)

SCOTTSDALE, AZ 85260
(City & State) (Zip Code)

480-998-1071 ; 480-998-1046
(Telephone & Facsimile Numbers)

CORTEL IN ACADEMY @ COX.NET
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

GIOMPERS HABILITATION CENTER

Company Name

DR. THOMAS A. DEMPSTER

Name of Person Authorized to Sign Offer

6601 N. 27TH AVE

Street Address

DIRECTOR OF EDUCATION / PRINCIPAL

Title of Authorized Person

PHOENIX, AZ 85017

City State Zip Code

Thomas A. Dempster, PhD 10/5/07

Signature of Authorized Person Date of Offer

Telephone Number: (602) 336-0061 ext. 115

Facsimile Number: (602) 336-0249

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Offeror's Federal Employer Identification Number: 86-0098909

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amend-
ment(s) to the Solicitation for Offers and
related documents numbered and dated*

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-5-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011- 12**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30TH day of November, 2007

[Signature]

Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$150.00	181	\$27,150.00
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$150.00	181	\$27,150.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$150.00	181	\$27,150.00
MIMR: Mild Mental Retardation	\$150.00	181	\$27,150.00
MOMR: Moderate Mental Retardation	\$150.00	181	\$27,150.00
OHI: Other Health Impairment	\$150.00	181	\$27,150.00
OI: Orthopedic Impairment	\$150.00	181	\$27,150.00
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$150.00	181	\$27,150.00
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation	\$150.00	181	\$27,150.00
TBI: Traumatic Brain Injury	\$150.00	181	\$27,150.00
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II - AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$75/hour
Occupational Therapy	YES	NO	\$75/hour
Physical Therapy	YES	NO	\$75/hour
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	YES	YES	Nursing Services
Transportation	NO	NO	
Other: Recreation Therapy	YES	NO	\$65/hour
Other: Behavioral Specialist	YES	YES	
Other: One-to-One Aide	YES	NO	\$100/day
Extended School Year	YES	YES	\$120/day

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

6601 N. 27TH AVE.

(Street Address)

PHOENIX, AZ 85017

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

DR. THOMAS A. DEMPSTER, PRINCIPAL

(Name and Title)

6601 N. 27TH AVE.

(Street Address)

PHOENIX, AZ 85017

(City & State)

(Zip Code)

PH: (602) 336-0061, EXT. 115 FAX: (602) 336-0249

(Telephone & Facsimile Numbers)

tdempster@gomperscenter.org

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Hi-Star Center for Children

Company Name

5807 N. 43rd Ave.

Street Address

Phoenix AZ 85019

City State Zip Code

Telephone Number: 602-548-3038

Kristin E. Texada

Name of Person Authorized to Sign Offer

Program Director

Title of Authorized Person

Kristin E. Texada 10/18/07

Signature of Authorized Person Date of Offer

Facsimile Number: 602-548-3175

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	Amendment No. Date	Amendment No. Date
	_____	_____
	_____	_____
	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-18-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-13**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

Douglas C. Peoples

Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

HI-STAR CENTER FOR CHILDREN

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$153.00	180	\$27,540.00
EDP: Emotional Disability/Separate Facility/Private School	\$153.00	180	\$27,540.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$153.00	180	\$27,540.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$153.00	180	\$27,540.00
MOMR: Moderate Mental Retardation	\$153.00	180	\$27,540.00
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$153.00	180	\$27,540.00
SLI: Speech/Language Impairment	\$153.00	180	\$27,540.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

HI-STAR CENTER FOR CHILDREN

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$153.00 per day

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Howard S. Gray Education Program
@ Banner Behavioral Health Hospital - Scottsdale
Company Name

Patricia Little-Upah
Name of Person Authorized to Sign Offer

7575 East Earil Drive
Street Address

CEO Banner Behavioral Health Hosp.
Title of Authorized Person

Scottsdale, AZ 85251
City State Zip Code

Patricia Little-Upah Oct. 15, 07
Signature of Authorized Person Date of Offer

Telephone Number: 480-941-7558

Facsimile Number: 480-941-7614

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: 27-0036480

Offeror's Federal Employer Identification Number: _____

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-15-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011- 14.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of December, 2007
[Signature]

Douglas C. Peeples, MBA, CHPB, CPCM
Procurement Director

Howard S. Gray Education Center

ATTACHMENT 6.1 BEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	125.00	181	\$22,625.00
EDP: Emotional Disability/Separate Facility/Private School	125.00	181	\$22,625.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	125.00	181	\$22,625.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	125.00	181	\$22,625.00
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	125.00	181	\$22,625.00

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

7575 E. Earll Drive

(Street Address)

Scottsdale, AZ 85251

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Shari Carlsted

(Name and Title)

7575 E. Earll Drive

(Street Address)

Scottsdale, AZ 85251

(City & State)

(Zip Code)

480-941-7615 FAX 480-941-7614

(Telephone & Facsimile Numbers)

Shari.Carlsted@bannerhealth.com

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Life Development Institute

Company Name

18001 N 79th AV E-71

Street Address

Glen dale AZ 85308

City

State

Zip Code

Telephone Number: 623-773-2774

Rob Crawford

Name of Person Authorized to Sign Offer

CEO

Title of Authorized Person

[Signature] 10/18/07

Signature of Authorized Person

Date of Offer

Facsimile Number: 623-773-2788

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

86-0456403

Acknowledgement of Amendment(s):
*(Offeror acknowledges receipt of amend-
ment(s) to the Solicitation for Offers and
related documents numbered and dated*

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-18-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-15.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]

Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

Life Development Institute

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$140	180	\$25,200
EDP: Emotional Disability/Separate Facility/Private School	\$140	180	\$25,200
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation	\$140	180	\$25,200
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$140	180	\$25,200
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$140	180	\$25,200
SLI: Speech/Language Impairment	\$140	180	\$25,200
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Life Development Institute

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	NO	NO	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	Guidance included in rate/counseling \$75 1/2 hr
Parent Counseling and Training	YES	NO	\$75 1/2 hr
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	YES	NO	Vocational Assessments \$500 flat rate
Other:	YES	NO	Independent Living Skills Assessments \$750 flat rate
Extended School Year	YES	NO	4 week summer session \$140 per day

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

**SECTION 2
SPECIAL TERMS AND CONDITIONS**

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

18001 N 79th AV E-71

(Street Address)

Glendale, AZ 85308

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Rob Crawford CEO

(Name and Title)

18001 N 79th AV E-71

(Street Address)

Glendale AZ 85308

(City & State)

(Zip Code)

(623) 773-2774 (623) 773-2788

(Telephone & Facsimile Numbers)

rcrawford@life-development-inst.org

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Neurologic Music Therapy Services of AZ
Company Name

