A Proposal for:

Invitation for Bid No. 14-30
Nurse Staffing Coverage
Due: March 21, 2014, 11:30 AM

Prepared exclusively for:

ROCKFORD
PUBLIC SCHOOLS
WORLD-CLASS EDUCATION FOR ALL CHILDREN

by:

Invo
HealthCare Associates
...Helping Kids Be Kids®

1780 Kendarbren Drive
Jamison, PA 18929
Phone: (800) 434-4686 • (215) 489-8760
Fax: (215) 489-8766
www.invohealthcare.com

Proposal Contacts:
Mary A.J. McClain, Chief Executive Officer
Anne Kelly, Senior Director
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1. Overview of Invo HealthCare Associates

History and Philosophy

Invo HealthCare Associates, (INVO) is a group practice specializing in providing service delivery to individuals with various disabilities. INVO provides nursing, physical therapy, occupational therapy, speech-language pathology, social work, special instruction, and school psychology services to infants, toddlers, school-aged children and adults in various educational settings. INVO was co-founded in 1993 by Patrick H. McClain, MS, OTR/L and Mary A.J. McClain, a former educator. The founders combined their areas of expertise to provide a comprehensive and successful experience for its service providers and agencies.

Mission Statement:

Invo HealthCare Associates exists to maximize individual potential and maintain personal dignity for children and adults with intellectual disabilities and/or developmental disabilities. We will accomplish our mission by providing exceptional service delivery to early intervention, preschool and school-age programs as well as adult developmental delay populations.

INVO works with many school and program administrators across multiple states. A primary goal has always been to understand how each program operates and addressing the needs appropriately and effectively.

INVO’s corporate address and contact information is as follows:

Invo HealthCare Associates  
1780 Kendarbren Drive  
Jamison, PA 18929  
Phone: (800) 434-4686 • (215) 489-8760  
Fax: (215) 489-8766  
www.invohealthcare.com

The following individuals are authorized to contractually obligate and negotiate the contract on behalf of INVO:

Mary A.J. McClain, Chief Executive Officer, mmcclain@invohealthcare.com  
Jason Ralph, Chief Operating Officer, jralph@invohealthcare.com
Expertise and Experience

INVO provides nursing, occupational therapy, physical therapy, speech and language pathology, social work, special instruction and psychology service delivery to early intervention, preschool, school-aged, and adult programs in 23 states. INVO has contracts with the following organizations:

- Individual School Districts
- Charter Schools
- State Schools for the Deaf and Blind
- County Programs Providing Service to School Districts
- Day Training Centers and Group Homes
- Head Start and Early Head Start Programs
- County Boards for Developmental Disabilities (DD)
- The Federal Government
- State Intermediate Care Facilities for Intellectual Disabilities (ICFs)

A substantial number of these organizations have worked consistently with INVO since the company’s inception in 1993.

The following is a summary of programs that INVO is currently serving as of April 1, 2013. The programs referred to are exclusively for the provision of services to individuals in various settings.

Current Contracts

<table>
<thead>
<tr>
<th>Current Contracts Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention</td>
</tr>
<tr>
<td>Preschool</td>
</tr>
<tr>
<td>School-Aged</td>
</tr>
<tr>
<td>Adult DD Programs</td>
</tr>
<tr>
<td>Totals</td>
</tr>
</tbody>
</table>

INVO is currently working with over 300 contracted programs in over 23 states. We are in excellent standing with both our current and previous agencies.

INVO strives to provide excellent service while reducing costs to your Agency at the same time.

- Human Resource expenses are reduced due to:
  - Our extensive database of prospective nurses (RNs and LPNs)
  - Exclusion of health benefits
  - Elimination of unemployment insurance
  - Quick and efficient replacement of nurses by INVO’s Contract Management Team when necessary.
Initial Agency/Program Orientation:

INVO will work with Rockford Public Schools to understand current and projected nursing needs. INVO will request relevant information about Rockford Public Schools strengths and its management philosophy. This information allows us to showcase your Agency in a positive light and focus on the nurses that best meet your needs and qualifications. It also permits potential nurses to make an informed decision regarding the professional and personal advantages of working with Rockford Public Schools. INVO views this staffing process as a partnership between our company and your school. Each party assumes an important role in ensuring that the most suitable nurse is selected to meet your needs. INVO fully understands and agrees to the scope of services as outlined in the RFP.

Recruitment Effort:

INVO handles all components of the recruitment process. This process includes the recruiting effort, the initial screening of the candidate, the credential verification process and the coordination of the final compensation arrangements with our INVO nurse(s).

The initial recruiting effort includes a selection of candidates from an extensive database of qualified nurses, inclusive of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). The INVO database collects data from various sources such as licensure organizations, professional associations, INVO website contacts, and a wide range of referrals. INVO has access to hundreds of potential candidates in your local geographic area. We believe your ‘local talent’ can provide consistency in service throughout your continued association with INVO.

