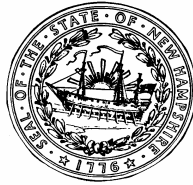


Lyonel B. Tracy
Commissioner of Education
Tel. 603-271-3144



Mary S. Heath
Deputy Commissioner
Tel. 603-271-7301

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
01 Pleasant Street
Concord, N.H. 03301
FAX 603-271-1953
Citizens Services Line 1-800-339-9900

January 27, 2009

The NH Department of Education is seeking the services of a coordinator to continue the implementation of the Troops to Teachers Program in New Hampshire. Nationally, Troops to Teachers provides Referral Assistance and Placement service to military personnel and spouses interested in beginning a second career in public education as a teacher. Troops to Teachers does not train or certify teachers, but rather helps candidates find and enter programs that lead to certification.

The coordinator will: 1. assist the administrator of the Bureau of Credentialing with the recruitment aspect of the Troops to Teachers Program; 2. provide ongoing awareness of marketing the program to school district personnel and eligible military personnel; 3. ensure that the articulation between the Bureau of Credentialing, the candidate, the Troops to Teachers Program, and the school district enables candidates to become certified in a timely manner; 4. submit monthly reports on progress to the Bureau of Credentialing including statistics on the number recruited, certified, and employed.

The coordinator will also hold periodic internet based "Webinars" providing information on the Troops to Teachers Program to those currently deployed and are currently living outside the state and participate at job fairs throughout the state.

DEADLINE FOR RECEIPT OF PROPOSALS

Applications due: 4:30 pm Friday, April 17, 2009

PROPOSAL INQUIRIES & SUBMISSION

Questions regarding this Request for Proposals (RFP) and Submission of Grant Requests should include applicant fax number and/or email.

Direct questions to:	Direct application to:
Virginia Clifford Department of Education 101 Pleasant Street Concord, New Hampshire Fax: (603) 271-8709 Phone: (603) 271-3455 Email: vclifford@ed.state.nh.us	Nancy Jacobs Department of Education 101 Pleasant Street Concord, New Hampshire Fax: (603) 271-8709 Phone: (603) 271-3453 Email: njacobs@ed.state.nh.us

CONTRACT PERIOD

From the date of approval by Governor and Council through July 31, 2010, with an option to renew for 2 additional fiscal years.

PURPOSE

One of the goals within this project is to develop and implement services to help ensure the creation of an effective recruitment and retention program for New Hampshire. This will enhance school district recruitment capabilities, especially in the critical shortage areas. This will also improve state recruitment efforts and provide opportunities for districts to procure highly qualified teachers, ultimately improving the education of public school students in New Hampshire.

BACKGROUND

Troops to Teachers was established in 1994 as a Department of Defense program. The National Defense Authorization Act for FY 2000 transferred the responsibility for program oversight and funding to the Department of Education. The No Child Left Behind Act of 2001 will be providing for the continuation of Troops to Teachers. Troops to Teachers is managed by the Defense Activity for Non-Traditional Education Support (DANTES), Pensacola, Florida.

II. REQUIREMENTS/ELIGIBILITY

Education: Possession of a Master of Education degree from a recognized college or university, or a Master's degree relevant to the position vacancy.

Experience: Four years' experience in the field of education. Current or former membership in a branch of the U. S. Military.

License/Certification: Eligibility for NH educational certification.

Recommended Work Traits: Extensive knowledge of administration, teaching methods, materials, problems and subject material relating to programs of education. Ability to plan and organize teacher training institutes and to determine the scope of training for school teachers. Ability to establish and maintain effective working relationships with educational associates, governmental officials and the general public.

III. SERVICES TO BE PROVIDED

The services to be provided to the Department of Education will include:

1. Recruit – provide a brief to all military personnel in New Hampshire leaving active duty.
2. Assist Candidates – respond to all inquiries received from the National DANTES Troops to Teachers Website as well as from counterparts throughout the United States.
3. Marketing – to be made available to New Hampshire educator organizations.
4. Maintain Records – maintain a state database of all Troops to Teachers participants (active and hired), including real time updates of counseling sessions and certification process.
5. Represent the Troops to Teachers State Program – represent the State of New Hampshire at national and regional working groups and conferences on issues, challenges and successes within the program.

V. PROPOSAL SUBMISSION AND REVIEW

Bid Procedures

1. To be considered for funding, an original and three identical copies of a formal proposal must be sent or delivered to **Nancy Jacobs**, by the deadline specified in this RFP. The proposal must include an original signature of the person authorized by the submitting entity to submit the proposal. Incomplete applications may be returned without review. As an accommodation to our rural state, fax and email transmissions are acceptable; an original hard copy must be mailed simultaneously according to submission timelines.

