



One Team, One Goal: Student Success
Procurement Services Department

514 Glover Street
Marietta, GA 30060
Telephone: (770) 426-3300
www.cobbk12.org

March 4, 2021

TO ALL VENDORS:

Cobb County School District (CCSD) invites proposals for furnishing goods and/or services required for **“Request For Proposal (RFP) P2321, Nursing Services”** as described in this document.

Vendors are instructed to read carefully all terms, conditions, specifications and requirements in this RFP. Vendors are required to complete and return all forms in their entirety.

The CCSD Procurement Services Department General Terms and Conditions are hereby acknowledged, understood, and agreed to by the parties and are hereby fully incorporated into the solicitation document and the resulting contract. Refer to the CCSD Procurement Services website for the complete General Terms and Conditions. Go to www.cobbk12.org. From this screen, select **“Menu”**, select **“Departments”**, choose **“Procurement Services”** and find the link to **“General Terms and Conditions”** located in the center of the page.

Proposals must be submitted electronically via email to Jeanette.gray@cobbk12.org with **“Request For Proposal (RFP) P2321, Nursing Services”** referenced in the subject line.

The proposal acceptance will close on **March 25, 2021 at 3:00 p.m. Eastern Time**. Please allow ample time for delivery. RFP responses submitted after the due date/time will not be accepted, however, proposals can be submitted prior to the due date/time.

CCSD reserves the right to accept or reject any or all proposals and to waive any informalities.

Your interest and participation in the CCSD solicitation process is appreciated.

Sincerely,

A handwritten signature in blue ink that reads 'Jill Vestal'.

Jill Vestal,
Senior Executive Director, Business Services

BOARD OF EDUCATION

Randy Scamihorn, *Chair* • David Banks, *Vice Chair*
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SUPERINTENDENT

Chris Ragsdale

COBB COUNTY SCHOOL DISTRICT
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The Special Terms and Conditions are customized specifically to this solicitation. Taking exception to these terms and conditions or submitting conflicting language may be cause for rejection of vendor's response.

Should these Special Terms and Conditions be in conflict with the General Terms and Conditions, the Special Terms and Conditions will control.

1.0 PURPOSE

The Cobb County School District (CCSD) is soliciting proposals from vendors who are capable of providing highly qualified one-on-one pediatric health care nursing services to eligible students. Most students will require nursing services for the full school day of eight (8) hours. In some cases, travel time via school bus to and from school sites or After School Program (ASP) will be required beyond the eight-hour day.

CCSD is also soliciting proposals from vendors who are capable of providing highly qualified health care services for students in the school clinic, in the absence of the school nurse. Most schools will require nursing services for the full school day of seven (7) hours. In some cases, nursing care of students will be required in the After School Program (ASP) beyond the seven-hour day.

2.0 GENERAL REQUIREMENTS

- 2.1** Only firms/individuals with the following credentials will be considered for this award:
- 2.1.1** State of Georgia License for Registered Nurse (RN) issued by the Georgia Board of Nursing under the Office of the Secretary of State; or
 - 2.1.2** State of Georgia License for Licensed Practical Nurse (LPN) issued by the Georgia Board of Nursing under the Office of the Secretary of State.
 - 2.1.3** Credentials for Certified Nursing Assistants (CNA) issued by the Georgia Department of Community Health. CNA must currently be listed on the Georgia Nurse Aide Registry as published by the Georgia Department of Community Health and must continue to remain on this registry during the duration of the contract.
 - 2.1.4** Credentials for Medical Assistant (MA) issued by the Georgia Department of Community Health or the American Association of Medical Assistants.
- 2.2** Vendor must have been in the business of providing temporary nurses for a minimum of 5 years.
- 2.3** Requests for temporary employees shall be able to be made for same-day placement or future dates.
- 2.3.1** Requests shall be able to be made by phone, or by email requests.
 - 2.3.2** All responses from the vendor for same-day placement should result in the vendor calling or emailing the CCSD personnel making the request within one

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hour after notification to let them know whether or not the position has been filled. CCSD prefers to have direct contact with the dispatcher for same-day placement.

2.4 WORK SCHEDULE

- 2.4.1** The start and end times for each assignment will vary by request. The CCSD personnel requesting a substitute nurse will notify the awarded vendor of the hours the temporary employee is needed when the request is made. Work hours will vary dependent upon the needs of CCSD. The awarded vendor(s) may not set the number of hours that a temporary employee will work on an assignment at CCSD.
- 2.4.2** The awarded vendor(s) should provide the CCSD personnel requesting the temporary employee with the name of the temporary employee assigned to CCSD prior to their arrival.
- 2.4.3** The CCSD personnel requesting assignment will provide direction to the temporary employee assigned to CCSD regarding their daily duties.

2.5 PLACEMENT

- 2.5.1** All temporary employees shall be employed by the vendor. CCSD will not pay any benefits to temporary employees.
- 2.5.2** CCSD reserves the right to interview all candidates submitted by the awarded vendor(s) prior to placement.
- 2.5.3** CCSD will have the right at any time to refuse or determine unacceptable any temporary employee assigned by the vendor and request a replacement candidate.
- 2.5.4** Vendor must immediately withdraw any temporary employee found to be unsatisfactory in the sole opinion of CCSD within two hours of notification.
- 2.5.5** The vendor must provide a suitable replacement candidate within twenty-four (24) hours from the time of the replacement request. The replacement candidate must be available to report to work on the day and time CCSD requests.

2.6 BACKGROUND CHECKS

- 2.6.1** Awarded vendor(s) must perform background checks on all nurses assigned to CCSD as outlined in Section 28.0 of the General Terms and Conditions.
- 2.6.2 Nursing Services for Medically Fragile Students**
 - 2.6.2.1** Background check information must be provided, upon request, to Doris Osborne, CCSD Special Education Supervisor, or her designee within 3 business days of the request.

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2.6.3 Nursing/Health Care Services for Students in School Clinic

2.6.3.1 Background check information must be provided, upon request, to Melanie Bales, CCSD Nursing Supervisor, or her designee within 3 business days of the request.

2.7 LICENSES/CREDENTIALS

2.7.1 Awarded vendor(s) must provide a copy of the current state license or credentials for each contracted employee prior to the employee's start date and must also provide a copy of the current license or credentials at each renewal period.

2.7.1.1 Nursing Services for Medically Fragile Students

2.7.1.1.1 Copy of state license or credentials are to be sent to Doris Osborne, CCSD Special Education Supervisor, or her designee.

2.7.1.2 Nursing/Health Care Services for Students in School Clinic

2.7.1.2.1 Copy of state license or credentials are to be sent to Melanie Bales, CCSD Nursing Supervisor, or her designee.

2.8 Nurses/Clinic substitutes must professionally conduct themselves at all times.

2.9 Nurses/Clinic substitutes must keep student records confidential, as required under the Family Educational Rights and Privacy Act (FERPA) laws.

2.10 HOURLY RATE AND VENDOR HOURLY BILL RATE MARK-UP

2.10.1 Nursing Services for Medically Fragile Students

CCSD will not pay more than the current Medicaid Reimbursement Rate, which is currently \$37.25/hour for an LPN and \$42.50/hour for an RN. These rates cover the employee's hourly rate and the vendor hourly bill rate percentage mark-up.

2.10.2 Nursing/Health Care Services for Students in School Clinic

2.10.2.1 CCSD will not pay more than the current Medicaid Reimbursement Rate, which is currently \$37.25/hour for an LPN and \$42.50/hour for an RN. These rates cover the employee's hourly rate and the vendor hourly bill rate percentage mark-up.

2.10.2.2 The total cost that CCSD will pay to the awarded vendor(s) is the employee's hourly rate plus the vendor's hourly bill rate percentage mark-up.

2.10.3 When the Medicaid Reimbursement rates increase, vendors may request an increase. Any increases are contingent upon the availability of budget and CCSD authorized personnel's written approval. Any other increases are not allowed.

