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April 21, 2008

## **RFP07-020 Independent Living Services Addendum 2**

To All Potential Providers:

### Questions and Answers

**Q1.** Could you please specify the programs? IL, IL-SN

**A: Refer to Exhibit 1 for a description of IL and IL-SN. Examples of children appropriate for IL-SN may include parenting teens, or children with significant behavioral, medical or developmental needs who require intense support in order to live in the community. This will be assessed on a case by case basis.**

**Q2.** Why is ODADAS not listed as a certifying body? Particularly because you can not be dually certified/licensed?

**A: The list is not all inclusive. ODADAS is an acceptable certifying/licensing body.**

**Q3.** We provide independent living services at our residential facility which we bill for, but do not offer an individualized independent living program. Do we still need to complete this RFP?

**A: No. The independent living services you provide as part of your residential program are covered under the authorization for the residential placement. This RFP is specifically for Independent Living placements.**

**Q4.** Has FAP historically authorized mental health services through your IL provider – like DAFs, therapy and CSP?

**A: FAP is the entity that authorizes outpatient mental health services for our children in placement. Also note, children can receive mental health services from certified mental health providers outside of Hamilton County.**

**Q5.** Are you interested or able to make contracts with multiple providers?

**A: Yes, we anticipate contracting with multiple providers.**

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



**RFP07-020 Independent Living Services  
Addendum 2**

**Q6.** Since email systems are occasionally problematic, can the contact person please acknowledge receipt of registration and questions?

**A: Yes.**

**Q7.** Will JFS assure that upon admission to IL, youth will already have a complete and appropriate wardrobe that we are then responsible to supplement and replace as needed? If not, what is the minimum amount of clothing youth will already have on admission?

**A: The expectation is that children transitioning from another placement to IL will come with clothing provided in the previous placement setting(s). However, this does not always occur. At minimum, a child in JFS custody needs to have one week's-worth of well-fitting, seasonally appropriate clothing. JFS will provide clothing at the start of any new placement if needed, to meet this minimum standard. Placement providers are then responsible for ongoing maintenance of clothing.**

**Q8.** Do you expect all living units for youth to be fully furnished or are youth eligible for assistance in purchasing furniture that they will then own?

**A: All living units for youth are to be fully furnished by the provider.**

**Q9.** Will eligible youth be receiving their own monthly maintenance checks? (e.g. SSI, public assistance for self or infants, etc.)

**A: Youth will not receive monthly maintenance checks such as SSI or public assistance for themselves while they are in placement. Youth in placement with children of their own, in their care and custody, may receive such benefits to support their child(ren) as applicable.**

**Q10.** Will youth qualify for and receive food stamps?

**A: No. Youth could only receive benefits for their own children, as described in the answer to Q9 above.**

**Q11.** Can "provided transportation" include bus tokens to youth able to travel without supervision?

**A: Yes. Youth who have demonstrated the ability to travel by bus without adult supervision may do so while placed in Independent Living (with agreement of the HCJFS caseworker). However, providers are strongly encouraged to use caution and discretion regarding this. For example, important appointments such as court appearances and medical appointments – it is the provider's responsibility to ensure the child attends these, therefore these are examples for when adult supervision would be strongly encouraged.**

**Q12.** Who determined how much supervision a client will need? 2 hours to 24 hours?

**A: The child's HCJFS caseworker decides this and describes the level of supervision needed on the referral form and placement documents.**



**Q13.** Pg 31-33, are attachments cited in the sample contract to be included in the proposal? Or as part of the contract process?

**A: Yes, they should be included with your proposal.**

**Q14.** 1.2 Scope of Service, pg 4, will you consider providers outside of Hamilton County?

**A: Yes. Preference is locally, but will consider outside of Hamilton County.**

**Q15.** Are there any differences between the online RFP and printed version?

**A: None**

**Q16.** Can we get .xls for budget format?

**A: Yes, we can do that along with all attachments in word format. (see attached)**

**Q17.** Do the references have to be from Hamilton County? Can they be from the State of Ohio?

**A: References must be from someone your agency has done business with in past. References will not be accepted from HCJFS staff.**

**Q18.** Sample Contract, pg 14, Section 18, 10 or more youth in any of our programs? Or IL specifically?

**A: An average of ten or more HCJFS youth in the IL program.**

**Q19.** On the budget, why would we list more than IL as a program since this is for IL only?

**A: An agency might provide other discrete services such as special needs IL or individual aides for which they are proposing also.**

**Q20.** What about aftercare?

**A: Discharge planning begins at intake. Providers are expected to assist youth with transitioning out of IL placement in such a manner that the youth have access to necessary services and supports. Aftercare is not included separately as a part of this RFP. This bid is for the costs of administering the IL program and providers will be paid a per diem reimbursement for the cost of daily care. If they include it as a part of their program it would need to be incorporated in the budget narrative.**

**Q21.** Licensure – at the time of submitting a proposal for Independent Living Services, will proposals be denied if the facility has not been officially licensed? Or is there a period of time given to complete facility licensing?

