INDEPENDENT LIVING SKILLS TRAINING

SCOPE OF SERVICE

Independent Living Skills Training is a basic life skills training program with foster teens (16 to 19 years old) that teaches them the below listed skills. The program's aim is to prepare these teens for their emancipation from the foster care system. The population is diverse and can have mental health issues or learning disabilities.

The following are the subjects and skills to be taught:

Budgeting

- Money values clarification
- How to keep an accurate budget i.e.: monthly expenses, receipts
- Simple budget supplied and activity of doing own budget
- Budget guidelines with percentage of income
- How to budget food prices and how to save money
- How to budget clothing prices and how to save money

Apartment Management

- Review of abbreviations and terms used in advertisements
- Items needed to start an apartment
- Activity in reading ads for apartments
- Discussion of different types of apartments
- Activity of cost of starting an apartment
- Discussion of costs of apartment
- Moving expenses
- Filling out application for apartment and cost
- Rent-to-own / buying furniture
- Discussion of roommates advantages and disadvantages

Money Management

- Discussion of pay schedules / benefits
- Reading a pay check
- How to choose a bank
- How to and why to open a checking account
- How to write a check/ make deposit
- Activity of writing checks and deposits

Job Search I

- Values clarification activity
- Discussion / video of different career areas and skills/ education needed to perform them
- Activity showing personality and skill abilities
- Career assessment

Job Issues II

- Correctly completing a job application
- Each teen doing an interview
- Discussion and explanation of job terms
- Discussion of dos/ don’ts of interviewing
- Where to find jobs

Credit / Insurance

- Discussion on the advantages and disadvantages of credit card usage
- Discussion of interest and payments on credit cards
- Discussion of bank loans and store loans
- Discussion of car, medical and renter’s insurance costs and needs

STDs / Healthy Relationships

- Defining a healthy relationship
- Explanation of sexually transmitted diseases and sexual issues

College

- Discussion of how to choose a college
- Discussion on applying for college
- Discussion on applying for financial aid
- Activity of filling out a financial aid form
- Discussion of different grants available to foster teens

Overview of Self – Sufficiency

- Explanation of self sufficiency training project
- Important definitions
- Knowledge independent living
- Possible living arrangements

Problem Solving and Decision Making

- Cause and consequences activities
- Exercises on decision making
- Exercises on problem solving

Understanding My Community

- Activities about different people within the community
- Community resources and their locations

Taking Charge of My Life

- Excuses vs. Obstacles
- Owning the responsibility exercises
- Time management activities
- Goals activities

QUALIFICATIONS

Trainers should have at least one (1) year experience working with this population, having training experience and extensive knowledge of the subject matter. Resume and/or credentials should be submitted.

TRAINING DATES AND LOCATION

Tentative training schedule is as follows:

Month	Day	Time
September - May	Saturday	10:00 a.m. - 2:00 p.m. or 1:00 p.m. - 4:00p.m.
June - August	Tuesday - Friday	10:00 a.m. - 2:00 p.m. or 1:00 p.m. - 4:00p.m.

Training times are subject to change.

Trainings are located at:

Hamilton County Department of Job and Family Services
222 E. Central Parkway
Cincinnati, Ohio 45202

HCJFS cannot guarantee the number of training sessions. The number of training sessions is subject to change based on funding availability.

EVALUATION

Evaluation of responses will be based on a number of factors including:

- Experience of trainer
- Cost of training
- Flexibility of trainer's ability to train on multiple subject(s)

COST

Vendor is not required to train on all subjects. Please include in your response subject(s) for which you are bidding to train and a description of your curriculum for that (those) subject(s). Each subject is taught in three (3) to four (4) hour sessions. HCJFS will schedule no more than 15 teens per training session.

Complete a detailed budget of costs for proposed trainings using the following table and instructions as a guide.

Proposed Budget:

_____ Trainings (Please specify the number of proposed trainings)

Training Fees (Define unit of services e.g. per hour, per training session, etc.)		
Client Stipends	15 teens x ____ proposed trainings x $10.00	
Client Stipends for Final Training in Series	15 teens x $30.00	$450.00
Lunches	____ proposed trainings x $100.00	
Mileage		
Parking		
Supplies		
Insurance		
TOTAL		**$**

Training Fees

Each subject is taught in three (3) to four (4) hour sessions.

Client Stipends

This is a set amount of $10.00 per training for each Hamilton County teen. There is no way of predicting the number of Hamilton County teens per training series so for the purposes of this price solicitation assume **15 teens per proposed training x $10.00 each** in this budget line item.

Client Stipends for Final Training in Series

This is a set amount of $30.00 for each teen who completes the entire training series. There is no way of predicting the number of teens who will complete the entire training series so for the purposes of this price solicitation use $450.00 (15 teens x $30.00) in this budget line item.

Lunches

For the purposes of this price solicitation use $100.00 per training session. The number of teens per training session will vary, but HCJFS will schedule no more than 15 teens per training session.

