



Board of Commissioners:

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March 15, 2013

**HCJFS REQUEST FOR PROPOSAL
SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP)
RFP SC0313-R**

ADDENDUM 1

To All Potential Providers:

HCJFS Panel: Sandra Carson, Tim Dingler, Melissa Stokley, Lisa Willwerth

Agencies Represented:

Cincinnati State
Community Action Agency
House of Refuge Missions
Mature Services, Inc.

Attachments:

HCJFS Budget Format
Cover Sheet – Attachment A
Declaration of Property Tax Delinquency

Adult Protective Services (421-LIFE) • Cash & Food Assistance • Medicaid • Child Care Services
Child Support Enforcement • Children's Services (241-KIDS) • Workforce Development



CREDIBILITY • INTEGRITY • ACHIEVEMENT

**ATTACHMENT A
PROPOSAL COVER SHEET FOR
TANF SUMMER YOUTH EMPLOYMENT PROGRAM
Bid No: RFP #SC0313-R**

Name of Provider : _____

Provider Address: _____
Include city, state and zip code

Contact Person : _____
(Please Print or type name) *Title*

Phone Number: _____ Fax Number: _____ E-Mail: _____

Additional Names: Provider must include names of individuals authorized to negotiate with HCJFS

Person(s) authorized to negotiate with HCJFS:

(1) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number _____ E-Mail: _____

(2) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number: _____ E-Mail: _____

LOCATION OF PROPOSED SERVICE: () In the community () at the One Stop

Amount of TANF funds requested for the SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) 5/15/13 – 8/31/13
TANF Program expenses \$ _____
Estimated # of youth enrolled _____
\$ Projected cost per youth \$ _____

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document.

Signature - Authorized Representative **Title** **Date**

Signature – Financial Officer **Title** **Date**

++Please see back of form for checklist to verify everything required to be submitted is included.

Proposal Submission Checklist

For
SUMMER YOUTH EMPLOYMENT PROGRAM
Bid No: RFP SC0313-R

Please use the checklist below to ensure all items and actions necessary to have your proposal accepted are completed.

- _____ A) Registered for RFP Process on or before April 4, 2013 by 3:00 p.m.
- _____ B) Proposal is to be submitted by 11:00 a.m. on April 11, 2013.
- _____ C) Cover sheet is to be signed and all sections are to be completed in full, Section 2.1.
- _____ D) Responses to Program Components, Section 2.2.1 are included
- _____ E) Responses to System and Fiscal Administration components, Section 2.2.2 are included.
- _____ F) Budget completed correctly, Section 2.3 (hard copy included with proposals).
- _____ G) Budget Narrative explains the cost and their relationship to proposed services. It must justify cost and give the formula by which they were derived. All costs in the narrative should match the line items in the budget.
- _____ H) Customer Reference Letters are included, Section 2.4 (Do not include any HCJFS Personnel).
- _____ I) Personnel Qualifications are included, Section 2.5.

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