BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT BOARD OF EDUCATION REQUESTS FOR PROPOSALS

Notice is hereby given that pursuant to the provisions of N.J.S.A. 19:44A-20, New Jersey Pay to Play, and other legislative enactments, more specifically Chapter 271 of the laws of the State of New Jersey, the Black Horse Pike Regional School District Board of Education located at 580 Erial Road, Blackwood, New Jersey 08012 is seeking RFP's for professional services to be provided to the Board of Education as listed below for the period July 1, 2020 to June 30, 2021.

Requests for proposals as attached, are on file at the Board Secretary/Business Administrator's office at 580 Erial Road, Blackwood, New Jersey 08012, and may also be downloaded from the Board of Education's website.

THERAPY SERVICES

Scope of Services:

The Black Horse Pike Regional Board of Education desires to appoint a company/firm to provide physical therapy, occupational therapy, speech therapy, and evaluation services for the benefit of children during the school year. Applicants should demonstrate knowledge and experience with respect to all aspects of physical, occupational, and speech therapy by therapists registered and practicing their profession under the laws of New Jersey. Any experience or knowledge of matters that directly affect the Board of Education should be addressed.

Mandatory Minimum Qualifications:

- 1. Must employ licensed/certified New Jersey State physical therapists, occupational therapists, and speech therapists and must provide and maintain updated documentation of all credentials for all clinicians providing services.
- 2. Must have a minimum of five (5) years of experience in providing therapy services to children.
- 3. The therapy services shall be of a quality consistent with the generally accepted standards for the respective therapy profession and all applicable laws and regulations and be performed in accordance with reasonable rules, regulations, and policies of the Board of Education.
- 4. Must list past and present school boards of education served.
- 5. Must provide billing rates for employees possibly assigned to service the Board of Education.

All statements of proposals for professional service contracts shall include at a minimum the following information.

- 1. Names of individuals who will perform required tasks as well as the listing of their licenses.
 - A. Identify the person who will be primarily responsible for the services required by the Board of Education and provide a description of the experience of the primary person with projects and issues similar to those more specifically set forth in this RFP's and on behalf of the Board of Education of the Black Horse Pike Regional School District.

- B. Identify persons who will serve as back up to the primary person including resumes of all parties.
- 2. Describe ability to provide services in a timely fashion including a description of your staffing and a description of your familiarity with the services required by the Board of Education of the Black Horse Pike Regional School District.

Evaluation of Proposals:

The School District intends to award a professional services contract for the defined scope of work under the Fair and Open Process in accordance with N.J.S.A. 19:44A-20.4 et seq.

The proposals will be evaluated by a committee of School District staff based upon information supplied by each Proposer in response to this RFP and the following criteria:

- · Ability to meet all minimum qualifications.
- · Overall knowledge and familiarity with the operations of the School District.
- Experience of the firm in providing similar services to other public bodies, with special emphasis on experience in New Jersey.
- · Qualifications and experience of the professional.
- · Qualifications and experience of the other members of the professional's firm.
- The hourly rates proposed. The proposal shall identify whether clerical and other overhead costs will be billed separately or included in the hourly labor rate for the professionals.

Any questions regarding this Request for Proposals should be directed to Frank Rizzo, School Business Administrator of the Black Horse Pike Regional School District. Please submit two (2) copies of the proposal to:

Please be advised that due to the COVID-19/Coronavirus, the RFP opening scheduled for 12:00 PM on **Friday**, **May 15**, **2020** at the Black Horse Pike Regional School District Board of Education Administration Office, located at 580 Erial Road, Blackwood, New Jersey 08012 will have the following restriction:

Bidders are required to drop off the proposal package by 12:00 PM on Friday, May 15, 2020. No one will be permitted to enter into the building. Please note that UPS and Fed Ex deliveries are not reliable as our hours have been limited. We will have someone available at the Central Administration to receive the Proposals on Thursday, May 14, 2020 from 9:00 AM -1:00pm and on Friday, May 15, 2020 from 9:00am-12:00pm

Black Horse Pike Regional School District 580 Erial Road Blackwood, New Jersey 08012 856-227-4106

All RFP's must be received at the School District's Administrative Office by 12:00 pm on Friday, May 15, 2020 at which time they will be publicly opened.