2. Proposals shall be submitted to:

Nancy Jacobs
Department of Education
101 Pleasant Street
Concord, New Hampshire
Fax: (603) 271-8709
Phone: (603) 271-3453
Email: njacobs@ed.state.nh.us

3. Proposals will be reviewed for completeness and eligibility. Ineligible or significantly incomplete proposals will be rejected. A review panel will evaluate applications

according to application requirements. The number of points to be awarded for each of the proposal elements is shown in parentheses. Each proposal shall include:

- a. *(zero to 35 points)* a concise abstract of your experiences that explain the background you would bring to the role of i4see Training Coordinator;
- b. *(zero to 35points)* a description of the services that you could provide as an i4see Training Coordinator; and
- c. *(zero to 30 points)* an itemized budget per hour times the number of days of contracted service to be provided.

4. In order to provide bidders with the opportunity to present a response to this RFP which best presents their credentials and approach, a page limit has been established for the proposal (see Section IV). However the bidder's ability to develop a concise proposal which responds to all of the elements herein will be considered favorably in rating the proposal. Supplementary materials may be included as part of the submittal. These should either explain or expand upon information presented in the formal proposal. All supplementary materials must be clearly identified (e.g., Appendix A, B, etc.) and cross-referenced in the text of the formal proposal.

5. Qualified bidders may be asked to provide the Department with additional written materials or documentation of qualifications, and may be asked to meet with the proposal evaluation team to discuss their proposal.

6. Each bidder shall submit, along with the formal proposal, a completed/signed "Alternate W-9 Form".

7. Notification: It is the Department's intent to act promptly. Following review, the eligible i4see Training Coordinator will be contacted by Department of Education staff to discuss any modifications that may be required. Applicants whose proposals are recommended at less than the amount requested may be asked to revise the project budget and/or scope of work.

VI. Timeline

A contract to acquire consultant services for more than \$5,000 requires Governor and Council approval. It is anticipated that the effective date for the contract will be on passage by the Governor and Council. The contract will extend through July 31, 2010, with the option to renew for 2 additional fiscal years

VII. Limitation on Price

1. The bidder should present a budget that is reasonable and contains sufficient detail and justification for the services to be provided.
2. The current estimated amount to be budgeted by the State of New Hampshire to fund these services is not to exceed \$36,000 in FY 2009 through 2010.

VIII. Terms and Conditions

1. Unless otherwise deleted or modified by mutual agreement between the State of New Hampshire and the Contractor, all terms and conditions contained on page 2 of Form P-37, shall be incorporated into the contract.
2. Any and all documents produced as a part of this contract become the property of the New Hampshire Department of Education.
3. The State shall not be responsible for or pay any costs incurred by the bidder in the preparation of the proposal submitted in response to this RFP.
4. The Department reserves the right to seek clarification of any information contained in a proposal submitted in response to this RFP.
5. The Department reserves the right to reject any and all proposals submitted in response to this RFP. In addition, the distribution of this RFP shall not commit the State to issue a contract.
6. If the Department chooses to award a contract in response to this RFP, the successful bidder shall be notified by letter. The Department shall then develop a contract for Governor and Council approval. The contract shall incorporate, by reference, all provisions of this RFP and the successful bidder's proposal. In preparing a contract with the successful bidder, the Department reserves the right to clarify any terms and conditions contained in the proposal.
7. The Department may determine if it is in the best interest of the State to seek a "BEST AND FINAL OFFER" from bidders submitting acceptable and/or potentially acceptable proposals. The "BEST AND FINAL OFFER" would provide a bidder the opportunity to amend or change their original proposal to make it more acceptable to the State. The Department reserves the right whether or not to exercise this option.
8. Any expectations of support by the Department must be clearly defined by the Contractor.
9. Public announcements or news releases pertaining to the award of a contract shall not be made without the written permission of the Department of Education.
10. The State shall not be responsible for any work performed by the successful bidder prior to the effective date of a contract approved by Governor and Council.
11. All obligations of the State, including the continuance of payments under an approved contract shall be contingent upon the availability and continued appropriation of state, federal or other funds and in no event shall the State be liable for any payments in excess of such available appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate or amend the contract immediately upon giving the contractor notice of such termination or amendment.

12. When delivering services under an approved contract, the Contractor shall work under the broad supervision of the Department Contracting Officer for this project.

