

OFFER AND AWARD	
	ARIZONA DEPARTMENT OF EDUCATION Procurement Section 1535 West Jefferson Street, Bm #37 Phoenix, Arizona 85007
SOLICITATION NO. ED08-0011 Supplement A	
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.

CARE Resources Inc		Jane Satterfield	
Company Name		Name of Person Authorized to Sign Offer	
1026 Cromwell Bridge Road		President	
Street Address		Title of Authorized Person	
Baltimore MD	21286	 Signature of Authorized Person	08/14/08 Date of Offer
City	State Zip Code		
Telephone Number:	410-583-1515	Facsimile Number:	410-583-2480
Offeror's Arizona Transaction (Sales) Privilege Tax License Number:			
Offeror's Federal Employer Identification Number:		52-1333873	
Acknowledgement of Amendment(s): <i>(Offeror acknowledges receipt of amendments 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)

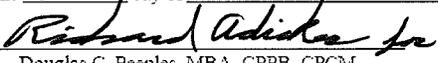
Your Offer, dated 8/14/08 is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number ED08-0011 Supplement A- 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 4TH day of SEPTEMBER, 2008


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

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 Supplement A

(Street Address)

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Lin Leslie, Vice President
1026 Cromwell Bridge Road
Baltimore, MD 21286
410-583-1515
410-583-2480 fax
lleslie@careresources.net

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

**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	79.00		
EDP: Emotional Disability/Separate Facility/Private School	79.00		
HI: Hearing Impairment	79.00		
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 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 checked="" type="checkbox"/> MOMR/ED	79.00		
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 checked="" type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	79.00		
MIMR: Mild Mental Retardation	79.00		
MOMR: Moderate Mental Retardation	79.00		
OHI: Other Health Impairment	79.00		
OI: Orthopedic Impairment	79.00		
PMD: Preschool-Moderate Delay	79.00		
PSD: Preschool-Severe Delay	79.00		
PSL: Preschool-Speech/Language Delay	79.00		
SLD: Specific Learning Disability	79.00		
SLI: Speech/Language Impairment	79.00		
SMR: Severe Mental Retardation	79.00		
TBI: Traumatic Brain Injury	79.00		
VI: Visual Impairment	79.00		
Alternative General Education: for At-Risk students	79.00		

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.

Supplemental Pricing – CARE Resources Inc.

Psychological Services

Therapy - \$89.00/hour per student, individual or group as per need

Psychological Testing and Evaluation

Cognitive - \$400.00

Mentally Retarded - \$750.00

Seriously Emotionally Disturbed - \$750.00

Attention Deficit/Hyperactivity Disorder - \$750.00

No shows for a complete evaluation - \$75.00

IEP Team Attendance and Other School Services - \$89.00(for all hours on site)

Academic Testing - utilizing appropriate evaluation instrument

Hourly Rate: \$94.95

Functional Behavioral Assessment, Intervention Plan and other behavioral assessments

Hourly Rate- \$94.95 (including report preparation time)

Special Education Instructional Coach

Hourly Rate: \$79.00

Regular Education Services

1. Reading Tutor

Hourly Rate: \$58.00

2. English Language Learner Assessment

Hourly Rate: \$58.00

3. Hearing and Vision Screening

Hourly Rate: \$45.00

**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	PLEASE INDICATE	PLEASE INDICATE	94.95
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	94.95
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	94.95
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	94.95
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	94.95
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	SEE ATTACHED
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	SEE ATTACHED
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	PLEASE INDICATE	49.00 RN 45.00 LPN
Medical	PLEASE INDICATE	PLEASE INDICATE	
Transportation	PLEASE INDICATE	PLEASE INDICATE	
Other: PROFESSIONAL DEVELOPMENT	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	

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 Supplement A

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.

Totem Learning Center & Day School
Company Name

Sandra Mahan
Name of Person Authorized to Sign Offer

11144 N. Frank Lloyd Wright Blvd
Street Address

owner
Title of Authorized Person

Scottsdale AZ 85259 Ste 200
City State Zip Code

Sandra Mahan 8/13/08
Signature of Authorized Person Date of Offer

Telephone Number: 480 767 8659

Facsimile Number: 480 767 9776

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

Offeror's Federal Employer Identification Number: 86-0956072

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 8/13/08, 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 A- 02**.

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 4TH day of SEPTEMBER, 2008

Richard Adickes for
Douglas C. Peeples, MBA, CPPB, CPCMC
Procurement Director

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 Supplement A

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 applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore services in the proposal.