Suzanne E. Oliver
Name of Person Authorized to Sign Offer

2702 N. Third St., Suite 1000
Street Address

Executive Director, president
Title of Authorized Person

Phoenix AZ 85004
City State Zip Code

[Signature] 10-19-07
Signature of Authorized Person Date of Offer

Telephone Number: 602-840

Facsimile Number: 602-840-6431

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Offeror's Federal Employer Identification Number: 20-2777059

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-19-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-16**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED08-0011

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	157.00	180	28,260.00
EDP: Emotional Disability/Separate Facility of Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/Hi, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI,MIMR, OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate per hour (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	\$80.00/hr
Occupational Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Physical Therapy	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	\$80.00/hr
Audiology	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Pre-vocation/Vocational	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Counseling/Guidance for Students	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Parent Counseling and Training	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Psychoeducational Assessments	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Psychological Services	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Recreation	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
School Health Services	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Medical	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Transportation	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	
Other: <i>Neurologic Music Therapy / 2x daily</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: <i>Reading Specialist / daily</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Other: <i>1:1 behavioral support</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N	Y	<input checked="" type="radio"/> N	\$84.00/day
Extended School Year	Y	<input checked="" type="radio"/> N	Y	<input checked="" type="radio"/> N	

Circle all grades for which you are approved:

PreK K ① ② ③ ④ ⑤ ⑥ ⑦ 8 9 10 11 12

**SECTION 2
SPECIAL TERMS AND CONDITIONS**

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

2702 N. Third St., Suite 1000
(Street Address)

Phoenix, Arizona 85004
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Suzanne Oliver, Executive Director
(Name and Title)

2702 N. Third St., Suite 1000
(Street Address)

Phoenix, Arizona 85004
(City & State) (Zip Code)

602-840-6410, 602-840-6431
(Telephone & Facsimile Numbers)

soliver@nmtsa.org
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

New Way Learning Academy Dawn Gutierrez
Company Name Name of Person Authorized to Sign Offer

1300 N 77th Street
Street Address

Dawn Gutierrez 10-19-07
Signature of Authorized Person Date of Offer

Scottsdale, AZ 85257
City State Zip Code

Telephone Number: 480-946-9112

Facsimile Number: 480-946-2657

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 86-0215781

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
<i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-19-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-17.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

Douglas C. Peeples
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

New Way Learning Academy

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	145.00	180	26,100.00
SLI: Speech/Language Impairment	145.00	180	26,100.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within 0 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

New Way Learning Academy

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	YES	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	145.00/day

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

1300 N. 77th St

(Street Address)

SCOTTSDALE AZ 85257

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

JEFF WATKINS, Ed.D., EXECUTIVE DIRECTOR

(Name and Title)

1300 N. 77th St

(Street Address)

SCOTTSDALE AZ 85257

(City & State)

(Zip Code)

480 946-9112

(Telephone & Facsimile Numbers)

jeff@newwayacademy.org

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Phoenix Center for Education
Company Name

BRYAN SKELTON
Name of Person Authorized to Sign Offer

4229 N. 16th Street
Street Address

EVP / CFO / SECRETARY
Title of Authorized Person

Phoenix AZ 85016
City State Zip Code

[Signature] 10-4-07
Signature of Authorized Person Date of Offer

Telephone Number: 602-230-0010

Facsimile Number: 602-265-9491

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 86-0596003

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
<i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-4-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-18**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peoples, MBA, CPPB, CPCM
Procurement Director

Phoenix Center for Education

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$186.00 ✓	184	\$34224.00
EDP: Emotional Disability/Separate Facility/Private School	\$120.67 ✓	184	\$22203.28
HI: Hearing Impairment	\$120.67	184	\$22203.28
MD: Multiple Disabilities (Please check combinations served) <input checked="" type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input checked="" type="checkbox"/> HI/MOMR <input checked="" type="checkbox"/> HI/OI <input checked="" type="checkbox"/> HI/SLD <input checked="" type="checkbox"/> HI/ED <input checked="" type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$120.67	184	\$22203.28
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$120.67	184	\$22203.28
MOMR: Moderate Mental Retardation	\$120.67	184	\$22203.28
OHI: Other Health Impairment	\$120.67	184	\$22203.28
OI: Orthopedic Impairment	\$120.67	184	\$22203.28
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$120.67	184	\$22203.28
SLI: Speech/Language Impairment	\$120.67	184	\$22203.28
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$120.67	184	\$22203.28
VI: Visual Impairment	\$120.67	184	\$22203.28
Alternative General Education: for At-Risk students	\$120.67	184	\$22203.28

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Phoenix Center for Education

**ATTACHMENT 61
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$47.00 per ½ hour
Occupational Therapy	YES	NO	\$47.00 per ½ hour
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$47.00 per ½ hour
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	YES	YES	
Transportation	YES	NO	\$47.00 per day
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	\$120.67/day

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

4229 N 16th Street
(Street Address)

Phoenix, AZ 85016
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Robin Sorrell Director
(Name and Title)

4229 N 16th Street
(Street Address)

Phoenix, AZ 85016
(City & State) (Zip Code)

602-230-0010
(Telephone & Facsimile Numbers)

rsorrell@esa-education.com
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 **Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations.** The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Special Education Services DBA
Company Name Southwest

Elizabeth Conran
Name of Person Authorized to Sign Offer

4433 N 7th Street
Street Address education center

Board of Directors
Title of Authorized Person

Phoenix AZ 85014
City State Zip Code

[Signature] 10-10-07
Signature of Authorized Person Date of Offer

Telephone Number: 602-277-0920

Facsimile Number: 630-907-0197

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 352-78-1597

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	Amendment No. <u>10-8-07</u> Date _____	Amendment No. _____ Date _____
	_____	_____
	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 10-10-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-19**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

SOUTHWEST EDUCATION CENTER

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	162.00	180	\$29,160
EDP: Emotional Disability/Separate Facility/Private School	127.50	180	\$22,950
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	162.00	180	\$29,160
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	162.00	180	\$29,160
MOMR: Moderate Mental Retardation	162.00	180	\$29,160
OHI: Other Health Impairment	127.50	180	\$22,950
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	127.50	180	\$22,950
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation	162.00	180	\$29,160
TBI: Traumatic Brain Injury	127.50	180	\$22,950
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

SOUTHWEST EDUCATION CENTER

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$85 PER HR
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	YES	See Attached Rate Sheet
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	Daily Rate

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

**SECTION 2
SPECIAL TERMS AND CONDITIONS**

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

4433 N. 7th St.

(Street Address)

Phoenix AZ 8504

(City & State)

(Zip Code)

