

FORSYTH COUNTY SCHOOL SYSTEM
Purchasing Department

GENERAL TERMS AND CONDITIONS

1.0 PREPARATION OF PROPOSALS

1.1 Proposals must be on Forms furnished with this Request for Proposal

FORSYTH COUNTY SCHOOL SYSTEM
Purchasing Department

8.4

Purchasing Department

11.0 ASSIGNMENT, DELEGATION, OR SUBCONTRACT

11.1 Except as may be specifically permitted by the RFP, Vendor shall not delegate, subcontract, assign, or otherwise permit anyone other than the Vendor personnel to perform any of the work required under this Contract, or assign any of its rights or obligations hereunder, without written consent of FCS, which consent may be withheld at its sole discretion.

12.0 INDEMNIFICATION

12.1 The successful Vendor shall be liable for any injury, damage or loss occasioned by negligence of the successful Vendor

FORSYTH COUNTY SCHOOL SYSTEM

Purchasing Department

SPECIAL TERMS AND CONDITIONS

1.0 PURPOSE AND OBJECTIVE

Forsyth County Schools (FCS) is seeking proposals for firms to provide experienced Speech Language Pathology

FORSYTH COUNTY SCHOOL SYSTEM
Purchasing Department

2.5

Purchasing Department

- 3.3 Labor/Staff-** Contractor shall submit a statement pertaining to the labor/staff that will be utilized in the performance of this contract. This statement should include resumes of pertinent staff or verbiage expounding upon experience, qualifications, training, etc. *Please detail which staff, if any, were involved on the references that you submit with this proposal.*
Tab and label with response
- 3.4 Single Point of Contact-** Please identify and detail qualifications of the Single Point of Contact from your company for this

FORSYTH COUNTY SCHOOL SYSTEM
Purchasing Department

FORSYTH COUNTY SCHOOL SYSTEM
Purchasing Department

4.10 Contract Buy-out- In addition to the non-compete as discussed in Section 4.9, FCS is interested

FORSYTH COUNTY SCHOOL SYSTEM
Purchasing Department

P24-07 BID FORM

*** As mentioned above in section 1.0, you are not required to bid on every service listed on the bid form to be considered for award.**

Item #	Description	Hourly Rate
1.	Hourly Rate for Speech-Language Pathologist	
2.	Hourly Rate for Speech-Language Pathologist with a PCE license in the Clinical Fellowship Process	
3.	Hourly Rate for Occupational/Physical Therapist	
4.	In the space provided below list any additional services not included in the solicitation and provide associated fee structure to include Sign Language Interpreter and Behavior Technician	

Purchasing Department

THE CONTRACT AGREEMENT MUST BE COMPLETED BY THE OFFEROR AND RETURNED WITH THE PROPOSAL PACKAGE.

CONTRACT AGREEMENT

We have carefully examined and fully understand the General and Special Terms and Conditions and related documents in providing a **Speech Language Pathology/Occupational/Physical Therapy Services (P24-07)** to the Forsyth County School System and do agree to all terms and conditions by so signing this document.

Withdrawals, cancellations, etc., will not be accepted unless the Purchasing Director gives authorization.

Purchasing Department

Vendor Questionnaire

(Questionnaire information will be utilized in the evaluation of this Bid. Vendors must include all information requested.)

FORSYTH COUNTY SCHOOL SYSTEM

Purchasing Department

IMMIGRATION AND SECURITY FORM (GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

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 on behalf of **Forsyth County School System** 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