**A: The proposal will not be denied or rejected. However, we can not enter into a contract until licensure is obtained.**

**Q22.** Is it possible that an organization whose facility is not currently licensed be allowed to operate ILP services in a facility that has been licensed for ILP? The facility would only house the youth that is part of its own organization. Can there be collaboration?

**A: HCJFS will allow collaborations (i.e. an organization owns a licensed facility hires/subcontracts another organization to manage the program). We by law cannot contract with vendors who are not licensed to provide the service. The proposal will not be automatically denied, however HCJFS cannot utilize the facility for child placement until it is licensed.**

**Q23.** Is there a specific format in which to submit the annual reports (page 9)?

**A: No, the format your independent auditor issues will be sufficient.**

**Q24.** For the referral response time, does “arrange placement for the youth within one to four weeks from referral..” mean that we are to have the youth placed in their apartment within one to four weeks or does it mean the plan for placement has to be made within one to four weeks (a future move-in date identified)(page10)?

**A: The plan for placement must be made within 1 to 4 weeks. The actual date of placement can be contingent upon the needs of the child.**

**Q25.** Discharge/transition planning updated DAF—is that only for youth receiving mental health services or is that for all youth receiving IL services (page 10)?

**A: This applies to youth receiving mental health services; however, any and all assessments (i.e. academic, other) should be up-to-date and available at discharge.**

**Q26.** No less than 2 hours per week in supervision—what constitutes supervision? Face-to-face, telephone contact, etc. (page 11)?

**A: Supervision means face-to-face contact.**

**Q27.** For the clinical program components—do they have to be addressed individually or can they be addressed in the overall description of the services offered (page 13)?

**A: With regard to Clinical Program Components (Section 2.2.1 A), providers must respond to each question separately, with responses labeled by question.**

**Q28.** Does HCDJFS have a specific definition of what constitutes a MUI?

**A: Yes. See the Provider Reporting Document which defines a MUI.**

**Q29.** For 2.2.1—are we supposed to address each level of care separately as we go through the program components?

**A: No**



**Q30.** What is HCDJFS policy/procedure on referring youth for IL services that do not have custody of their children but their children are placed with them (HCDJFS has custody of the teen's child but the child is placed in the apartment with the youth)? If this does happen, should we address the program components specifically for the child placed with their parent or can it be included in overall services provided?

**A: If HCJFS has custody of a teen's child, that child will not be placed with the teen parent. The teen parent may require assistance in working toward reunification with his/her child.**

**Q31.** Length of stay statistics for IL only or agency wide (page 16)?

**A: The length of stay data requested is only for IL services.**

**Q32.** Does HCDJFS consider landlords sub-contractors (page 17)?

**A: No, subcontractors are people or agencies who assist with running and providing oversight of the program. If it is truly a landlord who provides living space, but does not provide oversight, this is not a subcontract situation.**

**Q33.** Are MCP questions separate from RFP questions and can be directed to the MCP staff?

**A: Questions regarding the use/operation of MCP for daily work can be directed to the MCP Staff. However, questions regarding MCP which are regarding the RFP or which may cause a change in how you choose to respond to this RFP must be addressed via this process.**

**Q34.** For 2.2.2—Corrective Action Plans requested for all programs offered by the agency or just IL?

**A: The information request is regarding the provider agency, including IL.**

**Q35.** Are IL services IV-E eligible?

**A: No**

**Q36.** Is there an electronic version of the budget (on a disc or in an excel spreadsheet)?

**A: See answer to question 16.**

**Q37.** Is after-care services one of the programs we can list or is it a separate RFP?

**A: Aftercare services can be listed with this proposal. It is not a separate RFP.**

**Q38.** When will we be required to start using the MCP program?

**A: Once you reach an average of ten or more HCJFS youth in the IL program.**

**Q39.** Since we are flexible regarding the number of youth we can serve, should we show the entire agency budget per program to determine unit cost?

**A: Yes, base the budget on the total number of youth that can be served by the program.**

**Q40.** Will the contract state specific terms for payment to agencies (max # of days)?

**A: Please refer to attachment B of the RFP, section 5 (E) for invoice and payment procedures.**

**Q41.** Requirement, regarding staffing; when you state that 24 hours for Independent Living does that mean that there has to be a staff present for those 24 hours?

**A: Providers need to define within their proposal, their supervision arrangements for IL. This must include night staff. Supervision needs are further defined on a case by case basis for youth in IL.**

**Q42.** Regarding clients that are specifically in their own apartments is the requirement for staffing 2 hours per week?

**A: Yes, and this must be face-to-face.**

**Q43.** Are there exceptions where you are authorized for five beds but there are three clients in one room and two in another? However there is a spare room that can be used for an extra bedroom. Nonetheless, I want to know if there are exceptions for the way we are set-up presently.

**A: Providers need to follow the OAC requirements.**

**Q44.** Regarding requirements for being bi-lingual, do we have to hire someone that is bi-lingual and if so what should the other language besides English?

**A: Someone has to be available. Volunteers, college students, etc are acceptable if bilingual and they pass the screening and selection requirements listed the sample contract (Attachment B) .**

**Q45.** In the proposal cover sheet i.e.

A. Unit Cost what does the Initial below stand for. What specific needs are covered?  
I.L. \$ \_\_\_\_\_ I.L-SN\$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**A: I.L. – Independent Living, I.L. – SN – Independent Living – Special Needs. Please refer to question 47 for an explanation of the situations which may lead to a Special Needs designation for service.**

**Q46.** How many providers is HCJFS looking to secure through this RFP?

**A: Enough to meet capacity for the number of youth in this level of care.**



**Q47.** On the proposal sheet three rates are listed, IL, IL-SN, and other. Could you define special needs and give examples of additional services that would be provided under this category. Also please list examples of items that might be included under “other”.

**A:** Special needs can mean teen parents with children in their care, or children requiring extensive support and supervision due to medical, behavioral, and/or developmental needs in order to be successful in the community. The other category was also listed to see if there are any discreet services being provided by an organization for our children. An example of a discreet service we have seen with other bids is individual aide services. Sometimes, we have seen additional levels of care within the specific service category we have not typically contracted for being listed in this section. The appropriate level of care is assessed on a case by case basis.

**Q48.** Please give examples of services that could be provided by individual aides.

**A:** This could include supervision needed to ensure safety, teaching and training support, mentoring support; needs that are outside the scope of CPST.

**Q49.** How much insurance must be carried to be eligible? Some counties require \$3 million; \$1 million for each category – Professional, Property and Auto.

**A:** Please see pages 37-41 of the proposal for specific insurance requirements.





**ATTACHMENT A  
PROPOSAL COVER SHEET FOR  
INDEPENDENT LIVING SERVICES  
Bid No: RFP 07-020**

Name of Provider \_\_\_\_\_

Provider Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

*(Please Print or type)*

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Unit Rate for first (Initial) Year of Service	Unit Rate for Renewal Year 1	Unit Rate for Renewal Year 2
IL \$ _____	IL \$ _____	IL \$ _____
IL-SN \$ _____	IL-SN \$ _____	IL-SN \$ _____
other \$ _____	other \$ _____	other \$ _____

**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 Provider will comply with the attached representation if the contract is awarded.

\_\_\_\_\_  
**Signature - Authorized Representative                      Title                      Date**

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





## RFP Submission Checklist

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

- \_\_\_\_\_ A) Registered for RFP Process by 4:45 p.m. on April 30, 2008;
- \_\_\_\_\_ B) Proposal is to be submitted by 11:00 a.m. on May 5, 2008;
- \_\_\_\_\_ 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) Three (3) budgets and budget narratives are completed and attached (budgets are to list each discrete service separately), Section 2.3;
- \_\_\_\_\_ G) Customer Reference Letters are included, Section 2.4; and
- \_\_\_\_\_ H) 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



**AFFIDAVIT IN COMPLIANCE WITH  
SECTION 3517.13 OF THE OHIO REVISED CODE  
(Corporation or Business Trust)  
(R.C. 3517.13(J)(3))**

PO# \_\_\_\_\_/Quote# \_\_\_\_\_

STATE OF OHIO

COUNTY OF \_\_\_\_\_ SS:

I, the undersigned, after being first duly cautioned and sworn, state the following with respect to Section 3517.13 of the Ohio Revised Code:

