



STATE OF OHIO  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
GENERAL SERVICES DIVISION  
OFFICE OF PROCUREMENT SERVICES  
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

MANDATORY USE CONTRACT FOR: RETURN TO LEARN/CONCUSSION TEAM MODEL DEVELOPMENT AND IMPLEMENTATION

CONTRACT NUMBER: CSP903016

EFFECTIVE DATES: 07/27/15 TO 03/31/16

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP903016 that opened on July 1, 2015. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Health as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

[www.ohio.gov/procure](http://www.ohio.gov/procure)

ATTACHMENT NINE  
COST SUMMARY FORM

Return to Learn/Concussion Team Model Development and Implementation

CSP903016

UNSPSC CATEGORY CODE: 85101705 and 86101709

BUDGET: \$56,000.00

DESCRIPTION OF DELIVERABLES	COST
1. Participate in bi-weekly conference calls to update VIPP contract manager on progress in meeting deliverables.	\$ <u>500</u> Per Month
2. By August 7, 2015, submit a summary document of existing concussion team models, categorized by the key factors.	\$ <u>2,000</u> Each
3. By August 14, 2015, submit documentation of permission to use information from existing concussion team model, and electronic files.	\$ <u>2,000</u> Each
4. By August 31, 2015, submit completed set of materials to support the project including: training, implementation, forms, data collection, and informational materials.	\$ <u>3,000</u> Each Set
5. By August 24, 2015, submit evidence of partnerships developed in the form of letters of support four key partner associations.	\$ <u>500</u> Each Partner
6. By August 31, 2015, provide names of three school districts that agree to train staff and implement the concussion team model within one of their high school or middle schools.	\$ <u>500</u> Per School District
7. By September 30, 2015, provide evidence of in-person trainings to school personnel at one high school or middle school within three different school districts (three trainings total).	\$ <u>2,000</u> Per Training
8. By December 31, 2015, provide technical support and assistance provided to three schools to implement the concussion team model, as evidenced by report of phone calls, emails, or onsite visits.	\$ <u>6,500</u> Per School District
9. By February 15, 2016, provide summary document of three pilot projects including: key informant interviews, success stories, barriers to implementation, and keys to success.	\$ <u>3,000</u> Per School District
10. By March 1, 2016, submit model return to learn policy and evidence of attendance at school board meetings to discuss adoption of policy.	\$ <u>5,000</u> Each Model
11. By March 31, 2016, provide electronic copies of final training materials and all resources developed, including recorded webinars for each key team member training and continuing education credits.	\$ <u>2,000</u> One-time fee
Total not to exceed price	\$ <u>56,000</u>

All costs must be in U.S. Dollars.

The State will not be responsible for any costs not identified.

There will be no additional reimbursement for travel or other related expenses.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

CONTRACT NO: CSP903016

44823  
University of Dayton  
300 College Park Ave  
Dayton, OH 45469

Remit to Address:

TERMS: Net 30 Days

Office of the Bursar  
University of Dayton  
300 College Park Ave  
Dayton, OH 45469-1600

CONTRACTOR'S CONTACT: Dr. Susan C. Davies

Phone: (937) 229-3652  
Email: [sdavies1@udayton.com](mailto:sdavies1@udayton.com)