



**RENTON SCHOOL DISTRICT #403  
KOHLWES EDUCATION CENTER (KEC)  
300 SW 7<sup>TH</sup> STREET  
RENTON WA 98057-2307**

**REQUEST FOR  
STATEMENT OF QUALIFICATIONS  
SOQ LP22-01**

**MENTAL HEALTH AND MENTORSHIP SERVICES  
FOR  
STUDENTS, FAMILIES AND GUARDIANS**

**RELEASE DATE**  
Thursday, May 12, 2022

**DUE DATE**  
Tuesday, May 31, 2022



RENTON SCHOOL DISTRICT #403  
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SOQ LP22-01 – MENTAL HEALTH AND MENTORSHIP SERVICES  
STUDENTS, FAMILIES, AND GUARDIANS

DATES TO ADVERTISE  
Thursday, May 12, 2022  
Tuesday, May 17, 2022

ADVERTISEMENT FOR: REQUEST FOR STATEMENT OF QUALIFICATIONS FOR MENTAL HEALTH AND  
MENTORSHIP SERVICES

Renton School District Business Services will accept electronic or physical proposals on or before the scheduled due date, May 31, 2022, for MENTAL HEALTH AND MENTORSHIP SERVICES FOR SCHOOL STUDENTS, FAMILIES, AND GUARDIANS, bid number SOQ LP22-01.

SOQ Documents can be found electronically at the District's website ([RSD Services Bid Board](#)) or request physical documents by e-mailing Lisa Palmer, Purchasing Manager, [lisa.palmer@rentonschools.us](mailto:lisa.palmer@rentonschools.us). Pick-up location at 300 SW 7<sup>th</sup> Street, Renton WA 98057.

The Renton School District No. 403, King County, Washington, reserves the right to cancel or postpone this request for Statements of Qualifications, reject any, and all proposals, and to waive any informalities or irregularities in any proposal, or parts thereof.

To be advertised in the Daily Journal of Commerce, Thursday, May 12, 2022, and Tuesday, May 17, 2022

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## SECTION I – INTRODUCTION

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### REQUEST FOR STATEMENT OF QUALIFICATIONS **SOQ LP22-01**

#### MENTAL HEALTH AND MENTORSHIP SERVICES FOR STUDENTS, FAMILIES, AND GUARDIANS

##### RELEASE DATE

Thursday, May 12, 2022

##### DUE DATE

Tuesday, May 31, 2022

1. **INTRODUCTION** - Renton School District is requesting Statements of Qualifications (SOQ) from qualified individuals/firms for the purpose of providing professional services in mental health counseling and /or mentorship to District students, families, and guardians, during the school day. It is the intention of the district to place such qualified professionals on a roster, providing the District with a comprehensive list of pre-approved professionals in this area of expertise. Firms will be required to accept the funding source from Medicaid. Any payments will be a direct payment relationship between provider and family/guardians.
2. Specifications are outlined within, but not limited to, this SOQ document.
3. **CONTRACT TERM** – Initial contract term, August 31, 2022 – July 30, 2023. Annual renewals may be granted for up to 5 years. See Term of Agreement under Contract Provisions for more details.
4. **ABOUT THE DISTRICT** - Renton School District is a high-performing public-school district serving students in preschool through grade 12. We provide a safe and challenging learning environment for a diverse population of nearly 15,500 students at 4 high schools, 4 middle schools, 15 elementary schools, and an early childhood learning center. District programs also address the special needs of students, academically advanced, and artistically talented students. Spanning more than 33 square miles, our district boundaries encompass seven different municipalities: Renton, Newcastle, Bellevue, Kent, Tukwila, South Seattle, and unincorporated King County.
5. **POINT OF CONTACT** – Questions relating to the SOQ Documents, or the solicitation process can be addressed to Lisa Palmer, Purchasing Manager, [lisa.palmer@rentonschools.us](mailto:lisa.palmer@rentonschools.us) or 425.204.2250. Indicate in the e-mail subject line "SOQ LP22-01 Mental Health and Mentorship".
6. **SUBMITTAL METHODS** – Submissions of all required documents and forms must be delivered before the due date and time by the following methods:



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1. **Electronic Submission:** E-mail to [lisa.palmer@rentonschools.us](mailto:lisa.palmer@rentonschools.us). The e-mail subject line is to specify "Submittal-SOQ LP22-01 Mental Health and Mentorship Services. It is encouraged to include "Read Receipt" to confirm receipt. The page limit is not to exceed 15 pages for electronic submissions.

