



## **CENTRAL ADMINISTRATION**

**Dr. George E. Stone**  
*Superintendent*

**Jean Miccio**  
*Assistant Superintendent for Instruction*

**Dr. Tammy Cosgrove**  
*Assistant Superintendent for Human Resources*

**MaryEllen Herzog**  
*Assistant Superintendent for Pupil Personnel Services*

**Binoy Alunkal**  
*Business Manager*

**Jim Van Develde**  
*Director of Communications*

**To:** Athletic Trainers  
**From:** Binoy Alunkal, Business Manager  
**Date:** June 7, 2018  
**Subject:** RFP – ATHLETIC TRAINER SERVICES

**2018-19 REQUEST FOR PROPOSAL  
ATHLETIC TRAINER SERVICES  
YEARLY RENEWABLE CONTRACT  
PROPOSALS RECEIVED UNTIL: TUESDAY, JUNE 26, 2018 @12:00 P.M.**

The Lakeland Central School District hereby invites the submission of sealed proposals from qualified and experienced providers for Athletic Trainer Services for the Athletic program at Lakeland High School & Walter Panas High School for the 2018-2019 school year and may be renewed on a yearly basis up to (4) four additional years.

Forms for proposal, certification, conditions and specifications may be obtained at the Lakeland Central School District, Business Office, 1086 E. Main Street, Shrub Oak, NY 10588.

Sealed proposals must be marked “**RFP - ATHLETIC TRAINER SERVICES**”.

The Board of Education reserves the right to consider qualifications, experience and reputation in the Athletic Trainer Services field, as well as the specific qualifications of a proposer set out herein, in considering proposals and awarding the contract. The Board of Education reserves all rights and may reject any or all proposals as it may deem appropriate to do so.

Two (2) complete sets of the proposal must be received at the following address by Tuesday, June 26, 2018 at 12:00 p.m. and addressed as follows:

**LAKELAND CENTRAL SCHOOL DISTRICT  
LISA GARLAND, PURCHASING AGENT  
RFP – Athletic Trainer Services  
1086 East Main Street  
Shrub Oak, NY 10588**

# LAKELAND CENTRAL SCHOOL DISTRICT

## RFP – ATHLETIC TRAINER SERVICES

### OBJECTIVE

To provide “Sports Medicine” coverage for our coaches and athletes by having a Certified Athletic Trainer (ATC) stationed at each Lakeland CSD high school (Lakeland High School and Walter Panas High School) and interact with the staff and students on a professional level to assist in the care and prevention of injuries on a regular weekly basis as outlined below.

### TERM OF AGREEMENT

The term of this agreement shall be a period of approximately 10 months, commencing August 1, 2018 and terminating June 20, 2019, subject, however, to prior termination as provided in this agreement. The contract may be renewed on a yearly basis up to four (4) additional years.

### TERMINATION OF AGREEMENT

This agreement may be terminated by either party, without cause or reason, by giving thirty (30) days written notice to the other. Such notice shall be deemed given if sent to a party by certified mail, return receipt requested, to the address of either party, or if personally delivered to each party.

### PROPOSAL FORMAT AND CONTENTS

Proposals should be submitted in duplicate, not be excessively long, and in a format that permits copying for review by the Board of Education. All materials submitted in response to this Request for Proposal shall become the property of the District. Incomplete submissions will not be considered for award.

### FORMAT

All proposals are requested to include the following structure:

1. Proposer Qualifications
2. Price Proposal
3. Proof of Insurance
4. Appendices (as appropriate)

## SERVICES OFFERED

1. One Certified Athletic Trainer to be assigned to each of LCSD's high schools (2) to interact with the staff and students on a professional level to provide athletic training coverage 5-6 days/week for a minimum of 40 hours each, per week. Athletic training coverage will include, but is not limited to, scheduled home interscholastic game/event coverage, including day and evening home football games. In the instance where two home events are occurring simultaneously, each ATC will provide sideline coverage to the event with the highest potential for injury at their respective school. Each ATC will be present on campus ½ hour before the end of the school day (or on an agreed upon time with LCSD's Athletic Director) and provide all the necessary and appropriate services. Each ATC will provide the coaches and parents with a written assignment of any injuries evaluated and will provide a cell phone number to be reached, up to 8:00PM that evening, for any questions pertaining to the athlete's injury and/or recommendations that are being made by the ATC.
2. Occasional "Coaches Clinics" on injury recognition, preventative injury taping and any other sports medicine topics related to the health of our student-athletes, to be arranged by Athletic Director and the ATC.
3. Sports Injury Assessment Clinic: When scheduled by the Athletic Director, your practice will provide "*Sports Medicine*" assessments for coaches and athletes by having one of your practice's sports medicine fellowship-trained orthopedic surgeons attend and lead a "sports medicine injury assessment clinic" on specifically agreed to days of the month with assigned Athletic Trainer.
4. Pursuant to New York State Education Law and Commissioner of Education regulations, any individual who shall be reasonably expected to provide services to a student(s) on more than five (5) days in the school year, shall not commence any such services unless and until such individual shall have attained clearance for provision of services pursuant to a criminal history record check by the New York State Education Department.