Our full-time marketing division utilizes various recruitment techniques to contact prospective RNs and LPNs:

- Calling territories that are mapped by our data division to create calling lists of potential candidates for your positions.
- Direct phone calls are made to these candidates by our excellent Marketing Team who determines the suitability of each potential candidate for your program.
- Our famous “Pink Postcards” are mailed to notify potential candidates of your positions.
- Robotic phone calls are used to cover extended areas to locate all potential candidates.
- Our Social Media introduces qualified candidates to our Contract Management Team
- Referral lists are maintained by each Contract Management Team for prompt staffing

Once a potential candidate is identified, we speak with her/him to:

- Discuss the strengths of the Rockford Public Schools
- Address potential concerns and clarify pertinent information
- Verify all state and federal documents
- Verify malpractice, licensure and fingerprinting qualifications

Once a candidate is identified who will meet your program requirements, the candidate’s resume and any other required credential information will be presented for your review. Since
Rockford Public Schools can present the best picture of your school, we recommend that you perform a face-to-face interview. Our experience shows that this interaction enables you to determine if the nurse is a good fit for your organization and allows her/him to ask you specific questions about the position.

If you determine that you would like to move forward with the candidate presented, INVO will complete final contract arrangements and responsibilities.

INVO continues to maintain a unique Contract Management Team Program. INVO’s Illinois Contract Management Team will be dedicated to your Agency throughout the duration of your contract. Your Contract Management Team’s top priority is effective communication with your program and your changing needs.

Invo Contract Management

Your Illinois Contract Management Team has over 55 years of combined specialized staffing experience, program management and a background in special education. INVO will provide a number of resources to both our nurses and your program. Our team will assimilate and execute your policies and procedures. Whether the assignment is permanent or temporary, we will work closely with your Agency to provide unsurpassed customer service and ensure your needs are met.

Illinois Contract Management Team:
- Are knowledgeable in all State and local requirements.
- Understand your geographic territories.
- Maintain contacts with qualified service providers throughout Illinois.
- Will help to resolve all issues and concerns that may arise during your school year.

Ongoing Support

Your Contract Management Team will:
- Learn the specific procedures of your program to ensure the most comprehensive customer service and support possible
- Maintain ongoing interactions with your program coordinators to determine current and anticipated needs
- Maintain ongoing interaction with our INVO nurses
- Relay important information regarding meetings and program updates
- Use our extensive database of qualified nurses which will enable your Contract Management Team to fill your positions quickly and accurately
- Quickly replace temporary medical or maternity leave needs that your program might encounter
- Expedite a quick and smooth transition if an INVO nurse needs to be replaced.

Our corporate staff will visit your agency as required to facilitate efficient program management and successful intervention.
**Contract Management Team**

INVO's Contract Management Team (IL division) will be dedicated to your Agency throughout the duration of the contract.

Karen Pitt, *Director*, will assist in the daily coordination of staffing and recruiting efforts for the Rockford Public Schools and be responsible for the day-to-day management of the contract. Karen has a BA in Psychology and began her career providing mental health services to children in homes and schools. Additionally, Karen was the executive assistant to an educational company that produced toys to enhance children’s fine motor and oral skills. Karen has over 15 years of experience in recruitment and relationship management. She has been with Invo for over 8 years.

Jackie DuVal, *Director*, will be the primary contact person for Rockford Public Schools. Jackie has broad experience involving departmental management, comprehensive program assessment and implementation, and job costing experience. Jackie has supervised departmental hiring processes, while building a superior workforce. She has focused on the development of staff retention and follows a culture of quality performance. Jackie has over 10 years of IFSP and IEP compliance and monitoring and over 14 years of recruiting experience. Jackie has been with Invo for over 5 years.

Colleen Feldman, *Coordinator*, will assist in staffing and recruiting efforts for the Rockford Public Schools. Colleen has over 20 years of experience in customer service, public management, and vendor relations. She has extensive experience in account management and purchasing. Colleen has been with INVO for 2 years.
Contract Management Team

Karen Pitt  
Marketing Director  
kpitt@invohealthcare.com  
267-488-5971

Jackie DuVal  
Marketing Director  
jduval@invohealthcare.com  
267-488-5956

Colleen Feldman  
Marketing Coordinator  
cfeldman@invohealthcare.com  
267-488-5954

Senior Management Support

Mary A.J. McClain  
CEO/President  
mmcclain@invohealthcare.com  
267-488-5981

Anne Kelly  
Senior Director  
akelly@invohealthcare.com  
267-488-5966

Patrick McClain, MS, OTR/L  
Co-Founder/Therapeutic Consultant  
800-434-4686

Contract Support

Morgan Dooley  
Contracts/Credentials Manager  
mdooley@invohealthcare.com  
267-488-5968

