

INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.		BIDDER NAME	
BID NUMBER OT905512	OPENING DATE (1:00 p.m.) MAY 18, 2012	STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet	
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk		CITY STATE ZIP	
		COUNTY	MBE/EDGE CERTIFICATE NUMBER
		TELEPHONE NO. ()	TOLL FREE NO. 1 - ()
		CONTACT PERSON	FAX NO. ()
REQ./INDEX NO. DOH047	BID NOTICE DATE MAY 1, 2012	CONTRACTOR'S E-MAIL ADDRESS	

SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD)

E-Mail Fax

In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". _____%, _____ Days, Net 30 Days

PARTICIPATING AGENCY(IES): OHIO DEPARTMENT OF HEALTH (ODH), 246 N. HIGH STREET, COLUMBUS, OH 43216

THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR:

CONSULTATION AND TRAINING FOR THE PLANNING, DESIGN AND IMPLEMENTATION OF QUALITY IMPROVEMENT SCIENCE FOR OHIO'S HELP ME GROW HOME VISITING SYSTEM

TERM OF CONTRACT: This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning 06/01/12 or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire 06/30/13 unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating state agency.

INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS, Revised 02/2011, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: [Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions](#). All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void.

By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State.

Any questions or clarifications regarding this Invitation to Bid should be directed to the Office of Procurement Services through the Internet at www.procure.ohio.gov/ All questions should be submitted a minimum of five (5) working days prior to the bid opening date.

PRINTED/TYPED SIGNATURE	AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink)	DATE
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The ORIGINAL signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder NOT sign their bid in BLACK ink. BIDDER CERTIFIES, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

A. DOMESTIC PREFERENCE (BUY AMERICA): [Not applicable to "Excepted Products"]

- Where is each product/services being offered mined, raised, grown, produced or manufactured?
 United States: _____ (State) Canada Mexico (Go to B-1)
 Other: (Specify Country) _____ (Go to A-2)
- End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.
 Yes (Go to Section B-1) No (Go to Section A-3)
- The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.
_____(Item) _____(Country of Origin)
_____(Item) _____(Country of Origin)

A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

B. OHIO PREFERENCE (BUY OHIO):

- The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.
 Yes (Go to C) No (Go to B-2) 
- Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) No (Go to B-3)
 - Bidder has paid the required taxes due the state of Ohio Yes No
 - Bidder is registered with the Ohio Secretary of State
 Yes (Charter/Registration No.: _____) No
Questions regarding registration should be directed to (614) 466-3910 or visit their web site at:
<http://www.sos.state.oh.us/>
 - Bidder has ten or more employees based in Ohio or border state. Yes No (Go to B-2d)
 - Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-3)
- Border state bidder:
 Yes (Specify which state then go to B-2c): KY MI NY PA IN No (Go to B-4)
- Border state bidder: mined products mined in respective border state Yes No Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business Yes No

For information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at:

<http://www.das.ohio.gov/Divisions/EqualOpportunity/tabid/80/Default.aspx>

D. DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION (DMA)

The Bidder being awarded this Contract must:

- review the Terrorist Exclusion List at http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf
- complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form <http://www.publicsafety.ohio.gov/links/HLS0038.pdf> and submit this with your bid response.

Failure to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form may result in the bidder being deemed not responsive and/or may invalidate any Contract award. If not submitted with the bid response, the bidder will have seven (7) calendar days, after notification, to submit the form.

SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

DELIVERY AND ACCEPTANCE: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

REFERENCES REQUIRED: Each Bidder is to submit with the Bid a listing of three (3) references with whom you are or have currently provided consultation and training for the planning, design and implementation of quality improvement science for a social/human service program; to meet federal grant requirements within the last five (5) years. Please include name, address, current telephone number and E-mail address of each reference.

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders".

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by low lot total. Low lot total will be determined by multiplying the unit cost by the estimated usage listed in the bid and then adding each of the totals together to arrive at a total for all items. Failure to bid all items may result in the bidder being deemed not responsive.

NOTICE ON THE USE OF SOCIAL SECURITY NUMBERS AS FEDERAL TAX IDENTIFICATION NUMBERS

The Department of Administrative Services (Department) requires vendors and contractors wishing to do business with the State to provide their Federal Taxpayer Identification Number to the Department. The Department does this so that it can perform statutorily required "responsibility" analyses on those vendors and contractors doing business with the State and, under limited circumstances, for tax reporting purposes. If you are a vendor or contractor using your Social Security Number as your Federal Taxpayer Identification Number, please be aware that the information you submit is a public record, and the Department may be compelled by Ohio law to release Federal Taxpayer Identification Numbers as a public record. If you do not want to have your Social Security Number potentially disclosed as a Federal Taxpayer Identification Number, the Department encourages you to use a separate Employer Identification Number (EIN) obtained from the United States Internal Revenue Service's to serve as your Federal Taxpayer Identification Number.

