



Proposal: Music Therapy Services with DuPage Care Center
Music Speaks, LLC
Invitation #: 21-087-CARE

Pricing Proposal:

Service of direct care music therapist to DPCC:

The weekly rate for music therapy services includes: treatment sessions, data collection and documentation, session preparation, staff and family communication, staff music therapy education, and Music Speaks' administration. Further services not listed here or in proposal packet may be discussed at the time of need. Music Speaks requests ongoing conversations about how the music therapist(s) will be use their time.

Compensation:

	<u>RFP/Current Proposed Services</u>	<u>Proposed Services</u>
<u>Pricing</u>	<ul style="list-style-type: none"> ● 2022 - \$1,064.06/wk ● 2023 - \$1,095.98/wk ● 2024 - \$1,128.86/wk ● 2025 - \$1,162.73/wk 	<ul style="list-style-type: none"> ● 2022 - \$1,064.06/wk ● 2023 - \$1,095.98/wk ● 2024 - \$1,128.86/wk ● 2025 - \$1,162.73/wk
<u>Total resident contact time per week</u>	8 hrs 20 min	8 hrs 30 min
<u># of residents served</u>	35-40 residents per year	80-100 residents per year (potential)
<u>Sessions/ week</u>	6-8 groups/wk 1-2 1:1 sessions/wk	10-12 sessions/ wk (groups + 1:1)
Group Referrals	Same residents each week	Same residents each week; more emphasis on re-eval quarterly for appropriateness
Group session duration	50 min	50 min
1:1 Referrals	1-2 same residents each week.	Triage referrals based on resident needs for the day. Can be same or different referrals each week.
Individual session duration	50 min	30-50 min average, though can vary more greatly for clinical need.



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Pricing Proposal Continued:

- In the event the facility is inclined to cancel a week of services at any time, rescheduling or virtual service will be encouraged and agreed upon by both parties to maintain treatment consistency. If group sessions are cancelled, 1:1 sessions may also take that time during the week. Sessions that are successfully rescheduled and completed prior to the next scheduled session will not incur any additional charges. Service that cannot be rescheduled or held virtually may be cancelled with a minimum of 24 hours notice for a \$700/ week time slot reservation fee. Full rate will be charged for cancellations made with less than 24 hour notice. No charges will incur for sessions cancelled by the Music Therapy Provider or if a scheduled session falls on a federal holiday. Music Speaks would welcome further discussion on this topic.

SECTION 8 - PROPOSAL FORM

MUSIC THERAPY 21-087-CARE

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	Music Speaks, LLC
Main Business Address	315 E 5th Street
	STE 202
City, State, Zip Code	Waterloo, IA 50703
Telephone Number	(563) 249-5781
Fax Number	(866) 283-3639
Proposal Contact Person	Stephanie Johnson
Email Address	stephanie@musicspeakstherapy.com

The undersigned certifies that she is:
 the Owner/Sole Proprietor a Member of the Partnership an Officer of the Corporation a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

<u>Stephanie Johnson</u> (President or Partner)	<u>N/A</u> (Vice-President or Partner)
<u>N/A</u> (Secretary or Partner)	<u>N/A</u> (Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. N/A, _____, and _____ issued thereto;

Further, the undersigned proposes and agrees, if this Proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed.

Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Offeror and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Offeror and is true and accurate.

Further, the undersigned certifies that the Offeror is not barred from proposing on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, proposal rigging or proposal-rotating or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.

The undersigned certifies that he has examined and carefully prepared this proposal and has checked the same in detail before submitting this proposal, and that the statements contained herein are true and correct.

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

Signature on File

X _____
(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this _____ day of _____ AD, 2020

My Commission Expires: _____
(Notary Public)