Chapter 30 Exhibit E

Assistive Technology Activity Due Template (12/16)

The Rehabilitation Counselor or designated district staff will include descriptive information that pertains to the individual including, but not limited to, the following documentation under the DOR standardized headings:

TITLE OF ACTIVITY DUE: (Meaningful title to describe what is being requested)

SERVICE START/END DATE: XXX to XXX

REQUIRED GOODS/SERVICES:

[Notes for Rehabilitation Counselor (RC): It is advisable to provide a complete and detailed equipment list or list of services to ensure that nothing is missed. If multiple items are being ordered, please indicate, to the extent known, which items must be part of an integrated system and which are "stand-alone" items which could be purchased separately.

If an evaluation has been done, this information, equipment list, and justification may have been provided by the evaluator; however, you may wish to contact a vendor for additional information such as product compatibility, detailed product specifications, and which versions should be ordered.

If you do contact a vendor, they may choose to provide you with a quote. If so, you should indicate this below the list of items. If not, the PT2 should follow up by asking for a quote from the vendor you consulted.]

1 x

1 x

1 x [Notes for RC: For goods, indicate clearly if installation and configuration is required on site.]

Plus applicable sales tax, e-waste fee, and shipping & handling charges Plus applicable travel charges

COST DETAILS:

[Notes for RC: All that is being requested here is an indication of whether the cost will likely be above or below the \$5,000 threshold. You may need

to ask the evaluator or local vendor for this information. However, an exact quote is not needed and should not be requested. If one is nevertheless provided, see instructions below.]

Dollar amount is or will likely be under \$5,000 – or – Dollar amount will exceed or is likely to exceed \$5,000.

SOLE SOURCE ITEM:

[Notes for RC: If you are aware that there is only one SPS vendor who can provide any of the products listed, please indicate this on the AD. You may need to ask the evaluator or local vendor for this information. You will need to include the justification for this specific item.]

- Evaluation
- Informed Choice

PURCHASING AN EVALUATION:

[Notes for RC: The paragraph below should only be used when requesting purchase of an assistive technology evaluation.]

This request is only for purchase of an assistive technology evaluation. However, the RC may wish to later have the vendor which performs the evaluation also provide training, set up, configuration or technical support services. Therefore, be sure to include in the purchase request that the evaluator indicate the cost for any such additional services which might be needed. Also, advise vendors to comply with the DOR Requirements for Assistive Technology Evaluations as set forth at http://www.dor.ca.gov/sps-at.

BEST VALUE:

[Notes for RC: If you believe it is likely that the dollar amount will exceed \$5,000, you are strongly encouraged to specify Best Value considerations to be incorporated into the solicitation for bids. If you want to be able to consider any of the factors listed below, they must be included now in the AD. However, be aware that specific information must be included to quantify the minimum acceptable performance level for each criterion and a more formal scoring procedure is required. See Section I of the SPS Frequently Asked Questions document for more information: http://drdomino/asd/financial-management/contracts/procurement-information.html]

Please document the following criteria in the DR817:

- Quality of the product or service: Specifically XXXX
- Reliability of delivery and implementation schedules: Specifically XXXX
- Supplier expertise with engagements of similar scope and complexity of products and services: Specifically XXX

UNIQUE CIRCUMSTANCES:

[Notes for RC: You are responsible for identifying the specific criteria to meet the unique and specialized needs of your consumers. It is advisable to include something in this section regardless of value.]

Examples:

- Locality of Vendor
- Delivery Timeframe
- Consumer has expressed an informed preference for product XX and/or vendor YY

VENDOR INFORMATION:

- Please include "VENDOR(S) X" in your solicitation.
- Other possible vendors include XXX.
- Once you have determined a list of vendors that could provide these goods/services, allow me to objectively consider the vendors before an authorization is created.

PRICE QUOTE:

[Notes for RC: If you obtained a quote from a vendor, it should be passed to the PT2 and indicated here.]

I have been provided with a quote from VENDOR X which is attached/can be requested.

DELIVERY ADDRESS:

[Notes for RC: Explain where the delivery should be sent and give the complete information: Name, Address, Telephone Number, Email.]

FUND SOURCE:

COMPARABLE SERVICES AND BENEFITS:

FINANCIAL PARTICIPATION:

SPECIAL INSTRUCTIONS:

[Notes for RC: Here you will also list any additional instructions, such as shipping type needed if expedited shipping is required.]

- Please make no product substitutions without consulting RC.
- If vendors have questions regarding the products or services requested, please have them contact me directly.
- This is for a client with significant disabilities and functional limitations.
- For purchases under \$5,000, please provide the RC with a list of all vendors offering fair and reasonable prices for the requested goods or services and consult with the RC before issuing an Authorization so an objective review of potential vendors can be conducted considering unique circumstances and other important factors such as quality, reliability, experience, etc.
- For purchases of \$5,000 or more, please prepare the solicitation to take into account the unique circumstances listed below to the maximum extent possible. Include the best value factors listed below in the criteria for evaluation of bids and involve the RC in the scoring of the bids received.

RATIONALE/JUSTIFICATION:

[Notes for RC: Besides justification for why items are required, also note what case note is associated with this AD.]

APPROVALS: