

PROVISO TOWNSHIP HIGH SCHOOLS
District 209 – Cook County



Sharon Palmer
Director of Accounting

8601 West Roosevelt Road
Forest Park, IL 60130

708.338.5960
708.338.5996 FAX
spalmer@pths209.org

February 15, 2017

To Whom It May Concern:

The Board of Education of Proviso Township High Schools District 209 is accepting Request for Proposals (RFP) for Athletic Trainer services. RFP instructions and specifications are enclosed.

Proviso Township High Schools District 209 is a public high school district serving grades 9 – 12. We have three high schools with a total enrollment of approximately 5,000 students.

If interested, please complete the attached Questionnaire and Proposal form, along with any other pertinent information, and submit to Proviso Township High Schools District 209 no later than 10:00 a.m. on Tuesday, February 28, 2017 to:

Proviso Township High Schools District 209
8601 W. Roosevelt Road
Forest Park, Il 60130
Attention: Charlotte M. White, Purchasing

The school district may conduct oral interviews with selected finalist(s), those finalists will be notified by telephone. If you have any questions, please e-mail me at spalmer@pths209.org.

Sincerely,

Sharon Palmer
Director of Accounting

INSTRUCTIONS TO APPLICANTS

1. Proposals are due Tuesday, February 28, 2017 no later than 10:00 a.m. in the Business office of:

Proviso Township High Schools District 209
8601 W. Roosevelt Road
Forest Park, IL 60130
Attention: Charlotte M. White, Purchasing Agent

2. Proposals are to be in sealed envelopes, clearly marked: *Athletic Trainer Services*. Proposals are to be submitted on the enclosed official Request for Proposal form. Please provide the District with three (3) copies of your proposal, plus one original.
3. The Board reserves the right to accept or to reject any and all proposals, in whole or in part, to waive any irregularities therein and to award the contract to other than the lowest proposer.
4. Questions are to be directed to Ms. Sharon Palmer at spalmer@pths209.org. Responses will be provided to all parties.
5. Proposals will be evaluated by a review committee. The evaluation and award of a proposal shall be based on a combination of factors, including, but not limited to, the following: proposal price, references, previous school experiences, professional competence, and any other factors considered to be in the school district's best interest.
6. The Board of Education reserves the right to reject low proposals that do not meet specifications as determined by the review committee of Proviso Township High Schools.

ATHLETIC TRAINER SERVICES SPECIFICATIONS:

The undersign supplier offers and agrees to furnish two athletic trainers, one for Proviso East and one for Proviso West High School. Also, a medical physician at all football home games at Proviso East and Proviso West High Schools, in accordance with the terms of these specifications.

DURATION OF AGREEMENT

The services to be provided herein shall be for three (3) years beginning July 1, 2017 through until June 30, 2020, with the option to renew for two additional years through June 30, 2022.

THE CERTIFIED ATHLETIC TRAINER

The contractor will provide its certified and licensed athletic trainer/s (ATC/LAT) who shall be duly licensed by the State of Illinois and assigned by it to render services as agreed by the contractor and the District.

JOB DESCRIPTION: ATHLETIC TRAINER

The Licensed/Certified Athletic Trainer will be on campus on a daily basis for the duration of the school year, which includes, Fall, Winter, and Spring sports, and any post-season competition. Additional coverage may be arranged by mutual agreement between the Athletic Director and the Athletic Trainer.

The licensed/certified athletic trainer shall provide and be responsible for, but not limited to the following services:

1. Provide injury evaluation and emergency medical referral
2. Prepare athletes for competition by the application of devices such as strapping, bandaging, taping, bracing, and equipment designed to help protect the athlete against injury
3. Assist in the development of budget and the ordering of athletic training supplies and equipment
4. Maintain records of athletic injuries, treatments and rehabilitation
5. Provide care to the student athlete under the direction of the attending and/or team physician

