

TO PROVIDE OUT-OF-SCHOOL-TIME SERVICES
FOR THE HAWAII STATE DEPARTMENT OF EDUCATION, STATEWIDE
RFP D25-066

APPENDIX B
SUMMARY OFFER OF SERVICES AND PRICING FORM

Instructions:

- Complete this form as a summary of all services your organization is proposing.
- This form may not be modified and/or reformatted.
- This form will be made available to schools, complexes, and offices interested in OST services.

1. Contact Information

Company or Organization Name:	
Geographic Areas Served (check all that apply):	<input type="checkbox"/> Oahu <input type="checkbox"/> Hawaii Island <input type="checkbox"/> Maui <input type="checkbox"/> Kauai <input type="checkbox"/> Molokai <input type="checkbox"/> Lanai <input type="checkbox"/> All Islands <input type="checkbox"/> Other (specify):_____
Name of Primary Representative (eg Service Coordinator, Sales Representative):	
Title:	
Mailing Address:	
Phone Number:	
Email Address:	

2. Service Area(s)

Instructions: Mark all that apply to the Summary of Services below.

- Academic supports
- Career and college readiness
- Elementary enrichments
- Extracurricular activities
- Family engagement
- Health, social, and emotional supports
- Other _____

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3. Summary of Services

Instructions:

- Complete the table below reflecting all services in the Pricing Form (below).
- To ensure a concise and succinct narrative, this section is limited to 4 pages with text no smaller than 11-point font.

Service Details (scope of work) (Description to reflect all services listed on the following Pricing Form below. If necessary for clarity, reference service and price by line item number in the Price Proposal.)
Intended Participants
Program Goals
Evidence of Effectiveness
Communication Strategies

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4. Pricing Form

Instructions:

- Personnel costs must include sufficient detail (e.g. role, number of hours of work per week, at what rate of pay, and for how many weeks per year).
- Other costs must include itemization (e.g. how many, of what, at what unit cost).
- Clearly connect the expenditures to the activities and services proposed.
- *Unit rate or cost must be all inclusive of all costs, including taxes if applicable.

	Service Title	Brief Service Description	Unit rate Cost*	Indicate per service, student, school-year, summer, or other(specify if other)
EXAMPLE	1: After School Homework help and Enrichment	<p>3 student-contact hours per day including 1 hour of homework help and at least 4 optional activities per day. Servicing 50 to 60 elementary students with a 1:15 teacher to student ratio 40 weeks per year.</p> <ul style="list-style-type: none"> ● .5 FTE Project Director or Site Coordinator at \$25,000 per year +Fringe ● 2 Certified Teachers at \$24 per hr x 10 hrs per week ● 4 Program Leaders at \$16 per hr x 20 hrs per week ● 1 Data or Evaluation contractor (\$5,000) ● Instructional Supplies: Sports equipment (\$2,000). Gardening (\$500), Cooking (\$1,000), Robotics (\$2,500) ● Equipment: 10 chromebooks at \$350 each ● Background checks and PD for 4 PLs. (\$15 + \$875 each) ● Administrative costs at 10% of total 	\$125,000	School Year
	2: Summer School Arts and Crafts	<p>4 weeks, 3 hours per day summer school program for elementary students (40 student minimum).</p> <ul style="list-style-type: none"> ● Summer school coordinator at \$35 per hr x 30 hrs per week ● Program Leaders at \$16 per hr x 15 hrs per week ● Instructional Supplies at \$20 per student ● Background checks for PLs at \$15 ● Administrative costs at 10% of total 	\$175	Student

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	3: Intersession Literacy Buddies	1 week, 6 hours per day reading tutoring, story writing, and enrichment activities for elementary students (30 student minimum). <ul style="list-style-type: none"> • Lead teacher at \$35 per hr x 40 hrs • Certified teachers at \$24 per hr x 15 hrs • Program Leaders at \$16 per hr x 15 hrs • Instructional Supplies at \$5 per student • Background checks for PLs at \$15 • Administrative costs at 10% of total 	\$150	Student
A				
B				
C				
D				
E				
F				
G				

Insert additional rows as needed

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APPENDIX C
OFFEROR PROJECT LIST FORM

Directions:

- Please provide three (3) representative, completed projects (provide a separate form for each completed project). Projects are to include the name, address, current telephone number, and the name of the Client's employees most familiar with the project, as well as a brief description of the project, time period over which each project was completed, and any successful outcomes and positive impact.
- Any supplemental information related to this project although not required, should be attached to the respective Appendix C, Offeror Project List Form.

Name of Your Company:	
<i>Name of Client:</i>	
<i>Address of Client:</i>	
<i>Client's Phone Number:</i>	
<i>Date or period of project and/or service:</i>	
<i>Description of project and/or services rendered:</i>	
<i>Successful outcomes and evidence of positive impact:</i>	
<input type="checkbox"/> <i>check here if supplemental information related to this project is attached.</i>	

APPENDIX C
OFFEROR REFERENCE FORM

Directions:

- Please provide information regarding the names two (2) clients who may be contacted and for whom the Offeror is or was providing similar service, and who can attest to the quality and reliability of all aspects of Offeror's services and personnel (provide a separate form for each client).
- Any supplemental information related to this client although not required, should be attached to the respective Appendix C, Offeror Reference Form.

Name of Your Company:	
<i>Name of Client:</i>	
<i>Name of Client Contact Person:</i>	
<i>Client's Phone Number:</i>	
<i>Date or period of project and/or service:</i>	
<i>Description of project and/or services rendered:</i>	
<i>Other Information or comments:</i>	
<input type="checkbox"/> <i>check here if supplemental information related to this client is attached.</i>	