In order to participate further in the Technical and Cost review, a bidder is required to have prior experience with federally funded grants within the education field that involve multiple evaluation sites.

Describe in detail your and/or your team members’ experience in conducting qualitative and quantitative federally funded evaluations within the education field.
This form or a facsimile thereof must be completed in its entirety and the requested documents submitted accordingly. Additional sheets may be included for lengthy responses but the question or line item number must be used as reference. Extraneous marketing materials are not to be submitted because this will slow down the evaluation process and result in a deduction of points.

I. EDUCATION AND EXPERIENCE OF EVALUATION STAFF

1. Are you submitting this proposal on behalf of yourself as an individual evaluator or as a team?

2. If a team, submit the names of ALL team members and their proposed roles in the evaluation process.

3. Acknowledge that no portion of this contract will be sub-contracted.

4. Acknowledge that you/your company are not on the System for Award Management (SAM) Exclusion List of the General Services Administration (GSA).

5. Acknowledge that you have not used Federal funds or non-Federal funds to influence the outcome of any Federal grant or award covered by U.S.C.1352.

II. EXPERTISE AND EXPERIENCE EVALUATING FEDERAL EDUCATION GRANTS

1. Submit a resume or curriculum vitae, evidencing education and work history, for you and/or each member of the team.

2. List the credentials and certifications that you and/or each team member hold.

3. List any special skills that distinguish you and/or your team from other consultants.

III. EVALUATION STRATEGY

1. Describe your conceptual framework for conducting a large-scale evaluation of a multi-year educational program that includes children birth through five, professional learning for private daycare providers and teachers in grades K-12, and students in K-12.

2. Describe your methodology for data collection and analysis.

IV. INSURANCE—Submit a certificate of insurance (COI) from the insurance company(s) evidencing the types and amounts of requested coverage.
V. EXCEPTIONS OR DEVIATIONS - The bidder must declare any deviations from or exceptions to the terms and conditions stated in this federally funded procurement. If none, state “None”.

VI. REFERENCES: Our objective is to validate your work experience.

1. Have you performed any contractual work with FCPS in the last five years? If so, briefly describe the services provided and year in which they were performed.

2. Provide additional references for four non-FCPS clients during the last five years. References are preferred for non-profit agencies or school systems and within the State of Maryland. If no clients are in Maryland, list clients for whom you have performed a federally-funded education evaluation. FCPS will contact them as references.

   #1 Customer Name: ________________________________ City/State: _________________
   Name of Contact: ________________________________ Title: _______________________
   Email Address: _________________________________ Phone: _______________________
   Services Provided: ________________________________

   #2 Customer Name: ________________________________ City/State: _________________
   Name of Contact: ________________________________ Title: _______________________
   Email Address: _________________________________ Phone: _______________________
   Services Provided: ________________________________

   #3 Customer Name: ________________________________ City/State: _________________
   Name of Contact: ________________________________ Title: _______________________
   Email Address: _________________________________ Phone: _______________________
   Services Provided: ________________________________

   #4 Customer Name: ________________________________ City/State: _________________
   Name of Contact: ________________________________ Title: _______________________
   Email Address: _________________________________ Phone: _______________________
   Services Provided: ________________________________