Angie Loughnan  
Bid, Contracts/Credentials Administrator  
aloughnan@invohealthcare.com  
267-488-5963

Gloria Branca  
Billing Manager  
gbranca@invohealthcare.com  
267-488-5960
Additional Senior Management Support

Anne Kelly, Senior Director, will have overall responsibility for the relationship with Rockford Public Schools. Anne has over 12 years of experience in consulting and professional staffing with emphasis on relationship management. During Anne’s management career she has created and implemented Contract Management programs with clients to improve seamless interaction and enhance client satisfaction. Anne has been with INVO for over 3 years.

Patrick H. McClain, MS, OTR/L, Therapeutic Consultant has over 35 years of therapy experience primarily with 0-3, 3-5 and K-12 populations. Patrick understands the day to day needs involved in providing service delivery to children in the educational environment. Pat’s undergraduate degree is in Sociology and Social Work. Following his Masters Degree in Occupational Therapy, Patrick’s career has focused on the Continuum of Transition from birth to death of children and adults with development delays. Patrick is the Co-Founder of Invo HealthCare Associates.

Mary A.J. McClain, CEO/President, oversees all of INVO’s daily operations. Mary’s undergraduate degree is in English and Primary and Secondary Education. She is certified as a Reading Specialist and during Mary’s career of over 35 years, she has focused on educational business development, curriculum, and program management. Mary is the Co-Founder of Invo HealthCare Associates with her husband, Patrick H. McClain. Mary makes herself available to handle any questions or concerns that the Rockford Public Schools may have.

Contract Support Team

Additionally, the following INVO staff will be involved with the contract management:

Morgan Dooley, Contracts and Credentials Manager, oversees all aspects of both Agency and Service Provider Contracts Management. She has over 10 years of experience working with educational programs, therapists, and Contract Marketing Teams. Through her experience with INVO’s Data Department, support to Contract Management and the Contracts and Credentials Department, Morgan has developed and implemented departmental systems to ensure seamless collection and renewal of all contracts and relative credentials. Morgan has been with INVO for over 10 years.

Gloria Branca, Billing Manager. Gloria has over 30 years of billing and administrative support experience. In her 10 year tenure with INVO she has been instrumental in the development of the proprietary INVO Database. She has experience in contract administrative management and credential monitoring. Her billing team will work with the Rockford Public Schools accounting department in all billing related matters.
2. Nursing Qualifications

Qualifications and Expected Competencies

INVO has provided service delivery to over 1100 educational programs and has worked with over 3500 therapeutic providers. To ensure that all credentials are active and updated, all licenses, registrations and certifications of INVO service providers will be forwarded prior to providing services to Rockford Public Schools. However, below is a list of competencies required by INVO for placement in Rockford Public School’s nursing services position:

1. Knowledge of current federal and state laws, regulations, and procedures affecting services in school settings

2. Understanding of the educational system and its critical components

3. Proficiency to complete health screenings and records, to administer and to document medication dispensing, to provide first aid and basic medical aid as needed and other nursing duties assigned by your Agency

Credential Requirements

All credentials will be collected and verified for each INVO nurse. This will include but not be limited to:

- Educational Background Information
- Work History
- Illinois State Licensure
- Appropriate Certifications
- Malpractice/Liability Insurance
- Any required background checks and fingerprinting requirements
- Three (3) references related to therapy work experience

Our credential department computerizes all nurse information. On a monthly basis, our system identifies when required licenses, insurance, and other "time-specific" credentials will expire. All information is flagged at least 60 days prior to expiration to ensure timely renewal and follow-up.

Each nurse will also adhere to all rules and regulations of the Rockford Public Schools and the individual school in which they will be providing services.

As part of the base contract with our nurses, INVO has a non-compete clause that prohibits its nurses from working directly or indirectly with the Rockford Public Schools for a period of one (1) year following termination of the contract.
Training

INVO encourages all of our nurses to advance their knowledge and enhance their professional skills by attending continuing education seminars and by reviewing current materials and professional literature. Our corporate office maintains a resource library for all nurses to utilize. INVO nurses are notified of nationwide training programs in their local areas, and those available for on-line enrollment. INVO also provides webinars as needed and requested.

Each INVO nurse will be able to draw from an active and inactive network of current and previous experienced INVO nurses available through our company. Our system acts as an invaluable tool when our nurses need further information on a pertinent topic. In order to provide the highest standard of service, our group practice shares ideas and incorporates problem-solving techniques into a variety of areas of service.