Mileage

The mileage rate used in the calculation of mileage costs for any given invoicing period should not exceed the federal optional standard mileage rate, currently fifty (50) cents per mile, as announced by the Internal Revenue Service. HCJFS will not compensate mileage in excess of sixty (60) miles per training.

Insurance

Insurance is required for this Contract. Please refer to Attachment B for detailed requirements.

QUESTIONS

Questions regarding this quote must be e-mailed to Sandra Carson, **carsos01@jfs.hamilton-co.org** no later than noon by Thursday, January 6, 2011.

BID SUBMISSION

Please submit bid **no later than 1:00 p.m. EST Wednesday, January 12, 2011** one of the following ways:

1) Fax:

   Attention: Sandra Carson
   Fax # 513-946-2384

2) E-mail:

   Sandra Carson
   carsos01@jfs.hamilton-co.org

3) Mail:

   Hamilton County Job & Family Services
   Attention: Sandra Carson – Contract Services 3rd Floor
   222 East Central Parkway
   Cincinnati, Ohio 45202

ATTACHMENT B
Quote # SC0810Q

INSURANCE REQUIREMENTS

COMMERCIAL GENERAL LIABILITY

- Commercial general liability insurance policy with coverage contained in the most current Insurance Services Office Occurrence Form CG 00 01 or equivalent with limits of at least One Million Dollars ($1,000,000.00) per occurrence and One Million Dollars ($1,000,000.00) in the aggregate and at least One Hundred Thousand Dollars ($100,000.00) coverage in legal liability fire damage. Coverage will include:

  1. Additional insured endorsement;
  2. Product liability;
  3. Blanket contractual liability;
  4. Broad form property damage;
  5. Severability of interests;
  6. Personal injury; and
  7. Joint venture as named insured (if applicable).

WORKERS' COMPENSATION

Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.

ADDITIONAL NAMED INSURED

- All policies, except workers' compensation, will endorse as additional insured the Board of County Commissioners Hamilton County, Ohio and Hamilton County Department of Job & Family Services, and their respective officials, employees, agents, and volunteers.

- The insurance endorsement form and the certificate of insurance form must state the following: "Board of County Commissioners of Hamilton, County, Ohio and Hamilton County Department of Job & Family Services, and their respective officials, employees, agents, and volunteers are endorsed as additional insured as required by Contract on the commercial general, business auto and umbrella/excess liability policies."

222 East Central Parkway • Cincinnati, Ohio 45202-1225
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
FAX: (513) 946-2250
www.hcjfs.org
www.hcadopt.org
www.hcfoster.org

Employer Name:			
Employee Name:			
Employee Address:			
Authorization Date:		Expiration Date:	

RELEASE OF PERSONNEL RECORDS AND CRIMINAL RECORD CHECKS

Whereas R.C. 2151.86 requires the Hamilton County Department of Job and Family Services (HCJFS) to obtain a criminal records check on each employee and volunteer of a HCJFS Provider who is responsible for a consumer's care during service delivery, and

Whereas HCJFS, and HCJFS' funding organizations, may be required to audit the records of Providers to ensure compliance with provisions relating to criminal record checks of Providers' employees who are responsible for a consumer's care during service delivery, and

NOW THEREFORE

I authorize HCJFS, and those entitled to audit its records, to review my personnel records, including, but not limited to, criminal records checks. This authorization is valid for this, and the three subsequent fiscal years of HCJFS.

Signature_____ Date _____

A. Criminal Record Check

Provider shall comply with R.C. Sections 2151.86 and 5153.111. Generally these require that every employee or volunteer of Provider who has contact with a Consumer have an effective criminal record check. Notwithstanding the aforesaid, an employee or volunteer, without an effective criminal record check, may have contact with a Consumer if he/she is accompanied by an employee with an effective criminal record check. As used in this section an "effective criminal record check" is a criminal record check performed by the Ohio Bureau of Criminal Identification and Investigation, done in compliance with ORC 2151.86, which demonstrates that the employee or volunteer has not been convicted of any offense listed in R.C. Section 2151.86(C).

Declaration of Property Tax Delinquency

(ORC 5719.042)

I, _____, hereby affirm that the Proposing Organization herein, _____, is ____ / is not ____ **(check one)** charged at the time of submitting this proposal with any delinquent property taxes on the general tax list of personal property of the County of Hamilton.

If the Proposing Organization is delinquent in the payment of property tax, the amount of such due and unpaid delinquent tax and any due and unpaid interest is $_____.

State of Ohio
County of Hamilton

Before me, a notary public in and for said County, personally appeared _____, authorized signatory for the Proposing Organization, who acknowledges that he/she has read the foregoing and that the information provided therein is true to the best of his/her knowledge and belief.

IN TESTIMONY WHEREOF, I have affixed my hand and seal of my office at _____, Ohio this _____ day of _____ 20____.

_____
Notary Public