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| **To be completed by the requesting office** | | | |
| **Program Office:** |  | | |
| **Event Name:** |  | | |
| **Date(s):** |  | **Contact Name:** |  |

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| **Disposition of Document by Requesting office:** | | | |
|  | Approved | **I have reviewed this contract request and have determined that these services are needed and cannot be provided by current staff. I certify that funds are available in my budget to fund this contract. I understand that the RESA cannot move forward obtaining services until this request for services form is completed and signed by all parties.** | |
|  | Disapproved | Comments: | |
|  | Approved with marked changes |
| **Date:** |  | **Bureau Director Signature:** |  |

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| **Disposition of Document if federally funded:** | | | |
|  | Approved | Comments: | |
|  | Disapproved |
|  | Approved with marked changes |
| **Date:** |  | **Grants Management Signature:** |  |

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| **Disposition of Document by Compliance office:** | | | |
|  | Approved | Comments: | |
|  | Disapproved |
|  | Approved with marked changes |
| **Date:** |  | **Compliance Director Signature:** |  |

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| **Disposition of Document by Professional development office:** | | | |
|  | Approved | Comments: | |
|  | Disapproved |
|  | Approved with marked changes |
| **Date:** |  | **OPD Director Signature:** |  |

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| **Disposition of Document by office of educator continuum:** | | | |
|  | Approved | Comments: | |
|  | Disapproved |
|  | Approved with marked changes |
| **Date:** |  | **Continuum**  **Director Signature:** |  |

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| **Disposition of Document by Chief:** | | | |
|  | Approved | Comments: | |
|  | Disapproved |
|  | Approved with marked changes |
| **Date:** |  | **Chief Signature:** |  |

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| **Requesting Office** |  |
| **Office Contact(s)** |  |
| **Date of Request** |  |
| **Name of Event:** |  |
| **Service Type** | * Speaker * Development of Training Materials * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Any requested services must directly benefit and be provided to LEAs. The purpose of this document is to ensure that a clearly defined scope of work is provided and used in a competitive process.**

| **SCOPE OF WORK** | | | | |
| --- | --- | --- | --- | --- |
| **Location (City, District and/or Region):** |  | | | |
| **Type of Services:**  *(Virtual, Face to Face, Hybrid, etc.)* |  | | | |
| **Service Recipients:**  *(Specify the target audience/population to be served through this service)* |  | | | |
| **Training/Purpose:**  *(This information should be included in the fiscal year planning documents)* |  | | | |
| **Timeframe:** |  | | | |
| **Deliverables:** |  | | | |
| **Timeline for the Deliverables:** |  | | | |
| **Evaluation Criteria for Services:** |  | | | |
| **Additional Information:** |  | | | |
| **Detailed Description of Contractual Services to be Performed (extend box as needed:** |  | | | |
| **Dates of Contract:** | **Beginning of Contract Period:** | | **End of Contract Period:** | |
| **Contract Amount:**  **(not to exceed)** | Under $5,000.00  $5,001.00 to 50,000.00  Over $50,000.00 | | | |
| **Source of Funds:** | **State** | **Federal**  **XXX** | | **Other**  **(with description)** |

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| **Minimum Qualifications** |
| **Any Specific Knowledge Related to the Scope of Work**  Experience/Years: |
| Education/Years: |
| License/Certification: |
| Special Qualifications: |

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| **QUALIFIED VENDORS: Program Offices Must Provide a Minimum of Three Qualified Vendors** |
| Vendor One:  Vendor Point of Contact (POC) Name:  Email Address:  Phone Number: |
| Vendor Two:  Vendor Point of Contact (POC) Name:  Email Address:  Phone Number: |
| Vendor Three: Learning Forward National  Vendor Point of Contact (POC) Name:  Email Address:  Phone Number: |

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| **JUSTIFICATION OF REQUEST** |
| **Request should include assessment of current personnel resources.** |

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| **CONSEQUENCE OF CONTRACT BEING DISAPPROVED** |
| **How will disapproving this request impact students, teachers, and administrators?** |

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| **EVALUATOR FORM** |
| **Evaluator from MDE for evaluation (only one) contact information:** |