- 10 Federal Immigration and Nationality Act:**
The contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the contractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the contractor.
- 11 Background Checks and Fingerprint Clearance.** Pursuant to A.R.S. §§ 15-512 and 534 the Contractor shall require reference and background checks and fingerprint clearance of all employees working with students.
- 12 Cooperation with Other Contractors and Subcontractors.** The Contractor shall fully cooperate with other ADE contractors, subcontractors and assigns and shall carefully plan and perform its own work to accommodate the work of other ADE contractors. The Contractor shall not intentionally commit or permit any act which will interfere with the performance of work by any other ADE contractors.
- 13 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.
- 14 Non-exclusive Status.** ADE reserves the right to have the same or similar services provided by other than the Contractor.
- 15 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.
- 16 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.
- 17 Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Totem Learning Center 1/2 Day school
(Company Name)

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 Supplement A

11144 N. Frank Lloyd Wright Blvd. Ste. 200
(Street Address)
Scottsdale, AZ 85259
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Sandra Mahan - Owner
(Name and Title)
11144 N. Frank Lloyd Wright Ste. 200
(Street Address)
Scottsdale, AZ 85259
(City & State) (Zip Code)
480 767 8659 / 480 767 9776
(Telephone & Facsimile Numbers)
candi@totemlearningcenter.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 Adickes
Procurement Officer
Contracts Management Unit, Bin #37C
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

**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	n/a	180	34,500 -
EDP: Emotional Disability/Separate Facility/Private School	n/a	180	34,500 -
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	n/a	180	34,500 -
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	n/a	n/a	n/a
MIMR: Mild Mental Retardation	n/a	180	34,500 -
MOMR: Moderate Mental Retardation	n/a	180	34,500 -
OHI: Other Health Impairment	n/a	180	34,500 -
OI: Orthopedic Impairment	n/a	180	34,500 -
PMD: Preschool-Moderate Delay	n/a	n/a	n/a
PSD: Preschool-Severe Delay	n/a	n/a	n/a
PSL: Preschool-Speech/Language Delay	n/a	180	34,500 -
SLD: Specific Learning Disability	n/a	180	34,500 -
SLI: Speech/Language Impairment	n/a	n/a	n/a
SMR: Severe Mental Retardation	n/a	n/a	n/a
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	n/a	n/a	n/a

If payment is made within 30 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 2 %. (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	PLEASE INDICATE	PLEASE INDICATE	\$110/hr
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	\$85/hr
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	n/a
Audiology	PLEASE INDICATE	PLEASE INDICATE	}
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	n/a
Recreation (personal trainer)	PLEASE INDICATE	PLEASE INDICATE	\$50-/hr
School Health Services	PLEASE INDICATE	PLEASE INDICATE	n/a
Medical (contracted RN)	PLEASE INDICATE	PLEASE INDICATE	\$75/hr
Transportation	PLEASE INDICATE	PLEASE INDICATE	n/a
Other:	PLEASE INDICATE	PLEASE INDICATE	}
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	\$6,050-/30day

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 Supplement A

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 Excel Academy, LLC David L. Hendry
Company Name Name of Person Authorized to Sign Offer

3508 E FOX ST Member
Street Address Title of Authorized Person

Mesa AZ 85213 [Signature]
City State Zip Code Signature of Authorized Person Date of Offer

Telephone Number: 602 809 2584 Facsimile Number: _____

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: 26-2755567

Offeror's Federal Employer Identification Number: 26-2755567

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 _____, 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 A- 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 4TH day of SEPTEMBER, 2008

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

ORIGINAL

**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 Supplement A

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 applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore services in the proposal.

10 Federal Immigration and Nationality Act:

The contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the contractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the contractor.

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14 Non-exclusive Status. ADE reserves the right to have the same or similar services provided by other than the Contractor.

15 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.

16 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.

17 Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Phoenix Excel Academy, LLC
(Company Name)

ORIGINAL

**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 Supplement A

Phoenix Excel Academy
3508 E Fox St
(Street Address)

Mesa AZ 85213
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

David L. Hendry, Member
(Name and Title)

3508 E Fox St
(Street Address)

Mesa AZ 85213
(City & State) (Zip Code)

480 981 2793
(Telephone & Facsimile Numbers)

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

ORIGINAL

**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	\$ 90 ⁰⁰	180	\$ 16,200 ea
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	\$ 90 ⁰⁰	180	\$ 16,200
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$ 90 ⁰⁰	180	\$ 16,200 ea
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$ 90 ⁰⁰	180	\$ 16,200 ea

If payment is made within 10/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.

