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GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
6th FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

TIMOTHY K. WEBB, Ed.D.
COMMISSIONER

MEMORANDUM

TO: Teachers Interested in Reviewing Textbooks
FROM: Morgan Branch, Director, Textbook Services
DATE: October 15, 2008
SUBJECT: Application Process

Thank you for your interest in participating in the textbook review process. Upon approval of the proposed budget, the State Textbook Commission will be contracting with teachers to review materials for

English Grammar and Composition, Foreign Language, and English as a Second Language.

We will be contracting directly with teachers. The application process will be open to any teacher who meets the statutory requirements (now teaching or supervising the respective subject, proper endorsement, and three or more years of public school experience) for serving on the local adoption committee. The Application has two sections. The first section are the forms required by the Textbook Commission. The second section contains the forms necessary for your contract with the state. **Please complete both sections.**

The Commission expects to use approximately thirty-three teachers for the review process which lasts from June through July. One member of the committee will return in September for a two day meeting.. Reviewers will be paid between \$1000 and \$2000 for reviewing the textbooks. Expenses for approved travel will be paid in accord with state travel regulations. Reviewers are also usually allowed to keep the materials reviewed.

The committee appointed to select the reviewers is scheduled to meet in early January. Teachers interested in applying should complete and return the attached application, including a notarized copy of the accompanying oath, to this office by **4:30 P.M., December 31, 2008**. Reviewers selected will be notified mid **January, 2009**.

An orientation session is scheduled in the Nashville area for **June 15-19, 2009**, and a debriefing session **July 27-31, 2009**. Reviewers will independently examine books in the interim between these sessions. Also a representative from each committee will meet with the publishers on **September 14-15, 2009** to hear their responses to the consensus reviews developed during the debriefing session. Any requests for time away from classes during your regular school year will be minimal and, of course, subject to local approval. The state will pay for substitute teachers during the time you are away from your classroom for this process.

We appreciate your interest in the process and look forward to receiving your completed application. If you have questions, you may contact Morgan Branch at (615) 253-3160 or Valerie Starks at (615) 253-4348. You may also reach us at the following address:

Morgan.Branch@state.tn.us or Valerie.Starks@state.tn.us

Attachments:

Reviewer Application

Section II

Contract Forms

The following forms are to be **completed and returned with your Reviewer Application**

1. **Committee Application Form**
2. **Oath of Office**
3. **Timeline of Reviewer Events**

STATE TEXTBOOK COMMISSION EVALUATION COMMITTEE APPLICATION

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION REQUIRED

Name:		City/State:	
Home Address :		Zip Code:	
School System:		E-mail Address:	
School:		Home Phone:	
Teacher Certificate No.:		School Phone:	
Area of Endorsement (By Name and Number):		Social Security No.:	
Current Teaching Assignment:			
Number of Years in Current Teaching Assignment:			
Please describe any computer experience:			

Attach a Resume/Experience Summary: Include grade level taught, curriculum development at the state or local level, in-services conducted, workshops attended, etc. Cite specific activities which would reflect expertise in evaluating textbooks for the subject area for which you are applying.

Have you served on the state review committee before? Yes No

If yes, what committee and the year(s) served? _____

References: Attach two letters of recommendation.

Oath: Return oath notarized and signed with your application.

Work Sample: Attach a response to the following:

Textbook shall be defined as any medium or manual of instruction which contains a systematic presentation of the principles of a subject and which constitutes a major instructional vehicle for that subject. What are the most needed improvements in the subject area for which you are applying which could be addressed through improved textbooks? List specific criteria which could be applied to the textbooks submitted. Emphasize criteria which would assist the State Textbook Commission in selecting the books which best support these improvements. Include references to national standards if applicable.

Return Completed Application/Forms to:

Morgan. Branch, Director
Office of Textbook Services
Tennessee Department of Education
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0379
(615) 253-3160

APPLICATIONS MUST BE RECEIVED BY THIS OFFICE BY 4:30 PM JANUARY 15, 2008.

