

Webster Central School District

119 South Avenue, Webster, NY 14580

Request for Proposal for the PreKindergarten Program

Due October 30th, 2024

*All interested applicants are welcome to
attend a question and answer session*

on

*October 15th, 2024 at 11:20am at Webster
CSD District Office, 119 South Avenue*

Please call 216-0122 to RSVP

by October 14th by 12:30pm..

All other inquiries can be emailed to

Heather_Balsamo@webstercsd.org

All completed pre-kindergarten proposals MUST be returned to the Webster Central School District Business Office NO LATER than 12:30 p.m., October 30, 2024.

The District requests that each proposal include the page that lists all projected costs.

All **RFP**'s submitted by the deadline date will be reviewed by the District and compared to all other proposal submissions. The District reserves the right to award services based on the proposal that best meets District needs.

Webster Central School District



Vision:

Compassionately Connected, Joyfully Engaged, Always Learning

Mission:

We are a community of learners who nurture and inspire personal excellence, foster creativity and explore diverse opportunities, celebrate achievements and overcome challenges, and contribute locally and globally for positive change.

Universal Pre-Kindergarten Program 2024-2025

Request for Proposals **Application Materials**

**Webster Central School District
Universal Pre-Kindergarten Program
Community Based Organization Application**

Directions: Please complete Section 1 (Organizational Information) and submit it as a cover page to the application. Following this cover page, please provide detailed written responses for Sections 2-5 (Organizational Background, UPK Services, Program Staffing and Proposed Budget).

Completed Applications may be mailed or delivered to:
Heather Balsamo, UPK Administrator
Webster Central School District
Webster, New York 14580

Section 1 - Organizational Information

Organization's Name:

Address:

Telephone:

Email Address:

Contact Person & Title:

Type of Organization: Public Institution Private Non-Profit Private Profit
Please attach proof of organizational status (e.g. 501 (c) (3) IRS letter)

Statement of the Organization's Mission:

Years in Existence:

Hours of Operation _____ to _____

Days per Week _____

Months of Operation _____ to _____

Proposal Summary

Number of classrooms allocated for UPK students for 2022-2023 school year: _____

Number of UPK students proposed to be serviced for 2022-2023 School year: _____

Section 2: Organizational Background

1. Describe your organization's history of providing quality early childhood programs. Please include information regarding services provided to children with disabilities and children with limited English proficiency.

Section 3: UPK Services

1. Detail how your organization will meet the following goals and objectives of the Webster Central School District's UPK program plan:
 - children will enhance their interpersonal/social skills.
 - children will strengthen their cognitive skills.
 - children will increase their early literacy skills.
 - children will strengthen their fine and gross motor skills.
 - Children will enhance intrapersonal skills, improving independence and self-reliance.
 - Children will develop their character, tolerance, acceptance and respect.

2. Describe the early childhood services your organization would provide through the UPK program and how they will meet the following required components of Part 151 of the Regulations of the Commissioner of Education including:

- a. Providing support services to children to students and families such as social and health related services.
- b. Meeting the needs of English language learners.
- c. Encouraging parental involvement in their child's education.
- d. Ensuring parents have ease of utilization and access to services.
- e. Supporting transitions/continuity with the district's K-3 program - curriculum and NYS Learning Standards.
- f. Integrating preschool children with disabilities.
- g. On-going professional development opportunities in which UPK staff will be engaged.

3. Explain the daily class schedule and how it allows for balance of intentionally planned active and quiet play; indoor and outdoor gross motor activities; and individual and small group activities. Approximately one-third of the daily schedule should be designated for children to engage in self-initiated activities.

4. Explain how the proposed program will meet all applicable health and safety codes and licensure requirements (including the NYS Uniform Fire Prevention and Building Code.)

Section 4: Program Staffing

1. Describe how UPK services will be staffed. Include information regarding staff qualifications, staff patterns and child-staff ratio. You must have a teacher with a NYS Teaching Certificate in early childhood education (N-6 or B-2).
2. Explain the administrative structure of the organization including the supervisory structure for the proposed UPK services, including the qualifications of the supervisor.

3. Describe the record management and documentation followed. Please include any technology utilized for security, staff, parents or fiscal record keeping.

Total Cost Information for Full Day Program: 5 hours per day)

Number of Students/Cost per Student _____

Professional Salaries _____

Support Staff Salaries _____

Purchased Services _____

Supplies and Materials _____

Employee Benefits _____

Total Cost: _____

The District at its discretion may renew/extend their agreement with the selected collaborating agency beyond the 2023-24 school year.

