



Board of Commissioners:

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ADDENDUM 2

November 3, 2011

Request for Proposal
Transportation Services RFP#SB0111R

To All Potential Providers:

All Providers attending the RFP Conference will have an opportunity to submit written questions regarding the RFP or the RFP Process. Provider may submit written questions prior to or during the RFP Conference. All questions must be submitted in writing. All communications being mailed, faxed or e-mailed are to be sent only to the contact person:

Sheila Bass, Contract Services
Hamilton County Department of Job and Family Services
222 East Central Parkway, 3rd floor
Cincinnati, Ohio 45202
HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org
Fax: (513) 946-2384

THE FOLLOWING PARAGRAPH IS HEREBY DELETED IN ITS ENTIRETY:

2.2 Budgets and Cost Considerations

B. Profit Margin

Provider must identify profit in a specific line item in the budget. Profit may not exceed 9% over actual costs identified in the budget.

Profit earned shall be reported monthly on each invoice.

All registered Providers will be sent an electronic budget file in Excel format. All Providers submitting a proposal shall include a hard copy of all ten (10) budgets in the proposal and also submit budgets electronically in Excel format to the contact person identified in Section 3.2 HCJFS Contact Person.



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If Provider is unable to submit an electronic copy of the budget, Provider shall include a statement in the budget narrative explaining the reason.

NOTE: The electronic copy of the budget and Provider's proposals must be received by the due date specified in the RFP.

The electronic copy of the budget must be submitted in an unlocked Excel format and must match the hardcopy budget submitted in the proposal.

THE FOLLOWING PARAGRAPH IS HEREBY ADDED:

2.2 Budgets and Cost Considerations

B. Profit Margin

Provider must identify profit in a specific line item in the budget. Profit may not exceed 9% over actual costs identified in the budget.

Profit earned shall be reported monthly on each invoice.

All Providers submitting a proposal shall include a hard copy of all budgets in the proposal and also submit budgets electronically in Excel format to the contact person identified in Section 3.2 HCJFS Contact Person. Provider are to complete the budget Attachment C in Addendum 1. If Provider is unable to submit an electronic copy of the budget, Provider shall include a statement in the budget narrative explaining the reason.

NOTE: The electronic copy of the budget and Provider's proposals must be received by the due date specified in the RFP.

The electronic copy of the budget must be submitted in an unlocked Excel format and must match the hardcopy budget submitted in the proposal.



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ATTACHMENT A IS HEREBY DELETED IN ITS ENTIRETY AND REPLACED WITH THE FOLLOWING:

Adult Services/421-LIFE • Cash Assistance • Child Care Services
Child Support Services • Children's Services/241-KIDS • Employment and Training
Food Stamps • Medicaid • Mt. Airy Shelter • Tuberculosis Control



ATTACHMENT A

PROPOSAL COVER SHEET FOR TRANSPORTATION SERVICES Bid No: RFP SB0111R

Name of Provider Organization: _____

Organization Address: _____

Telephone Number: _____ Fax Number: _____

Authorized Representative: _____
(Please Print or type)

Title: _____ E-Mail Address: _____

Authorized Representative Signature: _____

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

Person(s) authorized to negotiate with HCJFS:

Name: _____ Title: _____
(Please Print)

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Unit Rate for Initial Term July 1, 2012 – June 30, 2014	Unit Rate for Renewal Term July 1, 2014 – June 30, 2016
Medicaid Non-Emergency Transportation (NET), Pregnancy Related (PRS) & Healthchek and Children's Services \$ _____ NET Children Special Handling \$ _____ Non Medicaid Transportation Family & Children \$ _____	Medicaid Non-Emergency Transportation (NET), Pregnancy Related (PRS) & Healthchek and Children's Services \$ _____ NET Children Special Handling \$ _____ Non Medicaid Transportation Family & Children \$ _____

ATTACHMENT A

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, and the Vendor will comply with the attached representation if the contract is awarded.

_____	_____	_____
Signature – Authorized Representative	Title	Date
_____	_____	_____
Signature – Fiscal Representative	Title	Date

By signing and submitting this proposal Cover Sheet, Vendor certifies the proposal and pricing will remain in effect until execution of any contract resulting from this RFP.

ATTACHMENT A

Please complete the checklist below to verify that everything required to be submitted as part of your proposal is included.

RFP Submission Checklist

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

Action Required	RFP Section	Included
Did you register for the RFP process?	3.3	
Will your Proposal be submitted by Friday, January 20, 2011 11:00 p. m.	4.4	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the Unit Rates for the Initial Term on the Cover Sheet?	2.1	
Did you include the Unit Rates for the Renewal Term on the Cover Sheet?	2.1	
Did you sign the Cover Sheet?	2.1	
Is a response to each Program Component included?	2.2.1	
Is a response to each System and Fiscal Administration Component included?	2.2.2	
Is a Budget for the Initial Term completed along with a calculation of the unit cost?	2.3	
Is a Budget for the Renewal Term completed along with a calculation of the unit cost?	2.3	
Are three Consumer Reference Letters enclosed or is there a written explanation why not? a reference is not included?	2.4	
Are all Personnel Qualifications enclosed?	2.5	