

# 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 <u>OT904414</u>	OPENING DATE (1:00 p.m.) <u>OCTOBER 16, 2013</u>	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. DDD004	BID NOTICE DATE 09/24/2013	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) <input type="checkbox"/> E-Mail <input type="checkbox"/> 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 Developmental Disabilities: Cambridge Developmental Center, 66737 Toland Dr., Cambridge, OH 43725-9298; Gallipolis Developmental Center, 2500 Ohio Ave., Gallipolis, OH 45631; Southwest Ohio Developmental Center, 4399 E. Bauman Lane, Batavia, OH 45103; Tiffin Developmental Center, 600 N. River Rd., Tiffin, OH 44883; and Warrensville Developmental Center, 4325 Green Rd., Highland Hills, OH 44128.			
<b>MINORITY SET-ASIDE BID IN ACCORDANCE WITH ORC CH.</b>			
THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR:			
<b>SPEECH-LANGUAGE PATHOLOGY SERVICES</b>			
<b>TERM OF CONTRACT:</b> 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 <u>1/1/2014</u> or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>12/31/2016</u> 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.			
<b>INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS,</b> Revised 09/2012, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: <a href="#">Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions.</a> 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 <a href="http://www.procure.ohio.gov/">www.procure.ohio.gov/</a> . All questions should be submitted a minimum of four (4) working days prior to the bid opening date.			
PRINTED/TYPED SIGNATURE	AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink)		DATE

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>

### 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.

SITE VISIT: Prior to submitting their bid response, the Bidder should visit the agency(ies) they are bidding in order to survey the facility(ies) and to become familiar with the requirements of the Bid. The Bidder must contact each facility to schedule an appointment. To schedule an appointment, please contact the facility(s) by referring to the Developmental Center (DC) Contact Information, below. Once a contract is awarded, failure of the Bidder to have requested a site visit to become familiar with the facility and requirements of the Bid will be insufficient reason to support any request to be released from the contract.

DEVELOPMENTAL CENTER CONTACT INFORMATION:

Facility, contact name, phone number, and E-mail address:

1. Cambridge Developmental Center, Frank Crook, 614-439-1371, [frank.crook@dodd.ohio.gov](mailto:frank.crook@dodd.ohio.gov)
2. Gallipolis Developmental Center, Colleen O'Connor, (740) 446-1642 ext. 305, [colleen.oconnor@dmr.state.oh.us](mailto:colleen.oconnor@dmr.state.oh.us)
3. Southwest Developmental Center, Gregory Meyer, (513) 732-9200, [Gregory.meyer@dmr.state.oh.us](mailto:Gregory.meyer@dmr.state.oh.us)
4. Tiffin Developmental Center, Karen Keckler, (419) 443-3160, [karen.keckler@dodd.ohio.gov](mailto:karen.keckler@dodd.ohio.gov)
5. Warrensville Developmental Center, Randy Russell (216) 464-7400, [randy.russell@dmr.state.oh.us](mailto:randy.russell@dmr.state.oh.us)

EVALUATION: Bids will be evaluated in accordance with Article 1-17 of the "Instructions, Terms and Conditions for Bidding". In addition, the state will determine the price for each Developmental Center by multiplying the estimated annual usage for the facility by its corresponding unit price. Note: Although there will be individual facility awards made, bidder may receive multiple awards.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by facility.

FIXED-PRICE WITH ECONOMIC ADJUSTMENT: The contract prices(s) will remain firm for the first twelve (12) months duration of the contract. Thereafter, the Contractor may submit a request to increase their price(s) to be effective thirty (30) calendar days after acceptance by DAS. No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

The price increase must be supported by a general price increase in the cost of the finished supplies or services, due to increases in the cost of raw materials, labor, freight, Workers' Compensation and/or Unemployment Insurance, etc. Detailed documentation, to include a comparison list of the contract items and proposed price increases, must be submitted to support the requested increase. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding increase, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the increase in such areas as raw materials, freight, fuel or labor, etc.

SPECIAL CONTRACT TERMS AND CONDITIONS (Continued)

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the contract pricing will be returned to the pricing in effect prior to the temporary decrease. For quarterly deliveries, any decrease will be applied to deliveries made after the effective date of the decrease. Failure to comply with this provision will be considered as a default and will be subject to Provision I.C. "Termination/Suspension" and Provision II. of the "Contract Remedies:" of the "Standard Contract Terms and Conditions".