OATH

TO BE ADMINISTERED TO MEMBERS OF THE STATE TEXTBOOK COMMISSION EVALUATION COMMITTEE

"I do hereby declare that I am not now directly or indirectly financially interested in, or employed by, any textbook publisher or agency.

During calendar year 2009 and for a period of twelve months after completion of my duties as a textbook reviewer, I will not be employed by any textbook publisher nor become directly or indirectly financially interested in any of the proposed contracts, nor in any book, nor in any publishing concern handling or offering any books or other publications to the Commission for listing and adoption.

For the same periods of time mentioned above, I will not communicate any confidential or proprietary information acquired in my capacity as a textbook reviewer to any textbook publisher or publishing concern.

Finally, I do hereby promise that I will act honestly, faithfully and conscientiously, and in all respects will discharge my duties as assigned by the Commission to the best of my skill and ability."

Signed

Date

Subscribed and sworn to before me, in my presence, this _____ day of _____,
_____, a Notary Public in and for the state of Tennessee.

Notary Public

Tentative Reviewer Timeline

October 8, 2008 – December 31, 2008 - Applications accepted

January 15, 2009 - Selection of Committees

January 20, 2009 – February 15, 2009 – Acceptance Letters Sent and Returned

March 15, 2009 - Contracts Mailed to reviewers

March 25, 2009 - Signed Contracts Due in Textbook Office

April 1 - May 30, 2009 - Contracts Executed and Mailed to Reviewers

June 1, 2009 - Contract Begins

***June 15-19, 2009 - Reviewers Report to Nashville for Orientation and Publisher Hearings.** (Reviewers will be given an update on the standards, trained on the review instrument and software. Reviewers will also hear presentations by the publishers on the books bid for this section.)

June 15 – July 26, 2009 - Reviewers Independently Review Textbooks

***July 27 – July 31, 2009 - Reviewers Report to Nashville for Debriefing Session.** (In this session the committee writes a consensus review on each book reviewed.)

***September 14-15, 2009 - Textbook Commission Meeting and Publishers' Oral Responses to the Reviews.** (A representative for each committee reports to Nashville to hear oral responses from the publishers to the committee's reviews and to update the committee's reviews.)

December 31, 2009 - Contract Ends

*** Dates when you are to be in Nashville.**

Note, please block out the weeks in June and July, although there is a very good possibility that work will be finished before the week ends.

Bids will be accepted for instructional materials using the following selection classifications and method(s) of delivery:

Basal Text - This designation identifies an on-level program for use at a particular grade level. *The basal should address the standards, learning expectations and performance indicators of the subject area curriculum.* The basal program is the one that local boards of education are encouraged to adopt and make available for most students.

Co-Basal Text – This designation identifies a program which addresses **one or more** elements of the subject area curriculum, *but fails to address other elements of the state curriculum.* Systems may adopt a co-basal for use as a supplement to address certain *elements of the subject area curriculum. This category would include supplementary materials which are not a part of a basal text program.* Each element addressed in the co-basal program must meet the same research standards as the basal programs. Co-basal texts cannot be purchased as a primary resource for instruction.

Alternative Level Text - This designation may be used to identify texts that address the needs of students **not on grade level.** Such books are designated as “*Alternative Level-Low*” or “*Alternative Level-High.*” These books may be purchased in lieu of the basal text for a **limited number** of students. Local systems do have the option of adopting a book or series as an alternative level text even though it has not been so designated in the official list. **Alternative level programs should meet the same scientifically based research standards as the basal programs.**

METHOD OF DELIVERY

Technology Dependent – This designation identifies a program which requires technological hardware, software, and/or infrastructure for its implementation. Local school systems adopting these programs are responsible for determining the necessary platforms and infrastructure to support these programs and for providing the technology necessary to deliver instruction.

Traditional – Programs that may use a variety of delivery methods and that are not exclusively dependent on technology.