Bid Automobile Liability Checklist:

Contractor will indicate, by checking the appropriate box(es) below, the mode of transportation applicable to this contract.

- Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased, or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of \$500,000.00.
- Goods/Services will be delivered via common carrier.
- No employee or representative of the Contractor will have cause to be on State property to make deliveries or to perform services.

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate.

This completed form should be returned as part of the Bid response. Failure to complete this page may deem your Bid not responsive.

SPECIFICATIONS

I. SCOPE

The Ohio Department of Health (ODH) is seeking bids from qualified individuals, agencies or organization to perform professional services to work with the ODH Bureau of Children with Medical Handicaps and Bureau of Early Intervention Services Help Me Grow Home Visiting and Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs. The ODH is seeking experts in the field of quality improvement science as it relates to home visiting programs to provide consultation and training on continuous quality improvement for ODH.

Ohio seeks to learn and plan for professional development (training) and provide technical assistance on quality improvement science statewide, including central coordination and providers within in the system using an approach that includes:

Intensive training in improvement methods and implementation science for ODH Staff.

BACKGROUND

The Ohio Department of Health (ODH), as a grantee for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, and in partnership with the U.S. federal government (HRSA and Administration for Children and Families), seeks to incorporate quality improvement science principles and mechanisms into Ohio's Early Childhood Home Visiting System and to assist in enhancing state and federally funded home visiting projects to support the health of participating infants, toddlers and families.

The Ohio Department of Health (ODH) Help Me Grow Home Visiting Program seeks to reduce the variability within and between home visiting programs, identify local solutions to barriers in achieving desired outcomes, identify best practices developed by frontline home visitors, maximize fidelity to the Help Me Grow Home Visiting Model, and promote achievement of outcomes and meeting pre-determined benchmarks. By adopting and placing a high value on data to drive decisions the ODH seeks to create a culture of quality leading to sustainable Continuous Quality Improvement processes to adopt across programs.

REQUIREMENTS

The Contractor will provide the services and perform the work as specified. The successful bidder will perform professional services to work with the ODH to inform ODH Staff and work in consultation with ODH Staff to plan for a continuous quality improvement process for home visiting in Ohio. The successful bidder(s) shall perform all of the following activities for which there is an awarded contract in consultation with, and with the approval of the ODH Contract Manager.

Deliverables for the period on or about June 1, 2012 through June 30, 2013.

1. The successful bidder shall correspond with the Bureau of Children with Medical Handicaps and the Bureau of Early Intervention Services (BEIS) two times a month on deliverables and related progress.
2. Provide consultation services to ODH regarding quality improvement science in relation to its Help Me Grow and MIECHV home visiting programs.
3. Provide consultation services to ODH to define and develop a set of performance indicators based on the ODH Help Me Grow program goals and MIECHV benchmark indicators.
4. The successful bidder shall deliver to ODH a home visiting CQI curriculum for the ODH staff that could be used for future utilization statewide.
5. The successful bidder shall consult with ODH to develop a plan to train all levels of staff at state, central coordination sites and providers with activities timeline.
6. The successful bidder shall deliver to ODH a mid-year report by December 31, 2012 that includes all contacts, summarized findings, details of the consultations provided, and future recommendations for action and training.
7. The successful bidder shall deliver to ODH a final report by June 30, 2013 that includes all contacts, summarized findings, details of the consultations provided, and future recommendations for action and training.

SCOPE OF WORK

1. Activity One: Provide consultation services to ODH regarding quality improvement science in relation to its Help Me Grow and MIECHV home visiting programs.
2. Activity Two: Provide consultation services to ODH to define and develop a set of performance indicators based on the ODH Help Me Grow program goals and MIECHV benchmark indicators.
3. Activity Three: Provide to ODH and train ODH staff on a home visiting CQI curriculum that could be used for future utilization statewide.
4. Activity Four: Provide to ODH a plan to train all levels of staff at state, central coordination sites and home visiting providers with activities timeline.
5. Activity Five: Provide to ODH home visiting CQI training modules that could be used for future utilization statewide.

II. QUALIFICATIONS OF THE BIDDERS

Qualified bidders are individuals, agencies or organizations with, at least five years, prior experience in quality improvement science and the design, development, training and implementation of a continuous quality improvement program for a home visiting program.

