

334-793-1397  
500 Dusy Street  
Dothan, Alabama 36301  
www.dothan.k12.al.us  
Dr. Charles Ledbetter, Superintendent

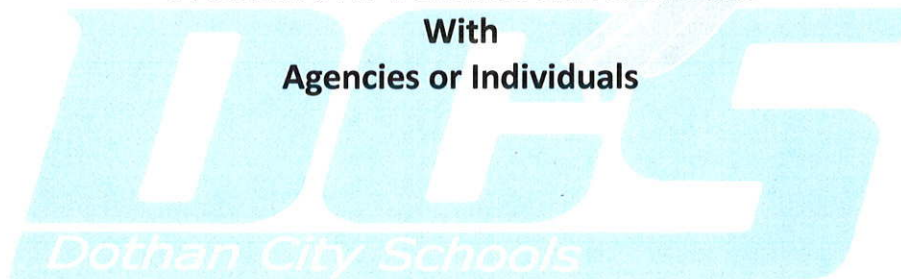
*The Heart and Future of Dothan Since 1884*



## REQUEST FOR PROPOSAL

For

**COLLABORATIVE COUNSELING SERVICES**  
for  
**STUDENTS AT DOTHAN CITY SCHOOLS**  
With  
**Agencies or Individuals**



**Dothan City Schools**  
**500 Dusy Street**  
**Dothan, AL 36301**  
**(334) 793-1397**

*Dr. Harry Wayne Parrish*  
Chairman

*Brenda Guilford*  
Vice-Chair/District 1

*Franklin Jones*  
District 2

*Susan Vierkandt*  
District 3

*Jimmy Addison*  
District 4

*Ben Armstrong*  
District 5

*Chris Maddox*  
District 6

**DISTRICT-WIDE ACCREDITATION BY THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS**  
**AN EQUAL OPPORTUNITY AGENCY**

## INTRODUCTION

The Dothan City Schools System is comprised of twenty (20) schools and approximately 9,500 students and is seeking to contract with agencies or individuals to provide additional counseling services for students. The purpose of this request is for Dothan City Schools (the District) to receive current rates and information on agencies or individuals that provide these services. The District has an ongoing strategic plan which includes collaborative efforts to provide counseling services to students on District campuses. The District is seeking to augment counseling services with agencies and individuals to achieve increased student achievement, increased attendance and decreases in student behavioral events. The District may contract with one agency for these services or multiple agencies for these services.

## DUE DATE

Proposals are due by July 20, 2016 to Carol Cunningham, Director of Exceptional Student Services, 500 Dusy Street, Dothan, AL 36301.

Dothan City Schools is not responsible for late proposals. Any proposal delivered after this date and time will be returned unopened and will not be reviewed.

## EXPECTED SERVICES

The consulting Company/Agency/Individual would be retained to provide the following Scope of Counseling Services to the District:

- Collaborate with the Counseling/Administration Department on each campus
- Provide individual counseling to referred students
- Provide group counseling to referred students
- Provide pre and post data to demonstrate change/growth/improvement of students

## RESPONSE PACKAGE CONTENT

Each response packet must contain the following described elements or evidence that the company meets or exceeds the requirements stated in this Proposal. Please submit information in order listed below:

- Name of agency/individual/company
- Address
- Telephone, Fax Number and Email Address of contacts
- Form of Company (sole proprietor, partnership, corporation, non-profit)
- Background Check on all employees who would work with students
- Copy of Malpractice Insurance
- Date Company formed or incorporated
- Company Principals including President, Chairman, Vice President, Secretary, Chief Operation Officer, Chief Financial Officer, General Manager
- FEIN (Federal Employee Identification Number) of proposer or SSN (Social Security Number) in case of sole ownership
- Licenses to conduct business in the state of Alabama
- Size of company with number of staff
- Location of office that will provide services if not at a school site

#### SIMILAR ENGAGEMENTS WITH OTHER GOVERNMENT ENTITIES/REFERENCES

Individuals/Agencies should list the most significant services (minimum of 3) performed in the last five years that are similar to the scope listed in this Proposal. The list should indicate the scope of work, dates, engagement partners, total hours and the name and telephone number of the principal client(s) contact.

#### COST/RATES

Individuals/Agencies must submit Exhibit A in its entirety to be considered. Individuals/Agencies shall furnish, but not be limited to labor, materials, equipment, supplies and expertise necessary to provide the services as outlined in this Proposal.

#### AGREEMENT

The District requires all contractors to enter into an agreement for the duration of this project. A copy of such agreement should be provided with the Proposal if Individuals/Agencies have their own agreement.



**PROPOSAL  
EXHIBIT A  
COST/RATE FORM**

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

Company/Individual Name: \_\_\_\_\_

The undersigned, have carefully examined the request for Proposal for Counseling Services for Dothan City Schools, hereby submits the following rates for said services. This page must be signed by the authorized agent of this firm.

**PROFESSIONAL FEES**

**HOURLY RATES**

1. \$ \_\_\_\_\_ Per hour rate for counseling individuals
2. \$ \_\_\_\_\_ Per hour rate for group sessions
3. \$ \_\_\_\_\_ Per hour rate for preparing materials
4. \$ \_\_\_\_\_ Per hour rate for any other services (Specify)

**OTHER EXPENSES**

1. \$ \_\_\_\_\_ Materials such as paper, pencils, supplies
2. \$ \_\_\_\_\_ Mileage rate (other than travel to the District)
3. \$ \_\_\_\_\_ Additional other services (Specify)

Authorized Agent Signature: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