2. **Physical Submission:** Send to Renton School District #403, Kohlwes Education Center, 300 SW 7<sup>th</sup> St, Renton, WA 98058, Attention to Business Services Purchasing Manager. Building hours are 7:30am – 4:30pm. Specify on the envelope, "Submittal-SOQ LP22-01 Mental Health and Mentorship Service.

7. **NON-DISCRIMINATION** - Renton School District does not discriminate in any programs or activities based on sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal. District Policies 3102 and 5004.

8. **SCHEDULE OF EVENTS** - The estimated schedule of events through award of contract is outlined below.

Event	Date
SOQ Release -1 <sup>st</sup> Advertisement	Thursday, May 12, 2022
SOQ 2 <sup>nd</sup> Advertisement	Tuesday, May 17, 2022
SOQ Due Date	Tuesday, May 31, 2022
Evaluation & Recommendation Period	May 31 - June 9, 2022
Board Approval	Wednesday, June 22, 2022; 7:00 pm
Start of Services	August 31, 2022

9. **SELECTION PROCESS** – The Renton School District’s Review Committee reserves the right to select qualified Providers based solely on required submittals, the legalities and certifications presented, reviewed, and verified. The District reserves the right to request clarifications about submittals. Prior to selection, interviews may be requested for new District Provider’s.

A comprehensive list of required submittals can be found on page 12, Section V, in the Submittal Form-Signature Page.

10. **SUBSEQUENT EVALUATIONS** - The Review Committee will provide recommendations to the District’s Board for approval. Upon approval, the pre-qualified list will be awarded in writing. The pre-qualified list for approved professional services will be publicly posted on the District’s website.

The District reserves the right to review and verify additional interested providers for such services as they come forth during fiscal school year. Providers are to be selected and verified based on the requirements on this SOQ document.

Post Board approval, Letters of Selection will be provided to the selected firms by July 11, 2022.



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## SECTION II – SUBMITTAL TERMS AND CONDITIONS

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1. **REJECTION OF SUBMITTALS** – The District reserves the right to reject any or all submitted documents for any reason, or no reason. The District may place Providers on the District’s approved list according to best interests of the District, students, families, and guardians and may waive any irregularities and/or informalities in the submitted documents. In addition to any other right to reject submittals, the District may determine that a Provider is not responsible and may be disqualified.
2. **DISCLOSURES** - By submitting documents, the Provider affirms that there has been no gift, no offer to give, nor any intent to give at any time any economic opportunity, promise of future employment, gift, loan, gratuity, special discount, trip, favor, or service to an employee or officer of the District, connection with the bid submittal.
3. **REFERENCES** - The District reserves the right to contact all references provided by the bidder and additional customers not listed by the bidder. All information obtained by the district will be used in the evaluation process.
4. **ERRORS OR OMISSIONS** - Providers are responsible for all errors or omissions in their submittals, and any such errors or omissions will not serve to diminish their obligations to the District. Providers who claim error and fails to enter a contract with the district, may be prohibited from submitting further documents on the same commodity or service.
5. **WITHDRAWAL OF SOQ** - Any Provider may withdraw their submittal, either personally or by written request, at any time PRIOR to the due date and time. Communication to withdraw must be given directly to the District’s Purchasing Manager.
6. **PROTEST** – The Providers protesting regarding procedure, award of a contract, or any other reason, shall submit cause in writing, following procedures outlined below.
  1. Procedure: A Bidder protesting for any reason the Bidding Documents; a bidding procedure; the Renton School District’s objection to the Bidder or a person or entity proposed by the Bidder, including but not limited to a finding of non-Responsibility; the rejection of a Bid; the award of the Contract; or any other aspect arising from or relating in any way to the bidding or award or lack thereof, shall cause a written protest to be filed with the Renton School District within two (2) business days of the event giving rise to the protest and, in any event, no later than two (2) business days after the date upon which Bids are opened. (Intermediate Saturdays, Sundays, and legal holidays are not counted.) The written protest shall include the name of the protesting Bidder, a detailed description of the specific factual and legal grounds for the protest, copies of all supporting documents, and the specific relief requested.
  2. Consideration: Upon receipt of the written protest, the Renton School District will consider the protest. The Renton School District may, within three (3) business days of the Renton School District’s receipt of the protest, provide any other affected Bidder(s) the opportunity to respond in writing to the protest. If the protest is not resolved by mutual agreement of the protesting Bidder and the Renton School District, the Superintendent of the



