

CONTRACT WORKER REQUEST FOR APPLICATIONS



Contract Worker for Interim Superintendent – Mississippi School for the Blind

RFx Number: 3140000961

Mississippi Department of Education
Office of Academic Education
Central High School Building
359 North West Street, Suite 312
Jackson, MS 39205

Contact: Darla Hammons
Phone: 601-359-3197
Email: dhammons@mdek12.org
Date: June 2, 2017

INTRODUCTION

The Mississippi Department of Education (MDE) is currently seeking a contract worker for the Mississippi School for the Blind to serve as the Interim Superintendent.

SCOPE OF WORK/JOB DUTIES

The main duties of this contract worker position revolve around the Mississippi School for the Blind. The duties are not limited to:

- Administrative work in directing and coordinating the affairs of the Mississippi School for the Blind.
- Will be responsible for carrying out approved policies of the State Board of Education, state, and federal rules and regulations governing the institution.
- Primary duties include assuring that funding, expenditures, staffing and contractual arrangements, and related administrative aspects of the Mississippi School for the Blind are administered in accordance with applicable rules and regulations.
- Considerable latitude in planning and carrying out the work of the school may be exercised.
- Work includes assisting the State Board of Education in the development of administrative policies and procedures, general program planning, and the evaluation of results.
- Frequent contacts are required with federal, state, and local officials and agencies, the legislature, and the general public.
- Directs overall financial planning, fiscal accounting and budget activities for the school in order to ensure that funds are expended in accordance with applicable state and federal regulations.
- Conducts investigations, institutes special studies, and reviews reports and related information from the various programs in order to determine operating efficiency and to evaluate effectiveness of existing programs, policies, and procedures.
- Directs and/or approves development of policies and procedures for consistent, effective, and efficient operation of specialized programs for educating the visually impaired.
- Work is subject to the administrative review and direction of the State Board of Education.

MINIMUM QUALIFICATIONS

The selected individual for this position must have served as a successful Superintendent and/or Special Education Director in a high performance district with four (4) years of experience; a Master's degree from an accredited four year college or university in education and fifteen (15) years of experience in education; possession of a valid AA Certification from the Mississippi Department of Education in the Area 221 (Exceptional Education) and possession of a valid AA Certification from the Mississippi Department of Education in the Area 486 (School Administration). Applicants that do not meet the minimum qualifications will not be considered and the applicant will be notified.

COMPENSATION AND HOURS WORKED

The position will pay \$62.50 per hour and the maximum number of hours is 2,080 hours for the time period of when the contract is approved by all parties to June 30, 2018 with an option to renew for three (3) years [July 1, 2018 – June 30, 2019; July 1, 2019 – June 30, 2020; and July 1 2020 – June 30, 2021]. MDE will withhold FICA/Medicare, and federal and state withholding taxes. MDE will pay the required employer contribution for FICA/Medicare.

SELECTION PROCESS

A selection committee will review acceptable applications which are completed, timely submitted, and meet the minimum qualifications. The most qualified candidates may be interviewed.

Selection criteria will be performed using a standard, 100 point scoring scale as follows:

- | | |
|---------------------------|-----------|
| • General experience | 20 points |
| • Special experience | 40 points |
| • Experience Required | 20 points |
| • Certification/Licensure | 20 points |

INSTRUCTIONS FOR APPLYING

- Complete and **sign** the attached Application.
- Attach a list of at least three references (name and current contact information).
- Attach resume describing your education and prior work history, including relevant work experience.
- Send one original and five (5) copies of all requested information.

REQUEST FOR INFORMATION

Questions concerning the RFA should be sent to: dhammons@mdek12.org.

The deadline for submitting written questions by email is Wednesday, June 14, 2017 p.m. Copies of all questions submitted and the responses will be posted to MDE's website www.mde.k12.ms.us under the Public Notices section and will be available to the general public on Friday, June 16, 2017.