AFFIRMATIVE ACTION QUESTIONNAIRE

This form is to be completed and returned with the bid. However, the Board will accept in lieu of this Questionnaire, Affirmative Action Evidence Employee Information Report.

1. Our company has a federal Affirmative Action Plan approval. □Yes □No

If yes, please attach a copy of the plan to this questionnaire.

2. Our company has a N.J. State Certificate of Employee Information Report PYes No

If yes, please attach a copy of the certificate to this questionnaire.

3. If you answered "NO" to both questions No.1 and 2, you must apply for an Affirmative Action Employee Information Report - Form AA302.

Please visit the New Jersey Department of Treasury website for the Division of Public Contracts Equal Employment Opportunity Compliance: www.state.nj.us/treasury/contractcompliance/

- · Click on "Employee Information Report"
- Complete and submit the form with the appropriate payment to:

Department of Treasury
Division of Public Contracts/EEO Compliance
P.O. Box 209
Trenton, NJ 08625-0002

All fees for this application are to be paid directly to the State of New Jersey. A copy shall be submitted to the Board of Education within seven (7) days of the notice of the intent to award the contract or the signing of the contract.

I certify that the above information is correct to the best of my knowledge.

Name	
Signature	
Title	Date
Name of Company	
Address	
City, State, Zip	

STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP

Re: Proposal for t	he Black Horse Pike Regio	onal I	Board of Education.		
				Proposal Date:	
Please check one	type of Ownership. comple	ete th	e form. and execute w	here provided.	
☐ Corporation	n		Limited Partnership		
□ Partnership			Limited Liability Co.	rp	
□ Sole Propri			Limited Liability Par	tnership	
☐ Sub Chapte			Other		
No corporation "or partnership" shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any material or supplies, the cost of which is to be paid with or out of any public funds, by the State or any county, municipality or school district, or any subsidiary or agency of the State, or by an authority, board or commission which exercises governmental functions, unless prior to the receipt of the bid or accompanying the bid of said corporation or said partnership, there is submitted a statement setting forth the names and all individual partners in the partnership who own a 10% or greater interest therein, as the case may be." If one or more such stockholder "or partner" is itself a corporation "or partnership", the stockholder holding 10% or more of that corporation "or partnership" the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be, continued until names and addresses of every non-corporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed. IT IS MANDATORY THAT THIS FORM BE COMPLETED AND SUBMITTED WITH BID. In the event that there are no persons who own ten percent or more of the stock or ownership of the bidder, then such fact should be certified below as par of this disclosure.					
	ny				
Address			and the second s		
City, State, Zip_					
				(10%) or More Interest	
Owner's Name	Home Address	Т	itle/Office Held	Percent (%) of Partnership Shares Owned	
		_			
NOTE: If you no above required in	eed more space than that proformation for any remain	rovid ing p	ed above, please use a ersons or entities.	n extra sheet for furnishing the	
Signature				Date	

(form continued on next page)

To be completed and signed below.

STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP (con't)

If your firm is not a corporation and/or partnership, please explain below now your firm is organized and include a list of the various principals.	
Our firm,	
Names of Principals Title	
Use additional paper if needed. Check here □ if additional sheets are attached.	
Name of Company	
Address	
City, State, Zip	and a shake the same of the sa
Authorized AgentTitle	

SIGNATURE OF AUTHORIZED AGENT

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.							
	no later than 10 days prior to the award of the contract.						
Part I -	Vendor I	nformatio	n				
Vendor 1							
Address	: [
City:				State:		Zip:	
complian	The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.I.S.A. 19:44A-20.26 and as represented by the instructions accompanying this form.						
Signatur	Α		Printed N	Jame			Title
Part II	- Contrilure requir	ement: Pu	re than \$300	per election c	20.26 this disc ycle) over the 1 e form provide	2 months	t include all reportable prior to submission to cal unit.
☐ Chec	k here if d	isclosure is	provided in	electronic form.			
Contrib	utor Name	•	Recipient N	ame	Date		Dollar Amount
							\$
1							

[☐] Check here if the information is continued on subsequent page(s)

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- · any legislative leadership committee*
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
 - of the public entity awarding the contract
 - o of that county in which that public entity is located
 - o of another public entity within that county
 - o or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See NJ.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

NJ.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- · any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**

'N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."