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- 2.10.4** The awarded vendor will also be responsible for the following and these items should be included in the vendor bill rate percentage mark-up charged to CCSD:
- 2.10.4.1** Pay assigned employees their wages and provide them the benefits that the vendor offers to them as employees.
 - 2.10.4.2** Pay or withhold taxes (e.g., FICA) and insurance premiums (e.g. Medicare) and fulfill its obligations for unemployment compensation (e.g. FUTA, SUTA).
 - 2.10.4.3** Provide worker's compensation benefits and coverage for assigned employees.
 - 2.10.4.4** Any benefits that assigned employees may be eligible to receive.
 - 2.10.4.5** All costs including, but not limited to, additional expenses, federally mandated surcharges, fees, and allowances must be included in the hourly rate charged CCSD. CCSD will not pay any additional cost.

2.11 **INVOICING**

- 2.11.1** CCSD will not pay temporary employees for more than forty (40) hours per week unless it has been coordinated prior to the overtime with authorized CCSD personnel.
- 2.11.2** CCSD does not pay for sick days, vacation days, personal days, or holidays.
- 2.11.3** CCSD requires that each nurse complete a timesheet monthly and have this timesheet signed by the school/location administrator. For audit purposes, invoices must match the timesheets and the hourly rates submitted/awarded under this RFP. Invoices must be sent to CCSD monthly, within 60 days of completion of the month's services to the following:
- 2.11.3.1 Nursing Services for Medically Fragile Students**
Timesheets are to be sent via email to Michele.jarvis@cobbk12.org or via mail to Cobb County School District, ATTN: Michele Jarvis, Related Services Office, Kennesaw Elementary Annex, 3155 Jiles Road, Kennesaw, GA 30144.
 - 2.11.3.2 Nursing/Health Care Services for Students in School Clinic**
Timesheets are to be sent via email to Melanie.bales@cobbk12.org or via mail to Cobb County School District, ATTN: Melanie Bales, Nursing Supervisor, School Health Services Office, 514 Glover Street, Marietta, GA 30060.

- 2.12** If the contract is terminated, CCSD has the option to hire any vendor's temporary employees without paying any fees or penalties.

2.13 **Cost Proposal Form**

Vendors must complete all columns with hourly rates or percentages. Entries such as "negotiable", "mark up and base rate can vary", etc. will not be accepted.

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3.0 NURSING SERVICES FOR MEDICAL FRAGILE STUDENTS REQUIREMENTS

- 3.1** The contract for Nursing Services for Medically Fragile Students may not start until July 1, 2021.
- 3.2** The decision to contract with a vendor for a particular need will be based upon the best academic interest of the student(s) involved, as determined by the Special Education Services and/or Human Resources.

4.0 METHODOLOGIES

Vendors must submit a response to all items listed in this section with their RFP. Responses submitted shall be clearly labeled with the appropriate RFP section name and number.

4.1 Nursing Services for Medically Fragile Students

In this section, the vendor shall describe, in detail, the methodology and procedures that are to be used to accomplish the CCSD requirements for this RFP. This should include providing experienced nursing services for medically fragile students, planning and coordinating field visits for problem-solving, and any other information that will assist in the understanding of what the vendor proposes to do and to provide.

4.2 Nursing/Health Care Services for Students in School Clinic

In this section, the vendor shall describe, in detail, the methodology and procedures that are to be used to accomplish the CCSD requirements for this RFP. This should include providing experienced nursing/health care services, planning and coordinating field visits for problem-solving, and any other information that will assist in the understanding of what the vendor proposes to do and to provide.

5.0 TECHNICAL CAPABILITIES

Vendors must submit a response to all items listed in this section with their RFP. Responses submitted shall be clearly labeled with the appropriate RFP section name and number.

5.1 General Capabilities

- 5.1.1** Describe the recruiting process including the time-frame for having a full pool of workers.
- 5.1.2** How many employees do you plan to have in the worker pool to assign to CCSD? Include numbers broken down by RN and LPN, and indicate how many other school systems these staff members will be assigned to.
- 5.1.3** Describe how you will provide nursing services in the morning and afternoon for students that ride the school bus, and for students that require early morning or ASP care.
- 5.1.4** Describe what hours, days, and times you are able to provide nursing services for CCSD.

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- 5.1.5** Describe training, experience, qualifications, and special education that your nurses will have, including: cardiopulmonary resuscitation (CPR) and Pediatric Advanced Life Support (PALS) certification; Universal Precautions and Occupational Safety and Health Administration (OSHA) training; and or other certifications and training.
 - 5.1.6** Describe your verification process for assuring professional licensure for your nurses and professional certification/credentialing for medical assistants and nursing assistants.
 - 5.1.7** Describe your procedures and processes for COVID wellness checks.
 - 5.1.8** Describe how you will provide coverage for nurses who take vacation, and other requested time off and what the notification process will be.
 - 5.1.9** Describe what provision will be made to cover emergencies and unforeseen time off requested by your nurses.
 - 5.1.10** Describe your process for providing replacement employees and no-shows for CCSD.
 - 5.1.11** Describe how you will provide one individual as a central contact person to be responsible for the CCSD account. This individual will have the authority to act on behalf of CCSD with all matters concerning this account whenever necessary including, but not limited to, reviewing clinical/nursing issues identified by CCSD.
 - 5.1.12** Describe your procedure for correcting problems that may result from this contract and/or changing nursing assignments when requested by CCSD.
 - 5.1.13** Describe current and past experience with providing nursing services to other school districts and students.
 - 5.1.14** Describe the procedure and time frame for reporting to CCSD any incidents or circumstances that might affect the health or safety of student(s).
 - 5.1.15** Describe the procedure and time frame for reporting complaints received from students, parents/families, school staff, and/or medical professionals.
 - 5.1.16** Describe your invoicing procedures and payment terms.
 - 5.1.17** Describe your company policies on patient confidentiality and maintenance of records/documents.
 - 5.1.18** Describe how records will be maintained for CCSD and the policy to access and release records/documents upon request.
 - 5.1.19** Describe the process and costs associated with converting a temporary employee to a permanent CCSD employee.
- 5.2 Nursing Services for Medically Fragile Students**
- 5.2.1** Describe how you will provide nursing care/services for assigned medically fragile students.
 - 5.2.2** Describe how you will assign your staff to individual students and the level of professional services you intend to employ and how this information will be communicated to CCSD (i.e. – RN or LPN).

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- 5.2.3** Describe how you will document daily care rendered to assigned students. Vendors are to provide samples of the documents with response.
- 5.2.4** Describe what documentation/information/records detailing the care rendered to assigned students will be provided to CCSD.

5.3 **Nursing/Health Care Services for Students in School Clinic**

- 5.3.1** Describe how you will provide nursing care/services for students in the school clinic.
- 5.3.2** Describe how you will assign your staff to individual school clinics, the level of professional services you intend to employ, and how this information will be communicated to CCSD (i.e. RN, LPN, MA, or CNA).

6.0 **VALUE ADDED**

List any value-added items/services the CCSD either qualifies for as a result of this proposal or can participate in.

7.0 **CALENDAR OF EVENTS**

EVENT	DATE (dates are tentative)
Release RFP	March 4, 2021
Deadline for written questions	March 11, 2021 at 10:00 AM ET
Responses to questions posted on CCSD website	March 16, 2021
RFP due electronically to Procurement	March 25, 2021 by 3:00 PM ET
Evaluation	March and April 2021
Award	April or May 2021

8.0 **COMMUNICATIONS WITH CCSD STAFF**

- 8.1** All communications concerning this RFP must be submitted in writing by email to the CCSD Procurement Services Department. Email to Jeanette.gray@cobbk12.org is the preferred method of communication. Only written questions submitted via email will be accepted. No response other than written, distributed by the Procurement Services Department, will be binding upon the CCSD. The Procurement Services Department, in its discretion, may call upon user departments for clarification in their area of expertise. **Questions concerning this solicitation must be received by 10:00 AM ET on March 11, 2021. Answers will be posted to the CCSD Current Solicitations website by March 16, 2021.**
- 8.2** From the issue date of this RFP until completion of the entire solicitation process and announcement of award notification, all vendor communication must be authorized by the Procurement Services Department including but not limited to communications with school system employees and/or contracted agents related to this RFP. Violation of this provision may result in rejection of the vendor's response.