Program Management

Since INVO works in multiple states with varied programs and agencies, we understand that different programs have different organizational structures. Some of our schools prefer to maintain direct contact with our nurses to ensure "hands on operation", and others prefer program supervision by INVO. INVO is adept at molding its working association with each program according to the guidelines and policy requirements of each program.

3. Summary

With over 20 years of extensive experience with educationally based programs INVO has developed a superior program that has designated a Contract Marketing Teams approach to provide support for regions throughout the country.

Our team approach ensures superior customer service to our educational programs. The blending of the experiential background of each team member ensures the best possible management of Rockford Public Schools needs. You will have continuous support and continuity throughout your association with INVO.

Education is our only business and we strive to provide exceptional service to various educational programs throughout the nation. We are confident that we can build a customized, cost effective plan matching your Agency’s needs from a contract management and service delivery standpoint. We look forward to the opportunity to support your program through this Request for Proposal for Nurse Staffing Coverage.
Appendix
Listed below are the REQUIRED forms all bidders are REQUIRED to submit with sealed bids on or before the bid due date and time. Failure to submit ALL required forms may result in bidder being deemed non-responsive.

<table>
<thead>
<tr>
<th>Required Forms</th>
<th>Yes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bid Offer Form</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Bid Rigging Certification</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Minority and Women Owned Business Concern Representation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Certificate Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Certificate Regarding Lobbying</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>OFAC Compliance</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Vendor Conflict of Interest Disclosure Form</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Certified Cleared Employee List</td>
<td>X</td>
<td>Complete, sign, and notarize the form. If you are uncertain of which employees will be working on the project, note this information on the form that the employee information will be forthcoming BEFORE you start on the project, if awarded the contract.</td>
</tr>
<tr>
<td>Certificate of Liability Insurance</td>
<td>X</td>
<td>Document must be submitted prior to starting work, if awarded the contract. Failure to submit forms below may result in project start delay.</td>
</tr>
<tr>
<td>Current State license/registration, and/or certification (including CPR)</td>
<td></td>
<td>If you are uncertain of which employees will be working on the project, note this information on the form that the employee information will be forthcoming BEFORE you start on the project, if awarded the contract.</td>
</tr>
<tr>
<td>Insurance Documentation</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Complete, sign and return the following forms: General Conditions and Instruction for All Bids, Bid Offer Form, Bid-Rigging Certification, Minority and Women-Owned Business Concern Representation, Certificate Regarding Debarment, Suspension, Ineligibility and Exclusion, Certificate Regarding Lobbying, OFAC Compliance, Vendor Conflict of Interest Disclosure Form, and any other required submittals.

No bids may be withdrawn after the official opening. All bids submitted must be valid for a minimum period of sixty (60) days after the date set for the bid opening. Please check the Terms and Conditions for any variation of this requirement.

All prices are F.O.B., Rockford, Illinois, which is further defined as meaning the price submitted on the bid sheet is the total price to this school district, including all freight and delivery charges. Under no circumstances may prepaid charges be added to the invoice.

A substitute item will be considered only if it is an item of regular manufacture as evidenced by literature, catalogs, etc. and not a prototype or first article test item. Items lacking an established commercial market or evidence of substantial sales must be placed in the hands of the Executive Director of Budgeting and Purchasing PRIOR to the date and time of the bid opening.

The successful Bidder must submit a separate invoice for each purchase order. The information on that invoice shall cover ONLY that one purchase order.

On the attached list, please type on the bid sheet(s) the information that is requested. If there is insufficient room for your information on this Bid Sheet(s), please present data on a separate sheet (one item to a sheet).

Any interested party, including all Bidders, may examine the bid summary after bids have been opened and awarded by the Board of Education. Bid summary will be available at the Board of Education Administration Building, Purchasing Department, 8:00 A.M., to 4:30 P.M., Monday through Friday. Bid recap data may also be reviewed by visiting www.DemandStar.Com.

Vendor’s signature on this Bid Form must be an actual signature. A stamped, facsimile, or typed signature may disqualify the bid. Unless notified otherwise, should no offer be received, the firm may be subject to being removed from the Bidder’s list.

The above General Conditions and Instructions are applicable to all bids. Additional Terms and Conditions and Specifications are supplied for each bid.

Please address all questions relative to any bid in writing to the Executive Director of Budgeting and Purchasing, Board of Education, 501 Seventh Street, Rockford, Illinois 61104 or stacie.scott@rps205.com. All request for information must be submitted at least three working days (Monday – Friday) prior to the bid due date and time. Responses to questions will be reviewed by the Purchasing Department and if a response or clarification to the IFB is issued it will be issued via an amendment to the bid and published on the District website and, if applicable, Demand Star. Any request for information submitted after the deadline will not receive a response.

