The Amendment is released to all interested parties:

- 1. The District is releasing a revised Proposal Cost Form that is below.
- 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.



ined School	Whiteriver Unified School District, #20		
	Revised Proposal Cost Form		PO Box 190
A CONTRACT OF A	RFP#: 20-16-25 PROJECT: Special Education Services at Whiteriver USD	Page 2 of 5	Whiteriver, AZ 85941

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. <u>Psychological Services</u>

		Fee per Each	
Evaluation A	Assessment		1
		Services	
A	1	Hourly Rate	Daily Rate
Consultation/Trai	ning	\$ <b></b>	\$
Therapy	3	6	\$
Bilingual, if avai	lable, name langua	ge	
These rates app	ly to Bilingual	Hourly Rate	Daily Rate
	5		\$
Check each area y	/ou or your fi <mark>rm i</mark> s q	ualified to evaluate and indi	icate the fee per evaluation
X Fee		Evaluation	Services
\$	Compute a	accessibility and need	
\$	Need for c	ommunication aids	100
\$	Adaptive/	Mobility devices	
\$	Training/T	echnical Assistance	
	Other:	12	
\$			

### B. Behavioral Coaches

	and the second se			
		Fee per Each		
Evaluation Assessr	ment \$			
		Services		
· · · ·	1.00	Hourly Rate		Daily Rate
sultation/Training	\$		\$	
rapy	\$		\$	1
ngual, if available, i	name language		- C	1
ese rates apply to B	Bilingual	Hourly Rate		Daily Rate
	\$		\$	
ck each area you or	your firm is qua	lified to evaluate and ind	icate the fee	per evaluation
Fee		Evaluation	Services	
\$	Compute acc	essibility and need		
\$	Need for con	nmunication aids		
\$	Adaptive/Mo	bility devices		
\$	Training/Tec	chnical Assistance		
\$	Other:			
	sultation/Training rapy ngual, if available, r ese rates apply to B ck each area you or Fee \$ \$ \$ \$	sultation/Training \$ rapy \$ ngual, if available, name language ese rates apply to Bilingual \$ ck each area you or your firm is qua Fee \$ Compute acc \$ Need for cor \$ Adaptive/Mo \$ Training/Tec Other:	Evaluation Assessment       \$         Services         Hourly Rate         sultation/Training       \$         rapy       \$	Evaluation Assessment       \$         Services         Hourly Rate       \$         sultation/Training       \$       \$         rapy       \$       \$         ngual, if available, name language       \$       \$         ese rates apply to Bilingual       Hourly Rate       \$         sck each area you or your firm is qualified to evaluate and indicate the fee       \$         Fee       Evaluation Services         \$       Compute accessibility and need         \$       Need for communication aids         \$       Adaptive/Mobility devices         \$       Training/Technical Assistance         Other:       Other:

# Complete and Return this page.



# C. Adaptive PE

			Fee per Each	
	Evaluation Asses	sment \$		
			Services	
			Hourly Rate	Daily Rate
Co	nsultation/Training	\$	C 2.3	\$
The	erapy	\$	1211111	\$
Bil	ingual, if available	, name langua	ge	
T	hese rates apply to	Bilingual	Hourly Rate	Daily Rate
	1000	\$	- Andrew -	\$
Che	eck each area you o	r your firm is q	ualified to evaluate and ind	icate the fee per evaluation
Χ	Fee		Evaluation	Services
	\$	Compute a	ccessibility and need	
	\$	Need for c	ommunication aids	
10	\$	Adaptive/N	Iobility devices	
	\$	Training/T	echnical Assistance	A
		Other:		
	\$	AL.	1	

# D. <u>Occupational Therapy</u> (Includes: OT, COTA)

			Fee per Each	
	<b>Evaluation</b> Assess	ment	\$	
			Services	
	No. N.		Hourly Rate	Daily Rate
Con	sultation/Training	100	\$	\$
The	rapy	1	\$	\$
Bili	ngual, if available,	n <mark>ame langua</mark>	age	
Th	ese rates apply to I	Bilingual	Hourly Rate	Daily Rate
			\$	\$
Che	ck each area you or	your firm is a	qualified to evaluate and indi-	cate the fee per evaluation
X	Fee	Continue of	Evaluation	Services
	\$	Compute	accessibility and need	1 1
	\$	Need for a	communication aids	1
1	\$	Adaptive/	Mobility devices	
	\$	Training/	Fechnical Assistance	
	\$	Other:	river	



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## E. <u>Physical Therapy</u> (Includes: PT, PTA)

			Fee per Each	
]	Evaluation Asses	sment \$		
			Services	
		and the second se	Hourly Rate	Daily Rate
Consu	ultation/Training	\$		\$
Thera	ру		171 1100	\$
Biling	gual, if available	, name langua	ge	
Thes	se rates apply to	Bilingual	Hourly Rate	Daily Rate
	1 C C C C C	\$	- Andrew	\$
Check	k each area you o	r your firm is q	ualified to evaluate and indi	cate the fee per evaluation
X	Fee		Evaluation	Services
	\$	Compute a	ccessibility and need	
	\$	Need for c	ommunication aids	
200	\$	Adaptive/N	Aobility devices	
	\$	Training/T	echnical Assistance	
		Other:		
14	\$	15	1	

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

			Fee per Each		
	Evaluation Asse	ssment \$	12		
			Services		
			Hourly Rate	1	Daily Rate
Con	sultation/Training	\$		\$	1 A M 1
The	rapy	\$		\$	
Bili	ngual, if availabl	e, n <mark>ame lang</mark> uag	e		
	ese rates apply to		Hourly Rate		Daily Rate
		\$	and a lot	\$	1.1.1
Che	ck each area you	or <mark>your</mark> firm is qu	alified to evaluate and ind	icate the fee p	er evaluation
Х	Fee		Evaluation Services		
	\$	Compute ac	cessibility and need	1.1	
	\$	Need for co	mmunication aids	1	
	\$	Adaptive/M	obility devices		
	\$	Training/Te	chnical Assistance	1	1
	N 117	Other:	and the second		
	\$	1			
		7 J. J. J. M. M. M.	and the second second second		



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**PROJECT: Special Education Services at Whiteriver** 

### G. <u>Vision Services:</u> (Includes VIT)

USD

			Fee per Each	
	Evaluation Assess	ment \$	-	
		<u>.</u>	Services	
			Hourly Rate	Daily Rate
Cor	sultation/Training	\$	6	\$
The	rapy	\$	OR BAN	\$
Bili	ngual, if available,	name languag	je	
Th	ese rates apply to ]	Bilingual	Hourly Rate	Daily Rate
	1000	\$	MAM .	\$
Che	ck each area you or	your firm is qu	alified to evaluate and indi	cate the fee per evaluation
Х	Fee	2	Evaluation	Services
	\$	Compute ac	ccessibility and need	1921
	\$	Need for co	mmunication aids	
22	\$	Adaptive/M	Iobility devices	
	\$	Training/Te	echnical Assistance	
		Other:		
	\$	1	the second	

### 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.

July 2020 – June 2021		Translated as Hourly	Daily Rate
July 2021 – June 2022			
July 2022– June 2023	100		
July 2023– June 2024	6		1

Complete and Return this page.