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- 8.3** It is the vendor's responsibility to check the CCSD Current Solicitations website for any addenda, responses to vendor questions, or other communications that may be issued or released during the solicitation period. Following receipt of vendor responses to a solicitation, it is the vendor's responsibility to be available via email and phone during the review process in the event clarification or additional information is required. If clarification or additional information is requested, the responsibility rests on the vendor to ensure that CCSD receives requested information prior to the deadline(s) indicated.

9.0 **SUBMISSION OF PROPOSALS**

- 9.1** Responses must be on the forms furnished within this RFP and completed in their entirety. Proposals must be submitted electronically by email to Jeanette.gray@cobbk12.org with "**RFP P2321, Nursing Services**" referenced in the subject line of the email. PDF format is acceptable unless otherwise stated.
- 9.2** Vendors are instructed to read all terms, conditions and specifications as set forth in the RFP carefully. Responses must be either typed or written in ink. Any correction made within the RFP submission (white out or strike through) must be initialed by an authorized representative of the company submitting the proposal or the proposal may be rejected by CCSD.
- 9.3** All responses submitted become the property of the CCSD and are subject to applicable open records policies and laws.
- 9.4** A hard copy of the **original Proposal** may be requested at a later date. If requested, it will be mailed to the Cobb County School District, Attention: Procurement Services Department, Suite D, 6975 Cobb International Blvd., Kennesaw, Georgia 30152.
- 9.5** Responses are to be delivered via email no later than the date and time set forth in this RFP. Both the cost and non-cost responses must be submitted by the due date stated in this solicitation.

Any proposal received after the designed time (**as determined by the email timestamp**) will be deemed late and will not be considered by the CCSD. CCSD is not responsible for the failure of any computer hardware, software, or other communications systems or devices.

The Cost Proposal Form (**Page 29**) must be saved in a separate document from the rest of your response.

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- 9.6 CCSD requests that all responses be submitted in electronic format via email. PDF format is acceptable unless otherwise stated. Electronic files should be named and submitted as follows:**
- 9.6.1** Non cost Proposal, saved as: Proposal, Company Name
 - 9.6.2** Cost, saved as: Cost, Company Name
 - 9.6.3** Required documents, saved as: Required documents, Company Name
- 9.7** Submit the following documents with your proposal:
- 9.7.1** Vendor Questionnaire
 - 9.7.2** IRS W-9 Form
 - 9.7.3** Vendor Reference Form
 - 9.7.4** Georgia Security and Immigration Compliance Act Forms
 - 9.7.5** Disclosure of Lobbying Activities Form (if applicable)
 - 9.7.6** Acknowledgement and Agreement Form

9.8 Non-Cost Proposal Submission Requirements: Each section should be clearly labeled with the corresponding RFP section name and number, as listed in Sections 4.0 through 6.0.

10.0 COST

- 10.1** Unless specifically consented to in writing by CCSD, prices must remain firm for a period of one year from the award date, or for any renewal period, under the same terms and conditions as the RFP. The CCSD reserves the option to renew any contract award at its sole discretion.
- 10.2** Quantities/amounts shown in the RFP are estimates. Vendors are advised that the actual number purchased/required may vary from those in the RFP, depending upon the needs of the CCSD and the availability of funds.
- 10.3** Responses that contain minimum order amounts will not be accepted unless called for in the solicitation document.
- 10.4** Pricing must be submitted on the Cost Proposal Form(s) as requested without conditions unless called for in the solicitation document.
- 10.5** For Goods: Proposals must include any and all delivery and/or installation charges. Delivery and/or installation requirements will be as specified in the solicitation document.
- 10.6** Prompt payment discounts will be considered for the purposes of evaluation and award.
- 10.7** The CCSD does not pay late payment fees, interest or attorneys' fee.

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10.8 HOURLY RATE FOR ADDITIONAL SERVICES

Within this document, CCSD has attempted to anticipate and identify all services that may be needed under this contract throughout the length of the award period. In the event CCSD has failed to anticipate all service needs, responding vendors are asked to provide a fee structure for additional, related services that may be needed during the award period. Vendors are to provide an hourly rate in the space provided on the attached Cost Proposal Form. If awarded the contract, this fee would then apply to service needs that may be identified at a later date. If there are different rates, please provide any/all rate information.

11.0 INSURANCE REQUIREMENTS

- 11.1** Commercial General Liability with limits of at least \$1 million. Coverage must include products and completed operations with reporting of claims on occurrence basis.
- 11.2** Commercial Auto Liability with limits of at least \$1 million
- 11.3** Umbrella Coverage in excess of GL and Auto of at least \$2 million
- 11.4** Statutory Workers' Compensation
- 11.5** Employer's Liability of at least \$100,000
- 11.6** Vendor's insurance carrier must have financial size category of at least V

Cobb County School District must be named as an additional insured on all applicable policies. The insurance carriers should be licensed to do business in the state of Georgia. The carriers must have an AM Best rating of A- or higher.

Please Note:

- Signing of Acknowledgement and Agreement signifies that vendor complies with insurance requirements as specified.
- Proof of Insurance is not required with submission of proposal but must be available upon request (including during the evaluation process) CCSD will require proof of insurance before issuance of Award Letter/Contract.
- Vendor may choose to include proof of insurance with submission of proposal in order to expedite the evaluation process and issuance of award to the successful vendor.
- After notification of pending award, a vendor not including proof of insurance with their proposal will be given not more than five (5) business days (including day of notification) to provide proof or the proposal will be deemed non-responsive.

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12.0 ESCALATION/DE-ESCALATION CLAUSE

All prices offered shall be firm against any increase for one (1) year from the effective date of the contract. CCSD may entertain a request for escalation during the contract period if the current market conditions and prices at the time of the request have changed significantly, but will not exceed the current Medicaid reimbursement rate for nursing services for medically fragile students, and will not exceed the current hourly rate paid for by CCSD for clinic nurses. Documentation may be requested by CCSD that provides detailed information about the change in market conditions and prices. CCSD reserves the right to accept or reject the request for a price increase and, if appropriate, to utilize other resources in evaluating escalation requests. If the price change is approved, the price will remain firm for **365** days from the date of the increase unless otherwise stated in the renewal award letter. This clause also enables CCSD to seek de-escalation based on the same cited index, terms, and other resources.

13.0 EVALUATION

13.1 Organization and Completeness of Proposal - Vendor's proposal must provide straightforward, concise proof of the capabilities to satisfy RFP requirements. For ease of review, responses must be organized in the exact same order as the RFP or as stipulated in the RFP. Each section should be clearly labeled with the corresponding RFP section name and number. Any additional documents provided by the vendor must also be clearly labeled with the corresponding RFP section name and number. All requested information must be included and all forms completed in entirety. (All spaces must be completed on all requested documentation.) Any proposals that do not include all required information may be considered non-responsive and disqualified.

13.2 Evaluation Procedures – Review of Proposals - A committee comprised of representatives from Related Services, School Health Services, and Procurement Services will evaluate the proposal responses on the basis of qualifications, relevant experience, responsiveness of proposers, as well as cost. Cost will not be the sole determining factor in the award.

Each proposal will be reviewed for completeness to ensure that all mandatory requirements are addressed satisfactorily. The committee may request additional clarification/information from the responding vendor(s).

The committee will evaluate the quality and completeness of each response as it addresses each requirement of the RFP. All non-cost related areas of the response are evaluated during this phase. A list of areas being reviewed for this specific RFP, along with the associated point values is included in the Evaluation Criteria below. The committee may in its sole discretion and in the course of the evaluation request presentation(s)/demonstration(s) with one or more selected vendors. Responses must satisfactorily meet non-cost requirements before cost is evaluated.