**THIS SECTION BELOW MUST BE COMPLETED IN FULL AND SIGNED. FAILURE TO COMPLY MAY RESULT IN DISQUALIFICATION OF BID.**

The undersigned hereby certifies that he/she has read and understands the contents of this solicitation and agrees to furnish at the prices shown any or all of the items and/or services, subject to all Instructions, Terms and Conditions, Specifications and attachments hereto. Failure to have read all the provisions of this solicitation shall not be cause to alter any resulting contract or request additional compensation.

**GENERAL CONDITIONS AND INSTRUCTIONS FOR ALL BIDS FORM :**

<table>
<thead>
<tr>
<th>1780 Kendarbren Drive</th>
<th>Invo HealthCare Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address</strong></td>
<td>Name of Firm</td>
</tr>
<tr>
<td>Janislow, PA</td>
<td></td>
</tr>
<tr>
<td>City &amp; State</td>
<td>Signature of Authorized Representative</td>
</tr>
<tr>
<td>18929</td>
<td>32-0395173</td>
</tr>
<tr>
<td>Zip</td>
<td>(Federal Employer Identification) or Social Security Number (See Specification for Determination)</td>
</tr>
<tr>
<td>800-434-4686</td>
<td></td>
</tr>
<tr>
<td><strong>Area Code</strong></td>
<td><strong>Telephone Number</strong></td>
</tr>
<tr>
<td><strong>Rev. 10-2013</strong></td>
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</tbody>
</table>
BID-RIGGING CERTIFICATION

I, ___________________________, Mary A.J. McClain, a duly authorized agent of [Agent]

Invo HealthCare Associates ___________________________, do hereby certify that neither [Contractor]

Invo HealthCare Associates ___________________________ nor any individual presently [Contractor]

affiliated with Invo HealthCare Associates ___________________________ has been barred from bidding on a [Contractor]

public contract as a result of a violation of either Section 33E-3 (bid-rigging) or Section 33E-4 (bid rotating) of the Illinois Criminal Code, contained in Chapter 750, Article 5 of the Illinois Compiled Statutes.

[Signature]
Authorized Agent

Invo HealthCare Associates, Mary A.J. McClain, CEO
Contractor

Rev. 10-2013
ROCKFORD PUBLIC SCHOOLS

MINORITY, WOMEN and DISABLED-OWNED BUSINESS
CONCERN REPRESENTATION

Minority-Owned Business: a minority-owned business concern means a business concern that: (1) is at least 51 percent unconditionally owned by one or more individuals who are considered to be a member of a minority group, or a publicly-owned business having at least 51 percent of its stock unconditionally owned by one or more members of a minority group; and (2) has its management and daily business controlled and operated by one or more such individuals. Individuals who certify that they are members of minority groups (African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, and other minorities) are to be considered minority-owned enterprises.

Women-Owned Business: a business that is at least 51 percent owned by a woman or women who also control and operate it.

Disabled Owned Business: a business that is at least 51 percent owned by a person or persons with severe physical or mental disabilities which substantially limits one or more of the person’s major life activities and which person or persons control and operate such business.

“Control” in this referenced context means exercising the power to make policy decisions. “Operate” means being actively involved in the day-to-day management of the business.

The District shall rely on written representations of concerns regarding their status as minority/women/disabled-owned businesses. Offeror agrees to submit information regarding the minority ownership of its subcontractors on request of District.

COMPLETE THE SECTION BELOW AND RETURN THIS FORM WITH BID. FAILURE TO DO SO MAY RENDER THE OFFEROR’S BID UNACCEPTABLE.

A. Representation. The offeror represents that it is ( ), is not ( X ) a minority-owned business concern.

B. Representation. The offeror represents that it is ( ), is not ( X ) a women-owned business concern.

C. Representation. The offeror represents that it is ( ), is not ( X ) a disabled-owned business concern.

Please Check Appropriate Box/Boxes

☐ African American (AFRAM) ☑ Caucasian (CAUC) ☐ Native American (NAAM)

☐ Hispanic American (HISP) ☐ Asian-Pacific (ASIA) American ☐ Asian-Indian (ASIAI)

☐ Other ___________________________ ☐ Woman Owned (W) ☐ Disabled Owned (D)

Please identify

The offeror has ☑/has not ☐ used the following procedures in searching for and obtaining suppliers and subcontractors:

*Place qualified small, minority, women, disabled-owned business enterprises on solicitation lists
*Ensure that small, minority, women, disabled-owned business enterprises are solicited whenever they are potential sources
*Consider contracting with consortia of small, minority, women, disabled-owned business enterprises when an intended contract is too large for any one such firm to handle on its own or, if economically feasible, divide larger requirements into smaller transactions for which such organizations might compete
*Make information on contracting opportunities available and establish delivery schedules that encourage participation by small, minority, women, disabled-owned business enterprises
*Use the services and assistance of the SBA and Department of Commerce Minority Business Development Agency, as appropriate.

