



PINAL COUNTY  
wide open opportunity

## Offer and Acceptance

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

	OWNER
Authorized Signature	Title
FREDERICK T. WESTBY	11/14/2015
Printed Name	Date
PATHWAY TO PEACE ADDICTION RECOVERY AND LIFE COACHING, LLC	480-993-9020
Company Name	Telephone
45305 W HORSE MESA RD MARICOPA AZ 85139	
Address	City, State, Zip

For clarification of this offer, contact:

Name: FREDERICK (RICK) WESTBY Phone: 480-993-9020 Fax: 888-315-9032

Email: RICK@PATHWAY2PEACE.ORG

#### ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 16<sup>th</sup> day of January 2016.

Todd House  
Name (Print)

Chairman  
Title

Signature

Approved as to form:

Pinal County Attorney's Office



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Florence, AZ 85132

### OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

PATHWAY TO PEACE ADDICTION RECOVERY and LIFE COACHING, LLC  
Firm

Authorized Signature



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Authorized Signature <b>FREDERICK T. WESTBY</b>	<b>OWNER</b> Title <b>11/14/2015</b> Date
Printed Name <b>PATHWAY TO PEACE ADDICTION RECOVERY AND LIFE COACHING, LLC</b>	Telephone <b>480-993-9020</b>
<b>45305 W HORSE MESA RD MARICOPA AZ 85139</b>	
Company Name <b>45305 W HORSE MESA RD</b>	City, State, Zip <b>MARICOPA AZ 85139</b>

For clarification of this offer, contact:

Name: FREDERICK (RICK) WESTBY Phone: 480-993-9020 Fax: 888-315-9032

Email: RICK@PATHWAY2PEACE.ORG

**ACCEPTANCE OF OFFER**  
(For Pinal County Use Only)

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This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

Name (Print)	Title	Signature
Approved as to form:		
Pinal County Attorney's Office		



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PATHWAY to PEACE ADDICTION RECOVERY and LIFE COACHING, LLC  
Firm

Authorized Signature

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>FREDERICK THOMAS WESTBY</b>	
	2 Business name/disregarded entity name, if different from above <b>PATHWAY TO PEACE ADDICTION RECOVERY AND LIFE COACHING, LLC</b>	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>S</b> Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>45305 W HORSE MESA RD</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>MARICOPA, AZ 85139</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
-	-								
<b>or</b>									
<b>Employer identification number</b>									
4	6	-	4	5	3	6	2	1	7

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>11/14/2015</u>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

	<b>ROQ-150321</b> <b>Behavioral Health Services</b> <b>Response Form 1</b>	Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132
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**Responder Name:** *Pathway to Peace Addiction Recovery & Life Coaching/ Frederick Westby MS LISAC*

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

**Acceptability of Responses**

Offers that do not include this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

**PROFESSIONAL LICENSES, CERTIFICATES AND INSURANCE**

Each applicant must provide proof of current licensure and/or certification as well as Professional and General Liability insurance. Licensure/certifications vary for each discipline. Requirements for each discipline are outlined in the Statement of Work. Applicants are to provide proof of licensure and/or certification for the disciplines they would like to be considered for. This includes but is not limited to copies of the following items as applicable:

1. Copy of ADHS Behavioral Health License for each facility or location
2. Copy(s) of current valid professional licenses or certificates
3. Masters degree in education or a human services field
4. Degree in psychiatry or psychology
5. Malpractice insurance.
6. General liability insurance.
7. DEA number.
8. W-9 form listing the tax identification number of the applicant or business. Download W-9 Form from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
9. Resume