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- 13.3** A determination of competitive range may be made during the evaluation process. Vendors not in the competitive range of being selected for award shall be eliminated from further discussion.
- 13.4** During the evaluation phase, discussions may be conducted with vendors who submit proposals determined to be reasonably likely to be selected for award. These discussions are for the purpose of negotiations, clarification, and to assure full understanding of and responsiveness to the solicitation requirements. Vendors will be accorded fair and equal treatment with respect to an opportunity for discussion and revision of proposals. Procurement Services may permit revisions, after submission and prior to award, for the purpose of obtaining best and final offers. In all events, CCSD reserves the right to re-solicit the item(s)/services(s) involved.
- 13.5 Evaluation Criteria** – The selection of a vendor to provide Nursing Services will be based on the review of several key elements in the proposals submitted. They include, but are not limited to the following criteria:

Nursing Services for Medically Fragile Students		
#	Description	Points Possible
1.	Methodologies (4.1)	50
2	Technical Capabilities (Section 5.0)	200
	General Capabilities (5.1)	
	Nursing Services for Medically Fragile Students (5.2)	
3.	Value Added (Section 6.0)	5
4.	Vendor Questionnaire (Section 15.0)	20
5.	References (Section 16.0)	5
6.	Organization and Completeness of Proposal	20
	Non-Cost Subtotal	300

The non-cost portion of proposals (total of items 1 – 6) can receive a maximum of 300 points. Only non-cost proposals that receive 210 points (70% of total non-cost score) or more receive a Best and Final Offer (BAFO)/Award. CCSD will award the contract to multiple vendors who met all the criteria included in the solicitation.

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Nursing/Health Care Services for Students in School Clinic		
#	Description	Points Possible
1.	Methodologies (4.2)	50
2.	Technical Capabilities (Section 5.0)	200
	General Capabilities (5.1)	
	Nursing/Health Care Services for Students in School Clinic (5.3)	
3.	Value Added (Section 6.0)	5
4.	Vendor Questionnaire (Section 15.0)	20
5.	References (Section 16.0)	5
6.	Organization and Completeness of Proposal	20
	Non-Cost Subtotal	300

The non-cost portion of proposals (total of items 1 – 6) can receive a maximum of 300 points. Only non-cost proposals that receive 210 points (70% of total non-cost score) or more receive a Best and Final Offer (BAFO)/Award. CCSD will award the contract to multiple vendors who met all the criteria included in the solicitation.

14.0 AWARD

- 14.1** It is the intent of CCSD to award this RFP to multiple qualified vendors to establish a pool of providers to ensure availability at times and dates required by the various schools.
- 14.2** The CCSD reserves the right to accept or reject any part of a submitted proposal, to accept the entire proposal from one vendor, to accept portions of the proposal from several vendors, or to reject all proposals submitted or waive any minor irregularity. The CCSD reserves the right to award the proposal under the most beneficial economic terms for the CCSD.
- 14.3** Award will be made to the responsive and responsible vendor based on price, availability, lead time, past vendor experience, references, and compliance with the RFP specifications and requirements as outlined in the evaluation criteria included in this solicitation.
- 14.4** All purchases and services under this contract are on an as-needed basis. No quantities or vendor purchases are guaranteed.

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15.0 VENDOR QUESTIONNAIRE

Company Name: _____

1. How long has your company been in the business of providing the goods/services requested? _____

2. Provide the company's corporate name, as well as the address and telephone number of the corporate headquarters and local office. _____

3. Provide a brief history of the company and the present organizational structure of the firm, describing the management organization and CCSD's account coordination structure. _____

4. Provide a list of all local offices and locations. Include what types of services are provided at each office. _____

5. Provide information regarding whether the company is currently in the process of being acquired by another vendor and how service/support may be impacted. _____

6. Has your company ever conducted business with CCSD? If yes, provide dates and nature of business. _____

7. Have you done business with other school systems? Yes No

If yes, name system(s), approximate student population, and number of nurses/clinic assistants provided to each system over the last three (3) school years. **Preference will be given to school systems in Georgia.** _____

COBB COUNTY SCHOOL DISTRICT
 MARIETTA, GEORGIA
 PROCUREMENT SERVICES DEPARTMENT
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8. Is the vendor willing to extend all pricing, terms and conditions quoted to any Cobb County governmental entity under the Intergovernmental Cooperative Purchasing Program? This includes the Cobb County Government, the Cities of Acworth, Austell, Kennesaw, Marietta, Powder Springs, Smyrna, the Devereux Foundation School, and Cobb County Charter Schools. (While these schools are not a part of Cobb County School District, they do provide services to students and receive pass-through funds from the State when appropriate.)

Yes No

9. Please provide the current number of LPNs, RNs, MAs, and CNAs employed by your company in all states (also list the number of LPNs, RNs, MAs, and CNAs in Georgia).

10. What is the average experience level of LPNs and RNs, and the average experience level of MAs and CNAs provided, i.e. number of years? _____

11. Describe your company’s procedure to provide background checks to CCSD for LPNs, RNs, MAs, and CNAs that are being considered or placed in the schools. _____

12. Provide complete contact information for a point of contact DURING EVALUATION period. This person must be available to answer any questions pertaining to your response that may arise prior to award. If no information is provided below, the information on the Acknowledgement and Agreement form will be used.

Company Name:			
Contact Name:			
Phone Number:		Fax Number:	
Email Address:			

COBB COUNTY SCHOOL DISTRICT
 MARIETTA, GEORGIA
 PROCUREMENT SERVICES DEPARTMENT
 SPECIAL TERMS AND CONDITIONS

- 13.** Provide complete contact information for each of the following. If no information is provided below, the information on the Acknowledgement and Agreement Form will be used. **NOTE: An IRS W-9 form should be submitted with response.**

Service Representative		This person will be responsible for answering CCSD questions related to products, billing issues, etc. during term of contract.			
Company Name:					
Address:					
City:		State:		Zip:	
Contact Name:					
Telephone:			Fax:		
Contact Email:					
Purchase Order Address					
Address:					
City:		State:		Zip:	
Contact Name:					
Telephone:			Fax:		
Contact Email:					
Indicate whether purchase orders are to be sent via fax or email.			<input type="checkbox"/> Fax or <input type="checkbox"/> Email (preferred)		
PO Fax:		PO Email Address:			
Payment (Remit) Address					
Address:					
City:		State:		Zip:	
Contact Name:					
Telephone:			Fax:		
Contact Email:					
Checks should be made payable to:					

COBB COUNTY SCHOOL DISTRICT
 MARIETTA, GEORGIA
 PROCUREMENT SERVICES DEPARTMENT
 SPECIAL TERMS AND CONDITIONS

16.0 REFERENCES (Provide your company references): _____

Insert Your Company Name

ALL responding vendors must provide references for your company below. It is the vendor’s responsibility to provide complete and accurate reference information on the form below; completing ALL fields. Failure to do so can result in CCSD being unable to verify vendor’s past work, which may affect CCSD’s determination that the vendor is responsive and responsible. **Preference may be given to references of similar size and scope.** Do not list CCSD as a reference. CCSD reserves the right to consider past experience with vendor.

Company/Entity:			
Address:			
Telephone:		Fax:	
Contact:		Contact Email:	
Provide a brief description of services/goods provided including dates.			

Company/Entity:			
Address:			
Telephone:		Fax:	
Contact:		Contact Email:	
Provide a brief description of services/goods provided including dates.			

Company/Entity:			
Address:			
Telephone:		Fax:	
Contact:		Contact Email:	
Provide a brief description of services/goods provided including dates.			

COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
CONFLICT OF INTEREST

ALL PROSPECTIVE VENDORS PLEASE READ CAREFULLY

Please refer to Board Policy BHA, Conflict of Interest, located on the Cobb County School District website at www.cobbk12.org select **Menu**, then select **About**, then select **Board**, then select **Policies and Rules**, then select **Section B** and choose **BHA**.

Any conflict with Board policy and/or administrative rules must be disclosed at the time of proposal submission.