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Renton School District or his or her designee will review the issues and promptly furnish a final and binding written decision to the protesting Bidder and any other affected Bidder(s) within six (6) business days of the Renton School District's receipt of the protest. (If more than one (1) protest is filed, the Renton School District's decision will be provided within six (6) business days of the Renton School District's receipt of the last protest.) If no reply is received from the Renton School District during the six (6) business-day period, the protest shall be deemed rejected.

3. Waiver: Failure to comply with these protest procedures will render a protest waived.
4. Condition Precedent: Timely and proper compliance with and exhaustion of these protest procedures shall be a condition precedent to any otherwise permissible judicial consideration of a protest.
5. The written protest shall be delivered to Renton School District Kohlwes Educational Center (KEC); Purchasing Manager; 300 SW 7<sup>th</sup> St, Renton, WA 98057.  
Rsd.Purchasing@rentonschools.us
7. **DISCLAIMER** - The Renton School District No. 403, King County, Washington, reserves the right to cancel or postpone this request for Statements of Qualifications, reject any, and all proposals, and to waive any informalities or irregularities in any proposal, or parts thereof.

Providers submitting a Statement of Qualifications waive any right to claim damages of any nature, whatsoever, based upon the selection process. Providers who submit documents that do not follow the instructions or do not provide the requested information may be subject to immediate rejection. The enrollment projections offered in this document shall act as a guide for potential clientele, not as an estimate or guarantee of actual business transactions.



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### SECTION III – PROGRAM REQUIREMENTS

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1. **PERMISSION SLIPS** - The Provider shall collect and require parent permission for all individual or group sessions and give copies of the permission slips to the building principal. Said permission slip shall indicate that any curriculum used in the course of counseling is not the approved curriculum of the District and that the Provider takes full responsibility for its content. If the student is over 13 years of age, the student may request counseling services without parental consent, pursuant to RCW 71.34.530 and RCW 71. 34. 340.
2. **ADDENDUM** – Providers will make available the names of key employees anticipated to provide services, and the location of the services in an Addendum, and will update the information as needed by sending a copy to the Department of Student Support.
3. **SAFETY** – Provider’s employees must be available to supervise and provide a safe environment for all students, families, and guardians enrolled in the program. Provider’s employees must maintain adequate supervision and controlled discipline practices that ensure a safe environment for all enrolled. School will provide their safety procedures and/or policies to program staff who will be responsible for following such policies. Complaints about inadequate supervision and/or personnel concerns must be processed through the provider’s normal channels.
4. **CONFIDENTIAL RECORDS** – Student’s sensitive information and/or records obtained by provider must be kept secure and remain confidential.
5. **FACILITY SPACE** – During school hours. If space is required in District buildings for services within school hours, Firms will act as an independent entity located in school district facilities. Providers must be flexible and be willing to move to another adequate space within the building when building program needs require the assigned space. When possible, the building principal will give provider(s) at least forty-eight hours’ notice of space-scheduling conflicts.
  - a. If space is required in District buildings for services outside of normal building hours, the Firm is responsible for following the District’s Facility Use Application to guarantee and secure space upon an approval process. [Facility Rental Information and Application](#).
6. **EQUAL OPPORTUNITY** - Providers must offer equal opportunity for all students, families, and guardians to participate in all appropriate activities offered by the Provider.





