**Request for Applications (RFA)**

**Early Learning Child Care Training Services**

**Issue Date:** January 27, 2020

**Application Submission Deadline:** Open ended.

**Purpose:** Child Care Associates (CCA) is seeking applications from eligible applicants to provide early learning child care training services to meet the ongoing and future professional development needs of child care staff. Desired early learning child care training services include face-to-face/on-site trainings and formal presentations/materials. Upcoming training are not yet defined. Services will be provided on an as-needed basis throughout the program year, with options to extend through subsequent program years.

CCA intends to contract with multiple applicants to provide training services. Contract periods will be negotiated individually with successful applicants. This RFA will remain open until CCA determines otherwise.

**Organization Overview:** As the largest child development nonprofit organization in North Texas, CCA prides itself on being a champion in the early learning field. CCA has served over 575,000 at risk young children and their families since its establishment in 1968. CCA has been a trusted community partner for the last 50 years, working at the forefront of quality early childhood care and education. CCA serves approximately 17,000 young children per year and has on average a team of 525 employees.

CCA is a 501(c)(3), non-profit organization that provides subsidized childcare for low income families in North Central Texas as well as West Texas. CCA operates on an annual budget in excess of $90 million and is governed by a volunteer Board of Directors. Administrative offices and all records are located at 3000 E. Belknap Fort Worth, TX 76111. Please visit [www.childcareassociates.org](http://www.childcareassociates.org/) for more information about our services.

**Funding:** Funding for services solicited through this RFA is contingent upon the receipt of sufficient program funds from the Department of Health and Human Services Administration for children and families, the Texas Department of Agriculture, and other funding sources.

**Eligibility:** Eligible applicants must meet two (2) requirements.

1. Neither the applicant nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.  In addition, bidders must be legally authorized to do business in the State of Texas and determined to be “in good standing” by the Texas Comptroller of Public Accounts and the U.S. Government through the System for Award Management (SAM).
2. Meet the Child Care Trainers Requirements defined by the Texas Health and Human Services.

Requirements can be viewed at the following link:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-day-care-provider/child-care-trainer-requirements>

**Application Information:** The Application packet consists of the Application (Attachment A) and a Cost/Pricing Information (Attachment B). All information conveyed in the Application is subject to validation by CCA. Information obtained by CCA during validation will be considered in the evaluation and award decisions. CCA reserves the right to waive minor technicalities in determining whether to evaluate an Application.

**Application Evaluation:** CCA will evaluate Applications based on qualifications, experience, demonstrated performance/references, and cost. The selection process will include the following criteria:   
  
Qualifications (30 points) – Addresses the applicant’s educational and training credentials.

Experience (30 points) – Examines the knowledge and skills of the applicant derived from actual work experiences within the training field of child care.

Demonstrated Performance/References (20 points) – Evaluates the applicants past ability to deliver similar services. References will be verified.

Cost (20 points) – Cost will be evaluated for reasonableness, which measures the costs of the services comparative to industry standards/market rates.

**Total overall points = 100**. Applications must receive a **minimum of 70 overall points** to be considered for contract.

All Applications received will be reviewed to determine eligibility. Applications with significant errors, omissions, or eligibility issues will not be evaluated. Applications that meet the following minimum technical requirements will be considered eligible for further evaluation and possible award.

1. An eligible applicant submitted the Application;
2. An eligible applicant submitted a complete Application packet;
3. The Application includes the signature of the authorized representative for the applicant.

**Questions & Communications:** Questions may be addressed to Karen Hutto, Staff Development Coordinator at [Karen.hutto@childcareassociates.org](mailto:Karen.hutto@childcareassociates.org). Communication with any CCA personnel in reference to or concerning this RFA, other than the contact listed above, is prohibited. Failure to follow this provision may be grounds for disqualification of the Application.

CCA reserves the right to negotiate with and/or to request Best and Final Offers (BAFO) from Applicants as part of the evaluation process.

**Application Submission:** Applications must be electronically submitted to the following email:

[rfp@childcareassociates.org](mailto:rfp@childcareassociates.org)

CCA may elect to award a contract with or without discussions with the Applicant. Should a contract be awarded without discussions, the contract will be based on the Applicant’s Application submission, which constitutes a binding offer by the Applicant.

I acknowledge the person whose signature is below is legally empowered to bind the corporation, partnership or individual in whose name the Application is submitted.

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

Signature Date

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

Printed Name/Title

**ATTACHMENT A**

**APPLICATION**

1. **CONTACT INFORMATION**

Name/Title (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City, State) (Zip Code)

1. **ELIGIBILITY**

**PART 1**

To be considered eligible as a Child Care Trainer, you must meet at least one (1) of the following requirements. Requirements are defined by the Texas Health and Human Services (HHS). Check all that apply.

I am currently listed on the Texas Trainer Registry.

I am an instructor at a high school, college or university who teaches early childhood development or other relevant course.

I currently work for a state agency with relevant expertise (such as HHS Child Care Licensing, Department of Agriculture, or Department of State Health Services).

I am a physician, psychologist, licensed professional counselor, social worker, or registered nurse.

I hold a generally recognized credential or possess documented knowledge relevant to the training the person will provide (such as an individual who has a current Child Care Professional credential, or a county health employee who offers training on immunizations).

I am a director or primary caregiver of a registered or licensed child-care home in good standing with HHSC.

I have demonstrated core knowledge in child development and caregiving.

