

24 Ashfield Rd. Shelburne Falls, Massachusetts 01370 Ph: (413) 625-0192 Fax: (413) 625-0196  
Sherly Stanton, Superintendent of Schools  
William Lataille, Business Administrator

**REQUEST FOR PROPOSAL**  
**Mohawk Trail Regional School District - Strategic Communication**

**STRATEGIC COMMUNICATION PROPOSAL REQUIREMENT CRITERIA**

This document and the Strategic Communication Specification of services are available to all interested proposers at [rpease@mtrsd.org](mailto:rpease@mtrsd.org) or the Mohawk Trail Regional School District, Central Office, 24 Ashfield Road, Shelburne Falls, MA 01370

**I. INTRODUCTION**

**A. General**

The Mohawk Trail Regional School District is comprised of eight towns in Western Franklin County, Massachusetts: Ashfield, Buckland, Charlemont, Colrain, Hawley, Heath, Plainfield, and Shelburne, and one (1) town (Rowe) that tuitions students into the District.

**B. Background**

This Request For Proposal is a result of the efforts by the District requesting Strategic Communication Services.

**II. Scope of Services Summary**

- A. The Mohawk Trail Regional School District is requesting proposals from Public Relations/Communication Consultants to supply public relation and communication consultant services to the school district.

**III. SUBMISSION REQUIREMENTS AND EVALUATION CRITERIA**

- A. Submit to: Mohawk Trail Regional School District  
Attn: Sheryl Stanton  
24 Ashfield Road  
Shelburne Falls, MA 01370  
(413) 625-0192 ext. 1010

B. Submit in SEPARATE envelopes:

(1) MOHAWK TRAIL REGIONAL SCHOOL DISTRICT  
STRATEGIC COMMUNICATION-WRITTEN NON-PRICE  
PROPOSAL

(2) MOHAWK TRAIL REGIONAL SCHOOL DISTRICT  
STRATEGIC COMMUNICATION - SEALED PRICE

C. Deadline for Submission is: Monday, August 8, 2022 at 1:30 p.m.

Faxes and/or emails are not acceptable

D. Evaluation Criteria

The bid is subject to M.G.L. c. 30B. Each response to this RFP must clearly identify the member(s) of the proposer who will be responsible for the following categories of work, as applicable in the MT RFP Strategic Communication dated July 25, 2022. An Applicant cover letter must clearly identify the discipline(s) for which the applicant wishes to consider. Applicants also must note whether the work is to be performed by in-house staff or by sub- consultants. The Strategic Communication Selection Panel will consider the following criteria in the evaluation proposals.

1. Prior similar experience of the proposed services
2. Personnel Qualifications
3. Current workload
4. Knowledge and experience with rural communities
5. Knowledge and experience with regional school districts
6. Experience in the requested areas

#### IV. INFORMATION TO BIDDERS

A. Rule for Award

The contract resulting from this RFP will be awarded to the responsible and responsive contractor based upon advantageous proposal and evaluation of criteria. The District reserves the right to reject any or all proposals.

B. Validity of Response

Submitted responses must be valid in all respects for a minimum period of ninety (90) days after the deadline for submission..

C. Tax Compliance

The Mohawk Trail Regional School District is exempt from City, County, State and Federal Sales/Excise Taxes. Certificates will be issued upon request. Any appropriate taxes shall be shown as a separate item in your proposal.

D. No Commitment by the Mohawk Trail Regional School District

This Request For Proposal does not commit the District to award any costs or pay any costs, or to award any contract, or to pay any costs associated with or incurred in the preparation of this proposal.

E. Anti-Collusion Clause

No employee of the District and no other public official, who may exercise any function or responsibilities in the review or approval of this undertaking, shall have any personal or financial interest, direct or indirect, in any contract or negotiation process thereof.