18 Contractor representative to contact for contract administration purposes:

Laura Breiser

(Name and Title)

4433 N. 7th St

(Street Address)

Phoenix AZ 85014

(City & State)

(Zip Code)

602-277-0920

(Telephone & Facsimile Numbers)

laura.breiser@menta.com

(E-mail Address)

19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The ACES: The Austin Centers for Exceptional Students Frances Austin
Company Name Name of Person Authorized to Sign Offer

6815 W. Cactus Rd.
Street Address

CEO / President
Title of Authorized Person

Peoria Az 85381
City State Zip Code

[Signature] 10/18/07
Signature of Authorized Person Date of Offer

Telephone Number: 623-937-5090

Facsimile Number: 623-937-5349

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: 267-8320-5

Offeror's Federal Employer Identification Number: 860 793737

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	Amendment No. Date	Amendment No. Date
	_____	_____
	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 10-18-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-20.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

TYPE SCHOOL/FACILITY NAME HERE

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$164.00	186	\$30,504
EDP: Emotional Disability/Separate Facility/Private School	\$138.00	186	\$25,668
HI: Hearing Impairment	n/a		
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	n/a		
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	n/a		
MIMR: Mild Mental Retardation	\$138.00	186	\$25,668
MOMR: Moderate Mental Retardation	\$138.00	186	\$25,668
OHI: Other Health Impairment	\$138.00	186	\$25,668
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$138.00	186	\$25,668
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$138.00	186	\$25,668
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

TYPE SCHOOL/FACILITY NAME HERE

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$118.00 per hr
Occupational Therapy	YES	NO	\$118.00 per hr
Physical Therapy	NO	PLEASE INDICATE	
Audiology	NO	PLEASE INDICATE	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$118.00
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	\$198 -\$455
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	PLEASE INDICATE	
Medical	NO	PLEASE INDICATE	
Transportation	YES	NO	Varies
Other: Speech & Language Evaluation	YES	NO	\$142- \$396
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	\$115.00 per day

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

(Street Address)

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Francis Austin, President
(Name and Title)

6815 W. Carter Rd
(Street Address)

Peoria, Az 85381
(City & State) (Zip Code)

623-937-5090
(Telephone & Facsimile Numbers)

Francis.austin@theaces.net
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Aurora School
Company Name

17667 N. 91st Ave.
Street Address

Peoria AZ 85382
City State Zip Code

Telephone Number: 623-385-3590

Jack Lungu
Name of Person Authorized to Sign Offer

C.E.O.
Title of Authorized Person

[Signature] 10-12-07
Signature of Authorized Person Date of Offer

Facsimile Number: 623-385-3599

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: 208329012

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
<i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-12-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-21.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

[Signature]
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

**ATTACHMENT 6.1
FEE SCHEDULE PART I**

SOLICITATION NO. ED08-0011

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$ 135	180	24,300
EDP: Emotional Disability/Separate Facility of Private School	\$ 135	180	24,300
HI: Hearing Impairment			
MD: Multiple Disabilities (Please circle combinations served) VI/HI, VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR, HI/MOMR, HI/OI, HI/SLD, HI/ED, HI, MIMR, OI/MOMR , OI/SLD , OI/ED , OI/MIMR , MOMR/ED	\$ 135	180	24,300
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please circle combinations served) SVI/SHI, SVI/MOMR, SVI/SMR, SVI/EDP, SHI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED			
MIMR: Mild Mental Retardation	\$ 135	180	24,300
MOMR: Moderate Mental Retardation	\$ 135	180	24,300
OHI: Other Health Impairment	\$ 135	180	24,300
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$ 135	180	24,300
SLI: Speech/Language Impairment	\$ 135	180	24,300
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available	Included in Daily Rate	Rate per hour (if not included)
Speech/Language Therapy	<input checked="" type="radio"/> Y N	Y <input checked="" type="radio"/> N	\$ 70 ^{ea}
Occupational Therapy	<input checked="" type="radio"/> Y N	Y <input checked="" type="radio"/> N	\$ 70 ^{ea}
Physical Therapy	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Audiology	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Pre-vocation/Vocational	<input checked="" type="radio"/> Y N	<input checked="" type="radio"/> Y N	
Counseling/Guidance for Students	<input checked="" type="radio"/> Y N	<input checked="" type="radio"/> Y N	
Parent Counseling and Training	<input checked="" type="radio"/> Y N	<input checked="" type="radio"/> Y N	
Psychoeducational Assessments	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	at contracted rate
Psychological Services	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	at contracted rate
Recreation	<input checked="" type="radio"/> Y N	<input checked="" type="radio"/> Y N	
School Health Services	<input checked="" type="radio"/> Y N	<input checked="" type="radio"/> Y N	
Medical	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Transportation	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Other: <i>One-on-One Aide</i>	<input checked="" type="radio"/> Y N	Y <input checked="" type="radio"/> N	\$ 16.00
Other:	Y N	Y N	
Other:	Y N	Y N	
Extended School Year	<input checked="" type="radio"/> Y N	Y <input checked="" type="radio"/> N	\$ 85/day

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

17667 N. 91st Ave
(Street Address)

Peoria AZ 85382
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Dr Sherry Jones - Director of Education
(Name and Title)

17667 N. 91st Ave
(Street Address)

Peoria AZ 85382
(City & State) (Zip Code)

623-385-3590 623-385-3599
(Telephone & Facsimile Numbers)

s.jones@aurorabehavioral.com
(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations. The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Andrew Center for Neurodevelopmental James Paul
 Company Name Medias Name of Person Authorized to Sign Offer
5430 W. Glenn Dr. Special Educator Coordinator
 Street Address Title of Authorized Person
Glendale, AZ 85301 James Paul 10/3/07
 City State Zip Code Signature of Authorized Person Date of Offer
 Telephone Number: 623-915-0345 Facsimile Number: 623-937-5425

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

Acknowledgement of Amendment(s):
 (Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 10/03/07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-22**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona
 Awarded this 30th day of November, 2007
Douglas C. Peoples
 Douglas C. Peoples, MBA, CPPB, CPCM
 Procurement Director

