
Regional Education Service Agency (RESA) Mega Contract Request Form

Reminders

- MDE Program Offices may not contact any RESA directly before the RESA Mega Contract Request Form is complete and approved.
- The Division of Professional Development will connect Program Offices to the Mega Contract fiscal agent and/or appropriate Mississippi RESA following request approval via the Professional Development Services inbox at pdservices@mdek12.org so that Program Offices may discuss any additional information needed to generate a Cost Proposal.
- Complete and accurate RESA Mega Contract Request Forms should be sent to pdservices@mdek12.org; incomplete and/or inaccurate RESA Mega Contract Request Forms will be returned to the appropriate Program Office(s) for revision.
- A signed RESA Mega Contract Request only provides the initial review for Contractual Authority and Scope needed to request a Cost Proposal; it does not provide approval to begin communicating planned events and/or services.
- MDE Program Offices may only begin communicating planned events and/or services via the MDE Professional Development (PD) Calendar, EdUpdate, relevant listservs, and/or any other means following receipt of an approved RESA Mega Contract Approval Form.

Instructions

Please review the following carefully to request contractual and/or facilitation services through the RESA Mega Contract.

- Complete the following checklist for all RESA Mega Contract services.
- Complete **Section I** for all RESA Mega Contract services.
- Complete **Section II** if the Program Office is only requesting a contractual service, such as a speaker, trainer, technical assistance, etc.
- Complete **Section III** if the Program Office is only requesting facilitation for a space/event, such as a room, conference center, or combination of breakout and general assembly rooms.
- Complete **Sections II and III** if the Program Office is requesting a contractual service and facilitation, such as a conference with keynote speakers and breakout rooms.
- Complete **Section IV** for all RESA Mega Contract services.



Checklist

The Primary Contact Program Office must complete the following checklist before submitting to the Professional Development Services inbox at pdservices@mdek12.org.

SECTION I – RESA Mega Contract Request Service Review

- All information provided by the Program Office is correct.
 - Date of request is at least four weeks before service start date.
 - YES is checked for all boxes under Contract Authority and Fund Availability. **If NO is checked**, the Primary Contact Program Office must **stop** and contact the appropriate Chief and/or Chief Designee for further guidance.
 - If applicable for cross-office requests: All names and contact information are correct.
 - If applicable for cross-office requests: An initial breakdown by percentage, day, and/or service is provided.
 - The applicable boxes are checked under RESA Mega Contract Request Review.
 - All signatures and dates are complete and correct.
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SECTION II (If Applicable) – Contractual Services Request Information

- All information provided by the Program Office is correct.
 - Training/Purpose and Detailed Description reflect the Program Office’s Planned Activities.
 - The applicable boxes are checked for the Estimated Amount and Source of Funds.
 - The minimum three vendors are listed.
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SECTION III (If Applicable) – Facilitation Request Information

- All information provided by the Program Office is correct.
 - Detailed Description of the Event reflects the Program Office’s Planned Activities.
 - The Type of Event listed matches the subsequent Face to Face Facilitation and/or Virtual Facilitation sections.
 - All applicable boxes are checked.
 - Additional information is provided if Other is checked.
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SECTION III – Program Office Attestation and Request Review

- All signatures and dates are complete and correct.

