



RENTON SCHOOL DISTRICT #403  
KOHLWES EDUCATION CENTER (KEC)  
300 SW 7<sup>TH</sup> STREET  
RENTON WA 98057-2307  
SOQ LP22-01 – MENTAL HEALTH AND MENTORSHIP SERVICES  
STUDENTS, FAMILIES, AND GUARDIANS

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**SECTION V – SUBMITTAL FORM –QUESTIONNAIRE**

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**SUBMITTAL FORM SIGNATURE PAGE** – Questions, required fields, attachments, and signature must be completed prior to submission.

**Please summarize the firm’s interest, professional approach, and capabilities.**

**Please summarize the Firm’s Referral Process. (Referral Forms are requested to be attached to this submittal).**

**Please indicate which RSD school sites you have previously supported. Please indicate if you are interested in supporting additional schools.**



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**SECTION V – SUBMITTAL FORM – REFERENCES**

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**SUBMITTAL FORM - REFERENCES** – Please list 3 professional references, e.g., school districts and/or companies with which your organization has conducted business.

**REFERENCE #1:**

District or Organization Name \_\_\_\_\_

Service Relationship \_\_\_\_\_

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

Representative Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**REFERENCE #2:**

District or Organization Name \_\_\_\_\_

Service Relationship \_\_\_\_\_

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

Representative Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**REFERENCE #3:**

District or Organization Name \_\_\_\_\_

Service Relationship \_\_\_\_\_

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

Representative Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_



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**SECTION V – SUBMITTAL FORM – COVID-19 VACCINE DECLARATION**

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**DECLARATION OF COMPLIANCE WITH PROCLAMATION 21-14.1: COVID-19 VACCINATION REQUIREMENT FOR CONTRACTORS PROVIDING DIRECT SERVICE TO STUDENTS**

As required by Governor Inslee’s directive (Proclamation 21-14-1), all employees and contractors working or providing services for school districts must be fully vaccinated against COVID-19 by October 18, 2021. As a vendor or contractor to Renton School District (“District”), you assume all responsibility that all of your employees or workers who are near students, or others, while present at a school building or other District site provide proof of COVID-19 vaccination by October 18, 2021, by showing you their vaccine card or documentation of vaccination from a healthcare provider. The District does not allow religious or medical exemptions for contractors providing direct service to students. You must provide the District with this signed verification. You also agree that no employees or workers will be sent to the District who have not met this requirement. The only exceptions the District may allow include areas away from staff and students such as controlled construction areas or scheduled maintenance when the building is unoccupied. Routine deliveries such as mail or supplies are also exempt.

I \_\_\_\_\_, on behalf of \_\_\_\_\_ (“Company”), declare that all Company “Workers,” as defined by Proclamation 21-14.1, including all sub-contractors of Company, have been fully vaccinated against COVID-19 and have provided proof thereof to the Company (as required by Section 3 of Proclamation 21-14.1).

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed on the \_\_\_\_ day of \_\_\_\_\_, 2021 at \_\_\_\_\_, Washington.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title



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**SECTION V – SUBMITTAL FORM – SIGNATURE PAGE**

I hereby certify that I have read and understand the call for Statement of Qualification’s for Mental Health and/or Mentorship services.

Firm Name: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Business Office Phone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Website: \_\_\_\_\_

Business/Professional license: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Washington UBI No.: \_\_\_\_\_

TIN/EIN or Social (Federal Tax ID): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Must Include the following attachments (Not to exceed 15 pages)**

Completion of all four (4) “Submittal” forms and signature by authorized personnel

- Submittal form - Questionnaire
- Submittal form - References
- Submittal form – COVID-19 Vaccine Declaration
- Submittal form – Signature page

W9

Business License/Professional Certifications

Firm’s Standard Referral forms

Evidence of, Certificate of Insurance