The Children's Center for Neurodevelopmental Studies

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$174. ⁰⁰	180	\$31,320
EDP: Emotional Disability/Separate Facility/Private School	\$174. ⁰⁰	180	\$31,320
HI: Hearing Impairment	N/A	N/A	N/A
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$174. ⁰⁰	180	\$31,320
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$174. ⁰⁰	180	\$31,320
MIMR: Mild Mental Retardation	\$174. ⁰⁰	180	\$31,320
MOMR: Moderate Mental Retardation	\$174. ⁰⁰	180	\$31,320
OHI: Other Health Impairment	\$174. ⁰⁰	180	\$31,320
OI: Orthopedic Impairment	\$174. ⁰⁰	180	\$31,320
PMD: Preschool-Moderate Delay	\$139. ⁰⁰	180	\$25,020
PSD: Preschool-Severe Delay	\$139. ⁰⁰	180	\$25,020
PSL: Preschool-Speech/Language Delay	\$139. ⁰⁰	180	\$25,020
SLD: Specific Learning Disability	\$174. ⁰⁰	180	\$31,320
SLI: Speech/Language Impairment	N/A	N/A	N/A
SMR: Severe Mental Retardation	\$174. ⁰⁰	180	\$31,320
TBI: Traumatic Brain Injury	N/A	N/A	N/A
VI: Visual Impairment	N/A	N/A	N/A
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

TYPE SCHOOL/FACILITY NAME HERE

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	Y	Y	
Occupational Therapy	Y	Y	
Physical Therapy	N	N	
Audiology	N	N	
<u>Pre-vocation/Vocational</u>	Y	Y	
Counseling/Guidance for Students	N	N	
Parent Counseling and Training	N	N	
Psychoeducational Assessments	N	N	
Psychological Services	N	N	
Recreation	Y	Y	
School Health Services	N	N	
Medical	N	N	
Transportation	N	N	
Other: Horse back	Y	Y	
Other: Horticulture	Y	Y	
Other: Music	Y	Y	
Extended School Year	Y	N	\$174. ⁰⁰ per day
One on One Aide	Y	N	\$ 15. ⁰⁰ per hour

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO.

13. **Payment.** The Contractor shall be paid the total amount set forth in Attachment 6.1 of the Contract upon verification by the eligible recipient agency that the Contractor satisfactorily delivered the goods or services set forth in the Scope of Work or specifications.
14. **Invoices.** The Contractor shall submit invoices in a mutually acceptable format for work that has been performed in accordance with the contract terms and conditions and accepted by the LEA.
15. **Inclusive Offeror.** Offeror(s) are encouraged to make every effort to utilize subcontractors that are small, women-owned and/or minority owned business enterprises. This could include subcontracts for a percentage of the work. Offerors who are committing a portion of their work to such subcontractors shall do so by identifying the type of service and work to be performed by providing detail concerning your organization's utilization of small, women-owned and/or minority business enterprises. Emphasis should be placed on specific areas that are subcontracted and percentage of contract utilization and how this effort will be administered and managed, including reporting requirements.
16. **Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

(Company Name)

(Street Address)

(City & State)

(Zip Code)

17. Contractor representative to contact for contract administration purposes:

WENDY FARR / CLINICAL DIRECTOR
(Name and Title)

5430 W. GLENN DRIVE
(Street Address)

GLENDAL AZ 85301
(City & State) (Zip Code)

623-915-0345 / 623-937-5425
(Telephone & Facsimile Numbers)

education@thechildrenscenteraz.org
(E-mail Address)

OFFER AND AWARD



ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Upward Foundation
Company Name
6306 N. 7th Street
Street Address
Phoenix AZ 85014
City State Zip Code
Telephone Number: 602-279-5801

Sharon L. Graham
Name of Person Authorized to Sign Offer
Director of Programs
Title of Authorized Person
Sharon L. Graham 10-15-07
Signature of Authorized Person Date of Offer
Facsimile Number: 602-279-0033

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: N/A

Offeror's Federal Employer Identification Number: 86-0221195

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	Amendment No. Date	Amendment No. Date
	_____	_____
	_____	_____
	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD
(For State of Arizona Use Only)

Your Offer, dated 10-15-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011-23.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 20th day of November, 2007

Douglas C. Peeples
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

Upward Foundation

**ATTACHMENT 6.1
EDE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> V/ED <input type="checkbox"/> V/MIMR <input checked="" type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$177	183	\$32,391.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input checked="" type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$177	183	\$32,391.00
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation	\$177	183	\$32,391.00
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	\$135	140	\$18,900.00
PSD: Preschool-Severe Delay	\$135	140	\$18,900.00
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Upward Foundation

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	YES	YES	
Medical	YES	YES	
Transportation	NO	NO	
Other: Music Therapy	YES	YES	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$177/day(K-12) \$135/day(PS)

Check all grades for which you are approved:

- PreSchool
 Kindergarten
 First
 Second
 Third
 Fourth
 Fifth
 Sixth
 Seventh
 Eighth
 Ninth
 Tenth
 Eleventh
 Twelfth

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

6306 N. 7th Street

(Street Address)

Phoenix, Arizona 85014

(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Sharon L. Graham, Director of Programs

(Name and Title)

6306 N. 7th Street

(Street Address)

Phoenix, AZ 85014

(City & State) (Zip Code)

602-279-5801/602-279-0033

(Telephone & Facsimile Numbers)

sharon.graham@upwardfoundation.org

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007

Phone: (602) 364-4006

FAX: (602) 364-0428

E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 **Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations.** The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007



SOLICITATION NO. ED08-0011

OFFER

The Undersigned hereby offers and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications and amendments in the solicitation.

Youth Development Institute
Company Name

TRISH COCOROS
Name of Person Authorized to Sign Offer

1830 E Roosevelt Rd
Street Address

Associate Director
Title of Authorized Person

Phoenix AZ 85006
City State Zip Code

Trish Cocoros 10-11-07
Signature of Authorized Person Date of Offer

Telephone Number: 602-256-5350

Facsimile Number: 602-256-5312

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: n/a

Offeror's Federal Employer Identification Number: 86-0841341

Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated</i>	Amendment No. Date	Amendment No. Date
	_____	_____
	_____	_____
	_____	_____

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated 10-11-07, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED08-0011-24**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this 30th day of November, 2007

Douglas C. Peeples
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

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ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

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(Note: RFP Sections 4 and 5 are not physically located within this resultant contract, but are incorporated herein by reference.)		
6	Attachments (These standard documents must be completed and returned by the Offeror. Other documents may be <i>required</i> . Refer to Special Instructions to Offerors.)	
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SECTION 1
SCOPE OF WORK