SECTION I – RESA Mega Contract Service Review

PRIMARY CONTACT AND REQUEST INFORMATION		
Program Office	Request Name	
Primary Contact Name	Phone	Email
Date of Request (At least four weeks before service start date.)		
CONTRACT AUTHORITY AND FUND AVAILABILITY		
<p>If NO is checked on any of the following questions, the Program Office must stop and contact the appropriate Chief and/or Chief Designee for further guidance. The only exemption is for planned July-August requests due to new fiscal year PO generation.</p>		
	YES	NO
Request Included in Program Office(s) Planned Activities	<input type="checkbox"/>	<input type="checkbox"/>
Request Included as a RESA Mega Contract Purchase Order (PO) Line	<input type="checkbox"/>	<input type="checkbox"/>
Funds Available on PO Line	<input type="checkbox"/>	<input type="checkbox"/>
July-August Exemption to PO Line	<input type="checkbox"/>	<input type="checkbox"/>
IF APPLICABLE: CROSS-OFFICE/COLLABORATIVE REQUEST		
<p>The following section should only be completed for cross-office contractual service and/or facilitation requests, such as collaborative conferences or contractual services wherein multiple offices provide funds for a particular percentage, day, or service within a requested event. <u>The Primary Contact is responsible for coordinating any subsequent communication, collaboration, and/or additional information needed for the request with Secondary Contacts.</u></p>		
Program Offices	Secondary Contact Name(s)	
Secondary Contact Phone(s)	Secondary Contact Email(s)	
Cross-Office Collaborative Request Breakdown by Percentage, Day, and/or Service		

SECTION II – Contractual Service Request Information

SERVICE TYPE

Requested services must directly benefit and be provided to local education agencies (LEAs), clearly define the scope of work, and use in a competitive process.

- Speaker
- Development of Training Materials
- Other

SCOPE OF WORK

Contractual Service Request Name				
Location (City, District, and/or Region)				
Type of Services (Virtual, Face to Face, Hybrid)				
Service Recipients (Target Audience)				
Training/Purpose Based on Planned Activities				
Timeframe				
Deliverables				
Timeline for the Deliverables				
Evaluation Criteria for Services				
Optional Additional Information				
Estimated Amount	<input type="checkbox"/> Under \$5,000.00	<input type="checkbox"/> \$5,001.00 to \$50,000.00	<input type="checkbox"/> Over \$50,000.00	
Source of Funds	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Other	
Detailed Description of Contractual Services Requested and Work to be Performed				

MINIMUM QUALIFICATIONS RELATED TO THE SCOPE OF WORK

Experience/Years	
Education	
License/Certification	
Special Qualifications	

MINIMUM OF THREE QUALIFIED VENDORS

Vendor One Name	
Email Address	
Phone Number	
Vendor Two Name	
Email Address	
Phone Number	
Vendor Three Name	
Email Address	
Phone Number	

JUSTIFICATION OF REQUEST

Assessment of current personnel resources.

Consequences of request disapproval.

MDE evaluator contact information.

SECTION III – Facilitation Request Information

EVENT INFORMATION	
Event Name	
Event Dates and Times	
Registration Cut-Off Date	
Type of Event (Face to Face, Virtual, Hybrid)	
Target Participants	
Event Purpose Based on Planned Activities	
Expected Number of Participants	
Expected Number of Presenters	
Timeline for the Deliverables	
Optional Additional Information	
Detailed Description of Event	

FACE TO FACE FACILITATION

Secure Facility/Location	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Facility/Location First Choice			
Facility/Location Second Choice			
General Assembly/Theater Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Breakout Rooms Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Estimated Number of Breakout Rooms			
Room Layout	<input type="checkbox"/> Classroom (Rows)	<input type="checkbox"/> U-Shape	<input type="checkbox"/> Square
	<input type="checkbox"/> Circle	<input type="checkbox"/> Banquet (Groups)	<input type="checkbox"/> Other
Support Needed	<input type="checkbox"/> Promotion tasks	<input type="checkbox"/> Registration	<input type="checkbox"/> Confirmation/ Logistics Communications
	<input type="checkbox"/> Directional Signage	<input type="checkbox"/> Name Tags	<input type="checkbox"/> Audio/Visual Support
	<input type="checkbox"/> Tech Support	<input type="checkbox"/> CEU/SEMI Support	<input type="checkbox"/> Other
Evaluations	<input type="checkbox"/> Standard MDE Form	<input type="checkbox"/> Program-Specific Form Provided Onsite	
Additional Information (Or If Other Checked)			
Confirmation Email Wording			