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## SECTION IV – CONTRACT PROVISIONS

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1. **FORM OF AGREEMENT** – Inclusively, the District’s Statement of Qualification document, submittals, attachments, appendices, addendums, schedules, and awarded letter shall be the agreement between the parties and supersedes all previous understandings and agreements between the parties, whether oral or written.
2. **LIST OF EMPLOYEES** - Upon initial selection, the provider shall submit a list of employees anticipated to provide services at specific school locations where services are likely to be provided, indicating type of service, either Mental Health Counseling, Mentoring, or both. The District reserves the right to approved service locations and hours.
3. **TERM OF AGREEMENT** – Upon initial selection, the District reserves the right to renew qualified firms, to remain on the approved comprehensive list for up to 5 years, providing updated liability insurance and endorsements has been obtained and secured in District files on an annual basis, received prior to June 15, for each subsequent year of service. The District has a right to request any and or all business and certifications annually. Annual renewals shall be sent to providers in writing. Electronic communications shall be accepted.
4. **SUBCONTRACTS** - The Service Provider placed on the District’s approved list shall have total responsibility for meeting the professional service requirements. Selected services may **not** be assigned or subcontracted in whole or part without the District's written approval. Such requests may be refused at the District's discretion without recourse.
5. **LICENSES, REGISTERED CONTRACTORS, PERMITS, AND COMPLIANCE** - Provider’s shall be licensed or registered per the laws of the State of Washington. Services dispensed through the Provider’s equipment must be in conformance with all applicable federal, state and local health standards and regulations. It is expressly understood that the Provider assumes sole responsibility to comply with all provisions of federal, state, and local laws. All necessary licenses and permits will be obtained by the Provider at their own expense. Should any additional local, federal, or state regulations be imposed affecting the contract, it shall be amended to conform to such regulations.
6. Providers shall adhere to the requirements of the Department of Health.
7. **BACKGROUND CHECKS** – The provider, at its own cost, will perform criminal background checks of all individuals providing services under an agreement as required by current Washington State and federal law. Background checks to be processed through the Washington State Patrol criminal investigation system and through the Federal Bureau of Investigation. RCW28A.400.303.
8. **EMPLOYEES CONVICTED OF CRIMES** – Providers shall prohibit any employee who has contact with children during employment and who has plead guilty or been convicted of any felony crime as set forth in RCW.28A.400.330 from working at a public school.



9. **INDEMNIFICATION** - Each party agrees that to the fullest extent permitted by law, they will hold harmless, defend, and indemnify the other parties, including the other parties' agents, employees, and board members, from any liabilities, penalties, losses, damages, claims, expenses, attorneys' fees, taxes, expenses of litigation, judgments, suits, liens, and encumbrances, without limitation, arising out of or resulting from the negligence of the indemnifying party.
10. **INSURANCE** - Prior to work, showing evidence by providing a Certificate of Insurance, the provider at its own cost, shall secure and maintain through the duration of this contract, Comprehensive General Liability insurance for bodily injuries (including sickness or death) and property damages, including product liability, with a limit of not less than \$1,000,000 for each accident or occurrence, and general aggregate with a limit of not less than \$2,000,000, including sexual abuse/molestation coverage; Comprehensive Automobile Liability insurance for Bodily Injury and Property Damage, including Owned, Hired and Non-owned vehicles, on an occurrence basis, with liability limits of not less than \$1,000,000; Employers Liability insurance (Washington Stop-Gap) with a limit of not less than \$1,000,000 per occurrence; and Washington State Workers Compensation insurance - Statutory limits; Professional Liability with a limit of not less than \$2,000,000 per Occurrence, if applicable. Insurers affording coverage must carry a Best Rating of A-; VIII or better. With regards to General Liability, Product Liability, Auto Liability, and Employers Liability Renton School District #403, its directors, officers and employees, shall be a certificate holder and added as additional insured with the following endorsement forms: additional insured, waiver of subrogation, and primary and non-contributory. Renton School District #403, its directors, officers, and employees, 300 SW 7th Street, Renton WA 98057.
11. **USE OF TOBACCO ON SCHOOL PREMISES** - RCW 28A210.310 prohibits the use of tobacco in any form on school district property. Smoking or other use of tobacco will not be permitted at the job site.
12. **ANTI-DISCRIMINATION** - The Provider agrees not to discriminate against any client, employee or applicant for employment or for services because of race, creed, color, national origin, sex, age, marital status, or presence of any physical, sensory or mental handicap with regard to but not limited to the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoffs or termination; rates of pay or other forms of compensation; selection for training; rendition of services. It is further understood that any Bidder who is in violation of this clause shall be barred forthwith from receiving awards of any contract from the District, unless a satisfactory showing is made that discriminatory practices have terminated and that a recurrence of such acts is unlikely.
13. **LAW** - The laws of the State of Washington shall govern this order and the venue of any action brought hereunder shall be in the Superior Court, County of King, and State of Washington.
14. **FEDERAL DEBARMENT AND SUSPENSION** - The Provider certifies, by submission of this proposal, to the best of its knowledge and belief, the Provider, or any of its principals are not presently debarred, suspended, proposed for debarment or otherwise declared ineligible for the award of contracts by any Federal agency by the inclusion of the Bidder or its principals in the current "LIST OF PARTIES EXCLUDED FROM FEDERAL PROCUREMENT OR NONPROCUREMENT PROGRAMS" published by the U.S. General Services Administration Office of Acquisition Policy.