Company Name Invo HealthCare Associates Address 1780 Kendarbren Drive

City Jamison State PA Zip 18929

Phone # 800-434-4686 Fax # 215-489-8766 FEIN # EIN # 32-0395173

Signature of Company Official __________________________ Title Mary A.J. McClain, CEO

Date 3/19/2014

Rev. 10-2013
CERTIFICATE REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit ISBE 85-37, “Disclosure of Lobbying Activities,” in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Invo HealthCare Associates
Organization Name

14-30 Nurse Staffing Coverage
PR/Award Number or Project Name

Mary A.J. McClain
Name of Authorized Representative

Original Signature of Authorized Representative

Mary A.J. McClain
Chief Executive Officer
Title

3/19/2014
Date

ISBE 85-36 (3/12)
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, 2 CFR 417 Subpart C Responsibilities of Participants Regarding Transactions. The regulations were published in the May 25, 2010 Federal Register (pages 29183-29189). Copies of the regulations may be obtained by contacting the Illinois State Board of Education.

BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW.

CERTIFICATION

The prospective lower tier participant certifies, by submission of this Certification, that:
1. Neither it 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;
2. It will provide immediate written notice to whom this Certification is submitted if at any time the prospective lower tier participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;
3. It shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated;
4. It will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions;
5. The certifications herein are a material representation of fact upon which reliance was placed when this transaction was entered into; and
6. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Certification.

Invo HealthCare Associates

Organization Name

Mary A.J. McClain

Name of Authorized Representative

Original Signature of Authorized Representative

14-30 Nurse Staffing Coverage

PR/Award Number or Project Name

Chief Executive Officer

Title

3/19/2014

Date

Instructions for Certification

1. By signing and submitting this Certification, the prospective lower tier participant is providing the certifications set out herein.
2. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
3. Except for transactions authorized under paragraph 3 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used herein, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 and Executive Order 12689. You may contact the person to which this Certification is submitted for assistance in obtaining a copy of those regulations.
5. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the “GSA Excluded Parties List System” at http://epls.arnet.gov/.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required herein. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
OFAC Compliance

BID No.: 14-30

The undersigned hereby certifies and represents that products and/or services provided under any contract with the Rockford Public Schools resulting from this bid shall be in compliance with economic or trade sanctions or restrictions implemented by the United States government such as those administered by the Office of Foreign Assets Control ("OFAC") of the U.S. Department of the Treasury and shall not utilize or engage, for performance of any activities related to the products and/or services, any persons or entities that, (i) appear on OFAC's Specially Designated Nationals and Blocked Persons List ("SDN List"), as that list may be updated from time to time or any other similar list maintained by OFAC; (ii) are owned or controlled by any person or entities appearing on OFAC's SDN List, as that list may be updated from time to time or any other similar list maintained by OFAC; or (iii) are located in any country subject to U.S. economic or trade sanctions, such as those administered by OFAC.

Invo Healthcare Associates
Organization Name

Mary A.J. McClain
Name of Authorized Representative

Chief Executive Officer
Title

Original Signature of Authorized Representative

3/19/2014
Date

Rev. 03-2014
BID OFFER FORM

IFB No. 14-30 Nurse Staffing Coverage

Rockford Public School, District No. 205 is seeking the services of a medical staffing firm to provide nursing services for District students who require one-on-one nursing care. The District is also seeking for such an agency to provide staffing coverage for shortages of qualified personnel due to illnesses and/or other personal absences.

Schedule of Professional Fees

<table>
<thead>
<tr>
<th>Per Hour</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses (RN)</td>
<td>$35.50</td>
</tr>
<tr>
<td>Licensed Practicing Nurse (LPN)</td>
<td>$26.50</td>
</tr>
</tbody>
</table>

Additional Fees

<table>
<thead>
<tr>
<th>$N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Hours</td>
</tr>
<tr>
<td>Other(Specify):</td>
</tr>
</tbody>
</table>

Are you able to meet the requirements of providing staffing coverage within a one hour notice?

Yes [X] No

Are there any limitations on the availability of staff?