If awarded this **RFP**, a Certificate of Insurance must be provided to the School District with limitations as specified in the contract and will include the following statement as additional Insured. Please see Appendix A

Appendix A

Insurance Requirements

The selected UPK provider, at their sole expense, shall meet and provide proof of the following insurance requirements:

1. GENERAL PROVISIONS

As to all required insurance:

- a. The Vendor shall provide current Certificates of insurance and accompanying documents as described herein for the Owner's approval prior to Owner's signing of contract(s) .
- b. "Certificate Holder" shall be **Webster Central School District** at the address of **119 South Avenue, Webster, NY 14580**.
- c. Coverage must comply with all specifications set forth herein.
- d. All insurance documents must be executed with authorized signatures .
- e. The Vendor's required liability policies must be endorsed to provide that any Notice of Cancellation or Notice of Non-Renewal given to the First Named Insured shall also be given to the Additional Insureds for this project. **A copy of such endorsement(s) must be furnished to the Certificate Holder.**
- f. Failure of the Owner to object to the Vendor's failure to furnish a Certificate or other evidence of the required insurance coverages, object to any defect in such Certificate or other evidence of coverage, or demand receipt of such Certificate or other evidence of coverage shall not be deemed a waiver of Vendor's obligation to furnish the required insurance coverages described herein. Nothing contained herein imposes on the Owner a duty or obligation to review any evidence of insurance coverages or issue any formal approval or acceptance of such evidence.
- g. The Vendor's liability and indemnification of the Owner shall not be relieved or diminished by the Vendor securing insurance coverage in accordance with the Owner's requirements. Any approval by the Owner of such insurance coverage shall not be construed as accepting in any way the deficiencies in the Vendor's insurance coverage.
- h. In addition to Certificates of Insurance and other documents, the Vendor shall provide to the Owner and other Certificate Holders, on a timely basis, copies of any subsequently issued endorsement(s) that amend applicable coverages or limits.
- i. When any required insurance shall expire, due to the attainment of a normal expiration or renewal date, the Vendor shall supply, no later than ten (10) days prior to such expiration, the Owner with Certificates of Insurance and accompanying documents evidencing continuation of coverage in the same manner, limits of protection and scope as provided by the previous policy.
- j. The Vendor will assure that any and all subcontractors retained by the Vendor carry and maintain insurance with reasonably prudent limits and coverage satisfactory to the Owner in light of the work to be performed, written by companies meeting the same criteria as required in Section 2. LIABILITY INSURANCE, and that the Owner is named additional insured on the subcontractor's liability policies according to the same requirements as described in Section 2.1(b).

2. LIABILITY INSURANCE

The Vendor agrees to secure and maintain, at the Vendor's own expense, all insurance coverage required herein from one or more insurance companies that are licensed to write such insurance in New York State or are eligible non admitted insurers, per the current Excess Line Association of New York's (ELANY) official list. Insurers must carry an A.M. Best "Secure" rating of B+ or better. The Vendor's insurance shall include the following, and shall be written with limits no less than hereinafter specified:

1. COMMERCIAL GENERAL LIABILITY

(a) Occurrence based **Commercial General Liability** coverage to include bodily injury, personal injury, and property damage applicable to **ongoing operations, products & completed operations, and contractual liability, all with a per-project aggregate endorsement.** The coverage limits applicable shall be the greater of the amounts indicated below or the amounts carried by the **VENDOR**:

General Aggregate	\$2,000,000
Products & Comp/Op. Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (any one fire)	\$50,000
Med. Expense (any one person)	\$5,000

(b) **Additional Insured:** Coverage in Commercial General Liability, Automobile Liability, and Excess Liability and/or Umbrella Liability policies or coverage sections shall be written or endorsed so as to apply to the following as **additional insured on a primary and non-contributory basis** with the following language, unaltered:

"Webster Central School District and its employees, interim administrators, authorized volunteers and committee members, student teachers, auxiliary instructors and members of the Board of Education are hereby named as Additional Insured. "

The Certificate of Insurance must clearly state how Additional Insured coverage is achieved in the General Liability, Automobile Liability, and Umbrella/Excess Liability policies. Certificates of insurance must show the form numbers that are used to achieve all of the Additional Insured coverage. A copy of the actual policy language that effects this coverage in each policy must be provided to the Owner with the Certificate of Insurance.