## QUALIFICATIONS

1. Provide evidence of the individual's or agency's credentials (including certifications and or licenses and security clearance including NYSED fingerprinting) and qualifications in the area of service to be provided.
2. Describe the individual's or firm's experience and expertise in performing the services to be provided.
3. Provide background check clearance documentation for all service providers working under contract with students of the Lakeland CSD.

**PRICE PROPOSAL**

Provide your best price for meeting the needs of this RFP. Include a description of all that the price includes and if there are any additional fees that the District would incur.

**CONTRACT**

The successful Proposer will be expected to submit an agreement based on their Request for Proposal to be executed by both parties.

**INSURANCE AND LICENSURE**

Each Certified Athletic Trainer (ATC) and physician that visits LCSD will have a current professional liability policy issued in their name with minimal limits of liability of \$1 million/\$3 million coverage (certificate must be provided).

Each Certified Athletic Trainer (ATC) and physician that visits LCSD will be licensed by the State of New York's Professional Education Department, as well as be certified by the National Athletic Trainers Association (NATA) Board of Certification (license must be provided), naming LCSD as an additional insurer.

Your practice must maintain a general liability insurance policy, with coverage limits of not less than \$1,000,000 per occurrence/\$3,000,000 aggregate, naming LCSD as additionally insured.

BOARD OF EDUCATION  
LAKELAND CENTRAL SCHOOL DISTRICT  
SHRUB OAK, NEW YORK

**BIDDER CERTIFICATION/PIGGYBACKING**

NAME OF BIDDER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BID \_\_\_\_\_

**The above-mentioned bidder declares and certifies:**

**FIRST.** That the said bidder is of lawful age and the only one interested in this bid, and that no one other than said bidder has any interest herein.

**SECOND.** That the bid herein has been arrived at independently, and has been submitted without collusion with any other vendor of services, materials, supplies, or equipment of the type herein described, and that vendor's bid has not been communicated by him or, to his best knowledge and belief, by any of his employees and agents to any person not an employee, agent, or surety of the vendor.

**THIRD.** That no member of the Board of Education of Lakeland Central Schools, Town of Yorktown, County of Westchester, nor any officer or employee or person whose salary is payable in whole or part from the treasury of said Board of Education is directly or indirectly interested in this bid or in the supplies, materials, equipment, work or service to which it relates, or in any portion of the profits thereof.

**FOURTH.** That said bidder has carefully examined the instructions to bidders, schedules and specifications prepared under the direction of the Board of Education and will, if successful in this bid, furnish and deliver at the prices bid and within the time stated, all the materials, supplies, apparatus, goods, ware, merchandise, services or labor for which this bid is made.

**FIFTH.** That the prices quoted herein are net and exclusive of all federal, state, and municipal sales and excise taxes.

**SIXTH.** That said bidder is in full compliance with Title IX, Education Amendments of 1972, as stated in Article 19 of this document.

**SEVENTH.** That the net price for supplying, as per the attached specifications shall be \$ \_\_\_\_\_  
For single items only

**Bidder Certification Con't.**

**EIGHTH. PIGGYBACKING:** The contractor acknowledges that, pursuant to New York General Municipal Law Section 103 (16), the Lakeland Central School District intends to allow all political subdivisions in the State of New York to participate in the contract. These political subdivisions include, but are not limited to local governments (villages, town, etc.), public authorities, public school and fire districts, public and nonprofit libraries, and certain other nonpublic/nonprofit organizations. Such political subdivisions shall participate in this contract by entering into their own separate contracts with the contractor that are based upon, incorporate and honor the terms, conditions, specifications and prices of this bid and contract.

Please initial one of the following:

I agree to participate in Piggybacking \_\_\_\_\_

I do not wish to participate in Piggybacking \_\_\_\_\_

\_\_\_\_\_  
(Person, Firm, or Corporation)

\_\_\_\_\_  
(Authorized Signature)