Hillsborough County Public Schools

Fee-Based Proposal Intake Form

Logo, company name

Description automatically generated

Brief description or title for this product or service:

Do you have insurance related to this service or product?

Type of business insurance:

Insurance Policy Number:

If you have insurance, email the Certificate of Insurance for each line carried to: [DRC@hcps.net](mailto:DRC@hcps.net)

Company Name:

Company website:

Company phone:

Owner/Corporate Officer:

Contact person:

Contact phone:

Contact email:

Business Physical Address line 1:

Business Physical Address line 2:

Business City:

Business State:

State/Province:

ZIP/Postal code:

Is your mailing address the same as your business address?

Business Mailing Address line 1:

Business Mailing Address line 2:

Mailing City:

Mailing State:

State/Province:

Mailing ZIP/Postal code:

Identify targeted audience. Is this product or service for parents, teachers, student school/district facility?

How does your initiative or service relate to the school district's Strategic Plan? The strategic plan may be found at the link: [Superintendent's Office / HCPS 5-Year Strategic Plan (hillsboroughschools.org)](https://www.hillsboroughschools.org/strategicplan) .

If service for students, please select the population(s) served/grade level:

If this product or service generates revenue through a flat fee, enter flat fee here (PRICE $ Per PERSON/Unit):

If this product or service generates revenue through another method than through percentage or flat fee list other revenue:

Largest award/grant that your company has received:

Identify metrics your will use to evaluate your program:

Describe how you plan on evaluating the effectiveness of your program:

Summary of program/service (may be up to 5000 characters):

REFERENCE #1

Reference Name:

Business:

Address:

Phone:

Email:

REFERENCE #2

Reference Name:

Business:

Address:

Phone:

Email:

REFERENCE #3

Reference Name:

Business:

Address:

Phone:

Email:

Will you be mailing additional information to us such as: attachments, certificates, or samples to District Review Committee, ROSSAC/2nd Floor, 901 E. Kennedy Boulevard, Tampa, Florida 33602?

IF YOU CANNOT AGREE to the Guidelines below you may not submit this form.

* Any written information regarding a fee-based program must be written clearly, and concisely.
* The price/cost associated with your fee-based program must be clearly evident.
* FORBIDDEN: Soliciting your fee-based program on any school district campus.
* The fee-based program's organization/individual must [register as a vendor](https://www.myvendorlink.com/common/default.aspx) and comply with all procurement policies and procedures.
* The fee-based program's organization/individual must comply with the background check. [Personnel Services / Fingerprinting (hillsboroughschools.org)](https://www.hillsboroughschools.org/Page/3818)
* PLEASE NOTE: Completing the form below to register the fee-based program DOES NOT guarantee vendor approval.