**BUSINESS / PROFESSIONAL QUESTIONNAIRE**

A. Applicant's Legal Name: Frederick T Westby \_\_\_\_\_

B. Business Name: Pathway to Peace, Addiction Recovery and Life Coaching \_\_\_\_\_

C. Address: PO Box 1617 \_\_\_\_\_

City: Maricopa State: AZ Zip: 85139

Phone: (480) 993-9020 Fax: (888) 315-9032

 <p><b>PINAL COUNTY</b> <i>wide open opportunity</i></p>	<p><b>ROQ-150321</b> <b>Behavioral Health Services</b> <b>Response Form 1</b></p>	<p>Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
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Email: rick@pathway2peace.org

D. Applicant is: (check one)

1.  Sole Proprietor, attach a resume
2.  Corporation or Limited Liability Company (LLC), attach a copy of the Certificate of Good Standing from the Arizona Corporation Commission or, if a foreign corporation, proof of registration with the Arizona Corporation Commission.
3.  Other: \_\_\_\_\_ attach appropriate registration/certification

E. Number of years applicant has been providing this service: 2

F. Please list other organizations and agencies that have contracted with the Proposer for professional services. Include name, contact person and telephone number.

*Responder Response*

G. Civil Rights Compliance Data

Has any Federal or State agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to you?  Yes  No

If yes, please explain in writing:

*Responder Response*

H. Prior Convictions

Have you ever been convicted of a felony?  Yes  No

If yes, please explain in writing.

*Responder Response*

I. Submit a copy of your current professional license/certification.

3 **Cost**

**Responder shall complete ROQ-150321 Response Form 2 Pricing Sheet. Any response that does not include this completed Pricing Sheet or includes an incomplete Pricing Sheet may cause the entire offer to be deemed unacceptable and therefore non-responsive.**

State of Arizona  
Board of Behavioral Health Examiners

Be It Known That

*Frederick T Westby*

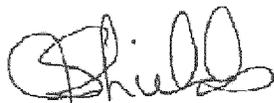
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

*Licensed Independent Substance Abuse Counselor*

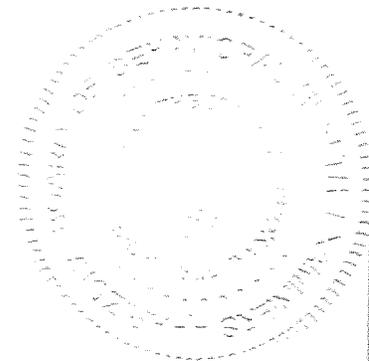
The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LISAC-11886

Under its seal and signatures,

  
\_\_\_\_\_  
Board Chair

Issue Date: July 1, 2013  
Expiration Date: June 30, 2017



# Grand Canyon University

Phoenix, Arizona

Grand Canyon University, upon the recommendation of the Faculty, and by virtue of the authority in them vested, have conferred upon

**Frederick Thomas Westby**

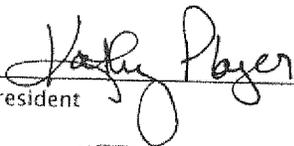
who has satisfactorily pursued the studies, passed the examinations and complied with all other requirements therefore, the degree of

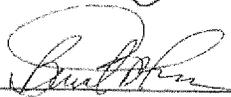
**Master of Science**

**Professional Counseling**

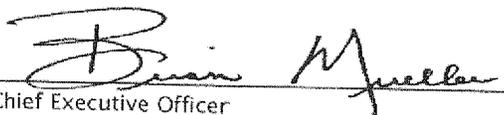
with all rights, privileges and honors thereunto appertaining.

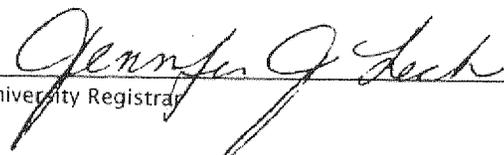
Given in Phoenix, May, Two Thousand Twelve

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Executive Chairman of the Board of Directors



  
\_\_\_\_\_  
Chief Executive Officer

  
\_\_\_\_\_  
University Registrar



### Professional Liability Insurance Declarations

This is a "Claims Made and Reported" Policy in which Claim Expenses are included within the Limit of Liability unless otherwise noted. Those words (other than the words in the captions) which are printed in Boldface are defined in the Policy.