Failure of Bidder to complete the Cost Allocation Table, located on the Price Schedule page of this Invitation to Bid, may be a cause for DAS to reject Contractor's price increase requests.

**REFERENCES:** Each bidder is to submit, with the Bid, a listing of three (3) references documenting experience in providing language pathology, in accordance with state and federal standards and guidelines, within the previous three (3) years. Name, address and telephone number of each reference must be included.

**CONTRACTOR PERSONNEL:** Bidder warrants that all services provided will be by certified speech-language pathologists or audiologists, licensed by the State of Ohio Board of Speech-Language Pathology and Audiology in accordance with the Ohio Revised Code 4753. Bidder should list, with its Bid submittal, the names of all providers who will be performing services on the contract, and should provide copies of current licenses.

If the licenses, for the speech-language pathologists or audiologists, are not provided with the Bid submission the Bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem the Bidder not responsive. Licenses must be maintained throughout the term of this contract and any renewals. Failure to maintain registration/license(s) may result in termination of the Contract. The State reserves the right to request the awarded Contractor to send proof of meeting requirements at any time during the life of this Contract. Failure to provide such proof within seven (7) calendar days after notification may result in termination of the Contract.

**USAGE REPORTS:** Every twelve (12) months the Contractor must submit a report (written or on disk) indicating sales generated by this Contract. The report shall list usage by customer, by line item, showing the quantities/dollars generated by this Contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Road, Columbus, OH 43228-1395, Attn: Terry Spiropoulos.

**EXPENDITURE OF PUBLIC FUNDS ON OFFSHORE SERVICES:** The Contractor affirms to have read and understands Executive Order 2011-12K and shall abide by those requirements in the performance of this Contract. Notwithstanding any other terms of this Contract, the State reserves the right to recover any funds paid for services the Contractor performs outside of the United States for which it did not receive a waiver. The State does not waive any other rights and remedies provided the State in this Contract.

The Bidder must complete the attached Contractor/Subcontractor Affirmation and Disclosure form Attachment A to abide with Executive Order 2011-12K, affirming no services of the Contractor or its subcontractors under this Contract will be performed outside the United States. During the performance of this Contract, the Contractor must not change the location(s) of the country where the services are performed, change the location(s) of the country where the data are maintained, or made available unless a duly signed waiver from the State has been attained to perform the services outside the United States. Note: See Attachment A.

SPECIAL CONTRACT TERMS AND CONDITIONS (Continued)

DISCLOSURE OF SERVICE PROVIDERS (See Standard Contract Terms and Conditions, Section [Roman Numeral] V. General Provisions:, Paragraph G):

Bidders seeking to enter into a service contract shall disclose the following:

a) Principal location of business for the contractor (Name/City/State/Country)

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b) Principal location of all subcontractors (Name/City/State/Country)

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c) Location where services will be performed (Name/City/State/Country)

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d) Location where any State data, applicable to the Contract, will be maintained or made available (Name/City/State/Country)

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By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors, locations where services will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

Bid Automobile Liability Checklist:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply 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.

## SPECIFICATIONS

### I. SCOPE

These specifications shall cover Speech-Language Pathology services for the Ohio Department of Developmental Disabilities (DODD). DODD specializes in intermediate care facilities for adults with developmental disabilities.

Service provided by the Speech-Language Pathologist includes a great amount of interaction with the Planning Team which includes the Dietician, Therapist, Supervisors and other team members.

The Speech-Language Pathologist shall report to the Program Director through the term of this contract. The term of any contract(s) issued pursuant to this Invitation to Bid shall be for three (3) years, from January 1, 2014 through December 31, 2016.

### II. DEFINITIONS

The following is a partial list of terms used in this Invitation to Bid, for reference:

- A. DODD is the Ohio Department of Developmental Disabilities, and may also be referred to as the Agency. DODD is part of the State of Ohio (the State).
- B. Developmental Center has the same meaning as DC and facility, and it is part of DODD.
- C. IPP Team means The Individual Program Plan Team. It is the group who develops the treatment plan for the residents. It consists of professionals and para-professionals, as well as the resident and their guardian.
- D. Language Pathologist Cost Per Hour for services is an all-inclusive hourly wage which incorporates work time, travel and miscellaneous expenses. Language Pathologist Cost Per Hour shall be the only cost billed to the State, and there will be no additional reimbursement for any other expenses. All costs shall be in U.S. dollars.
- E. QIDP means Qualified Intellectual Disability Professional. This is the person who coordinates the IPP for the individual and ensures any staff are provided as per the plan.