BOARD MEMBERS:

Randy Scamihorn, Chairman

David Banks, Vice Chairman

David Chastain

Charisse Davis

Dr. Jaha Howard

Leroy Tre' Hutchins

Brad Wheeler

EXECUTIVE CABINET MEMBERS:

Chris Ragsdale, Superintendent

Dr. Kevin Daniel

John Floresta

Sherri Hill

Brad Johnson

Jennifer Lawson

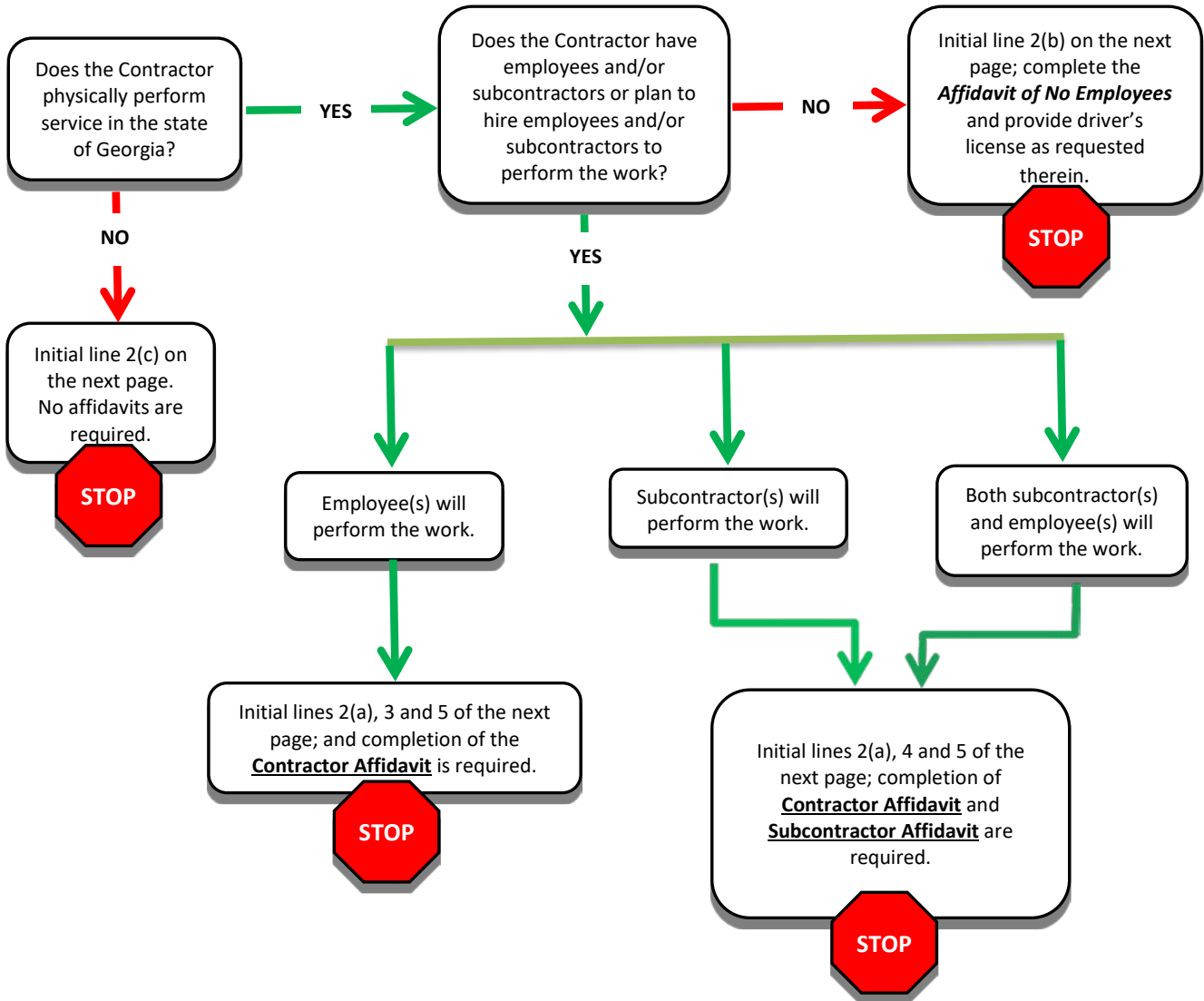
Marc Smith

Keeli Bowen

COBB COUNTY SCHOOL DISTRICT
 MARIETTA, GEORGIA
 PROCUREMENT SERVICES DEPARTMENT
 GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT DOCUMENTS

Determine how to comply with the GA Security & Immigration Compliance Act

This section of the Agreement is related to the Georgia Security and Immigration Compliance Act, O.C.G.A. § 13-10-90 *et seq.* The chart below may assist the Contractor in determining which affidavit(s) must be provided as a provision of entering into this Agreement. If in doubt as to whether a document should be completed and submitted, it is recommended that the Contractor submit the information.



COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT DOCUMENTS

**GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT OF 2006, AS AMENDED BY
THE ILLEGAL IMMIGRATION REFORM ACT OF 2011, OCGA 13-10-90, ET SEQ.**

TO ALL PROSPECTIVE CONTRACTORS:

If you are providing services to the Cobb County School District, this completed document, as well as the applicable Georgia Security and Immigration Compliance forms and affidavits referenced herein must be completed, signed, notarized and submitted with your bid, proposal or contract.

- 1) The Cobb County School District shall comply with the Georgia Security and Immigration Compliance Act, as amended, O.C.G.A. § 13-10-90 *et seq.*
- 2) In order to ensure compliance with the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603 and the Georgia Security and Immigration Compliance Act of 2006, as amended by the Illegal Immigration Reform Act of 2011, O.C.G.A. § 13-10-90 *et seq.* (collectively the "Act") the contractor ("Contractor") **MUST INITIAL** the statement applicable to Contractor below:
 - (a) _____ (***Initial here***) Contractor represents and warrants that Contractor has registered at <https://e-verify.uscis.gov/enroll/> to verify information of all new employees in order to comply with the Act; is authorized to use and uses the federal authorization program; and will continue to use the authorization program throughout the contract period. Contractor further represents, warrants and agrees that it shall execute and return any and all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq. in accordance with the terms thereof*; **(Complete and submit the Contractor Affidavit and Agreement)**; OR
 - (b) _____ (***Initial here***) Contractor represents and warrants that it has **no employees** and does not intend to hire employees to perform contractual services, and that Contractor has therefore provided a **U.S. state-issued driver's license or ID card** in lieu of an affidavit and that such license or ID card was issued by a State that **verifies lawful immigration status before issuing the license or ID card**. If my status changes I will, before hiring any employees, immediately notify the School District in writing and provide all affidavits required under the Act. **(Complete and submit the Affidavit of No Employees)**; OR
 - (c) _____ (***Initial here***) Contractor represents and warrants that it **does not physically perform any service within the State of Georgia** as defined in the Act and thus does not have to comply with the foregoing Georgia law.
- 3) _____ (***Initial here***) **Contractor will not employ or contract with any subcontractor** in connection with a covered contract unless the subcontractor is registered, is authorized to use, and uses the federal work authorization program and provides Contractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq.*
- 4) _____ (***Initial here***) Contractor covenants and agrees that, ***if Contractor employs or contracts with any subcontractor*** in connection with the covered contract under the Act and DOL Rule 300-10-1-.02, then in such event Contractor will secure from each subcontractor at the time of the subcontract, the subcontractor's name and address, the employer identification number/taxpayer identification number applicable to the subcontractor; the date the authorization to use the federal work authorization program was granted to subcontractor; the subcontractor's attestation of the subcontractor's compliance with the Act and Georgia Department of Labor Rule 300-10-1-.2.; and the subcontractor's agreement not to contract with subcontractors unless the subcontractor is registered, authorized to use, and uses the federal work authorization program; and provides subcontractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 *et seq.* **(Complete and submit the Subcontractor Affidavit and Agreement)**
- 5) _____ (***Initial here***) Contractor agrees to provide the Cobb County School District with all affidavits of compliance as required by the Act and Georgia Department of Labor Rule 300-10-1-.02, 300-10-1-.03, 300-10-1-.07 and 300-10-1-.08 within five (5) business days of its receipt of any such documents.
- 6) _____ (***Initial here***) Contractor is a foreign company and therefore not required to provide the affidavit as required by the Act. Contractor must comply with any other laws required to perform services in the United States, including but not limited to having an appropriate visa.

Company Name: _____

COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT DOCUMENTS

CONTRACTOR AFFIDAVIT PROVIDED PURSUANT TO O.C.G.A. § 13-10-91(b)(2)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91 stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with the Cobb County School District, has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor covenants that it will continue to use the federal work authorization program throughout the contract period, that the undersigned contractor will contract for the physical performance of services in the performance of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b), and that the contractor shall forward any subcontractor’s affidavit to the School District within five (5) days of its receipt of the same.

Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

EEV User Identification Number
(4 to 7 Digit Number) _____

Date of Authorization _____

Contractor/Company Name _____

Email Address _____

Telephone Number _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

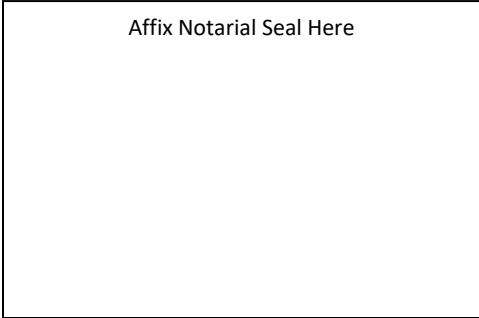
Title of Authorized Officer or Agent

NOTARY INFORMATION

Sworn to before me this ____ day of _____, 20____.

Notary Public Signature

My Commission Expires: _____



COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT DOCUMENTS

SUBCONTRACTOR AFFIDAVIT PURSUANT TO O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91 stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with _____ (name of contractor), which has a contract with the Cobb County School District, has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor covenants that it will continue to use the federal work authorization program throughout the contract period, that the undersigned subcontractor will contract for the physical performance of services in the performance of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b), and that the subcontractor shall forward any sub-subcontractor's affidavit to the contractor and School District within five (5) days of its receipt of the same.

Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

EEV User Identification Number
(4 to 7 Digit Number) _____

Date of Authorization _____

Subcontractor/Company Name _____

Email Address _____

Telephone Number _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Title of Authorized Officer or Agent

NOTARY INFORMATION

Sworn to before me this ____ day of _____, 20____.

Notary Public Signature

My Commission Expires: _____



COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT DOCUMENTS

AFFIDAVIT OF NO EMPLOYEES PURSUANT TO O.C.G.A. § 13-10-91(b)(5)

The undersigned, in connection with a proposed contract or subcontract with the Cobb County School District (the "School District") for the physical performance of service in the State of Georgia (the "Contract"), hereby affirms and certifies under penalties of perjury that:

- (a) I am a sole proprietor.
- (b) I do not employ any other persons.
- (c) I do not intend to hire any employees to perform the Contract.
- (d) A true, correct and complete copy of my driver's license is attached hereto.
- (e) If at any time hereafter I determine that I will need to hire employees to satisfy or complete the physical performance of services under the Contract, then *before* hiring any employees, I will:
 - (i.) immediately notify the School District and all higher tier contractors (if any) in writing; and
 - (ii.) register with, participate in and use, a federal work authorization program operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986, P.L. 99-603, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-90; and
 - (iii.) Provide the School District with all affidavits required by O.C.G.A. § 13-10-90 *et seq.* and Georgia Department of Labor Rule 300-10-1-.01 *et seq.*

Print Company Name / Name of Sole Proprietor

BY: Signature of Authorized Officer/Agent

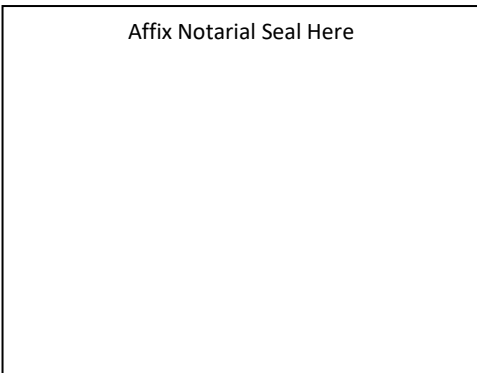
Date

NOTARY INFORMATION

Sworn to before me this ____ day of _____, 20 ____.

Notary Public Signature

My Commission Expires: _____



[Attach copy of driver's license]

COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
DISCLOSURE OF LOBBYING ACTIVITIES
INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing pursuant to Title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with a covered federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the first tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "subawardee", then enter the full name, addressee, city, state and zip code of the prime federal recipient. Include congressional district, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grant, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter last name, first name, and middle initial.
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or member(s) of Congress that were contacted.
15. Check whether or not a Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

FORM (Rev. 5/17)

Approved by OMB
 0348-0046

COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT

ACKNOWLEDGEMENT AND AGREEMENT

Request for Proposal P2321, Nursing Services

This acknowledgement and agreement must be properly signed and submitted with your proposal. The acknowledgement becomes a part of your proposal and without it your proposal is not complete and will be subject to rejection.

I, the undersigned, have carefully examined and fully understand both the CCSD General Terms and Conditions and this solicitation in their entirety and agree to conform with every requirement. I certify that I am authorized to sign this proposal for the vendor. I further acknowledge that failure to prepare, submit, or execute this proposal in the exact manner requested will be just cause to reject any or all of my proposal submission.

Withdrawals, cancellations, etc., will not be accepted unless authorization is given by the Director of Procurement Services. In the event vendor fails to comply, they may be removed from the vendors' list.

Failure to respond using the most recent forms/information posted to the CCSD Current Solicitations website may be cause for rejection. It is the vendor's responsibility to check the CCSD Current Solicitations website for any addenda, responses to vendor questions, or other communications, which may be necessary during the solicitation period. Vendor acknowledges and incorporates each applicable Addendum number listed below in their response:

Check all that apply: Addendum No. 1 _____, Addendum No. 2 _____, Addendum No. 3 _____
Addendum No. 4 _____, No Addenda_____

Prices must remain firm as specified on the award notification letter.

Company Name

Company Representative's Name (type or print)

Address

Representative's Signature (must be signed in ink)

City, State, and Zip Code

E-Mail Address

Date

Telephone Number and Extension

Terms (Net 30 days unless early payment discount is submitted and accepted by the CCSD.)

Fax Number

Signing the Acknowledgement and Agreement affirms that the original Request for Proposal document has not been altered in any way.

COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT

COST PROPOSAL FORM
(Submit in separate, sealed envelope.)

Pricing must be submitted on the form(s) below.

#	Description	Hourly Pay Rate to Employee	Hourly Bill Rate to CCSD	Hourly Bill Rate Mark-Up (per Section 2.10)
Nursing Services for Medically Fragile Students				
1	Hourly Rate to Provide Nursing Services for an RN			
2	Hourly Rate to Provide Nursing Services for an LPN			
3	Hourly Rate to Provide Nursing Services for a CNA			
4	Overtime Hourly Rate (over 40 hours) to Provide Nursing Services for an RN			
5	Overtime Hourly Rate (over 40 hours) to Provide Nursing Services for an LPN			
6	Overtime Hourly Rate (over 40 hours) to Provide Nursing Services for a CNA			
Nursing/Health Care Services for Students in School Clinic				
7	Hourly Rate to Provide Nursing/Health Care Services for an RN			
8	Hourly Rate to Provide Nursing/Health Care Services for an LPN			
9	Hourly Rate to Provide Nursing/Health Care Services for an MA			
10	Hourly Rate to Provide Nursing/Health Care Services for a CNA			
11	Overtime Hourly Rate (over 40 hours) to Provide Nursing/Health Care Services for an RN			
12	Overtime Hourly Rate (over 40 hours) to Provide Nursing/Health Care Services for an LPN			
14	Overtime Hourly Rate (over 40 hours) to Provide Nursing/Health Care Services for an MA			
14	Overtime Hourly Rate (over 40 hours) to Provide Nursing/Health Care Services for a CNA			
#	Description	Hourly Rate		
Additional Services				
15	Per Section 10.8 of the Special Terms & Conditions, in the event CCSD has failed to anticipate all service needs, responding vendors are asked to provide a fee structure for additional, related services that may be needed during the award period. Vendors are to provide an hourly rate in the space to the right for service needs that may be identified at a later date. If there are different rates, please provide any/all rate information.			

Company Name: _____

COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT

“NO RESPONSE” REPLY FORM

It is CCSD’s desire to notify all potential vendors; however, we do not want to send notifications to those vendors who may no longer be interested in participating in the CCSD solicitation process.

If you choose not to respond to this RFP, please complete this form and return via email to Jeanette.gray@cobbk12.org.

Thank you for your cooperation.

"NO RESPONSE" REPLY FORM: RFP P2321, Nursing Services

I hereby submit a “NO RESPONSE” to this RFP for the reason(s) checked below:

<input type="checkbox"/>	1. Specifications were unclear or restrictive.	<input type="checkbox"/>	7. Do not offer the goods or services requested.
<input type="checkbox"/>	2. Could not meet bonding requirements.	<input type="checkbox"/>	8. Cannot supply at this time.
<input type="checkbox"/>	3. Our schedule will not permit us to respond.	<input type="checkbox"/>	9. Cannot meet delivery schedule.
<input type="checkbox"/>	4. Terms & Conditions were unclear or restrictive.	<input type="checkbox"/>	10. Other/Remarks:
<input type="checkbox"/>	5. Could not meet specifications.		
<input type="checkbox"/>	6. Could not meet insurance requirements.		

