REQUEST FOR PROPOSAL

Speech-Language Pathology Services

OLEAN CITY SCHOOL DISTRICT
410 W. Sullivan St.
Olean, NY 14760

REQUEST FOR PROPOSAL (RFP)
Speech-Language Pathology Services

RFP No.: 2026-2027 SLP
Date Issued: November 16, 2026
Proposal Due Date: December 2, 2026
Proposal Due Time: 3:00pm

1. PURPOSE

The Olean City School District (hereinafter referred to as the "District") is soliciting proposals from qualified individuals, agencies, or organizations to provide speech-language pathology services to students enrolled in the District.

The District seeks qualified providers who can deliver high-quality speech and language services in accordance with applicable New York State Education Department (NYSED) requirements, federal and state special education regulations, and students' Individualized Education Programs (IEPs).

The District reserves the right to award a contract to the proposer determined to be most advantageous to the District.

2. SCOPE OF SERVICES

The successful proposer shall provide speech-language pathology services as requested by the District. Services may include, but are not limited to:

- Providing individual and group speech-language therapy to students.
- Implementing speech and language services in accordance with students' IEPs.
- Conducting speech and language evaluations and assessments.
- Participating in Committee on Special Education (CSE) meetings, as requested.
- Developing and maintaining appropriate student records and progress reports.
- Monitoring student progress toward established IEP goals.
- Providing consultation and collaboration with teachers, related service providers, parents, and District personnel.
- Completing required documentation in a timely manner.
- Complete all Medicaid documentation, provider qualifications, and cooperation with Medicaid compliance procedures.
- Providing make-up sessions when required by the District and applicable regulations.

Services shall be provided at District-designated locations ***including BOCES placements in Cuba, NY*** during the school year, or at other times as mutually agreed upon.

3. PROVIDER QUALIFICATIONS

The proposer shall demonstrate that all personnel assigned to provide services:

- Possess the appropriate New York State professional certification as a Speech Language Pathologist required for the services being provided.
- Meet all applicable NYSED requirements for providing speech-language pathology services in a school setting.
- Have experience working with school-age students with disabilities.
- Are knowledgeable regarding IDEA, Section 504, New York State special education regulations, and IEP implementation.
- Have completed all required background checks and fingerprint clearance prior to providing services.
- Maintain all required professional credentials throughout the contract period.

The District reserves the right to approve or reject any personnel assigned to provide services.

4. PROPOSAL REQUIREMENTS

Proposals shall include the following information:

A. Provider Information

- Name and address of the individual or agency.
- Contact person, telephone number, and email address.
- Description of the organization and its experience providing school-based speech-language pathology services.
- NPI Number of each individual providing services.

B. Qualifications and Experience

- Qualifications and experience of personnel assigned to the District.
- Copies of applicable professional licenses and certifications, including the NPI number.
- References from at least two school districts or educational agencies.
- Description of the provider's experience working with students with disabilities.

C. Service Delivery

- Description of the proposed service delivery model.
- Availability of qualified personnel.
- Ability to provide services in accordance with students' IEPs.
- Procedures for maintaining student records and communicating with District personnel.
- Procedures for addressing absences, cancellations, and make-up sessions.

D. Cost Proposal

Proposers shall provide the following rates:

Service	Proposed Rate
Individual Speech Therapy – Per 30 Minute Session	$_____
Group Speech Therapy – Per 30 Minute Session	$_____
Speech-Language Evaluation – Per Evaluation	$_____
CSE Meeting Attendance – Per Hour	$_____
Other Services (Specify)	$_____

All rates shall include applicable administrative costs, travel expenses, and other fees unless specifically identified in the proposal.

The District shall not be responsible for any additional costs not expressly identified and approved in the contract.

5. CONTRACT PERIOD

The anticipated contract period shall be from January 1, 2027 through June 25, 2027.

The District may, at its sole discretion and subject to mutual agreement, extend the contract for additional one-year periods.

All extensions shall be subject to satisfactory performance, availability of funding, and approval by the Board of Education, as applicable.

6. INSURANCE REQUIREMENTS

The successful proposer shall provide evidence of insurance coverage acceptable to the District, including:

- Workers' Compensation Insurance, as required by New York State law.
- Disability Benefits Insurance, as required by New York State law.
- Commercial General Liability Insurance of at least $1,000,000 per occurrence / $3,000,000 aggregate.
- Professional Liability (Malpractice) Insurance of at least $1,000,000 per occurrence / $3,000,000 aggregate.

Insurance limits and specific requirements shall be established by the District prior to contract execution.

7. STUDENT CONFIDENTIALITY AND COMPLIANCE

The successful proposer shall comply with all applicable federal and New York State laws and regulations, including:

- Individuals with Disabilities Education Act (IDEA).
- Family Educational Rights and Privacy Act (FERPA).
- New York State Education Law and applicable NYSED regulations.
- Applicable student confidentiality and data security requirements.

The proposer shall maintain the confidentiality of all student records and information and shall not disclose such information except as authorized by the District or permitted by law.

The successful proposer shall execute any required confidentiality, data security, or other agreements as a condition of the contract.

8. PROPOSAL SUBMISSION

Proposals must be submitted in a sealed envelope clearly marked:

"RFP – Speech-Language Pathology Services"

Proposals shall be received no later than December 2, 2026, at 3:00pm at the following address:

Olean City School District
Attn: Jenny M. Bilotta, Business Administrator
410 W. Sullivan St.
Olean, NY 14760

Late proposals will not be considered.

Questions regarding this RFP shall be submitted in writing to:

Jenny M. Bilotta jbilotta@oleanschools.org	OR	Marcie Johnson mjohnson@oleanschools.org

9. EVALUATION AND AWARD

Proposals will be evaluated based on the following criteria:

Evaluation Criteria	Weight
Qualifications and Experience	20%
Quality of Proposed Services	20%
Availability and Staffing	20%
Cost Proposal	40%
Total	**100%**

The District reserves the right to request additional information, conduct interviews, negotiate with proposers, reject any or all proposals, waive minor irregularities, and award the contract in the best interests of the District.

The award of any contract shall be subject to approval by the Board of Education, where required.

10. GENERAL CONDITIONS

The District reserves the right to:

- Reject any or all proposals.
- Cancel or modify this RFP.
- Request additional information from any proposer.
- Negotiate contract terms with the selected proposer.
- Award a contract for all or a portion of the requested services.
- Terminate the contract for cause or convenience with sixty (60) days' notice.

The successful proposer shall enter into a written agreement with the District prior to commencing services.

The issuance of this RFP does not obligate the District to award a contract.

11. CERTIFICATION

The undersigned certifies that the information contained in this proposal is true and accurate and that the proposer agrees to comply with the requirements of this RFP.

Proposer Name: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____