The bid shall include a description of the bidder's experience and expertise conducting similar projects. The description must include how the bidder meets the qualifications.

The bidders shall identify and describe all subcontractors to be used, if any. Subcontracting must be approved by ODH. However bidders may subcontract without approval for the purchase of articles, supplies and components, or special mechanical services that do not involve the type of work or services in the Scope of Work or deliverables in this ITB, but which are required for its satisfactory completion.

The bidders shall identify and describe the bidder's experience; including success stories as an example of the bidder's capacity.

The bidder shall identify the qualifications of key project personnel and their responsibilities to the project, including resumes. The bidder shall include the amount of time that lead and key project personnel will be expected to work on the project. A description of contingency plans for completing the project, should the lead or key project personnel become unavailable for any reason. Identification of any anticipating difficulties in meeting the project specifications and a description of proposed solutions to these difficulties should be explained. The bidder's key staff assigned to this project must demonstrate a minimum of three (3) years experience working with improvement science and the design, development, training and implementation of a continuous quality improvement program for a social/human service program. Refer to Attachment Three, page 12.

The bidder shall attach a list of three (3) references (other than ODH) by previous customers of the bidder's services in performing similar projects. Bidder should include company name, contact, phone number and Email address, at a minimum.

The bidder shall include at least one sample of a project final report as a writing sample.

III. BID RESPONSE

- A. Bidders must provide documentation with the bid response that reflects the depth of knowledge, programmatic experience, and resources necessary to complete a project such as this addressing each of the items listed in Section II.
 1. The bid shall include a description of the bidder's experience and expertise conducting similar projects. The description must include how the bidder meets the qualifications.
 2. The bid shall identify and describe the bidder's experience; including success stories as an example of the bidder's capacity.

3. The bidder shall identify the qualifications of key project personnel and their responsibilities to the project, including resumes. The bidder shall include the amount of time that lead and key project personnel will be expected to work on the project. A description of contingency plans for completing the project, should the lead or key personnel become unavailable for any reason. Identification of any anticipating difficulties in meeting the project specifications and a description of proposed solutions to these difficulties. Refer to Attachment Three, Page 12.

B. Bidders must submit a listing of a minimum of three (3) references in the past five (5) years, and supporting documentation with the bid response verifying that the Offeror has conducted similar work at the State and/or Federal levels. References will be contacted to verify the types of work performed, the quality, value, and duration of the work performed, and whether the reference would either again engage the Offeror for additional work or would recommend the Offeror to others. Refer to Attachment Two, Page 11.

Upon request from Office of Procurement Services, the Bidder will provide additional references, if needed. Failure to provide references that are able, available and willing to answer questions pertinent to the Bidder's performance and job satisfaction may deem the Bidder as not responsive and further consideration for award may not be given.

C. Project Implementation Plan - The bidder will provide a detailed plan description of how all the requirements specific to this project will be implemented, including each item. All the tasks must be clearly identified and discussed. Responses should address and specify the deliverables.

D. Bidders must include documentation of the financial stability of the bidder in order to demonstrate the financial capacity to complete the project.

E. The bid response should include the documentation and the references as part of their bid response. Should the document (s) not be included with the bid response, the document(s) will be requested during the bid evaluation. Should the document(s) be requested during the evaluation, the bidder will be provided two (2) business days to submit the document(s). Failure to provide the documents by the deadline provided may deem the Bidder not responsive and further consideration for award may not be given.

F. The bid response should include the documents listed below, completed in their entirety, as applicable. Should the document(s) not be included with the bid response, the document(s) will be requested during the bid evaluation. Should the document(s) be requested during the evaluation, the bidder will be provided five (5) business days to submit the document(s). Failure to provide the documents by the deadline provided may deem the Bidder not responsive and further consideration for award may not be given.

1. A copy of a DMA (Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization). The form may be obtained from <http://www.publicsafety.ohio.gov/links/HLS0038.pdf>.
2. A copy of AAPV (Affirmative Action Program Verification). A copy of the approval letter issued to your company by EOD (Equal Opportunity Division) may be obtained from <http://www.publicsafety.ohio.gov/links/HLS0038.pdf>. If an Affirmative Action Program has not be filed by your company to date or has lapsed, a new application may be filed at <https://ohiobusinessgateway.ohio.gov/OBG/Membership/Security.mvc/Login#MainContainer>.
3. A copy of a certificate of insurance in accordance with the Supplemental Contract Terms and Conditions, Articles S-12 and S-13.
4. A copy of the current Certificate of Premium Payment or Certificate of Employer's Right to Pay Compensation Directly, as applicable, issued by the Bureau of Workers' Compensation.
5. Attachment One, pages 9 & 10; Department of Administrative Services Standard Affirmation and Disclosure Form.