13. The Department expects to award a contract to one successful bidder.

X. Evaluation of Proposals

All proposals will be reviewed and rated by an evaluation team appointed by the Director of the Division of Program Support at the Department of Education. The Division Director will then make the final selection based upon the evaluation team ratings. Each proposal will be rated in accordance with the requirements established in this RFP. The maximum number of points for each of the required elements of a proposal is identified in Bid Procedures above. Additional points will be awarded for elements of added value for the Department that the Contract proposes. The Department shall be under no obligation to contact bidders for clarification of their proposals, but it shall reserve the right to do so at any time prior to the awarding of a contract. If the Department chooses to award a contract relative to this RFP, it shall be to the responsive bidder that receives the highest total rating as a result of the proposal evaluation process.

XI. Tentative Work Schedule

Selected contractors will be notified by April 24, 2009. The contracting officer at the Department of Education will work with the successful bidders to prepare a contract for submission to the Governor and Council.

XII. Further Information

See contact information above.

COVER SHEET

Troops to Teachers Program Coordinator RFP

(COMPLETE ALL THAT APPLIES)

APPLICANT:

PROJECT TITLE:

PROJECT DIRECTOR:

NAME:

TITLE:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

AMOUNT OF FUNDS REQUESTED:

\$

Certification by Authorized or Institutional Official:

The applicant certifies that to the best of his/her knowledge the information in this application is correct, that the filing of this application has been authorized by the body, group, or institution being represented and that the applicant will comply with the attached statement of assurances.

Typed or Printed Name of Person Submitting

Title

Signature of Person Submitting

Date



STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PAYER'S REQUEST FOR TAX PAYER IDENTIFICATION AND CERTIFICATION

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided you may be subject a 31% withholding on each payment made to you . To avoid this 31% withholding & to ensure the accurate tax information is reported to the IRS, **A RESPONSE IS REQUIRED.**

If a service provider is part of a **GROUP PRACTICE**, it is the group name & TIN which is required on the Alternate W-9.

If the service provider is a **SOLE PROPRIETOR**, it is the individual name & TIN which is required on this Alternate W-9.

NAME_____

ADDN'T OR D.B.A. NAME_____

ADDRESS_____

CITY/STATE/ZIP_____

TAXPAYER IDENTIFICATION NUMBER INFORMATION

Please indicate what the number below is - CHECK ONLY ONE:

___EMPLOYER IDENTIFICATION NUMBER OR ___ SOCIAL SECURITY NUMBER

NUMBER USED ON IRS TAX RETURN _____ (This number must be the one assigned to the name given above)

DESIGNATION - Select ALL that best describes your business. For more information see the letter enclosed with this form.

- | | | |
|--|--|--|
| ☐ Corporation | ☐ Individual | ☐ Estate or Trust |
| ☐ Government (Federal/State/Local) | ☐ Sole Proprietor | ☐ Rental |
| ☐ Rental Agency | ☐ Partnership | ☐ Emt Exams |
| ☐ Non-Profit (attach copy of exemption) | | |

List the principal type of service, product, or other provided:_____

Under penalty of perjury, I declare that the information provided is true, correct and complete, to the best of my knowledge and belief.

NAME & TITLE (print or type)_____

SIGNATURE_____DATE_____

TELEPHONE # _____

INSTRUCTIONS FOR COMPLETING ALTERNATE W-9

Please complete ALL sections of the form. If any section is left blank, the form will be returned and payment to you may be delayed. Please complete the name and address portion of the form as you wish to have payments made.

NAME

This is the name to whom checks will be made payable. It must be the name that matches the taxpayer identification number on the form.

ADDRESS and CITY/STATE/ZIP

This is the address to which checks will be mailed.

SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

This is used to indicate what type of number is being used as the taxpayer identification number. Check **one** box only to indicate what type the taxpayer identification number is.

NUMBER USED ON IRS TAX RETURN

This number should be that which is assigned to the named indicated on the form. Be sure to fill in all 9 digits.

DESIGNATION

Please select the designation which best describes your business. The following is a brief description of each:

Corporation: You are incorporated.

Government: You are federal/state/local government agency.

Non-Profit: You are a non-profit agency. You will need to supply a copy of your tax exemption.

Rental Agency: You would check there.

Estate or Trust: You would need to list trustees.

Rental: You will have to let us know if you are Sole Proprietor or Individual.

TYPE OF SERVICES

List the type of services or goods that you provide. The following is a brief description of each.

Services: Child Care, tutoring, tuition, fees, rental, counseling, case management, transportation, etc.

Goods: Books, supplies uniforms, tools of the trade etc.

MISCELLANEOUS

Please complete the form by printing or typing in your name and title (if applicable), signature, date, and telephone number where you may be reached during the week day. This information should be accurate and readable in the event that we need to contact you for clarification or additional information. Remember, if you need any assistance in completing the form or have any questions, call the number in the letter.