I wish to remain on CCSD’s vendor list for these goods/services: Yes _____ No _____

Company Name

Company Representative Name

COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT

RFP CHECKLIST

RFP P2321, Nursing Services

We encourage you to save paper. It is not necessary to return this entire document with your response. Please return only the relevant pages on which your company has included a response.

This checklist is intended to aid in preparation and submission of vendor's response. It may not be all-inclusive. Responsibility rests upon the vendor to ensure all information requested within this document is provided.

- Submitted Vendor Questionnaire
- IRS W-9 Form (October 2018 Rev.)
- Submitted Vendor Reference Form
- Submitted Applicable Georgia Security and Immigration Compliance Act OCGA 13-10-90 documents -- signed by an authorized company representative
- Submitted Disclosure of Lobbying Activities: - signed by an authorized company representative. **Mark N/A on Form if it does not apply**
- Submitted Acknowledgement and Agreement – signed by an authorized company representative
- Submitted Cost Proposal Form
- Special Terms and Conditions:
 - o Methodologies (Medically Fragile Students) – Section 4.1
 - o Methodologies (School Clinic) – Section 4.2
 - o General Capabilities – Section 5.1
 - o Capabilities (Medically Fragile Student) – Section 5.2
 - o Capabilities (School Clinic) – Section 5.3
 - o Value Added – Section 6.0
 - o Vendor Questionnaire – Section 15.0
 - o References – Section 16.0

**COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
School List**

ELEMENTARY SCHOOLS

School Name	Phone	Address	City, Zip	Fax
Acworth	770.975.6600	4220 Cantrell Road	Acworth, 30101	770.975.6602
Addison	770.578.2700	3055 Ebenezer Road	Marietta, 30066	770.578.2702
Argyle	678.842.6800	2420 Spring Road	Smyrna, 30080	678.842.6802
Austell	770.819.5804	5600 Mulberry Street	Austell, 30106	678.398.0041
Baker	770.975.6629	2361 Baker Road, NW	Acworth, 30101	770.975.6631
Bells Ferry	678.594.8950	2600 Bells Ferry Road	Marietta, 30066	678.594.8952
Belmont Hills	678.842.6810	605 Glendale Place	Smyrna, 30080	678.842.6812
Big Shanty	678.594.8023	1575 Ben King Road	Kennesaw, 30144	678.594.8026
Birney	678.842.6824	775 Smyrna-Pwdr Sprgs St.	Marietta, 30060	678.842.6826
Blackwell	678.494.7600	3470 Canton Road	Marietta, 30066	678.494.7602
Brumby	770.916.7070	815 Terrell Mill Rd. SE	Marietta, 30067	770.916.7072
Bryant	770.819.2402	6800 Factory Shoals Road	Mableton, 30126	770.819.2404
Bullard	678.594.8720	3656 Old Stilesboro Road	Kennesaw, 30152	678.594.8727
Chalker	678.494.7621	325 North Booth Road	Kennesaw, 30144	678.494.7623
Cheatham Hill	678.594.8034	1350 John Ward Road SW	Marietta, 30064	678.594.8036
City View	770-819-2553	285 South Gordon Road	Mableton, 30126	770-819-2643
Clarkdale	770.819.2422	4725 Ewing Road	Austell, 30106	770.819.2424
Clay – Harmony Leland	770.819.0736	6326 Factory Shoals Rd	Mableton, 30126	
Compton	770.222.3700	3450 New Macland Road	Pwdr Sprgs, 30127	770.222.3702
Davis	678.494.7636	2433 Jamerson Road	Marietta, 30066	678.494.7638
Dowell	678.594.8059	2121 West Sandtown Road	Marietta, 30064	678.594.8061
Due West	678.594.8071	3900 Due West Road	Marietta, 30064	678.594.8073
East Side	770.578.7200	3850 Roswell Road	Marietta, 30062	770.578.7202
Eastvalley	770.578.7214	2570 Lower Roswell Road	Marietta, 30067	770.578.7216
Fair Oaks	678.594.8080	407 Barber Road	Marietta, 30060	678.594.8082
Ford	678.594.8092	1345 Mars Hill Road	Acworth, 30101	678.594.8094
Frey	770.975.6655	2865 Mars Hill Road	Acworth, 30101	770.975.6657
Garrison Mill	770.642.5600	4111 Wesley Chapel Road	Marietta, 30062	770.642.5602
Green Acres	678.842.6905	2000 Gober Avenue	Smyrna, 30080	678.842.6907
Hayes	678.594.8127	1501 Kennesaw-Due W. Rd.	Kennesaw, 30152	678.594.8129
Hendricks	770.819.2387	5243 Meadows Road	Pwdr Spgs, 30127	770.819.2389
Hollydale	678.594.8143	2901 Bay Berry Drive	Marietta, 30008	678.594.8145
Keheley	678.494.7836	1985 Kemp Road	Marietta, 30066	678.494.7838
Kemp	678.594.8158	865 Corner Road	Pwdr Sprgs, 30127	678.594.8160
Kennesaw (K-2)	678.594.8172	3155 Jiles Road	Kennesaw, 30144	678.594.8174
Kincaid	770.578.7238	1410 Kincaid Road	Marietta, 30066	770.578.7240
King Springs	678.842.6944	1041 Reed Road	Smyrna, 30082	678.842.6946
LaBelle	678.842.6955	230 Cresson Drive	Marietta, 30060	678.842.6957
Lewis	770.975.6673	4179 Jim Owens Road	Kennesaw, 30152	770.975.6675
Mableton	770.819.2513	5220 Church Street	Mableton, 30126	770.819.2515
McCall (K-1)	770 975-6775	4496 Dixie Avenue	Acworth, 30101	770.529-1580
Milford	678.842.6966	2390 Austell Road	Marietta, 30008	678.842.6968
Mount Bethel	770.578.7248	1210 Johnson Ferry Road	Marietta, 30068	770.578.7250
Mountain View	770.578.7265	3151 Sandy Plains Road	Marietta, 30066	770.578.7267
Murdock	770.509.5071	2320 Murdock Road	Marietta, 30062	770.509.5217
Nicholson	770.928.5573	1599 Shallowford Road	Marietta, 30066	770.928.5575
Nickajack	678.842.5814	4555 Mavell Road SE	Smyrna, 30082	678.842.5832

**COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
School List**

ELEMENTARY SCHOOLS cont.

School Name	Phone	Address	City, Zip	Fax
Norton Park	678.842.5833	3041 Gray Road	Smyrna, 30082	678.842.5835
Pickett's Mill	770.975.7172	6400 Old Stilesboro Road	Acworth, 30101	770.975.7121
Pitner	678.594.8320	4575 Wade Green Road	Acworth, 30101	678.594.8319
Powder Springs	770.222.3746	4570 Grady Grier Drive	Pwdr Sprgs, 30127	770.222.3748
Powers Ferry	770.578.7936	403 Powers Ferry Road	Marietta, 30067	770.578.7938
Riverside	770.819.5851	461 South Gordon Road	Mableton, 30126	678.398.0040
Rocky Mount	770.591.5050	2400 Rocky Mountain Road	Marietta, 30066	770.591.5041
Russell	770.437.5937	3920 South Hurt Road	Smyrna, 30082	770.437.5939
Sanders	770.819.2568	1550 Anderson Mill Road SW	Austell, 30106	770.819.2570
Sedalia Park	770.509.5162	2230 Lower Roswell Road	Marietta, 30068	770.509.5342
Shallowford Falls	770.642.5610	3529 Lassiter Road	Marietta, 30062	770.642.5612
Smyrna	678.842.6741	1099 Fleming Street	Smyrna, 30080	678.842.6749
Sope Creek	770.916.7085	3320 Paper Mill Road	Marietta, 30067	770.916.7087
Still	678.594.8287	870 Casteel Road	Pwdr Sprgs, 30127	678.594.8289
Teasley	770.437.5945	3640 Spring Hill Parkway	Smyrna, 30080	770.437.5947
Timber Ridge	770.642.5621	5000 Timber Ridge Road	Marietta, 30068	770.642.5623
Tritt	770.642.5630	4435 Post Oak Tritt Road	Marietta, 30062	770.642.5632
Varner	770.222.3775	4761 Gaydon Road	Pwdr Sprgs, 30127	770.222.3777
Vaughan	678.594.8298	5950 Nichols Road	Pwdr Sprgs, 30127	678.594.8300