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15. The prospective lower tier participant shall provide immediate written notice to the District if at any time, the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. Should the prospective lower tier participant enter into a covered transaction with another person at the next lower tier, the prospective lower tier participant agrees by accepting this agreement that it will verify that the person with whom it intends to do business is not excluded or disqualified
16. **COVID-19 VACCINE REQUIREMENT** - By Amendment to Proclamation 20-05 and 20-14, the Washington State Governor has announced any worker engaging in work for the District after October 18, 2021 be fully vaccinated against COVID-19. For more information and exclusions, refer to the FAQ provided by the Office of Superintendent of Public Instruction (OSPI).

<https://www.k12.wa.us/sites/default/files/public/communications/2021docs/FAQ-COVID-19-Vaccine-Requirement-for-K-12-School-Employees.pdf>.



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## **SECTION V – SUBMITTAL FORM –QUESTIONNAIRE**

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**SUBMITTAL FORM SIGNATURE PAGE** – Questions, required fields, attachments, and signature must be completed prior to submission.

**Please summarize the firm’s interest, professional approach, and capabilities.**

**Please summarize the Firm’s Referral Process. (Referral Forms are requested to be attached to this submittal).**

**Please indicate which RSD school sites you have previously supported. Please indicate if you are interested in supporting additional schools.**



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## SECTION V – SUBMITTAL FORM – REFERENCES

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**SUBMITTAL FORM - REFERENCES** – Please list 3 professional references, e.g., school districts and/or companies with which your organization has conducted business.

**REFERENCE #1:**

District or Organization Name \_\_\_\_\_

Service Relationship \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Representative Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**REFERENCE #2:**

District or Organization Name \_\_\_\_\_

Service Relationship \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Representative Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**REFERENCE #3:**

District or Organization Name \_\_\_\_\_

Service Relationship \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Representative Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



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## **SECTION V – SUBMITTAL FORM – COVID-19 VACCINE DECLARATION**

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### **DECLARATION OF COMPLIANCE WITH PROCLAMATION 21-14.1: COVID-19 VACCINATION REQUIREMENT FOR CONTRACTORS PROVIDING DIRECT SERVICE TO STUDENTS**

As required by Governor Inslee’s directive (Proclamation 21-14-1), all employees and contractors working or providing services for school districts must be fully vaccinated against COVID-19 by October 18, 2021. As a vendor or contractor to Renton School District (“District”), you assume all responsibility that all of your employees or workers who are near students, or others, while present at a school building or other District site provide proof of COVID-19 vaccination by October 18, 2021, by showing you their vaccine card or documentation of vaccination from a healthcare provider. The District does not allow religious or medical exemptions for contractors providing direct service to students. You must provide the District with this signed verification. You also agree that no employees or workers will be sent to the District who have not met this requirement. The only exceptions the District may allow include areas away from staff and students such as controlled construction areas or scheduled maintenance when the building is unoccupied. Routine deliveries such as mail or supplies are also exempt.