I only provide training at the center or home in which the director or primary caregiver and persons receiving training are employed.

I have at least two (2) years of experience working in a child development program.

I have a current Child Development Associate (CDA).

I have at least an associate’s degree in child development, early childhood education, or related field.

**PART 2**

I attest that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

I am legally authorized to do business in the State of Texas.

I am in good standing with the Texas Comptroller and SAM.

1. **EDUCATIONAL BACKGROUND**

Early Care and Education Credential or Certification

List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Associate Degree – Date and Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bachelor’s Degree – Date and Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Master’s Degree – Date and Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ed.D./Ph.D./Ed.S. – Date and Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Early Childhood Training Certification from other states (list):

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

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Applicants must attach documentation to validate education (i.e., diploma, transcript, certificate).

Can you offer the training in a second language? If so, what language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EXPERIENCE**

Resume attached.

Indicate the number of years you have served in each capacity, if applicable.

\_\_\_\_\_\_Post-Secondary Institution (College/University)

\_\_\_\_\_\_Program Consultant/Technical Assistant

Experience with Children and Content

List number of years of professional work experience you may have with each group listed below:

\_\_\_\_\_Home-based care \_\_\_\_\_Center-based care \_\_\_\_\_Family Services \_\_\_\_\_\_Administration

\_\_\_\_\_Special Needs \_\_\_\_\_Children ages 0-2 \_\_\_\_\_Children ages 3-4 \_\_\_\_\_\_Children ages 5-6

\_\_\_\_\_ Children ages 7-9 \_\_\_\_\_Children ages 10+ \_\_\_\_\_\_Trainers of Adult Education/Adult Learning

Please explain your role in early care and education settings as indicated above:

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

Core Competencies

Below are the Texas Core Knowledge and Skills in Early Care and Education competency goals for both Practioners and Administrators. Indicate those that you have received training or have extensive experience. Check all that apply.

**Core Knowledge and Skills for Practioners** **Core Knowledge and Skills for Administrators**

Child Growth and Development  Maintaining an Effective Organization

Health and Safety  Financial Management

Professional Practice, Methods, & Curriculum  Maintaining a Healthy & Safe Environment

Guidance  Personnel Management

Family & Community Relationships  Implementing a Developmentally Appropriate Curriculum

Cultural & Individual Diversity  Instituting Family-Centered Programming

Observation and Assessment

Professionalism

Additional Training

Indicate any additional training experience you have in:

**Head Start Performance Standards:**  **Head Start Domains:**

Child Health and Development Services Language Development

Education and Early Childhood Development Literacy

Child Health and Safety Mathematics

Child Nutrition Science

Child Mental Health Creative Arts/Music

Family Partnerships Social and Emotional Development

Community Partnerships Approaches to Learning

Program Governance Physical Health and Development

Management Systems and Procedures

Human Resource Management

Facilities, Materials, and Equipment

Services for Children with Disabilities

Experience Conducting Training

Indicate the approximate number of training sessions you have conducted in each setting within the past five (5) years:

\_\_\_\_\_\_\_\_In-house Training (training in own center or program)

\_\_\_\_\_\_\_\_On-site (at customers’ location)

\_\_\_\_\_\_\_\_On-line (virtual training)

\_\_\_\_\_\_\_\_Professional Meetings/Conferences

\_\_\_\_\_\_\_\_Other - Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **TRAINING INFORMATION**

**Presenter**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Training**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Description

**Training Objective

**Type of Training Delivery**:  On-site Workshop  Virtual/Remote

Series (# of sessions and duration of each) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topics** (Check all that apply):

Child Growth and Development  Professional Practice, Methods, Curriculum

Healthy and Safe Environment  Family, Cultural, and Individual Diversity

Family Relationships  Observation and Assessment/Evaluation

Business Management  Professionalism/Professional Development

Guidance  Care of Children with Special Needs

Child Abuse/Neglect  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Target Audience**:

Teachers  Administrators/Directors  Registered Family Home/Group Day Home Staff

Support Staff  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Level**:  Basic  Intermediate  Advanced

Attach curriculum, syllabus, or similar materials for proposed training.

Do you collect/track outcomes and measures from your training? If yes, please describe.

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

1. **PAST PERFORMANCE/REFERENCES**

Please include three (3) professional references for same or similar services you have provided within the past five (5) years. References will be confirmed. Failure to provide requested information will be

1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of People Trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of People Trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of People Trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT B**

**COST/PRICE INFORMATION**

Please use copies of this form for each course submitted. If the cost/price information is the same, regardless of the training topic, please note this under the space provided under “Name of Course”.

Select one (1) calculation method (A or B below) for your training rate. CCA reserves the right to negotiate training rates based on education, years of experience, and content.

**Name(s) of Course(s):**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Training Session Rate: $\_\_\_\_\_\_\_\_\_ per participant
12. Training Session Rate: $\_\_\_\_\_\_\_\_\_ per hour

**Minimum training hours (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Preparation Time (if applicable):** $\_\_\_\_\_\_\_\_\_ per hour x 2 hours = $\_\_\_\_\_\_\_\_\_

**Presentation Materials/Handouts (if applicable):** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travel Costs (select one):**  Yes  No

Travel rates must follow the U.S. General Services Administration (GSA) rates.

Please visit website at: <https://www.gsa.gov/travel-resources>

Reimbursement will be based on the submittal of an invoice with the appropriate documentation, e.g., receipts for actual costs.