F. Proposal Format

All responses to the Request For Proposal require that the proposer submit separate sealed price and non-price (technical) proposals. The District can reject the proposal(s) if the company fails to completely respond. All proposals shall be prepared in a comprehensive manner as to content.

H. Project timeline :

Mid August 2022 award contract

Bid Documents Required At Bid Opening:

1. Submission Sealed Price Sheet
2. Assurance Of Non-Discrimination Compliance (Form 1)
3. Contractor Information and References (Form 2)
4. Authorization For Release Of Reference Information (Form 3)
5. Completed and Signed Tax Compliance (Form 4)
6. Completed and Signed Certificate of Non-Collusion Statement (Form 5)
7. Bona Fide Bid (Form 7)
8. Statement of Understanding (Form 8)

**Submission Sealed Price Proposal**  
**Mohawk Trail Regional School District -Strategic Communication**

Sealed Price Proposal should be clearly marked on the outside of the envelope “**Mohawk Trail Regional School District - Strategic Communication Sealed- Price Proposal.**” and should be addressed to:

Mohawk Trail Regional School District  
Attn: Sheryl Stanton  
24 Ashfield Road  
Shelburne Falls, MA 01370

We hereby submit the following Submission Sealed Price Proposal Sheet to the Mohawk Trail Regional School District for Mohawk Trail Regional School District Strategic Communications per specifications and agreeing to meet all requirements of the Request for Proposal and Specifications attached hereto.

(A) Strategic Communications

- Effective Communication of Strategic Plan Initiatives
- Trailblazer
- Literacy Initiative
- Diversity, Equity, Inclusion and Anti-racism Strategic
- Building Relationships
- Brand Building
- Unify District Schools’ Messaging
- Social Media and Website Redesign
- Focused Communication For Critical School Choice Decision Years (Grades 4-8)
- Crisis Communications
- Unify District Communication Plan For Crisis Response

Cost for (A) \$ \_\_\_\_\_

(B) Professional Development For District Leadership Team

- Effective and Targeted Public Presentations
- Strategic Communications for 21<sup>st</sup> Century Leaders Training for District Leadership Team
- Understanding the Community
- Responding to Negativity

Cost for (B) \$ \_\_\_\_\_

The undersigned certifies under penalties of perjury that this bid has been made and submitted in good faith and without collusion or fraud with any other individual or business. Signature acknowledges the bidder has read the documents thoroughly before submitting a bid and will fulfill the obligations in accordance to the specifications, terms and conditions. Do not submit more than one bid from your company or both bids will be disqualified.

SSN or Federal I.D. Number: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Typed/Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

THIS SIGNATURE PAGE MUST BE SUBMITTED WITH YOUR BID

# FORM 1

## ASSURANCE OF NON-DISCRIMINATION COMPLIANCE

The undersign certifies that he/she does not subject employees or applicants for employment by this firm to discrimination on the basis of race, color, sexual orientation, gender identity, national origin, handicap, age or sex, in any of the following areas:

- Recruitment, hiring, upgrading, promotion, whether for full-time or part-time employment, consideration for demotion, transfer, layoff, or hiring.
- Rates of pay or any other form of compensation and changes in compensation.
- Job assignments and seniority status.
- Granting and returning from leaves of absence leave for pregnancy, or any other leave.
- Fringe benefits available by virtue of employment, whether or not administered by the recipient.
- Selection and financial support for training, including apprenticeship, professional meetings, conferences, and other related activities, selection for tuition assistance, and selection for sabbaticals and leaves of absence to pursue training.
- Employer-sponsored activities, including social or recreational programs.
- Any other term, condition, or privilege of employment.

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

If corporation. Must be signed and sealed by a duly authorized officer; if partnership, so state and give names of all partners, or if an individual, so state and sign.

# FORM 2

## CONTRACTOR INFORMATION AND REFERENCES

The undersigned proposes to furnish services of Strategic Communication in accordance with the aforementioned specifications.