BLACK HORSE PIKE REGIONAL BOARD OF EDUCATION

Business Office 580 Erial Road Blackwood, New Jersey 08012

Proposal Form

Title of Proposal

RFP – THERAPY SERVICES

The respondent by signing this proposal form, acknowledges that he/she has carefully examined the proposal specifications and documents; and further acknowledges he/she understands and is able to render the scope of activity and services outlined in the proposal

Name	
Address	P.O. Box
City, State, Zip Code	
Federal Tax ID Number	
Phone Number ()	Extension
Fax No. ()	E-Mail
Authorized Agent	Title
Agent's Signature	Date

All proposals must be received no later than 12:00 pm on Friday, May 15, 2020. All proposals are to be sent to:

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Mr. Frank Rizzo, Business Administrator Board Secretary, Purchasing Agent 580 Erial Road Blackwood, New Jersey 08012 Phone # 856-227-4106/Fax # 856-401-8763

ETHICS IN PURCHASING Statement to Vendors

School District Responsibility

Recommendation of Purchases

It is the desire of the Black Horse Pike Regional Board of Education to have all Board employees and officials practice exemplary ethical behavior in the procurement of goods, materials, supplies, and services.

School district officials and employees who recommend purchases shall not extend any favoritism to any vendor. Each recommended purchase should be based upon quality of the items, service, price, delivery, and other applicable factors in full compliance with N.J.S.A. 18A:18A-1 et.seq.

Solicitation/Receipt of Gifts - Prohibited

School district officials and employees are prohibited from soliciting and receiving funds, gifts, materials, goods, services, favors, and any other items of value from vendors doing business with the Black Horse Pike Regional Board of Education or anyone proposing to do business with the Black Horse Pike Regional School District.

Vendor Responsibility

Offer of Gifts, Gratuities -- Prohibited

Any vendor doing business or proposing to do business with the Black Horse Pike Regional School District, shall neither pay, offer to pay, either directly or indirectly, any fee, commission, or compensation, nor offer any gift, gratuity, or other thing of value of any kind to any official or employee of the Black Horse Pike Regional School District or to any member of the official's or employee's immediate family.

Vendor Influence -- Prohibited

No vendor shall cause to influence or attempt to cause to influence, any official or employee of the Black Horse Pike Regional School District, in any manner which might tend to impair the objectivity or independence of judgment of said official or employee.

Vendor Certification

Vendors or potential vendors will be asked to certify that no official or employee of the Black Horse Pike Regional Board of Education or immediate family members are directly or indirectly interested in this request or have any interest in any portions of profits thereof. The vendor participating in this request must be an independent vendor and not an official or employee of the Black Horse Pike Regional Board of Education.

Mr. Frank Rizzo
Business Administrator
Board Secretary
Purchasing Agent

NON-COLLUSION AFFIDAVIT

STATE OF)	Date:
:ss: COUNTY OF)	
I, of	f the City of
in the County of and	the State of
of full age, being duly sworn according to law on my	oath depose and say that:
I amPosition in Com	of
the firm of	and the bidder making executed the said Proposal with full authority so to do; that I
of this proposal with any potential bidders, or otherwiconnection with the above named bid, and that all state and correct, and made with full knowledge that the Bitruth of the statements contained in said Proposal and contract for the said bid. I further warrant that no person or selling agency has been supported by the said bid.	ement, participated in any collusion, discussed any or all parts are taken any action in restraint of free, competitive bidding in ements contained in said Proposal and in this affidavit are true lack Horse Pike Regional Board of Education relies upon the d in the statements contained in this affidavit in awarding the has been employed or retained to solicit or secure such contract on, percentage, brokerage or contingent fee, except bona fide lling agencies maintained by
(Print Name o	of Contractor/Vendor)
Subscribed and sworn to:(SIGNATURE	E OF CONTRACTOR/VENDOR)
(82011222	2 02 001,122201 014 , 21,2 011,
before me this day of Month	, Year
NOTARY PUBLIC SIGNATURE	Print Name of Notary Public
My commission expires	, — Seal — Year