MIDDLE SCHOOLS

School Name	Phone	Address	City, Zip	Fax
Awtrey	770.975.6615	3601 Nowlin Road	Kennesaw, 30144	770.975.6617
Barber	770.975.6764	4222 Cantrell Road	Acworth, 30101	770.529.0325
Campbell	678.842.6873	3295 S. Atlanta Road	Smyrna, 30080	678.842.6875
Cooper	770.819.2438	4605 Ewing Road	Austell, 30106	770.819.2440
Daniell	678.594.8048	2900 Scott Road	Marietta, 30066	678.594.8050
Dickerson	770.578.2710	855 Woodlawn Drive	Marietta, 30068	770.578.2712
Dodgen	770.578.2726	1725 Bill Murdock Road	Marietta, 30062	770.578.2728
Durham	770.975.6641	2891 Mars Hill Road NW	Acworth, 30101	770.975.6643
East Cobb	770.578.2740	825 Terrell Mill Rd. SE	Marietta, 30067	770.578.2742
Floyd	770.819.2453	4803 Floyd Road	Mableton, 30126	770.819.2455
Garrett	770.819.2466	5235 Austell-Pwdr Sprgs Rd.	Austell, 30106	770.819.2468
Griffin	678.842.6917	4010 King Springs Rd.	Smyrna, 30082	678.842.6919
Hightower Trail	770.578.7225	3905 Post Oak Tritt Road	Marietta, 30062	770.578.7227
Lindley - 6th Grade	770.819.2414	1550 Pebblebrook Circle	Mableton, 30126	770.819.2418
Lindley - 7th & 8th	770.819.2496	50 Veterans Mem. Highway	Mableton, 30126	770.819.2498
Lost Mountain	678.594.8224	700 Old Mountain Road	Kennesaw, 30152	678.594.8226
Lovinggood	678.331.3015	3825 Luther Ward Road	Pwdr Sprgs, 30127	678.331.3016
Mabry	770.928.5546	2700 Jims Road	Marietta, 30066	770.928.5548
McCleskey	770.928.5560	4080 Maybreeze Road	Marietta, 30066	770.928.5562
McClure	678.331.8131	3660 Old Stilesboro Road	Kennesaw, 30152	678.331.8132
Palmer	770.591.5020	690 North Booth Road	Kennesaw, 30144	770.591.5032
Pine Mountain	678.594.8252	2720 Pine Mountain Circle	Kennesaw, 30152	678.594.8254
Simpson	770.971.4711	3340 Trickum Road	Marietta, 30066	770.971.4507
Smitha	678.594.8267	2025 Powder Springs Road	Marietta, 30064	678.594.8269
Tapp	770.222.3758	3900 Macedonia Road	Pwdr Sprgs, 30127	770.222.3760

**COBB COUNTY SCHOOL DISTRICT
MARIETTA, GEORGIA
PROCUREMENT SERVICES DEPARTMENT
School List**

HIGH SCHOOLS

School Name	Phone	Address	City, Zip	Fax
Allatoona	770.975.6503	3300 Dallas-Acworth Hwy NW	Acworth, 30101	770.529.7744
Campbell	678.842.6850	5265 Ward Street	Smyrna, 30080	678.842.6852
Cobb Horizon	678.594.8240	1765 The Exchange SE	Atlanta, 30339	678.331.8309
Harrison	678.594.8104	4500 Due West Road	Kennesaw, 30152	678.594.8106
Hillgrove	678.331.3961	4165 Luther Ward Road	Pwdr Sprgs, 30127	678.331.8128
Kell	678.494.7844	4770 Lee Waters Road	Marietta, 30066	678.494.7846
Kennesaw Mountain	678.594.8190	1898 Kennesaw-Due W. Road	Kennesaw, 30152	678.594.8192
Lassiter	678.494.7863	2601 Shallowford Road	Marietta, 30066	678.494.7865
McEachern	770.222.3710	2400 New Macland Road	Pwdr Sprgs, 30127	770.222.3712
North Cobb	770.975.6685	3400 Old 41 Highway, North	Kennesaw, 30144	770.975.6687
Osborne	770.437.5900	2451 Favor Road	Marietta, 30060	770.437.5902
Pebblebrook	770.819.2521	991 Old Alabama Road	Mableton, 30126	770.819.2523
Pope	770.578.7900	3001 Hembree Road	Marietta, 30062	770.578.7902
South Cobb	770.819.2611	1920 Clay Road	Austell, 30106	770.819.2613
Sprayberry	770.578.3200	2525 Sandy Plains Road	Marietta, 30066	770.578.3202
Walton	770.578.3225	1590 Bill Murdock Road	Marietta, 30062	770.578.3227
Wheeler	770.578.3266	375 Holt Road	Marietta, 30068	770.578.3268

SPECIAL SCHOOLS AND PROGRAMS

School Name	Phone	Address	City, Zip	Fax
Adult Education Center	678.594.8011	1595 Hawthorne Ave.	Smyrna, 30080	678.594.8015
Brown Professional Lrng. Ctr.	678-842-6930	3265 Brown Road	Smyrna, 30080	
Cobb Mentoring Matters	678.581.6811	514 Glover St., Ste. 180 E	Marietta, 30060	678.594.8731
Cobb Virtual Academy	678.581.6791	1595 Hawthorne Ave	Smyrna, 30080	
Corporate Classroom	770.590.4506	514 Glover Street	Marietta, 30060	
Devereaux Ackerman Academy	770.427.0147	1291 Stanley Road	Kennesaw, 30152	
Early Learning Center	770-819-2483	5891 Dodgen Rd SW	Mableton, 30126	
ESOL	770.426.3410	1870 Teasley Drive	Smyrna, 30080	
H.A.V.E.N. at Sky View	770.819.2584	5805 Dunn Road	Mableton, 30126	770.819.2586
Homeless Ed. (Rose Garden)	678.503.0173	1870 Teasley Drive	Smyrna, 30080	770.437.5935
International Welcome Center	678.331.3086	1870 Teasley Drive	Smyrna, 30080	
Title I (Rose Garden)	770.437.5933	1870 Teasley Drive	Smyrna, 30080	

OTHER CCSD FACILITIES

School Name	Phone	Address	City, Zip
440 Glover St. (Financial Services)	770.426.3310	440 Glover St.	Marietta, 30060
514 Glover St. (Central Office)	770.426.3300	514 Glover St.	Marietta, 30060
560 Glover St. (Maintenance)	770.426.3355	560 Glover St.	Marietta, 30060
Argo Maintenance	770.803.2100	4885 Argo Road	Smyrna, 30082
Baker Bus Shop	770.975.6714	2351 Baker Road	Acworth, 30101
Campus PD & Warehouse	770.426.3355	650 South Cobb Drive	Marietta, 30060
Concert Hall at Lassiter HS	770.514.2515	2601 Shallowford Road	Marietta, 30066
Events Office	678.594.8120	4500 Due West Road (Suite 240)	Kennesaw, 30152
Hawthorne Center	678.842.6930	1595 Hawthorne Avenue	Smyrna, 30080
Human Resources – Glover St.	770.514.3894	580 Glover St.	Marietta, 30060
Kennesaw Warehouse	770.590.4523	6975 Cobb International Blvd.	Kennesaw, 30152
Mars Hill Bus Shop	770.975.6719	2891 Mars Hill Road	Acworth, 30101
Rose Garden	678.503.0180	1870 Teasley Drive	Smyrna, 30080
Sanders Bus Shop	770.222.6291	3826 Sanders Road	Pwdr Sprgs, 30127
South Cobb Bus Shop/Transportation	770.429.5860	620 South Cobb Dr.	Marietta, 30060