6. Under the direction of the attending and/or team trainer develop, coordinate, monitor and provide (when appropriate) reconditioning and/or preventative exercise programs as prescribed
7. Under the direction of the attending and/or team trainer recommend, monitor and provide various therapeutic modalities and therapeutic techniques and protocols
8. If requested, and in cooperation with the coaching staff, establish and direct the athletes in pre/post season conditioning program.
9. Professional services rendered will be in accordance with the Illinois Athletic Training Practice Act
10. Coverage will be as follows:
 - Training room and game coverage are based on 25-30 hours per week.
 - Training room coverage: Monday through Saturday 15 hours per week, starting August 1, 2017.
 - All treatments can take place from 3:00 p.m. until the end of the practice day or game coverage.
 - All home events will have coverage for their event unless otherwise explained.
 - During the fall season, coverage will be given until the end of the last football practice. If there is no football practice that day, normal coverage will go until 6:30 p.m. or until the last home contest is finished.
 - Traveling coverage will only be for the Sophomore/Varsity football games.
 - All Saturday football events will be covered, because of the high incidence of severe injury.
 - During the Winter season, coverage will be given until 6:30 p.m., or until the last home contest ends.
 - There will be coverage for home Freshman A and B, Sophomore and JV basketball on Saturday mornings.
 - The athletic trainer will test skin fold assessment, and supply the IHSA the results of those tests.
 - During the Spring season, coverage will be given until 6:30 p.m., or until the last home contest ends.
 - Five (5) additional weeks of coverage during the months of June and July, to be arranged by the Athletic Director.
 - Training room and game coverage for the Annual Holiday Basketball Tournament that runs for four consecutive days during semester break in late December between the hours of 9:00 a.m. – 9:00 p.m. each day.

INSURANCE

The athletic training services agent shall during the term of this agreement, procure and maintain the insurance coverage with limits of no less than one (\$1) million dollars per occurrence and five (\$5) million dollars in the annual aggregate. All insurance shall be in full compliance with Illinois statutory requirements.

CRIMINAL BACKGROUND CHECK

The contractor agrees to either provide the District with updated criminal background checks or signed authorizations for the District to conduct criminal background checks on all personnel assigned to PTHS. The criminal background checks or signed authorizations will be submitted to the District before any personnel begins work.

SEASON SCHEDULE: PROVISIO WEST
--

FALL:

Coverage for all levels at all home contests for the following sports:

Boys Cross Country, Girls Cross Country, Boys Soccer, Girls Swimming, Girls Tennis, Girls Volleyball, and any IHSA Tournament hosted by Proviso West.

Football coverage as follows: A medical physician in attendance for all levels for all home contests. Coverage for varsity and sophomore teams for all away contests and any IHSA football game Proviso West participates in.

WINTER:

Coverage for all levels for all home contests for the following sports:

Boys Basketball, Girls Basketball, Boys Swimming, Wrestling, Boys Indoor Track, Girls Indoor Track, Boys Basketball Holiday Tournament and any IHSA Tournaments hosted by Proviso West.

SPRING:

Coverage for all levels at all home contests for the following sports:

Baseball, Girls Soccer, Softball, Boys Tennis, Boys Outdoor Track, Girls Outdoor Track, Boys Volleyball and any IHSA Tournament hosted by Proviso West.

SEASON SCHEDULE: PROVISIO EAST
--

FALL:

Coverage for all levels at all home contests for the following sports:

Boys Cross Country, Girls Cross Country, Boys Soccer, Girls Tennis, Girls Volleyball, and any IHSA Tournament hosted by Proviso East.

Football coverage as follows: A medical physician in attendance for all levels for all home contests. Coverage for varsity and sophomore teams for all away contests and any IHSA football game Proviso East participates in.

WINTER:

Coverage for all levels for all home contests for the following sports:

Boys Basketball, Girls Basketball, Wrestling, Boys Indoor Track, Girls Indoor Track and any IHSA Tournament hosted by Proviso East.

SPRING:

Coverage for all levels for all home contests for the following sports:

Baseball, Girls Soccer, Girls Softball, Boys Tennis, Boys Outdoor Track, Girls Outdoor Track, Boys Volleyball and any IHSA Tournament Hosted by Proviso East.