Reviewer Application

Section II

Contract Forms

The following forms are to be **completed and returned with your Reviewer Application**

4. **Vendor/Grantee Registration** - A copy of this form is enclosed, so that you may see the information needed. You are considered the “Vendor/Grantee.” Use your name and information for all questions.
 - a. **Complete pages 1, 2 and 5.**
 - b. **For Page 2, #10 use class 915 subclass 13 (915-13)**
 - c. **Please make sure that you press “Submit” to enter you information into the state’s Vendor Database.**
 - d. **No not send the printed copy to us.**

www.state.tn.us/finance/rds/ocr/register.html

This is required in order to start the contract process, if you are selected as a reviewer. If you are not selected as a reviewer, then the information can be used in the future for other state related projects where your expertise as a teacher is needed. This is a one-time registration as a service provider for the State of Tennessee.

5. **W-9 Form Request for Taxpayer Identification Number and Certification.**

Steps and Site for Provider Registration

- The site for vendors to register as a Service Provider is:
<http://www.state.tn.us/finance/rds/ocr/register.html>
- To determine their class/subclass code (Page 2 #10 of the form) use 915 subclass 13 (915-13)
- The vendor will need to complete pages 1, 2 and 5.
- **Please make sure that you press “Submit” to enter you information into the states’s Vendor Database.**
- The vendor can call the help desk at 741-6875 for assistance with the form.

<http://www.state.tn.us/finance/rds/ocr/register.html>

The screenshot shows a Windows Internet Explorer browser window displaying the Tennessee.gov website. The address bar shows the URL <http://www.state.tn.us/finance/rds/ocr/register.html>. The page header includes the Tennessee state logo, the text "TENNESSEE.GOV", and "The Official Web Site of the State of Tennessee". Below this is the "Department of Finance & Administration" with "Dave Goetz, Commissioner" listed. A navigation menu includes links for Home, Divisions, The Commissioner, Newsroom, F&A Culture, Employment Opportunities, Online Services, and Contact Us. The main content area is titled "CONTRACTOR REGISTRATION (portal for professional service providers)". It contains a search bar, a list of links under "At this site:" (Contractor Registration Help, Online Registration, Search Registrations) and "Of Related Interest:" (Department of F&A, Service Procurement Brief, Agency Coordinators, Requests for Proposals). A "Click Here for Online Registration" button is present, followed by a "NOTE" stating that all service providers must complete an online application and choose one or more commodity codes (class codes) in the 900 series. Contact information for the Department of General Services is provided, including the phone number (615) 741-1035 and the email vendor.registration@state.tn.us. A notice at the bottom states: "NOTICE— REGISTRATION DOES NOT INITIATE AUTOMATIC SOLICITATIONS." The Windows taskbar at the bottom shows the start button, several open applications, and the system clock displaying 9:21 AM.



VENDOR/GRANTEE REGISTRATION

State of Tennessee
Department of General Services
William R. Snodgrass TN Tower 3rd Floor
312 Eighth Avenue North
Nashville, Tennessee 37243
Office No. 615-741-1035 Fax No. 615-741-0684
www.tennessee.gov/general/serv/purchasing

1. FEDERAL IDENTIFICATION NUMBER: Please enter either your Federal Employer Identification Number or Social Security Number.

Check Only One

- FEIN
SSN

Number: _____

When answers require additional space, use plain white paper. Please answer all questions as completely as possible. It is important that you respond to all questions. You must include all attachments requested. Please Note: if required support documents are not included, the processing of the registration form will be delayed. Refer to Instructions BEFORE SUBMITTING.

SECTION I: GENERAL BUSINESS INFORMATION

2. LEGAL ORGANIZATION NAME:

3. ORGANIZATION ADDRESS: Please enter all information for the primary location of this business. Please Do Not enter a P.O. Box.

Form fields for organization address including Address, Suite or Office, City, State, Zip, Telephone Number, Fax Number, Email, and Website.

3.1 Address to which Solicitations are to be mailed:

Form fields for solicitation address including Address or P.O. Box, Suite or Office, County, City, State, Zip, and Zip +4.

3.2 Address to which Payments are to be mailed: (if different from above)

Form fields for payment address including Address or P.O. Box, Suite or Office, County, City, State, Zip, and Zip +4.

