



June 12, 2026

Brecksville-Broadview Heights City School District
6638 Mills Road
Brecksville, OH 44144

Dear Rachel Blanchette,

I am pleased to submit for your consideration a price of \$7900.00 for developing Brecksville-Broadview Height City School District's Transitional Work Program (TWP). This includes Policy and Procedure development, 18 Job Analyses (JAs), Training and Education for you and your staff, one training session for the Transitional Work/Safety Committee, one training session for your supervisors and a three-ring binder with all forms, JAs and paperwork associated with the TWP. All documents will also be sent to you electronically.

This proposal includes all necessary labor and materials needed.

You may indicate your acceptance by signing, dating, and sending me the enclosed proposal sheet via fax or e-mail. Upon receipt, I will contact you and begin developing the Policy and Procedure section of the program and schedule a time and date to perform the Job Analyses (JAs). After the Policy and Procedures are modified and finalized and the JAs are completed, I will provide one training/educational session for the supervisors (approx. one hour) and one training/educational session for the Transitional Work/Safety Committee (approx. one hour). After the training sessions, you will receive a three-ring binder that includes all documents associated with the TWP. On your behalf, I will submit the TWP to the BWC for approval. Upon BWC approval of the program, you will receive an invoice from Work Injury Solutions via email for the cost of the TWP development. Payment of the invoiced amount will be due 30-days after receipt. After receiving payment, I will provide you with payment verification and the necessary BWC forms for you to complete and send to the BWC for the 100% reimbursement. Once received, the BWC will mail a check to Brecksville-Broadview Height City School District within 2-weeks.

If you have any questions regarding this proposal, please call or e-mail me and I will be happy to discuss them with you.

Sincerely,

A handwritten signature in black ink that reads 'Michael Scott Bailey, PT, DPT #9053'. The signature is written in a cursive style.

Michael "Scott" Bailey, PT, DPT, CIDN, FAAOMPT, TWD
Email: sbailey@wisohio.com
Ph: (330) 635-2059
Fax: (330) 319-8287



Proposal

6/15/26

PROPOSAL SUBMITTED TO: Brecksville-Broadview Height City School District	ADDRESS: 6638 Mills Road
CITY, STATE, ZIP CODE: Brecksville, OH 44144	CONTACTS: Rachel Blanchette
JOB NAME: Transitional Work Program Development	POLICY NUMBER: 31850851-0

We hereby submit specifications and estimates for:	
1) Policy and Procedure development, Return-To-Work Coordinator Training and Education, one training session for Supervisors, one training session for the Transitional Work /Safety Committee, a three-ring binder containing all Job Analyses, Forms and Paperwork and all the above sent electronically.	\$1600.00
2) 18 Job Analyses. Education Assistant, PS or ES Special Education Assistant, HS or MS Special Education Assistant, Intervention Specialist, Physical Education Teacher, Maintenance Foreman, Maintenance I, Maintenance II, Head Custodian, Custodian I, Custodian II, Vehicle Maintenance Foreman, Mechanic, Bus Aide, Bus Driver, Head Cook, Cook I, and Food Service Worker.	\$6300.00 (\$350/JA)

We Propose hereby to furnish material and labor to complete, in accordance with the above specifications, development of the Transitional Work Plan (TWP). **In the event that the TWP development process is canceled, Brecksville-Broadview Height City School District will be responsible for reimbursement to Work Injury Solutions for all Job Analyses (JA) and other work completed to that point at a rate of \$350/JA and \$200/hour of Policy and Procedure development, training and Preferred Provider Panel development.**

Seven thousand, nine hundred dollars and no cents (\$7900.00)

PAYMENT TO BE MADE AS FOLLOWS:

One payment within 30 days after the Transitional Work Program has been approved by the BWC.

ACCEPTANCE OF PROPOSAL – The above prices and specifications are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

DATE OF ACCEPTANCE: _____ SIGNATURE: _____

NOTE: This proposal may be withdrawn by Work Injury Solutions, LLC if not accepted within 30 days.