

**OFFER AND AWARD**

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



**SOLICITATION NO. ED08-0011 Supplement B**

**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.

Rite of Passage, Inc.  
Company Name  
2560 Business Parkway, Suite A  
Street Address  
Minden, NV 89423  
City State Zip Code  
Telephone Number: 775-267-9411

S. James Broman  
Name of Person Authorized to Sign Offer  
President  
Title of Authorized Person  
[Signature] 6/22/09  
Signature of Authorized Person Date of Offer  
Facsimile Number: 775-267-6726

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: NA  
Offeror's Federal Employer Identification Number: 88-0235002

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 6/22/09, 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 Supplement B-**\_\_\_\_\_.

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 21st day of July, 2009  
[Signature]  
Douglas C. Peeples, MBA, CPPB, CPCM  
Procurement Director

**ATTACHMENT 6.1  
FEE SCHEDULE PART I**

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	142	180	25,560
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	142	180	25,560
MOMR: Moderate Mental Retardation	142	180	25,560
OHI: Other Health Impairment	142	180	25,560
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	142	180	25,560
SLI: Speech/Language Impairment	142	180	25,560
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
<b>Alternative General Education: for At-Risk students</b>	142	180	25,560

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 I**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	<sup>YES</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	\$ 90/hr
Occupational Therapy	<sup>NO</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	-
Physical Therapy	<sup>NO</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	-
Audiology	<sup>NO</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	-
Pre-vocation/Vocational	<sup>YES</sup> PLEASE INDICATE	<sup>YES</sup> PLEASE INDICATE	included
Counseling/Guidance for Students	<sup>YES</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	\$ 100/hr
Parent Counseling and Training	<sup>YES</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	Negotiable
Psychoeducational Assessments	<sup>YES</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	\$ 60 per assessment
Psychological Services	<sup>NO</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	-
Recreation	<sup>YES</sup> PLEASE INDICATE	<sup>YES</sup> PLEASE INDICATE	included
School Health Services	<sup>YES</sup> PLEASE INDICATE	<sup>YES</sup> PLEASE INDICATE	included
Medical	<sup>NO</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	-
Transportation	<sup>YES</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	negotiable
Other: <i>Equine/Equestrian</i>	<sup>YES</sup> PLEASE INDICATE	<sup>YES</sup> PLEASE INDICATE	included
Other: <i>Aquatics</i>	<sup>YES</sup> PLEASE INDICATE	<sup>YES</sup> PLEASE INDICATE	included
Other: <i>A.R.T./Social Skills</i>	<sup>YES</sup> PLEASE INDICATE	<sup>YES</sup> PLEASE INDICATE	included
Extended School Year	<sup>YES</sup> PLEASE INDICATE	<sup>NO</sup> PLEASE INDICATE	140
<i>I.I. Aide</i>	<sup>YES</sup>	<sup>NO</sup>	<i>negotiable</i>

Check all grades for which you are approved:

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