Policy No.:	UDC-1451815-EO-15		
Renewal of:	UDC-1451815-EO-14		
1. Named Insured:	Pathway to Peace Addiction Recovery and Life Coaching, LLC		
2. Address:	19395 N John Wayne Pkwy #13 Maricopa, AZ 85139-283		
3.A. Limit of Liability:	\$ 1,000,000	Each Claim	
3.B.	\$ 1,000,000	Aggregate for all Claims	
4. Deductible:	\$ 500	Each Claim	
5. Notice:	Phone: 866-424-8508 Email: reportclaim@hiscox.com Mail: Hiscox 520 Madison Avenue-32nd Floor Attn: Direct Claims New York, NY, 10022		
6. Policy period:	From:	May 14, 2015	To: May 14, 2016
	At 12:01 A.M. (Standard Time) at the address shown above.		
7. Retroactive Date:	August 01, 2013		
8. Premium:	\$ 500.00		
9. Attachments:	DPL D001 CW (01/10) - Professional Liability Errors & Omissions Insurance Declarations DPL P001 CW (05/13) - Professional Liability Coverage Form DPL E5083 (11/11) - E5083.1 Substance Abuse Counselor Services Endorsement DPL E5101 AZ (01/10) - E5101.1 Arizona Amendatory Endorsement INT N001 CW (01/09) - Economic And Trade Sanctions Policyholder Notice		



**HISCOX INSURANCE COMPANY INC. (A Stock Company)**

104 South Michigan Avenue, Suite 600 Chicago Illinois 60603

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

A handwritten signature in cursive script that reads "Bijin Wat".

President

A handwritten signature in cursive script that reads "Michael L. Fisher".

Secretary

A handwritten signature in cursive script that reads "Carl Bue".

Authorized Representative



**PINAL COUNTY**  
wide open opportunity

**Response Form 2 – Pricing  
Sheet  
ROQ-150321  
Behavioral Health Services**

Pinal County  
Finance Department  
31 N. Pinal St.  
Bldg. A  
P.O. Box 1348  
Florence, AZ 85132

**Court Ordered Evaluation**

<b>Services</b>	<b>Total</b>
Court Ordered Evaluation	\$ per 24 hour day

**Alcohol and Illegal Substance Abuse**

<b>Services</b>	<b>Total</b>
Initial Intake or Psychiatric evaluation services	\$ 135 each
Crisis Services	\$ per hour
Individual Counseling Services	\$ 90 per hour
Medication Monitoring Services	\$ per 15 minutes
Group Therapy Services	\$ 45 per hour

**Sex Abuse Treatment**

<b>Services</b>	<b>Total</b>
Individual and Family Therapy	\$ per hour
Group Therapy	\$ per hour, per client
Full Psychophysiological evaluation	\$ each
Abel Screen	\$ each
Abel Re-test	\$ each
MSI-II	\$ each
MMPI-II	\$ each
Polygraph	\$ each
Plethysmograph (initial)	\$ each
Plethysmograph (re-test)	\$ each

1. The County will not reimburse the Contractor for probationer "no shows"
2. The Contractor shall bill assessment, motivation enhancement and relapse prevention, as a regular counseling session, unless requested by the county as a stand-alone visit.



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Response Form 2 – Pricing  
Sheet  
ROQ-150321  
Behavioral Health Services

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**Pre-Petition Screening**

Services	Total
Crisis Intervention Services	\$ per 15 minutes
Crisis Intervention Service (2 person team)*	\$ per 15 minutes

\* 2 person team may only be used in non-secured environments.

**\*NOTE: This is all-inclusive. No additional fees will be paid by the County.**

Pathway to Peace Addiction Recovery and Life Coaching  
Firm/Individual

 11/14/2015  
Authorized Signature and Date

**END OF PRICING SHEET**