VIRTUAL FACILITATION

Type of Support	<input type="checkbox"/> Webinar <input type="checkbox"/> Virtual Professional Development <input type="checkbox"/> Virtual Professional Learning Community <input type="checkbox"/> Virtual Conference			
Secure Zoom Access	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Sessions Recorded	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Presenter Name			Presenter Email	
Zoom Settings	Registration	<input type="checkbox"/> Required <input type="checkbox"/> Not Required		
	Security	<input type="checkbox"/> Passcode <input type="checkbox"/> Waiting Room		
	Host Video	<input type="checkbox"/> On <input type="checkbox"/> Off		
	Participant Video	<input type="checkbox"/> On <input type="checkbox"/> Off		
	Audio	<input type="checkbox"/> Computer	<input type="checkbox"/> Telephone	<input type="checkbox"/> Both
	Meeting Options	<input type="checkbox"/> Enable Join Before Host <input type="checkbox"/> Mute Participants Upon Entry <input type="checkbox"/> Only Authenticated Users Can Join <input type="checkbox"/> Breakout Room Pre-Assign <input type="checkbox"/> Record the Meeting Automatically		
Support Needed	<input type="checkbox"/> Promotion tasks	<input type="checkbox"/> Registration	<input type="checkbox"/> Confirmation/ Logistics Emails	
	<input type="checkbox"/> Tech Support	<input type="checkbox"/> CEU/SEMI Support	<input type="checkbox"/> Other	
Evaluations	<input type="checkbox"/> Standard MDE Form		<input type="checkbox"/> Program-Specific Form	
Additional Information (Or If Other Checked)				
Confirmation Email Wording				

WORKSHOP MATERIALS, PRINTING, AND DUPLICATION (If Provided by the RESA)

<input type="checkbox"/> Note Pads	<input type="checkbox"/> Printing	<input type="checkbox"/> Pens	<input type="checkbox"/> Duplication
<input type="checkbox"/> Shipping of Materials	<input type="checkbox"/> Electronic Upload of Materials	<input type="checkbox"/> Other	

AUDIO/VISUAL

<input type="checkbox"/> Podium Microphone	Quantity	<input type="checkbox"/> Projector/Screen	Quantity
<input type="checkbox"/> Audience Microphone	Quantity	<input type="checkbox"/> Laptop	Quantity
<input type="checkbox"/> Lapel Microphone	Quantity	<input type="checkbox"/> Headset Microphone	Quantity
<input type="checkbox"/> Internet Access		<input type="checkbox"/> Other	
<input type="checkbox"/> Computer/Laptop Sound Projected through House Sound System			

FOOD AND BEVERAGE

Federal funds may not pay for food, refreshments, water or snacks. Any refreshments provided must be paid for using non-federal funds.

Refreshments	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Both
Caterer First Choice		Caterer Second Choice	

CEU/SEMI CREDITS (Applied for by RESAs)

Request for CEU Credits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Credits:	
Request for SEMI Credits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Credits:	
Trainer(s) Name and Title(s)				
Trainer(s) Biographical Sketched Attached			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Timed Agenda Attached			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Contact Hours of Instruction				
Additional Information (Or If Other Checked)				

SECTION IV – Program Office Attestation and Request Review

PROGRAM OFFICE ATTESTATION

I have reviewed this request and determined these services cannot be provided by current staff. I certify this request does not exceed existing contract authority and fund availability for my office within the RESA Mega Contract. (If applicable: Include signatures for all Program Offices listed in the Cross-Office section.)

Program Office Budget Signature		Date	
Program Office Director Signature		Date	
Program Office Budget Signature		Date	
Program Office Director Signature		Date	
Program Office Budget Signature		Date	
Program Office Director Signature		Date	

COMPLETED BY RELEVANT OFFICE

PROFESSIONAL DEVELOPMENT

YES	NO	REVISED	Request Number(s) by Program Office(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Director Signature			Date

GRANTS MANAGEMENT/FEDERAL PROGRAMS (IF FEDERALLY FUNDED)

YES	NO	REVISED	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Director Signature			Date

COMPLIANCE

YES	NO	REVISED	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Director Signature			Date

PRIMARY CONTACT CHIEF

YES	NO	REVISED	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chief Signature			Date