3.3 Address to which Purchase Orders/Contracts are to be mailed: (if different from above)

Form fields for purchase orders/contracts address including Address or P.O. Box, Suite or Office, County, City, State, Zip, and Zip +4.

4. ORGANIZATION CONTACT: Please enter all information for the individual who will be the primary contact for your business with our office.

Form fields for organization contact including Last Name, First Name & Middle Initial, Title, Telephone Number, Mobile Number, and Email.

4.1 Person(s) Authorized to sign Bids/Proposals (Type or print)

Form fields for authorized signatories including Name, Email address, and Title for up to three individuals.

SECTION II: BUSINESS ASSESSMENT / NEEDS ANALYSIS

5. GROSS ANNUAL RECEIPTS: Last tax year. Please circle one:

- (a) \$0 - \$500,000 (b) \$500,001 - \$750,000 (c) 750,001 - \$1,000,000 (d) \$1,000,001 - \$2,000,000 (e) Over \$2,000,000

6. ORGANIZATION HISTORY:

- a. Date business established
b. Has there been a change in ownership within the last 2 years?
c. If yes, previous firm name and owner
d. Was organization acquired?
e. If Yes, date acquired

7. TYPE OF ORGANIZATION ACTIVITY: Select one only.

- Agriculture, Forestry or Fishing
Architectural/Design/Engineering
Construction Services
Finance, Insurance & Real Estate
Information Systems/Technology
Manufacturing
Marketing/Communications/ Public Relations
Medical/Healthcare
Mining
Retail Trade
Service Industry
Transportation, Commerce & Utilities
Wholesale Trade

SECTION III: ORGANIZATION OWNERSHIP AND MANAGEMENT CONTROL

Please provide the following information to claim status as a minority or a woman-owned or small business enterprise.

- 21.
- a. Does the applicant's business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? Yes No
If yes, provide the name, address and telephone number of the subsidiary, affiliate or parent. Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent. Use a separate sheet of paper.
 - b. Does the applicant's business concern or any person listed as owners, partners or officers of your company have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? Yes No (Such agreements include, but are not limited to management and joint venture agreements.) If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.
 - c. Is the applicant's business concern involved in any present or pending lawsuit? Yes No If yes, provide details on a separate sheet.
 - d. Is the applicant's business concern involved in a bankruptcy or insolvency proceeding? Yes No
 - e. Have you ever been rejected for certification by any agency? Yes No
 - f. What other current certification(s) does your company have? _____

22.

Are you a person with a disability? Yes No

Please mark only one box (either Minority, Women, or Small). Please refer to instructions. If more than one box is selected, your application will be returned to you.

<input type="checkbox"/> Minority Business Enterprise Solely owned or at least 51% owned by a minority person or persons who control daily operations. <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American	<input type="checkbox"/> Women Business Enterprise Solely owned or at least 51% owned by a female person or persons who control daily operations. <input type="checkbox"/> Non-Minority <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American	<input type="checkbox"/> Small Business Enterprise See Registration Instructions for Definition <input type="checkbox"/> Non-Minority <input type="checkbox"/> Female <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American
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23. OWNER/PARTNER/OFFICER INFORMATION: Please complete the following section for all owners, partners and officers. Attach additional pages if needed.

Name & Title	Gender	Minority	Citizen	Years	% of	Voting	No. of	Cost of	Type
	(M/F)	(Race)	(Y/N)	Owned	Ownership	%	Shares	Shares	of Shares
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SECTION IV: REQUIRED DOCUMENTATION FOR BUSINESSES CLAIMING STATUS AS A MINORITY OR WOMEN ENTERPRISE
Please refer to the application instructions for the complete Documentation Checklist of the required documents when claiming status as minority, woman owned or small business enterprise.

- 24. MINORITY OR WOMAN WHO OWN AT LEAST 51% OF BUSINESS:** Please submit two of the following documents for each owner as required to substantiate status.
- U.S. Birth Certificate U.S. Passport Driver License Tribal Card w/Number Permanent Resident Alien Registration