STATE OF NEW JERSEY -- DIVISION OF PURCHASE AND PROPERTY DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Quote Number:

Bidder/Offeror:

PART 1: CERTIFICATION BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX. FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents,
subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited
activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer
or representative of the entity listed above and am authorized to make this contification on its behalf. I will akin Dart 2 and along and

complete the Certification below.

PLEASE CHECK THE APPROPRIATE BOX:

OR

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. <u>Failure to provide such will result in the proposal being rendered as non-responsive</u> and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.

Name Description of Activities	Relationship to Bidder/Offeror	Delete
Duration of Engagement	Anticipated Cessation Date	
Bidder/Offeror Contact Name	Contact Phone Number	
ADD AN ADDITIONAL ACTIVITIES ENTRY		I

Certification: I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder; that the State of New Jersey is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Signature:	
-	Do Not Enter PIN as a Signature
Date:	
	Date:

BUSINESS REGISTRATION CERTIFICATE (N.J.S.A. 52:32-44)

Pursuant to N.J.S.A. 52:32-44 as amended by P.L. 2004 – Chapter 57, all respondents shall submit with their proposal package a copy of their "New Jersey Business Registration Certificate" as issued by the Department of Treasury of the State of New Jersey. Failure to provide the New Jersey Business Registration Certification with the proposal package, or prior to the award of contract, will be cause for the rejection of the entire proposal.

<u>Insurance; professional liability – certificate required</u>				
	☐ Required	☐ Not Required		
	with contract documer	om the contract is awarded shall provide to the nts a Professional Liability Insurance Certificat		
	\$1,000,0	00 Each Incident; Occurrence; Wrongful Act		

The insurance certificate name as to the certificate holder shall be as follows:

\$3,000,000 Aggregate

The Black Horse Pike Regional Board of Education c/o The Business Office 580 Erial Road Blackwood, NJ 08012

The insurance certificate shall remain in full force during the term of contract.

Form W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)							
ge 2.	Business name/disregarded entity name, if different from above							
Print or type See Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners)	rust/estat	te			E	Exempt	payee
iji. P	Under (see instructions) ► Address (number, street, and apt. or suite no.)	Request	er's name	and ad	dress (opt	tional)		
See Spec	City, state, and ZIP code							
	List account number(s) here (optional)							
Pai	Taxpayer Identification Number (TIN)							
to avo	your TIN in the appropriate box. The TIN provided must match the name given on the "Name" old backup withholding. For individuals, this is your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> n page 3.	a	Social se	-	number	-		
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter. Employer identification number Employer identifi				umber				
Par	t II Certification							
Unde	r penalties of perjury, I certify that:							
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for a	a numbe	er to be i	ssued	to me), a	nd		
Se	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding, and							
3. I a	m a U.S. citizen or other U.S. person (defined below).							
becau intere gener	fication instructions. You must cross out item 2 above if you have been notified by the IRS that use you have failed to report all interest and dividends on your tax return. For real estate transact st paid, acquisition or abandonment of secured property, cancellation of debt, contributions to rally, payments other than interest and dividends, you are not required to sign the certification, I ctions on page 4.	ictions, i an indi	item 2 de vidual re	oes not tiremer	apply. F	or mo ement	rtgage (IRA),	and

General Instructions

Signature of

U.S. person ▶

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Sign

Here

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or

Date ▶

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

FEE SCHEDULE MUST BE THE LAST PAGE OF THE BID PACKET

Occupational Therapist	
Physical Therapist	
Thysical Therapist	
~	
Speech Therapist	
Other:	