### III. CONTRACTOR EXPERIENCE AND REQUIREMENTS

- A. The Contractor shall have a minimum of two (2) years' experience in working with individuals with disabilities or behavioral needs.

### IV. SPEECH-LANGUAGE PATHOLOGIST EXPERIENCE AND REQUIREMENTS

- A. The Speech-Language Pathologist must have a Master's degree in Speech-Language Pathology, Communication Science and Disorders, or equivalent.
- B. The Speech-Language Pathologist must be licensed by the State of Ohio Board of Speech-Language Pathology and Audiology.
- C. The Speech-Language Pathologist shall have a minimum of two (2) years' full time clinical experience as a licensed speech-language pathologist working with individuals with disabilities or with behavioral needs.
- D. The Contractor shall work Monday through Friday. No holidays or weekends are required unless otherwise specified by the DC.

SPECIFICATIONS (Continued)V. RESPONSIBILITIES OF THE CONTRACTOR

- A. The Contractor shall be exempt from overtime.
- B. Contractor shall bill according to the contractual Language Pathologist Cost Per Hour rate(s).
- C. The Contractor must submit a valid invoice to the agency within 30 days after date of service.
- D. The person(s) to be providing services under this Contract shall be subject to a criminal records (background) check prior to performing any services. The agency will be responsible for the cost of the criminal background check.
- E. The Contractor may be required to have Tuberculosis (TB) testing. One-Step testing may be required if Two-Step testing has been completed previously and last TB test was completed within the past year. Two-Step testing may be required if it has been more than one year since last TB test. The Contractor may be required to provide proof of a negative TB test, or provide certification from a physician that they are free of TB, if past positive reactor to TB test. The Contractor will be responsible for any cost of the TB testing.

VI. DUTIES REQUIRED FOR LANGUAGE DEVELOPMENT SERVICESA. ASSESSMENTS

- 1. The Contractor will be responsible for performing all aspects within the scope of practice of speech pathology, in accordance with the Ohio Revised Code Section 4753, and include hearing screenings subject to pass-or-fail determination, speech, language, social/pragmatic skills, and/or swallowing deficits of the individuals. The Contractor must determine the patient's level and status of communication skills and abilities. Assessments of the individuals will be completed at the developmental centers. Assessments will take place prior to developmental center placement, through the individual's stay, and also as a follow-up measure for individuals after community placement.
- 2. The Contractor shall evaluate communication skill abilities and interprets results of formal and informal assessments.
- 3. The Speech-Language Pathologist will be required to assess language abilities through formal assessments (comprehensive functional assessments) and other language tests which would reflect the capabilities and skills of the individuals as needed. This work will also include dysphagia assessments.
- 4. The Contractor shall assess individuals at least once annually for language skills and dietary appropriateness. Additional assessments and training sessions may vary based on individual needs.

F. MEETING PARTICIPATION

- 1. The Contractor shall attend and participate in departmental and client team meetings. The Contractor shall participate as a member of the interdisciplinary team which includes work with other professional staff in delivering evaluations, and modifying total habilitation plans in accordance with ICF/DD Certification Regulations, Ohio Revised Code Statue 5123.85 and other applicable State and Federal regulations.
- 2. When it is determined by the IPP Team that an individual has a communication disorder that may be amendable by treatment and/or intervention, a program is formulated to habilitate the individual to his/her highest level of functioning. These programs (goals and objectives) are implemented by the Speech-Language Pathologist.

SPECIFICATIONS (Continued)G. THERAPY

1. The Contractor shall provide individual client and group communication programming, (i.e., education, training and support to patients and families for augmentative communication devices, social skills, receptive and expressive language skills, and aid the patient in developing a functional communication system, etc.). The Contractor shall treat patients individually; however, during training classes, groups may be utilized.
2. The Contractor shall develop and modify implementation of individual/group program plan for instructional or therapeutic language, speech, hearing screenings within the scope of practice of speech-language pathology, and/or swallowing.
3. The Contractor shall evaluate/follow up and monitor swallowing deficiencies, (i.e., recommend changes in food textures and consistencies of liquids, medical referrals, medication changes directed under physician's orders, modified barium swallowing studies, etc.).
4. The Contractor shall provide small group and/or individual therapy utilizing verbalization/communication skills, and swallowing precautions/techniques. The Contractor shall coordinate with QIDP for delivery of functional communication training.
5. The Contractor shall evaluate and then either fabricate or order communication devices. The Contractor shall monitor the use and repair of all equipment. For payment of said communication devices, Contractor shall apply to Medicaid and/or insurance. If claim is denied, the DC would use State funds to pay for the device after Contractor provides all necessary documentation requested by DC.