ORIGINAL

**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	PLEASE INDICATE	PLEASE INDICATE	
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	\$ 550 - per eval
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	PLEASE INDICATE	
Medical	PLEASE INDICATE	PLEASE INDICATE	
Transportation	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	

Check all grades for which you are approved:

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

ORIGINAL

OFFER AND AWARD

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



SOLICITATION NO. ED08-0011 Supplement A

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.

Aurora Day School
Company Name

Ted Chiarello
Name of Person Authorized to Sign Offer

15220 S 50th St -
Street Address

Business Manager
Title of Authorized Person

Phoenix AZ 85044
City State Zip Code

Ted Chiarello 8/13/08
Signature of Authorized Person Date of Offer

Telephone Number: 623-846-3994

Facsimile Number: 623-385-365

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: 6

Offeror's Federal Employer Identification Number: 26-3165781

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 8/13/08, 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 A-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 4TH day of SEPTEMBER, 2008

Richard Adickes Jr
Douglas C. Peebles, MBA, CPPB, CPCM
Procurement Director

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 Supplement A

(Street Address)

(City & State)

(Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Ted Chiarello - Business Manager
(Name and Title)

15220 S. 5th St.
(Street Address)

Phoenix AZ 85044
(City & State) (Zip Code)

623-512-1760 623-385-3615
(Telephone & Facsimile Numbers)

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

**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	170.00	180	30,600
EDP: Emotional Disability/Separate Facility/Private School	150.00	180	27,000
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 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	170.00	180	30,600
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	150	180	27,000
MOMR: Moderate Mental Retardation	150	180	27,000
OHI: Other Health Impairment	150	180	27,000
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	150	180	27,000
SLI: Speech/Language Impairment	150	180	27,000
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 I**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	85/HR
Occupational Therapy	YES	NO	85/HR
Physical Therapy	YES	NO	85/HR
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	75/hr
Parent Counseling and Training	YES	NO	
Psychoeducational Assessments	YES	NO	75/hr
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Equine therapy	YES	YES	
Other: Canine therapy	YES	YES	
Other: Art therapy	YES	YES	
Extended School Year	YES	NO	95/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 Supplement A

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.

Arizona's Children Association
Company Name

Fred Chaffee
Name of Person Authorized to Sign Offer

2700 S. 8th Ave.
Street Address

President + CEO
Title of Authorized Person

Tucson AZ 85713
City State Zip Code

Fred Chaffee by Christina Kappachmidt 7/22/08
Signature of Authorized Person Date of Offer

Telephone Number: (520) 622-7611 x1364

Facsimile Number: (520) 624-7042

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: 860096772

Offeror's Federal Employer Identification Number: 860096772

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 7/22/08, 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 A- 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 5TH day of SEPTEMBER, 2008

Richard Adickes Jr
Douglas C. Peeples, MBA, CPPB, CPCPM
Procurement Director

SECTION 2
SPECIAL TERMS AND CONDITIONS

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

SOLICITATION NO. ED08-0011 Supplement A

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 applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore services in the proposal.

- 10 Federal Immigration and Nationality Act:**
The contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the contractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the contractor.
- 11 Background Checks and Fingerprint Clearance.** Pursuant to A.R.S. §§ 15-512 and 534 the Contractor shall require reference and background checks and fingerprint clearance of all employees working with students.
- 12 Cooperation with Other Contractors and Subcontractors.** The Contractor shall fully cooperate with other ADE contractors, subcontractors and assigns and shall carefully plan and perform its own work to accommodate the work of other ADE contractors. The Contractor shall not intentionally commit or permit any act which will interfere with the performance of work by any other ADE contractors.
- 13 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.
- 14 Non-exclusive Status.** ADE reserves the right to have the same or similar services provided by other than the Contractor.
- 15 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.
- 16 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.
- 17 Mailing of Payments.** Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Arizona's Children Association
(Company Name) *(Nellie P. Covert School)*

**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 Supplement A

2700 South 8th Ave
(Street Address)

TUCSON, AZ 85713
(City & State) (Zip Code)

18 Contractor representative to contact for contract administration purposes:

Fred Chaffee LEO
(Name and Title)

2700 South 8th Ave
(Street Address)

Tucson, AZ 85711
(City & State) (Zip Code)

(520) 622-7611 (520) 624-7042
(Telephone & Facsimile Numbers)

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

TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1

FEE SCHEDULE PART I AMENDMENT FOR FY 08-09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$125	180	\$22,500
EDP: Emotional Disability/Separate Facility/Private School	\$125	180	\$22,500
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	\$125	180	\$22,500
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$125	180	\$22,500
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$125	180	\$22,500
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$125	180	\$22,500
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$125	180	\$22,500

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.

