



**Whiteriver Unified School District, #20**

Amendment #1

RFP#: **20-16-25**

**PROJECT: Special Education Services at Whiteriver USD**

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PO Box 190  
Whiteriver, AZ 85941

The Amendment is released to all interested parties:

1. The District is releasing a revised Proposal Cost Form that is below.
2. The District did not receive any questions regarding the Special Education Services other than how to fill out the cost form. This replaces Pages 36-38 on RFP 20-16-25 Special Education Services.
3. Please remember that Whiteriver Unified School District is not in an overnight delivery area.
4. All other terms and conditions remain the same.
5. End of Amendment #1.





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Offeror should complete and include all costs associated with providing the specified Special Education Services at Whiteriver USD, as per the Scope of Work and related products/services requested. Offeror must include, as part of its response: The professional who will provide the services, partially redacted license or certificate.

Offeror will provide menu-style pricing for any additional modules or features considered value-additions that have not been identified otherwise.

**A. Psychological Services**

Fee per Each		
Evaluation Assessment	\$	
Services		
	Hourly Rate	Daily Rate
Consultation/Training	\$	\$
Therapy	\$	\$
<b>Bilingual, if available, name language</b>		
<b>These rates apply to Bilingual</b>	Hourly Rate	Daily Rate
	\$	\$
Check each area you or your firm is qualified to evaluate and indicate the fee per evaluation		
X	Fee	Evaluation Services
	\$	Compute accessibility and need
	\$	Need for communication aids
	\$	Adaptive/Mobility devices
	\$	Training/Technical Assistance
	\$	Other:

**B. Behavioral Coaches**

Fee per Each		
Evaluation Assessment	\$	
Services		
	Hourly Rate	Daily Rate
Consultation/Training	\$	\$
Therapy	\$	\$
<b>Bilingual, if available, name language</b>		
<b>These rates apply to Bilingual</b>	Hourly Rate	Daily Rate
	\$	\$
Check each area you or your firm is qualified to evaluate and indicate the fee per evaluation		
X	Fee	Evaluation Services
	\$	Compute accessibility and need
	\$	Need for communication aids
	\$	Adaptive/Mobility devices
	\$	Training/Technical Assistance
	\$	Other:

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**C. Adaptive PE**

Fee per Each		
Evaluation Assessment	\$	
Services		
	Hourly Rate	Daily Rate
Consultation/Training	\$	\$
Therapy	\$	\$
<b>Bilingual, if available, name language</b>		
<b>These rates apply to Bilingual</b>	Hourly Rate	Daily Rate
	\$	\$
Check each area you or your firm is qualified to evaluate and indicate the fee per evaluation		
X	Fee	Evaluation Services
	\$	Compute accessibility and need
	\$	Need for communication aids
	\$	Adaptive/Mobility devices
	\$	Training/Technical Assistance
	\$	Other:

**D. Occupational Therapy (Includes: OT, COTA)**

Fee per Each		
Evaluation Assessment	\$	
Services		
	Hourly Rate	Daily Rate
Consultation/Training	\$	\$
Therapy	\$	\$
<b>Bilingual, if available, name language</b>		
<b>These rates apply to Bilingual</b>	Hourly Rate	Daily Rate
	\$	\$
Check each area you or your firm is qualified to evaluate and indicate the fee per evaluation		
X	Fee	Evaluation Services
	\$	Compute accessibility and need
	\$	Need for communication aids
	\$	Adaptive/Mobility devices
	\$	Training/Technical Assistance
	\$	Other:

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**E. Physical Therapy (Includes: PT, PTA)**

Fee per Each		
Evaluation Assessment	\$	
Services		
	Hourly Rate	Daily Rate
Consultation/Training	\$	\$
Therapy	\$	\$
<b>Bilingual, if available, name language</b>		
<b>These rates apply to Bilingual</b>	Hourly Rate	Daily Rate
	\$	\$
Check each area you or your firm is qualified to evaluate and indicate the fee per evaluation		
X	Fee	Evaluation Services
	\$	Compute accessibility and need
	\$	Need for communication aids
	\$	Adaptive/Mobility devices
	\$	Training/Technical Assistance
	\$	Other:

**F. Speech Therapy (Includes: CSLPT, SLPT, SLT, SLPA, SLP)**

Fee per Each		
Evaluation Assessment	\$	
Services		
	Hourly Rate	Daily Rate
Consultation/Training	\$	\$
Therapy	\$	\$
<b>Bilingual, if available, name language</b>		
<b>These rates apply to Bilingual</b>	Hourly Rate	Daily Rate
	\$	\$
Check each area you or your firm is qualified to evaluate and indicate the fee per evaluation		
X	Fee	Evaluation Services
	\$	Compute accessibility and need
	\$	Need for communication aids
	\$	Adaptive/Mobility devices
	\$	Training/Technical Assistance
	\$	Other:

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**G. Vision Services: (Includes VIT)**

Fee per Each		
Evaluation Assessment	\$	
Services		
	Hourly Rate	Daily Rate
Consultation/Training	\$	\$
Therapy	\$	\$
Bilingual, if available, name language		
These rates apply to Bilingual	Hourly Rate	Daily Rate
	\$	\$
Check each area you or your firm is qualified to evaluate and indicate the fee per evaluation		
X	Fee	Evaluation Services
	\$	Compute accessibility and need
	\$	Need for communication aids
	\$	Adaptive/Mobility devices
	\$	Training/Technical Assistance
	\$	Other:

**H. Other Costs and fees**

Mileage will be at the ADOA rate for travel between sites.

Travel time if charged will not exceed half of the hourly billing rate.

Maximum Increase for fees			
Fiscal Year	% of base year	Translated as Hourly	Daily Rate
July 2020 – June 2021			
July 2021 – June 2022			
July 2022– June 2023			
July 2023– June 2024			

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