I \_\_\_\_\_, on behalf of \_\_\_\_\_ (“Company”), declare that all Company “Workers,” as defined by Proclamation 21-14.1, including all sub-contractors of Company, have been fully vaccinated against COVID-19 and have provided proof thereof to the Company (as required by Section 3 of Proclamation 21-14.1).

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed on the \_\_\_\_ day of \_\_\_\_\_, 2021 at \_\_\_\_\_, Washington.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



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## SECTION V – SUBMITTAL FORM – SIGNATURE PAGE

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I hereby certify that I have read and understand the call for Statement of Qualification's for Mental Health and/or Mentorship services.

Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Office Phone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Website: \_\_\_\_\_

Business/Professional license: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Washington UBI No.: \_\_\_\_\_

TIN/EIN or Social (Federal Tax ID): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Must Include the following attachments** (Not to exceed 15 pages)

Completion of all four (4) "Submittal" forms and signature by authorized personnel

- Submittal form - Questionnaire
- Submittal form - References
- Submittal form – COVID-19 Vaccine Declaration
- Submittal form – Signature page

W9

Business License/Professional Certifications

Firm's Standard Referral forms

Evidence of, Certificate of Insurance

## SECTION VI –ATTACHMENT A – SAMPLE INSURANCE AND INSTRUCTION GUIDE

### Contractual Service Providers with Student Interactions

### Individual Ratios (1:1)

#### Certificate of Insurance Requirements

*Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision.*

**Work cannot begin until a certificate meeting all requirements has been received and accepted by the district.**

- ☐ 1. Insurers affording coverage must carry a Best Rating of A-VIII or better.
- ☐ 2. Commercial General Liability Section
  - Must be Occurrence policy, refer Claims Made policies to Brown & Brown for Review
  - Washington Stop Gap coverage may be referenced in this section
  - General Aggregate Limit should apply “Per Project”
  - Sexual Abuse-Molestation coverage may be referenced in this section (or the Professional Liability section if coverage is provided under that policy)
- ☐ 3. Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability and Umbrella Liability. Additional Insured forms CG2026 and Waiver of Subrogation form CG2404 (or equivalent) must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
- ☐ 4. General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000. Sexual Abuse-Molestation Limit must be at least \$2,000,000.
- ☐ 5. “Any Auto” coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the “Hired Autos” and “Non-Owned Autos” coverage are required.
- ☐ 6. Automobile Limit of at least \$1,000,000 is required.
- ☐ 7. Excess/Umbrella coverage must be included, if required by the contract, at a limit of at least \$1,000,000.
  - The Retention/Deductible must not exceed \$10,000.
- ☐ 8. Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
- ☐ 9. Professional Liability coverage must be included at a limit of at least \$2,000,000 Per Occurrence. The Retention/Deductible must not exceed \$10,000, unless approved.
- ☐ 10. “Description of Operations” section should reference the contract name, number and service provided.
- ☐ 11. Certificate Holder name is to read “Renton School District #403, its directors, officers and employees



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No. Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Name as it appears in the contract	INSURER A:	Not Less Than A- VIII	1
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WA Stop Gap \$1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	XXXXXXXXXX Includes Sexual Abuse or Molestation Limit XXXXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$10,000	Y	Y	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	XXXXXXXXXX WA Stop Gap	XX/XX/XX	XX/XX/XX	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Liability Claims Made Form	N/A		XXXXXXXXXX	XX/XX/XX	XX/XX/XX	Per Occurrence \$2,000,000 Deductible \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Contract Number XXXXX, Contract Name XXXXX, Services Provided XXXXX

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**CERTIFICATE HOLDER****CANCELLATION**

Renton School District #403 its directors, officers and employees 300 SW 7th Street Renton, WA 98057 T T	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s)**

Renton School District #403, its directors, officers and employees  
300 SW 7th Street  
Renton, WA 98057

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Renton School District #403, its directors, officers and employees  
300 SW 7th Street  
Renton, WA 98057

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Policy Number:

COMMERCIAL GENERAL LIABILITY  
CG 20 01 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.