SECTION III: DELIVERY POINTS

Service points for purposes of this Request for Proposal shall be the following location(s) designated by an "X" in the left column:

<u> X </u>	PROVISO EAST HIGH SCHOOL 807 S. FIRST AVENUE MAYWOOD, IL 60153
<u> X </u>	PROVISO WEST HIGH SCHOOL 4701 W. HARRISON STREET HILLSIDE, IL 60162
<u> </u>	PROVISO MATH AND SCIENCE ACADEMY (PMSA) 8601 W. ROOSEVELT ROAD FOREST PARK, IL 60130

Proviso Township High Schools District 209

QUESTIONNAIRE
Athletic Trainer Services

Date: _____

Name of Firm: _____

Address of all firm offices: _____

Contact Person(s): _____

Telephone No.: _____

Email Address: _____

1. Number of years in business: _____

2. Identify those in your company who would be responsible for our account and a list of their credentials.

3. Indicate why you or your company should be selected.

4. Submit a list of all Illinois school districts your company has serviced in this capacity, as well as size of district, and contact person.

5. Are there any specifications listed in this RFP that you are unable to provide?
_____ Yes or No _____.

If yes, please explain. _____

6. Please provide a least three (3) professional references, (include firm name, contact person, and phone number).

Organization	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proviso Township High Schools District 209

Request for Proposal

TO: Business Office
Proviso Township High Schools District 209
8601 West Roosevelt Road
Forest Park, IL 60130-2532

FROM: _____
(Name of Proposer)

TOTAL BASE PRICE FOR July 1, 2017- June 30, 2018 \$ _____
(includes cost for a medical physician at all football home games)

TOTAL BASE PRICE FOR July 1, 2018- June 30, 2019 \$ _____
(includes cost for a medical physician at all football home games)

TOTAL BASE PRICE FOR July 1, 2019- June 30, 2020 \$ _____
(includes cost for a medical physician at all football home games)

TOTAL COST: \$ _____

I have examined the specifications and instructions included herein and agree, provided I am awarded a contract within 90 days of RFP due date, to provide the specified items for the sum shown in accordance with the terms stated herein. All deviations from specifications and terms are in writing and attached hereto.

Firm Name: _____

Signature: _____

Print Name: _____

Email address: _____

Proviso Township High Schools District 209

(Individual Vendor)

*CERTIFICATE OF COMPLIANCE WITH
ILLINOIS DRUG-FREE WORKPLACE ACT*

_____ (Individual/Vendor), does hereby certify pursuant to Section 4 of the *Illinois Drug-Free Workplace Act* (Ill. Rev. Stat., ch. 127, par. 132.314) that (he, she) will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of the contract and that (he, she) is not ineligible for award of this contract by reason of debarment for a violation of the *Illinois Drug-Free Workplace Act*.

Organization Name: _____

Contact Person: _____

Title: _____

Signature: _____

Date: _____

Proviso Township High Schools District 209

(Vendor With 25 or More Employees)

*CERTIFICATE OF COMPLIANCE WITH
ILLINOIS DRUG-FREE WORKPLACE ACT*

_____ (Vendor), having 25 or more employees, does hereby certify pursuant to Section 3 of the *Illinois Drug-Free Workplace Act* (Ill. Rev. Stat., ch. 127, par. 132.313) that (he, she, it) shall provide a drug-free workplace for all employees engaged in the performance of work under the contract by complying with the requirements of the *Illinois Drug-Free Workplace Act* and further certifies that (he, she, it) is not ineligible for award of this contract by reason of debarment for a violation of the *Illinois Drug-Free Workplace Act*.

Organization Name: _____

Contact Person: _____

Title: _____

Signature: _____

Date: _____

*CERTIFICATE REGARDING
SEXUAL HARASSMENT POLICY*

_____ (Contractor), does hereby certify pursuant to Section 2-105 of the *Illinois Human Rights Act* (775 ILCS 5/2-105) that (he, she, it) has a written sexual harassment policy that includes, at a minimum, the following information: (1) the illegality of sexual harassment; (2) the definition of sexual harassment under State law; (3) a description of sexual harassment, utilizing examples; (4) an internal complaint process including penalties; (5) the legal recourse, investigative and complaint process available through the Department of Human Rights and Human Rights Commission; (6) direction on how to contact the Department of Human Rights and Human Rights Commission; and (7) protection against retaliation.

Organization Name: _____

Contact Person: _____

Title: _____

Signature: _____

Date: _____