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	NO	NO	
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	YES	NO	\$250/hour
Psychological Services	YES	NO	\$250/hour
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Music Therapy	NO	NO	
Other: Equine Therapy	NO	NO	
Other: Social Skills	YES	YES	
Extended School Year	YES	NO	\$125/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 Supplement A

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 Heights Academy II, LLC Dr. Michael Redivo
Company Name Name of Person Authorized to Sign Offer

4229 N. 16th Street Executive Director
Street Address Title of Authorized Person

phx AZ 85016 [Signature] 8/6/08
City State Zip Code Signature of Authorized Person Date of Offer

Telephone Number: (480) 231-2663 Facsimile Number: (623) 256-8514

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____
Offeror's Federal Employer Identification Number: 26-2756832

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

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

Your Offer, dated 8/06/08, 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 A- 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 4th day of SEPTEMBER, 2008
Richard Adickes for
Douglas C. Peeples, MBA, CPPB, CPCM
Procurement Director

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 Supplement A

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 applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore services in the proposal.

10 Federal Immigration and Nationality Act:

The contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the contractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the contractor.

11 Background Checks and Fingerprint Clearance. Pursuant to A.R.S. §§ 15-512 and 534 the Contractor shall require reference and background checks and fingerprint clearance of all employees working with students.

12 Cooperation with Other Contractors and Subcontractors. The Contractor shall fully cooperate with other ADE contractors, subcontractors and assigns and shall carefully plan and perform its own work to accommodate the work of other ADE contractors. The Contractor shall not intentionally commit or permit any act which will interfere with the performance of work by any other ADE contractors.

13 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.

14 Non-exclusive Status. ADE reserves the right to have the same or similar services provided by other than the Contractor.

15 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.

16 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.

17 Mailing of Payments. Address to which payment should be mailed, if different than that listed on the Offer and Award Form.

Desert Heights Academy II, LLC
(Company Name)

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 Supplement A

4229 N. 16th Street Phx, AZ 85016
(Street Address)
Phx, AZ 85016
(City & State) (Zip Code)

- 18 Contractor representative to contact for contract administration purposes:

Dr. Michael Redivo
(Name and Title)
4229 N. 16th Street
(Street Address)
Phx, AZ 85016
(City & State) (Zip Code)
(480) 231-2663 / Fax (623) 256-6514
(Telephone & Facsimile Numbers)
mredivo@aol.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 Adickes
Procurement Officer
Contracts Management Unit, Bin #37C
1535 West Jefferson Street
Phoenix, Arizona 85007
Phone: (602) 364-2517
FAX: (602) 364-0598
E-mail: Richard.Porter@azed.gov

**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	\$170	186	\$31,620
EDP: Emotional Disability/Separate Facility/Private School	\$136	186	\$25,296
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	\$136	186	\$25,296
MOMR: Moderate Mental Retardation	\$170	186	\$31,620
OHI: Other Health Impairment	\$136	186	\$25,296
OI: Orthopedic Impairment	\$136	186	\$25,296
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$136	186	\$25,296
SLI: Speech/Language Impairment	\$136	186	\$25,296
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 I**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	PLEASE INDICATE NO	PLEASE INDICATE	Yes \$105
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	Yes \$105
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	NO
Audiology	PLEASE INDICATE	PLEASE INDICATE	NO
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	YES - Included
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	YES - Included
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	NO
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	NO
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	NO
Recreation	PLEASE INDICATE	PLEASE INDICATE	NO
School Health Services	PLEASE INDICATE	PLEASE INDICATE	NO
Medical	PLEASE INDICATE	PLEASE INDICATE	NO
Transportation	PLEASE INDICATE	PLEASE INDICATE	YES - Negotiable
Other:	PLEASE INDICATE	PLEASE INDICATE	_____
Other:	PLEASE INDICATE	PLEASE INDICATE	_____
Other:	PLEASE INDICATE	PLEASE INDICATE	_____
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	(YES) ED \$90 HI \$170

Check all grades for which you are approved:

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