(c) If the Vendor's service to the District in any way involves the use of **unmanned aircraft**, the Vendor's General Liability policy must include form CG 24 50 06 15 or equivalent providing coverage for this exposure .

2. AUTOMOBILE LIABILITY INSURANCE

Bodily Injury and Property Damage, coverage for the Vendor as the owner or the lessee of automobiles, trucks, trailers, self-propelled Vendor's equipment and all other owned, hired and non-owned vehicles registered for use on the public highway and/or used in operations relating to work under contract. If any such vehicles are to be used to transport hazardous materials, the Vendor shall also provide pollution liability broadened coverage evidenced by ISO Form CA 99 48. The coverage limit applicable shall be the greater of the amounts indicated below or the amount(s) carried by the Vendor:

Combined Single Limit	\$1,000,000
-----------------------	-------------

See Section 2.1(b) above for *additional insured* requirements applicable to **Automobile Liability insurance** .

3.3 EXCESS LIABILITY AND/OR UMBRELLA LIABILITY applicable to Commercial General and Automobile Liability policies. The Excess Liability and/or Umbrella Liability coverage limits applicable shall be the greater of the amounts indicated below or the amounts carried by the Vendor

Each Occurrence	\$5,000,000
Aggregate	\$5,000,000

See Section 2.1(b) above for *additional insured* requirements applicable to the **Excess Liability and/or**

Umbrella Liability insurance .

4. PROFESSIONAL LIABILITY: If the Vendor's work on this project involves rendering professional services, the Vendor shall provide Professional Liability coverage for the Vendor's errors, omissions, and negligent acts arising from the performance of the Vendor's services under this contract. Coverage limits shall be the greater of the amounts indicated below or the amounts carried by the Vendor:

Each Occurrence/Claim Aggregate	\$3,000,000
	\$3,000,000

5. SEXUAL ABUSE OR MOLESTATION LIABILITY

Coverage limits shall be the greater of the amounts indicated below or the amounts carried by the Vendor:

Each Occurrence Annual Aggregate	\$2,000,000
	\$2,000,000

6. DATA BREACH LIABILITY

Coverage limits shall be the greater of the amounts indicated below or the amounts carried by the Vendor:

Each Occurrence	\$ 250,000
-----------------	------------

3. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE,

Must include Waiver of Subrogation in favor of Owner.

Coverage required by the laws of New York State as further described below.

.1 **Requirements.** To comply with coverage provisions of Section 57 of the Workers' Compensation Law, businesses must **(1)** be legally exempt from obtaining workers' compensation insurance coverage, **(2)** obtain such coverage from insurance carriers, or **(3)** be self-insured or participate in an authorized group self-insurance plan.

.2 **Coverage Evidence.** The Vendor must provide one of the following forms to the Owner, or the current equivalent of any of them in the event of revisions or replacements:

(a) Either: **CE-200**, Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required
Or: **CE-200**, Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage (Affidavits must be stamped as received by the N.Y.S. Workers' Compensation Board)

OR

(b) Either: **C-105.2**, Certificate of Workers' Compensation
Or: **U-26.3**, New York State Insurance Fund Certificate of Workers' Compensation Coverage

OR

(c) Either: **SI-12** - Certificate of Workers' Compensation Self-Insurance,
Or: **GSI-105.2** - Certificate of Participation in Workers' Compensation Group Self-Insurance

4. NEW YORK DISABILITY (NYDBL)

Coverage required by the laws of New York State as further described below.

DISABILITY BENEFITS REQUIREMENTS UNDER WCL SECTION 220 SUBD. 8

.1 **Requirements.** To comply with coverage provisions of the New York State Disability Benefits Law, businesses must (1) be legally exempt from obtaining disability benefits insurance coverage, (2) obtain such coverage from insurance carriers, or (3) be self-insured .

.2 **Coverage Evidence.** The Vendor must provide one of the following forms to the Owner, or the current equivalent of any of them in the event of revisions or replacements:

(a) Either: **CE-200**, Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required Or: **CE-200**, Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage (Affidavits must be stamped as received by the N.Y.S. Workers' Compensation Board)

OR

(b) Either: **DB-120.1**, Certificate of Disability Benefits Insurance Or: **DB-820/829**, Certificate/Cancellation of insurance

OR

(c) **DB-155**, Certificate of Disability Benefits Self-Insurance