H. COORDINATION WITH STAFF PERSONNEL

1. The Contractor shall provide consultation and in-service training to staff, families, other professionals and administrators to assure continuity and congruity of communication skill development and swallowing programs. The Contractor must also become a liaison with district case managers, county boards work placements, and community members of intervention technique.
2. The Contractor shall provide training to direct care staff and monitor delivery of services for communication and dysphasia management to individuals with hearing aids, augmentative communication devices, social skills, receptive and expressive language skills, etc.
3. The Contractor shall assist staff members in the implementation of programs, (i.e., receptive and expressive language, communication skills, augmentative devices, and swallowing) to develop communication abilities, and assure that such programs are carried out properly.
4. The Contractor will designate an Administrator to be responsible for the direction of its Contract responsibilities under this Contract. This designee must be available by phone during reasonable business hours (Monday – Friday, 8:00am – 4:30pm) to discuss areas of concern with the Agency's Medical Director.

I. REPORTING

1. The Contractor must maintain records and the confidentiality of all personal and professional contacts with residents.
2. The Contractor shall complete monthly reports of treatment status and make recommendations for modifications following current procedures and timelines. The Contractor must maintain and prepare written records and reports that meet all State and Federal regulatory requirements of assessments, program objectives, and progress data for regular evaluations and revision of individual program plans. The reports shall be provided to the Program Director.

J. PROFESSIONAL DEVELOPMENT

The Contractor shall attend professional development ongoing training and workshops.

YOUR BID:

PRICE SCHEDULE

Language Pathologist services at the following facilities:			
Item No.	Description	Estimated Annual Usage in Hours	Language Pathologist Cost Per Hour
1.	Cambridge Development Center	208	\$ Per Hour
2.	Gallipolis Development Center	1040	\$ Per Hour
3.	Southwest Developmental Center	660	\$ Per Hour
4.	Tiffin Development Center	750	\$ Per Hour
5.	Warrensville Development Center	480	\$ Per Hour

COST ALLOCATION TABLE					
As a baseline for any future cost increase requests, bidders should indicate, as a percentage of the total cost, what the cost elements are. Sum of the percentages must equal one hundred percent. (Add additional cost elements and/or copy this form as necessary, and attach to this page.)					
Labor Cost	Training Cost	Recruitment Cost	Healthcare/ Benefits Cost	Administrative Cost	Other (Explain)
%	%	%	%	%	%

Notes:

1. All costs shall be in U.S. Dollars.
2. Language Pathologist Cost Per Hour shall be the only cost billed to the State, and there will be no additional reimbursement for any other expenses.
3. All costs shall be entered in the "Cost Per Hour" space(s) above, on this Price Schedule form only. Cost submission on other forms, attachments, or formats will not be considered.
4. Any zero or blank Cost Per Hour space(s) above will be considered a No-Bid for that facility.
5. Failure of Bidder to complete the Cost Allocation Table located above, on this Price Schedule page, may be a cause for DAS to reject Contractor's price increase requests.

ATTACHMENT A

CONTRACTOR / SUBCONTRACTOR AFFIRMATION AND DISCLOSURE  
(page 1 of 2)

DEPARTMENT OF ADMINISTRATIVE SERVICES  
STANDARD AFFIRMATION AND DISCLOSURE FORM  
EXECUTIVE ORDER 2011-12K

Governing the Expenditure of Public Funds on Offshore Services

By the signature affixed hereto, the Contractor affirms, understands and will abide by the requirements of Executive Order 2011-12K. If awarded a contract, both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States.

The Contractor 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 may subject the Contractor to sanctions. If the Contractor 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 A

CONTRACTOR / SUBCONTRACTOR AFFIRMATION AND DISCLOSURE (CONTINUED)

(page 2 of 2)

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)

Contractor also affirms, understands and agrees that Contractor and its subcontractors are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any contract with the State. Contractor agrees it shall so notify the State immediately of any such change or shift in location of its services. The State has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States.

On behalf of the Contractor, I acknowledge that I am duly authorized to execute this Affirmation and Disclosure form and have read and understand that this form is part of any Contract that Contractor may enter into with the State and is incorporated therein.

By: \_\_\_\_\_  
Contractor

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_