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. ED08-0011

- I. The Arizona Department of Education (ADE) seeks to contract on behalf of all Arizona public education agencies for the provision of special educational services in a private day school setting pursuant to A.A.C. R7-2-402. These private day schools shall:
1. Provide special education instructional programs for students with disabilities that are at least comparable to those provided by the public schools of Arizona and meet the requirements of Individuals with Disabilities Education Act (IDEA).
 2. Provide certificated special education teachers in each classroom to implement the Individual Educational Programs (IEPs) of those students assigned to that classroom. Student:teacher ratio shall not exceed 8:1 or 12:1 with a paraprofessional.
 3. Provide related services to meet the needs of the students as indicated on their IEPs.
 4. Provide administration personnel such as head teacher, principal, or other administrator certificated in an administrative area or experienced and certificated in the appropriate area of special education.
 5. Provide an education that meets the standards that apply to education provided by the public education agency.
 6. Maintain student records in accordance with the statutory requirements.
 7. Accept all responsibilities concerning instructional programs to the disabled student and parent or guardian that are required of the public schools of Arizona. Ultimate responsibility for any student under contract in a private special education school rests with the public education agency contracting for the students' education.
 8. Administer all required statewide assessments to those students placed in the private facility by a Public Education Agency (PEA) or through the educational voucher system.
 9. Maintain adequate liability insurance.
 10. Maintain an accounting system and budget which includes the costs of operation, maintenance, transportation, and capital outlay, and which is open to review upon request.
 11. Maintain an attendance reporting system that provides public education agencies and the Department with required information.
 12. Provide notification to contracting public education agencies and the Department of any changes in staff or deletion of programs within 10 school days of the change or deletion.
 13. Provide notification to the contracting PEA of any intent to discontinue, suspend, or terminate services to a student for longer than 10 days. Services to the student must be continued by the private school until an IEP meeting with the PEA is convened to determine an appropriate alternative placement. The PEA must be given up to 10 school days to arrange for the transition of the student after the IEP determination.
 14. Permit onsite evaluation of the program by the Department or its designees, and the representatives of the public education agencies.
 15. Request approval to contract with public education agencies from the Department in accordance with the prescribed procedures.
 16. Complete the billing process for covered Medicaid services if requested to do so in writing by the school district.
- II. Attachment 6.1 contains a listing of services by disability category and for related services and grade levels required by the solicitation.

SECTION 2
SPECIAL TERMS AND CONDITIONS

ARIZONA DEPARTMENT OF EDUCATION
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1. **Definition of Terms Used in these Special Terms and Conditions.** As used in these Special Terms and Conditions, the following terms, in addition to those terms defined in Section 3, Paragraph 1, have the following meaning:

- A. "ADE" means the Arizona Department of Education.
- B. "Department" means the Arizona Department of Education.

2. **Indemnification.** Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnatee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona.

This indemnity shall not apply if the Contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

3. **Insurance Requirements.** Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

A. **Minimum Scope And Limits Of Insurance:** Contractor shall provide coverage with limits of liability not less than those stated below.

1. **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

- General Aggregate \$2,000,000
- Products – Completed Operations Aggregate \$1,000,000
- Personal and Advertising Injury \$1,000,000
- Blanket Contractual Liability – Written and Oral \$1,000,000
- Fire Legal Liability \$ 50,000
- Each Occurrence \$1,000,000

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- a. The policy shall be endorsed to *include coverage for sexual abuse and molestation*.
- b. The policy shall be endorsed to include the following additional insured language: *“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor”*.
- c. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

2. Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

Combined Single Limit (CSL) \$1,000,000

- a. The policy shall be endorsed to include the following additional insured language: *“The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor”*.

3. Worker's Compensation and Employers' Liability

Workers' Compensation Statutory

Employers' Liability

Each Accident	\$ 500,000
Disease – Each Employee	\$ 500,000
Disease – Policy Limit	\$1,000,000

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- b. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

4. Professional Liability (Errors and Omissions Liability)

Each Claim	\$1,000,000
Annual Aggregate	\$2,000,000

- a. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.
- b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

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- c. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract.
- B. **Additional Insurance Requirements:** The policies shall include, or be endorsed to include, the following provisions:
1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.
 2. The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.
 3. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.
- C. **Notice of Cancellation:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to Procurement Officer listed in No. 17 of this section, and shall be sent by certified mail, return receipt requested.
- D. **Acceptability of Insurers:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.
- E. **Verification of Coverage:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.
- All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.
- All certificates required by this Contract shall be sent directly to the Procurement Officer listed in paragraph 19 of this section. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**
- F. **Subcontractors:** Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
- G. **Approval:** Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

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- H. **Exceptions:** In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.
4. **Contract Term.** The term of this Contract shall commence on the date the award is signed by the Procurement Officer, and will remain in effect through **June 30, 2008** unless terminated, canceled, or extended as otherwise provided herein.
5. **Option to Extend the Term of the Contract.**
- A. Both parties have the right by mutual agreement to determine to extend the term of this Contract prior to the Contract expiration date. The state will initiate this process by notifying the Contractor at least 60 days prior to the expiration date.
 - B. If the parties determine to exercise this option, the extended Contract shall be considered to include this option provision as well as all other terms and conditions of the original contract, as modified.
 - C. The total duration of this Contract, including the exercise of any options under this provision, shall not exceed five (5) years.
6. **Pricing.** All pricing shall be fixed firm price and be inclusive of all labor, equipment, materials, products, freight (FOB Destination), consumable supplies, insurance, and all other costs incidental to the services provided. The Contractor is not required to absorb the cost of student lunches.
- A. The Contractor may request a price increase for this contract prior to the expiration the present term. Any price increase shall be based on a cost increases to the Contractor and shall be justified.
 - B. All written requests for price adjustments made by the Contractor shall be submitted to the Procurement Officer at the same time annual approval documentation is submitted to the ADE Director, State and Federal Initiatives, Exceptional Student Services.
7. **Type of Contract.** This is a Fixed Price with Escalation, indefinite quantity, requirements contract for use of all Arizona public education agencies.
8. **Eligible Recipient Agencies and Payment:** This Contract is for the use of ADE and state certified private day schools. Pursuant to authority delegated to ADE by the Department of Administration, this Contract is for the use of ADE, and Arizona school districts and charter schools (all public education agencies). The prices and terms and conditions of this contract apply to all eligible recipient agencies. The Contractor shall accept purchase orders from eligible recipient agencies for contract services. The Contractor shall invoice the eligible recipient agency that tendered the purchase order for the contract services (do not invoice ADE). The eligible recipient agency will pay the Contractor upon approval of acceptable invoice.
9. **Offshore Performance of Work Prohibited.**
Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision

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- 18 Contractor representative to contact for contract administration purposes:

(Name and Title)

(Street Address)

(City & State) (Zip Code)

(Telephone & Facsimile Numbers)

(E-mail Address)

- 19 The ADE representative to contact for technical matters concerning contract performance (NOTE: this person is not authorized to direct contractor performance or make changes in contract requirements.)

Roberta Brown
Exceptional Student Services
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-4006
FAX: (602) 364-0428
E-mail: Roberta.Brown@azed.gov

- 20 All contract administration matters will be managed by the Procurement Officer named below. All correspondence concerning this contract shall be directed to this individual.