BID PRICE PAGEYOUR BID:

Bidders shall not insert a unit price more than 3 digits after the decimal point. Digit(s) beyond 3, after the decimal point, shall be dropped by Procurement Services and not used in the evaluation and any subsequent award.

Description	Cost
Consultation and training for the planning, design and implementation of quality improvement science for Ohio's Help Me Grow home visiting system	
Activity One, to be billed monthly in arrears for work completed	\$
Activity Two, to be billed monthly in arrears for work completed	\$
Activity Three, to be billed monthly in arrears for work completed	\$
Activity Four, to be billed monthly in arrears for work completed	\$
Activity Five, to be billed monthly in arrears for work completed	\$
Total	\$ _____

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.

ATTACHMENT ONE: STANDARD AFFIRMATION AND DISCLOSURE FORM

DEPARTMENT OF ADMINISTRATIVE SERVICES

STANDARD AFFIRMATION AND DISCLOSURE FORM

EXECUTIVE ORDER 2011-12K

Banning the Expenditure of Public Funds on Offshore Services

CONTRACTOR/SUBCONTRACTOR AFFIRMATION AND DISCLOSURE:

By the signature affixed to this response, the Bidder/Offeror affirms, understands and will abide by the requirements of Executive Order 2011-12K issued by Ohio Governor John Kasich. If awarded a contract, the Bidder/Offeror becomes the Contractor and affirms that both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States. The Executive Order is available at the following website: (<http://www.governor.ohio.gov/Default.aspx?tabid=1495>).

The Bidder/Offeror shall provide all the name(s) and location(s) where services under this Contract will be performed in the spaces provided below or by attachment. Failure to provide this information as part of the response will deem the Bidder/Offeror not responsive and no further consideration will be given to the response. Bidder/Offeror's offering will not be considered. If the Bidder/Offeror will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

- 1. Principal location of business of Contractor:

(Address)

(City, State, Zip)

Name/Principal location of business of subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

- 2. Location where services will be performed by Contractor:

(Address)

(City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

ATTACHMENT ONE: STANDARD AFFIRMATION AND DISCLOSURE FORM: (CONT'D.)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

(Address) (Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

(Name) (Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Contractor:

(Address) (Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by subcontractor(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

ATTACHMENT TWOOFFEROR REFERENCES

Three (3) professional references who have received similar services from the Bidder in the past five (5) years. The bidder shall use this form and fill it out completely for references. The forms must be completed using typewritten or electronic means. The forms may be recreated electronically, but all fields and formats must be retained. This form may be duplicated for more than three references.

Company Name:	Contact Name:	
Address:	Phone Number:	
	E-Mail Address:	
Project Name:	Beginning Date of Project: (Month/Year)	Ending Date of Project: (Month/Year)
Description of project size, complexity and the Offeror's role in this project.		

Company Name:	Contact Name:	
Address:	Phone Number:	
	E-Mail Address:	
Project Name:	Beginning Date of Project: (Month/Year)	Ending Date of Project: (Month/Year)
Description of project size, complexity and the Offeror's role in this project.		

Company Name:	Contact Name:	
Address:	Phone Number:	
	E-Mail Address:	
Project Name:	Beginning Date of Project: (Month/Year)	Ending Date of Project: (Month/Year)
Description of project size, complexity and the Offeror's role in this project.		

ATTACHMENT THREEBIDDER'S KEY STAFF EXPERIENCE

The bidder shall use this form and fill it out completely for each key candidate referenced. The forms must be completed using typewritten or electronic means. The forms may be recreated electronically, but all fields and formats must be retained. This form may be duplicated for multiple staff members.

Candidate's Name: _____

Candidate's Proposed Position: _____

Client Company Name:	Client's Project Supervisor Contact Name:	
Address:	Phone Number:	
	E-Mail:	
Project Name:	Beginning Date of Project: Month/Year	Ending Date of Project: Month/Year
Description of the related services provided:		
Client Company Name:	Client's Project Supervisor Contact Name:	
Address:	Phone Number:	
	E-Mail:	
Project Name:	Beginning Date of Project: Month/Year	Ending Date of Project: Month/Year
Description of the related services provided:		
Client Company Name:	Client's Project Supervisor Contact Name:	
Address:	Phone Number:	
	E-Mail:	
Project Name:	Beginning Date of Project: Month/Year	Ending Date of Project: Month/Year
Description of the related services provided:		