Yes [X] No

If yes, please describe below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**BID OFFER FORM**

Addendum(s) Receipt: We acknowledge the receipt of Addendum(s)

<table>
<thead>
<tr>
<th>Company Name/Address/Phone Number</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperative Association for Special Education, 22W600 Butterfield Rd. Glen Ellyn, IL 60137</td>
<td>Tammy Prentice, 630-942-5600</td>
</tr>
<tr>
<td>Stuart G. Ferst, 6050 North California Ave, Chicago IL 60659</td>
<td>Indira Busaliko, 773-761-4651 ext. 252</td>
</tr>
<tr>
<td>Waukegan Public School District 60, 1201 North Sheridan Rd., Waukegan, IL 60085</td>
<td>Sandra Edelstein, 847-360-5370</td>
</tr>
</tbody>
</table>

References:
Bidder to provide three Education references of similar type work that would qualify your firm for this project

Proposal submitted by:

<table>
<thead>
<tr>
<th>Company</th>
<th>Signature of Company Officer (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invo HealthCare Associates</td>
<td>Mary A.J. McClain, Chief Executive Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Typed Name &amp; Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1780 Kendarbren Drive</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State &amp; Zip Code</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamison, PA 18929</td>
<td>3/19/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone No.</th>
<th>Fax No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>800-434-4686</td>
<td>215-489-8766</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail</th>
<th>FEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:mmcclain@invohealthcare.com">mmcclain@invohealthcare.com</a></td>
<td>32-0395173</td>
</tr>
</tbody>
</table>
CERTIFIED CLEARED EMPLOYEE LIST

The undersigned Invo HealthCare Associates, Mary A.J. McClain, CEO, a vendor, supplier, professional services firm or contractor, hereby certifies under oath as follows:

1- a criminal history records check, a Statewide Sex Offender Database check and a Statewide Child Murderer and Violent Offender Against Youth Database check has been conducted for all employees as indicated by a check mark in the appropriate box in accordance with 105 ILCS 5/10-21.9 (the Act); and

2- that such employees have not been convicted of any of the enumerated criminal or drug offenses listed in the Act and their name does not appear on the noted Databases; and

3-the undersigned is an owner (if sole proprietor) or officer, member or partner of the undersigned authorized to execute this document binding the undersigned.

<table>
<thead>
<tr>
<th>No.</th>
<th>Last Name</th>
<th>M.I.</th>
<th>First Name</th>
<th>SS # (last four)</th>
<th>Crim. Hst.</th>
<th>Databases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All service providers that provide services for INVO are required to do state and federal fingerprinting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>INVO will provide results of the fingerprinting for all service providers to Rockford Public Schools upon award.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By: ____________________________

This certificate subscribed and sworn to before me this 17th day of March, 2014.

Notary Public ____________________________

Commission Expires: January 17, 2016

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
ANGELA LOUGHLANE, Notary Public
Warwick Twp., Bucks County
My Commission Expires January 17, 2016

Rev. 03-2014
VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

DISCLOSURE STATEMENT:
All businesses ("Vendors" or "Vendor" or "Vendor's") that wish to conduct business with the Rockford Public Schools "RPS" must complete this form. Please note that all contracts with RPS are subject to RPS Code of Ethics which prohibits RPS employees and Board of Education members from having certain relationships with persons or entities conducting (or proposing to conduct) business with RPS and which limits the acceptance of gifts from Vendors. The entire Board Member Conflict of Interest Board Policy 2.100 and Board Policy 5.120 may be viewed at http://www2.rps205.com/District/BOE/Pages/GP-200.aspx. The Code and its definitions are incorporated by reference into this Disclosure Form. If a Vendor has a disclosable relationship, the Vendor should assume the relationship may pose a conflict of interest until notified to the contrary in writing by a RPS administrative staff member authorized to confirm that a determination has been made that a conflict does not exist. A principle of the Code of Ethics is to ensure that relationships do not influence any official decision or judgment of RPS employees or Board of Education members. Accordingly, disclosure also should be made for any person connected with Vendor (e.g., officer, director, partner, shareholder, employee,) that is likely to: (i) materially contribute to Vendor’s preparation, drafting, or presentation of a proposal or bid for services and/or supplies, (ii) materially contribute to Vendor’s negotiation of a contract with RPS, or (iii) perform material services under a contract with RPS. Below, these persons are referred to as “Disclosable Persons.”

CERTIFICATION:
I hereby certify that, except as disclosed below, to Vendor’s knowledge, there is no conflict of interest involving the Vendor named below that would violate the RPS Code of Ethics, including that: (a) after inquiry, neither Vendor nor any Disclosable Person is involved or engaged in any private business venture or enterprise, directly or indirectly, with any RPS employee or Board of Education member or his or her family member; (b) no RPS employee or Board member or his or her family member owns or has a material personal financial interest (directly or indirectly) in Vendor or is engaged in a material personal business transaction with Vendor; and (c) no RPS employee or Board of Education member or his or her family is employed by Vendor.

I further certify that neither the Vendor nor anyone acting on its behalf has requested that any RPS employee or RPS Board of Education member exert any influence to secure the award of this bid to the Vendor. Furthermore, no RPS Board of Education member, employee or agent has offered to influence to secure the award of this bid to the Vendor.