Richard Porter
Procurement Officer
Contracts Management Unit, Bin #37
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

- 21 **Changes to Uniform Terms and Conditions Number 3, Contract Administration and Operations.** The provisions of subsections G and H do not pertain to any background intellectual property, materials, programs, instructional services or software developed by the Contractor which is a part of their general operation and does not pertain to this particular Contract with the state.

SECTION 3 UNIFORM TERMS AND CONDITIONS

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1. **Definition of Terms.** As used in this Solicitation and any resulting Contract, the terms listed below are defined as follows:
 - A. *“Attachment”* means any item the Solicitation requires the Offeror/Contractor to submit as part of the Offer.
 - B. *“Contract”* means the combination of the Solicitation, including the Uniform and Special Instructions to Offeror/Contractors, the Uniform and Special Terms and Conditions, and the Specifications and Statement of Scope of Work; the Offer and any Final Proposal Revisions; and any Solicitation Amendments or Contract Amendments.
 - C. *“Contract Amendment”* means a written document signed by the Procurement Officer that is issued for the purpose of making changes in the Contract.
 - D. *“Contractor”* means any person who has a Contract with the State.
 - E. *“Days”* means calendar days unless otherwise specified
 - F. *“Exhibit”* means any item labeled as an Exhibit in the Solicitation or placed in the Exhibits section of the Solicitation.
 - G. *“Gratuity”* means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is received.
 - H. *“Materials”* means all property, including equipment, supplies, printing, insurance and leases of property but does not include land, a permanent interest in land or real property or leasing space.
 - I. *“Procurement Officer”* means the person duly authorized by the State to enter into and administer Contracts and make written determinations with respect to the Contract or their designee.
 - J. *“Services”* means the furnishing of labor, time or effort by a contractor or subcontractor which does not involve the delivery of a specific end product other than required reports and performance, but does not include employment agreements or collective bargaining agreements.
 - K. *“Subcontract”* means any Contract, express or implied, between the Contractor and another party or between a subcontractor and another party delegating or assigning, in whole or in part, the making or furnishing of any material or any service required for the performance of the Contract.
 - L. *“State”* means the State of Arizona and Department or Agency of the State that executes the Contract.
 - M. *“State Fiscal Year”* means the period beginning with July 1 and ending June 30.

2. **Contract Interpretation.**
 - A. Arizona Law. The Arizona law applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona and the Arizona Procurement Code, Arizona Revised Statutes (A.R.S.) Title 41, Chapter 23, and its implementing rules, Arizona Administrative Code (A.A.C.) Title 2, Chapter 7.
 - B. Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.

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- C. Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by the State and as they may be amended, the following shall prevail in the order set forth below:
- (1) Special Terms and Conditions;
 - (2) Uniform Terms and Conditions;
 - (3) Statement or Scope of Work;
 - (4) Specifications;
 - (5) Attachments;
 - (6) Exhibits;
 - (7) Documents referenced or included in the Solicitation.
- D. Relationship of Parties. The Contractor under this Contract is an independent Contractor. Neither party to this Contract shall be deemed to be the employee or agent of the other party to the Contract.
- E. Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.
- F. No Parol Evidence. This Contract is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document and no other understanding either oral or in writing shall be binding.
- G. No Waiver. Either party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

3. Contract Administration and Operation.

- A. Records. Under A.R.S. § 35-214 and § 35-215, the Contractor shall retain and shall contractually require each subcontractor to retain all data and other "records" relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by the State at reasonable times. Upon request, the Contractor shall produce a legible copy of any or all such records.
- B. Non-Discrimination. The Contractor shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- C. Audit. Pursuant to A.R.S. § 35-214, at any time during the term of this Contract and five (5) years thereafter, the Contractor's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Contract or Subcontract.
- D. Facilities Inspection and Materials Testing. The Contractor agrees to permit access to its facilities, subcontractor facilities and the Contractor's processes or services, at reasonable times for inspection of the facilities or materials covered under this Contract. The State shall also have the right to test, at its own cost, the materials to be supplied under this Contract. Neither inspection of the Contractor's facilities nor

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materials testing shall constitute final acceptance of the materials or services. If the State determines non-compliance of the materials, the Contractor shall be responsible for the payment of all costs incurred by the State for testing and inspection.

- E. Notices. Notices to the Contractor required by this Contract shall be made by the State to the person indicated on the Offer and Acceptance form submitted by the Contractor unless otherwise stated in the Contract. Notices to the State required by the Contract shall be made by the Contractor to the Solicitation Contact Person indicated on the Solicitation cover sheet, unless otherwise stated in the Contract. An authorized Procurement Officer and an authorized Contractor representative may change their respective person to whom notice shall be given by written notice and an amendment to the Contract shall not be necessary.
- F. Advertising, Publishing and Promotion of Contract. The Contractor shall not use, advertise or promote information for commercial benefit concerning this Contract without the prior written approval of the Procurement Officer.
- G. Property of the State. Any materials, including reports, computer programs and other deliverables, created under this Contract are the sole property of the State. The Contractor is not entitled to a patent or copyright on those materials and may not transfer the patent or copyright to anyone else. The Contractor shall not use or release these materials without the prior written consent of the State.
- H. Ownership of Intellectual Property. Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark, and/or trade secrets created or conceived pursuant to or as a result of this Contract and any related subcontract (“Intellectual Property”), shall be work made for hire and the State shall be considered the creator of such Intellectual Property. The agency, department, division, board or commission of the State of Arizona requesting the issuance of this Contract shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. Contractor shall notify the State, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s). Contractor, on behalf of itself and any subcontractor(s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative actions that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by Contractor or its subcontractor(s) to any entity not the State without the express written authorization of the agency, department, division, board or commission of the State of Arizona requesting the issuance of this Contract.

4. Costs and Payments.

- A. Payments. Payments shall comply with the requirements of A.R.S. Titles 35 and 41, Net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate invoice for payment from the State within thirty (30) days.
- B. Delivery. Unless stated otherwise in the Contract, all prices shall be F.O.B. Destination and shall include all freight delivery and unloading at the destinations.
- C. Applicable Taxes.
 - (1) Payment of Taxes. The Contractor shall be responsible for paying all applicable taxes.
 - (2) State and Local Transaction Privilege Taxes. The State of Arizona is subject to all applicable state and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect taxes from the buyer does not relieve the

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seller from its obligation to remit taxes.