DUE DATES

The **deadline** for receiving the application packet is **Friday, June 23, 2017, at 3:30 p.m. Central Standard Time.**

Your application packet (all of the above) should be submitted to the following address based upon the delivery method used:

Hand Deliver Applications to: Lorraine Wince
Office of Procurement
Mississippi Department of Education
Contract Worker Request for Applications
359 North West Street, Suite 307
Jackson, MS 39205
(DO NOT OPEN)

Mail Applications to: Lorraine Wince
Office of Procurement
Mississippi Department of Education
Contract Worker Request for Applications
Post Office Box 771
Jackson, MS 39205-0771
(DO NOT OPEN)

Ship Applications to: Lorraine Wince
(FedEx UPS, etc.) Office of Procurement
Mississippi Department of Education
Contract Worker Request for Applications
359 North West Street
Jackson, MS 39201
(DO NOT OPEN)

RESPONSIBILITY OF THE APPLICANT

- At the time of receipt of the application, date-stamped and recorded in the Office of Procurement. The applicant is responsible for ensuring that the application is delivered by the required time and assumes all risk of delivery.
- An incomplete application will be accepted but not considered. No faxed copies will be accepted and the application must be signed.
- We strongly recommend that you plan to submit the application early in order to allow for unforeseen circumstances. Applications will be accepted after the deadline but not considered.
- Complete Acknowledgement of RFA Amendments Form

Tentative Timeline
Contract Worker for Interim Superintendent –
Mississippi School for the Blind

6/2/17	Release RFA
6/2/17 6/9/17	Advertisement dates in The Clarion Ledger
6/2/17	Mail, email, and post to MDE website
6/14/17	Deadline for RFA questions
6/16/17	Deadline for program office response to questions and posting to website
6/23/17	RFA due by 3:30 p.m. Central Time (CT) to Procurement
6/26/17	RFA opening
6/27/17	Evaluation of RFA and/or presentations
6/28/17	Notice of Intent to Award
6/30/17	Post-Award debriefing request deadline
7/6/17	Post-Award debriefing
7/11/17	Protest deadline date
7/13/17	Contract to Mississippi Board of Education

ATTACHMENT A

ACKNOWLEDGEMENT OF RFA AMENDMENTS

I acknowledge all amendments, if any, to this RFA. Please list amendments acknowledged by number and date.

Responses to questions will be treated as amendments to the RFA and will require acknowledgment.

Offeror Signature

Date

Title of Request for Proposal

MISSISSIPPI DEPARTMENT OF EDUCATION CONTRACT WORKER APPLICATION



Ensuring a bright future for every child

MISSISSIPPI
DEPARTMENT OF
EDUCATION

Return Completed Application to:
Mississippi Department of Education
P.O. Box 771
Jackson, MS 39205-0771

For Staff/Official Use Only

Received: _____

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION

RFQ #:	POSITION TITLE:
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PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:			
<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate Degree
HIGH SCHOOL EDUCATION			
DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D. OR A HIGH SCHOOL EQUIVALENCY DIPLOMA?			YES <input type="checkbox"/> NO <input type="checkbox"/>
IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED?			7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR

CERTIFICATES & LICENSES (INCLUDING DRIVER'S LICENSE)

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

WORK HISTORY	
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DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DATES From _____ To _____		EMPLOYER _____	POSITION TITLE _____
ADDRESS, CITY, STATE _____			
PHONE NUMBER _____		SUPERVISOR (NAME & TITLE) _____	
HOURS PER WEEK _____		SALARY _____	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

MILITARY INFORMATION

1. ARE YOU A VETERAN OF THE ARMED FORCES? YES ☐ NO ☐
(IF YOU INDICATED "YES" YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
2. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? YES ☐ NO ☐

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi Department of Education. I know that any misrepresentation herein may lead to rejection of my application. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
SIGNATURE OF APPLICANT

DATE