VENDOR INFORMATION:
Vendor Name: Invo HealthCare Associates
Vendor Address: 1780 Kendarbren Drive, Jamison, PA 18929
Vendor Phone Number 800-434-4686
Vendor Email: mnicclain@invohealthcare.com
Vendor FEIN: 32-0395173
Rev. 03-2014
ROCKFORD PUBLIC SCHOOLS

VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

DISCLOSURE STATEMENT:

I BELIEVE THE VENDOR NAMED ABOVE DOES have a potential conflict(s) of interest with a current RPS employee(s), or RPS Board of Education member(s).

☐ YES, the above statement is true.

☒ NO, the above statement is NOT true.

If you checked “YES” above, please provide the following information:

List all the Name(s) of RPS employee(s), RPS Board of Education member(s), or RPS employees’ or RPS Board of Education’s family member(s) with whom there may be a conflict of interest:

1. 

2. 

3. 

Provide a brief description of the nature of the potential conflict(s) of interest:

SIGNATURE:

By my signature below, I certify that I am the Authorized Representative of the VENDOR named above and that all of the information provided above by signor is true and complete to the best of the signor’s knowledge:

Mary A.J. McClain
Print the Name of the Vendor’s Authorized Representative

Chief Executive Officer
Print the Position Title of the Vendor’s Authorized Representative

Print the Name of the Vendor’s Authorized Representative

3/19/2014
Date

Rev. 03-2014
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 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**
The Selzer Company
975 Easton Road, Suite 100
Warrington, PA 18976
Thomas Gerald Wierzbowksi
Phone: 215-491-2700
Fax: 215-491-2707
Phone: 215-491-2700
Fax: 215-491-2707
Email: pbucci@selzercompany.com
INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Evanston Ins Co.
INSURER B: CNA Insurance Company 20443
INSURER C: Continental Casualty Company 20443
INSURER D: The Hartford 19682

**INSURED**
Invo Healthcare Assoc., Inc
Invo Healthcare Assoc., LLC
1760 Kendarbren Drive
Jamison, PA 18929

**COVERAGES**

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECT</th>
<th>POLICY EXPIRATION</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>GENERAL LIABILITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Commercial General Liability</td>
<td>SM-695483</td>
<td>08/01/13</td>
<td>08/01/14</td>
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<tr>
<td>A</td>
<td>Prof Liab</td>
<td>SM-695483</td>
<td>08/01/13</td>
<td>08/01/14</td>
</tr>
<tr>
<td>A</td>
<td>Sexual Abuse</td>
<td>SM-695483</td>
<td>08/01/13</td>
<td>08/01/14</td>
</tr>
<tr>
<td>B</td>
<td>Automobile Liability</td>
<td>4024022579</td>
<td>08/01/13</td>
<td>08/01/14</td>
</tr>
<tr>
<td>C</td>
<td>Umbrella Liab</td>
<td>4024023084</td>
<td>08/01/13</td>
<td>08/01/14</td>
</tr>
<tr>
<td>C</td>
<td>Excess Liab</td>
<td>4024023084</td>
<td>08/01/13</td>
<td>08/01/14</td>
</tr>
<tr>
<td>C</td>
<td>Workers Compensation and Employers' Liability</td>
<td>4024022562</td>
<td>08/01/13</td>
<td>08/01/14</td>
</tr>
</tbody>
</table>

**LIMITS**

- EACH OCCURRENCE: $1,000,000
- DAMAGE TO RENTED PREMISES (per occurrence): $50,000
- MED EXP (Any one person): $5,000
- PERSONAL & ADV INJURY: $1,000,000
- GENERAL AGGREGATE: $3,000,000
- COMBINED SINGLE LIMIT (per accident): $1,000,000
- BODILY INJURY (Per person): $500,000
- PROPERTY DAMAGE (Per accident): $500,000
- EMPLOYEE DISABILITY: $10,000
- BPP: $534,772

**DESIGNATION OF OPERATIONS / LOCATIONS / VEHICLES**

Sexual Abuse Limit: $1,000,000

**CERTIFICATE HOLDER**

Evidence of Insurance

**CANCELLATION**

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

© 1988-2010 ACORD CORPORATION. All rights reserved.
Issuing insurer will endeavor to mail 30 days written NOC to certificate holder upon cancellation of policies but failure to do so shall impose no obligation or liability of any kind upon insurer, its agents or representatives.
W-9
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
Invo Healthcare Associates, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/self-proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Exempt payee
☐ Limited liability company: Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ☐
☐ Other (see instructions) ☐

Address (number, street, and apt. or suite no.)
1780 Kendabren Drive
City, state, and ZIP code
Jamison, PA 18929

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer Identification number (EIN). If you do not have a number, see How to get a TIN on page 5.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number:

Employer Identification number:

Part II Certification
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must check item 2 above if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here 
Signature of U.S. person
Date

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Cat. No. 10231X
Form W-9 (Rev. 12-2011)