The undersigned offers the following information as evidence of the Bidder's qualifications to perform the work as bid upon according to all the requirements of the specifications. Please answer the following questions:

Number of year's bidder has been in business under present business: \_\_\_\_\_

Has bidder been involved in a Chapter 11 bankruptcy proceeding within the past ten years?  
\_\_\_\_\_ Y/N

Has bidder ever failed to complete any work awarded? \_\_\_\_\_ Y/N

List at least three (3) Municipality or Public School Departments with which you are currently or in the past provided services in the State of Massachusetts. Projects of similar size and scope are preferred.

1. Municipality/School District: \_\_\_\_\_ Contact: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Telephone No. \_\_\_\_\_

2. Municipality/School District: \_\_\_\_\_ Contact: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Telephone No. \_\_\_\_\_

3. Municipality /School District: \_\_\_\_\_ Contact: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Telephone No. \_\_\_\_\_

### Comments/Explanation (Optional):

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List any formal legal action pertaining to similar scope of services involving you in the last ten years. (If none, write "NONE") Identify all parties involved and resolution.

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List any "quasi-judicial" action involving you relating to similar scope of services within the last ten years. (If none, write "NONE") Identify all parties involved and resolution.

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**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# FORM 3

## AUTHORIZATION FOR RELEASE OF REFERENCE INFORMATION

**DATE:** \_\_\_\_\_

**NAME BIDDER:** \_\_\_\_\_

I hereby authorize the references listed in this bid to release any and all information regarding service performance.

Furthermore, I agree to hold these references, both personally and severally, harmless from any liability associated with the provision of this reference information.

The reference information provided will be confidential and used exclusively for the purpose of evaluating the bidder's proposal to provide a service to the District.

**NAME OF AUTHORIZING OFFICIAL:** \_\_\_\_\_  
(Print/Type)

**SIGNATURE OF AUTHORIZING OFFICIAL:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# FORM 4

## TAX COMPLIANCE CERTIFICATION

Pursuant to MGL c. 62C, § 49A, the undersigned acting on behalf of the Contractor, certifies under the penalties of perjury that, to the best of the undersigns knowledge and belief, the Contractor is in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support. \*

\_\_\_\_\_

\_\_\_\_\_  
\*\*Signature of Individual      \*\*\* Contractor's  
Social Security Number  
of Corporate Contractor (Mandatory)  
or Federal ID Number

By: \_\_\_\_\_  
Date: \_\_\_\_\_

Corporate Officer  
(Mandatory, if applicable)

\* The provision in the Attestation relating to child support applies only when the Contractor is an individual.

\*\* Approval of a contract or other agreement will not be granted, unless the applicant signs this certification clause.

\*\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of MGL c. 62C, § 49A.

# FORM 5

## CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

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Signature of Individual Submitting Bid or Proposal

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Name of Business

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Date

# FORM 7

## BONA FIDE BID

As per Chapter 30B, § 5 any person submitting a bid or a proposal for the procurement of disposal of supplies or services to any governmental body shall certify in writing, on the bid or proposal, as follows:

The undersigned certifies under penalties of perjury that his bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# FORM 8

## STATEMENT OF UNDERSTANDING

Bidders:

The undersigned assures that this bid is made in good faith, without fraud, collusion, or connection of any kind with any other bidder for the same work; that he has informed himself/herself in full in regard to the "INFORMATION AND INSTRUCTION TO BIDDERS", and other information attached to this bid. Also, he/she has made his/her own examinations and estimates and from them makes this bid. Also, that he/she is in full knowledge that all of the aforementioned information and other materials attached to this bid shall become part of the contract.

The undersigned understands that the District reserves the right to waive any informality, or reject any and all bids or any part thereof, and/or accept any bid or part thereof which are in the best interest of the District.

With the above understanding, the undersigned proposes to furnish Strategic Communication for Mohawk Trail Regional School District and to comply in all respects with said specifications for the sum or sums stated.

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_