- (3) Tax Indemnification. Contractor and all subcontractors shall pay all Federal, state and local taxes applicable to its operation and any persons employed by the Contractor. Contractor shall, and require all subcontractors to hold the State harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or state and local laws and regulations and any other costs including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.
- (4) IRS W9 Form. In order to receive payment, the Contractor shall have a current I.R.S. W9 Form on file with the State of Arizona, unless not required by law.
- (5) Availability of Funds for the Next State Fiscal Year. Funds may not presently be available for performance under this Contract beyond the current state fiscal year. No legal liability on the part of the State for any payment may arise under this Contract beyond the current state fiscal year until funds are made available for performance of this Contract.
- (6) Availability of Funds for the Current State Fiscal Year. Should the State Legislature enter back into session and reduce the appropriations or for any reason and these goods or services are not funded, the State may take any of the following actions:
 - a. Accept a decrease in price offered by the Contactor;
 - b. Cancel the Contract;
 - c. Cancel the Contract and re-solicit the requirements.

5. Contract Changes.

- A. Amendments. This Contract is issued under the authority of the Procurement Officer who signed this Contract. The Contract may be modified only through a Contract Amendment within the scope of the Contract. Changes to the Contract, including the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by a person who is not specifically authorized by the Procurement Officer in writing or made unilaterally by the Contractor are violations of the Contract and of applicable law. Such changes, including unauthorized written Contract Amendments shall be void and without effect, and the Contractor shall not be entitled to any claim under this Contract based on those changes.
- B. Subcontracts. The Contractor shall not enter into any Subcontract under this Contract for the performance of this Contract without the advance written approval of the Procurement Officer. The Contractor shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Contract.
- C. Assignment and Delegation. The Contractor shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Procurement Officer. The State shall not unreasonably withhold approval.

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6. Risk and Liability.

- A. Risk of Loss. The Contractor shall bear all loss of conforming material covered under this Contract until received by authorized personnel at the location designated in the purchase order or Contract. Mere receipt does not constitute final acceptance. The risk of loss for nonconforming materials shall remain with the Contractor regardless of receipt.
- B. General Indemnification. To the extent permitted by A.R.S. § 41-621 and § 35-154, the State of Arizona shall be indemnified and held harmless by the Contractor for its vicarious liability as a result of entering into this Contract. Each party to this Contract is responsible for its own negligence.
- C. Indemnification.
- (1) Contractor/Vendor Indemnification (Not Public Agency). The parties to this Contract agree that the State of Arizona, its departments, agencies, boards and commissions shall be indemnified and held harmless by the Contractor for the vicarious liability of the State as a result of entering into this Contract. However, the parties further agree that the State of Arizona, its departments, agencies, boards and commissions shall be responsible for its own negligence. Each party to this Contract is responsible for its own negligence.
 - (2) Public Agency Language Only. Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its officers, officials, agents, employees, or volunteers.
 - (3) Indemnification – Patent and Copyright. The Contractor shall indemnify and hold harmless the State against any liability, including costs and expenses, for infringement of any patent, trademark or copyright arising out of Contract performance or use by the State of materials furnished or work performed under this Contract. The State shall reasonably notify the Contractor of any claim for which it may be liable under this paragraph. If the Contractor is insured pursuant to A.R.S. § 41-621 and § 35-154, this section shall not apply.
- D. Force Majeure.
- (1) Except for payment of sums due, neither party shall be liable to the other nor deemed in default under this Contract if and to the extent that such party's performance of this Contract is prevented by reason of force majeure. The term "*force majeure*" means an occurrence that is beyond the control of the party affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes acts of God; acts of the public enemy; war; riots; strikes; mobilization; labor disputes; civil disorders; fire; flood; lockouts; injunctions-intervention-acts; or failures or refusals to act by government authority; and other similar occurrences beyond the control of the party declaring force majeure which such party is unable to prevent by exercising reasonable diligence.
 - (2) Force Majeure shall not include the following occurrences:
 - a. Late delivery of equipment or materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market;

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- b. Late performance by a subcontractor unless the delay arises out of a force majeure occurrence in accordance with this force majeure term and condition; or
 - c. Inability of either the Contractor or any subcontractor to acquire or maintain any required insurance, bonds, licenses or permits.
- (3) If either party is delayed at any time in the progress of the work by force majeure, the delayed party shall notify the other party in writing of such delay, as soon as is practicable and no later than the following working day, of the commencement thereof and shall specify the causes of such delay in such notice. Such notice shall be delivered or mailed certified-return receipt and shall make a specific reference to this article, thereby invoking its provisions. The delayed party shall cause such delay to cease as soon as practicable and shall notify the other party in writing when it has done so. The time of completion shall be extended by Contract Amendment for a period of time equal to the time that results or effects of such delay prevent the delayed party from performing in accordance with this Contract.
- (4) Any delay or failure in performance by either party hereto shall not constitute default hereunder or give rise to any claim for damages or loss of anticipated profits if, and to the extent that such delay or failure is caused by force majeure.
- E. Third Party Antitrust Violations. The Contractor assigns to the State any claim for overcharges resulting from antitrust violations to the extent that those violations concern materials or services supplied by third parties to the Contractor, toward fulfillment of this Contract.

7. Warranties.

- A. Liens. The Contractor warrants that the materials supplied under this Contract are free of liens and shall remain free of liens.
- B. Quality. Unless otherwise modified elsewhere in these terms and conditions, the Contractor warrants that, for one year after acceptance by the State of the materials, they shall be:
 - (1) Of a quality to pass without objection in the trade under the Contract description;
 - (2) Fit for the intended purposes for which the materials are used;
 - (3) Within the variations permitted by the Contract and are of even kind, quantity, and quality within each unit and among all units;
 - (4) Adequately contained, packaged and marked as the Contract may require; and
 - (5) Conform to the written promises or affirmations of fact made by the Contractor.
- C. Fitness. The Contractor warrants that any material supplied to the State shall fully conform to all requirements of the Contract and all representations of the Contractor, and shall be fit for all purposes and uses required by the Contract.
- D. Inspection/Testing. The warranties set forth in subparagraphs 7A through 7C of this paragraph are not affected by inspection or testing of or payment for the materials by the State.

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E. Year 2000.

- (1) Notwithstanding any other warranty or disclaimer of warranty in this Contract, the Contractor warrants that all products delivered and all services rendered under this Contract shall comply in all respects to performance and delivery requirements of the specifications and shall not be adversely affected by any date-related data Year 2000 issues. This warranty shall survive the expiration or termination of this Contract. In addition, the defense of *force majeure* shall not apply to the Contractor's failure to perform specification requirements as a result of any date-related data Year 2000 issues.
- (2) Additionally, notwithstanding any other warranty or disclaimer of warranty in this Contract, the Contractor warrants that each hardware, software, and firmware product delivered under this Contract shall be able to accurately process date/time data (including but not limited to calculation, comparing, and sequencing) from, into, and between the twentieth and twenty-first centuries, and the years 1999 and 2000 and leap year calculations, to the extent that other information technology utilized by the State in combination with the information technology being acquired under this Contract properly exchanges date-time data with it. If this Contract requires that the information technology products being acquired perform as a system, or that the information technology products being acquired perform as a system in combination with other State information technology, then this warranty shall apply to the acquired products as a system. The remedies available to the State for breach of this warranty shall include, but shall not be limited to, repair and replacement of the information technology products delivered under this Contract. In addition, the defense of *force majeure* shall not apply to the failure of the Contractor to perform any specification requirements as a result of any date-related data Year 2000 issues.

F. Compliance With Applicable Laws. The materials and services supplied under this Contract shall comply with all applicable Federal, state and local laws, and the Contractor shall maintain all applicable licenses and permit requirements.

G. Survival of Rights and Obligations after Contract Expiration or Termination.

- (1) Contractor's Representations and Warranties. All representations and warranties made by the Contractor under this Contract shall survive the expiration or termination hereof. In addition, the parties hereto acknowledge that pursuant to A.R.S. § 12-510, except as provided in A.R.S. § 12-529, the State is not subject to or barred by any limitations of actions prescribed in A.R.S., Title 12, Chapter 5.
- (2) Purchase Orders. The Contractor shall, in accordance with all terms and conditions of the Contract, fully perform and shall be obligated to comply with all purchase orders received by the Contractor prior to the expiration or termination hereof, unless otherwise directed in writing by the Procurement Officer, including, without limitation, all purchase orders received prior to but not fully performed and satisfied at the expiration or termination of this Contract.

8. State's Contractual Remedies.

A. Right to Assurance. If the State in good faith has reason to believe that the Contractor does not intend to, or is unable to perform or continue performing under this Contract, the Procurement Officer may demand in writing that the Contractor give a written assurance of intent to perform. Failure by the Contractor to provide written assurance within the number of Days specified in the demand may, at the State's option, be the basis for terminating the Contract under the Uniform Terms and Conditions or other rights and remedies available by law or provided by the Contract.

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B. Stop Work Order.

- (1) The State may, at any time, by written order to the Contractor, require the Contractor to stop all or any part, of the work called for by this Contract for period(s) of days indicated by the State after the order is delivered to the Contractor. The order shall be specifically identified as a stop work order issued under this clause. Upon receipt of the order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage.
- (2) If a stop work order issued under this clause is canceled or the period of the order or any extension expires, the Contractor shall resume work. The Procurement Officer shall make an equitable adjustment in the delivery schedule or Contract price, or both, and the Contract shall be amended in writing accordingly.

C. Non-exclusive Remedies. The rights and the remedies of the State under this Contract are not exclusive.

D. Nonconforming Tender. Materials or services supplied under this Contract shall fully comply with the Contract. The delivery of materials or services a portion of the materials or services that do not fully comply constitutes a breach of contract. On delivery of nonconforming materials or services, the State may terminate the Contract for default under applicable termination clauses in the Contract, exercise any of its rights and remedies under the Uniform Commercial Code, or pursue any other right or remedy available to it.

E. Right of Offset. The State shall be entitled to offset against any sums due the Contractor, any expenses or costs incurred by the State, or damages assessed by the State concerning the Contractor's non-conforming performance or failure to perform the Contract, including expenses, costs and damages described in the Uniform Terms and Conditions.

9. Contract Termination.

A. Cancellation for Conflict of Interest. Pursuant to A.R.S. § 38-511, the State may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of the State is or becomes at any time while the Contract or an extension of the Contract is in effect an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time. If the Contractor is a political subdivision of the State, it may also cancel this Contract as provided in A.R.S. § 38-511.

B. Gratuities. The State may, by written notice, terminate this Contract, in whole or in part, if the State determines that employment or a Gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the State for the purpose of influencing the outcome of the procurement or securing the Contract, an amendment to the Contract, or favorable treatment concerning the Contract, including the making of any determination or decision about contract performance. The State, in addition to any other rights or remedies, shall be entitled to recover exemplary damages in the amount of three times the value of the Gratuity offered by the Contractor.

C. Suspension or Debarment. The State may, by written notice to the Contractor, immediately terminate this Contract if the State determines that the Contractor has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body. Submittal of an

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offer or execution of a contract shall attest that the Contractor is not currently suspended or debarred. If the Contractor becomes suspended or debarred, the Contractor shall immediately notify the State.

- D. Termination for Convenience. The State reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of the State without penalty or recourse. Upon receipt of the written notice, the Contractor shall immediately stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to the State. In the event of termination under this paragraph, all documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the State upon demand. The Contractor shall be entitled to receive just and equitable compensation for work in progress, work completed and materials accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R2-7-701 shall apply.
- E. Termination for Default.
- (1) In addition to the rights reserved in the Contract, the State may terminate the Contract in whole or in part due to the failure of the Contractor to comply with any term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. The Procurement Officer shall provide written notice of the termination and the reasons for it to the Contractor.
 - (2) Upon termination under this paragraph, all goods, materials, documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the State on demand.
 - (3) The State may, upon termination of this Contract, procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Contract. The Contractor shall be liable to the State for any excess costs incurred by the State in procuring materials or services in substitution for those due from the Contractor.
- F. Continuation of Performance Through Termination. The Contractor shall continue to perform, in accordance with the requirements of the Contract, up to the date of termination, as directed in the termination notice.
- 10. Contract Claims.** All contract claims or controversies under this Contract shall be resolved according to A.R.S. Title 41, Chapter 23, Article 9, and rules adopted thereunder.
- 11. Arbitration.** The parties to this Contract agree to resolve all disputes arising out of or relating to this Contract through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes (Title 41).

**ATTACHMENT 6.1
FEE SCHEDULE PART II**

Please complete entire form as appropriate.

Related Services	Available		Included in Daily Rate		Rate per hour (if not included)
Speech/Language Therapy	Y	N	Y	N	
Occupational Therapy	Y	N	Y	N	
Physical Therapy	Y	N	Y	N	
Audiology	Y	N	Y	N	
Pre-vocation/Vocational	Y	N	Y	N	
Counseling/Guidance for Students	Y	N	Y	N	
Parent Counseling and Training	Y	N	Y	N	
Psychoeducational Assessments	Y	N	Y	N	
Psychological Services	Y	N	Y	N	
Recreation	Y	N	Y	N	
School Health Services	Y	N	Y	N	
Medical	Y	N	Y	N	
Transportation	Y	N	Y	N	
Other:	Y	N	Y	N	
Other:	Y	N	Y	N	
Other:	Y	N	Y	N	
Extended School Year	Y	N	Y	N	

Circle all grades for which you are approved:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12