1. I am \_\_\_\_\_ and I am employed as \_\_\_\_\_  
for \_\_\_\_\_.  
[Name] [Title]  
[Name of Corporation/Business Trust]
2. In my position as \_\_\_\_\_, I have the authority to make the  
certifications contained herein on behalf of \_\_\_\_\_.  
[Title]  
[Name of Corporation/Business Trust]
3. On behalf of \_\_\_\_\_, I do hereby certify that all of  
[Name of Corporation/Business Trust]  
the following persons, if applicable, are in compliance with division (J)(1) of Section 3517.13 of the Ohio Revised Code:
  - (a) Each owner of more than twenty per cent of the corporation or business trust;
  - (b) Each spouse of an owner of more than twenty per cent of the corporation or business trust;
  - (c) Each child seven years of age to seventeen years of age of an owner of more than twenty per cent of the corporation or business trust;
  - (d) Any political action committee affiliated with the corporation or business trust;
  - (e) Any combination of persons identified in (a) through (d) of this section.
4. I further certify that if \_\_\_\_\_ is awarded a  
[Name of Corporation/Business Trust]  
contract, the following persons shall, beginning on the date the contract is awarded and extending until one year following the conclusion of that contract, maintain compliance with division (J)(2) of Section 3517.13 of the Ohio Revised Code:
  - (a) An owner of more than twenty per cent of the corporation or business trust;
  - (b) A spouse of an owner of more than twenty per cent of the corporation or business trust;
  - (c) A child seven years of age through seventeen years of age of an owner of more than twenty per cent of the corporation or business trust;
  - (d) Any political action committee affiliated with the corporation or business trust;
  - (e) Any combination of persons identified in (a) through (d) of this section.



5. I do hereby acknowledge that to knowingly make any false statement herein may subject me and/or \_\_\_\_\_ to the penalties set forth in Section  
[Name of Corporation/Business Trust]  
3517.992 of the Ohio Revised Code.

Further, Affiant sayeth naught.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Title]

Sworn to before me, and subscribed in my presence, this \_\_\_\_ day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Notary Public - State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**AFFIDAVIT IN COMPLIANCE WITH  
SECTION 3517.13 OF THE OHIO REVISED CODE  
(Individuals or Non-Corporate Entities)  
(R.C. 3517.13(I)(3))**

STATE OF OHIO

COUNTY OF \_\_\_\_\_ SS:

I, the undersigned, after being first duly cautioned and sworn, state the following with respect to Section 3517.13 of the Ohio Revised Code:

1. I am \_\_\_\_\_ and I am employed as \_\_\_\_\_  
[Name] [Title]  
for \_\_\_\_\_.  
[Name of Entity]

3. In my position as \_\_\_\_\_, I have the authority to make the  
[Title]  
certifications contained herein on behalf of \_\_\_\_\_.  
[Name of Entity]

5. On behalf of \_\_\_\_\_, I do hereby certify that the  
[Name of Entity]  
following persons, if applicable, are in compliance with division (I)(1) of Section 3517.13 of the  
Ohio Revised Code:

- (a) The individual;
- (b) Each partner or owner of the partnership or other unincorporated business;
- (c) Each shareholder of the association;
- (d) Each administrator of the estate;
- (e) Each executor of the estate;
- (f) Each trustee of the trust;
- (g) Each spouse of any person identified in (a) through (f) of this section;
- (h) Each child seven years of age to seventeen years of age of any person identified in (a) through (f) of this section;
- (i) Any political action committee affiliated with the partnership or other unincorporated business, association, estate, or trust.
- (j) Any combination of persons identified in (a) through (i) of this section.



6. I further certify that if \_\_\_\_\_ is awarded a contract,  
[Name of Entity]  
the following persons shall, beginning on the date the contract is awarded and extending until one year following the conclusion of that contract, maintain compliance with division (I)(2) of Section 3517.13 of the Ohio Revised Code:
- (a) The individual;
  - (b) Each partner or owner of the partnership or other unincorporated business;
  - (c) Each shareholder of the association;
  - (d) Each administrator of the estate;
  - (e) Each executor of the estate;
  - (f) Each trustee of the trust;
  - (g) Each spouse of any person identified in (a) through (f) of this section;
  - (h) Each child seven years of age to seventeen years of age of any person identified in (a) through (f) of this section;
  - (i) Any political action committee affiliated with the partnership or other unincorporated business, association, estate, or trust.
  - (j) Any combination of persons identified in (a) through (i) of this section.
5. I do hereby acknowledge that to knowingly make any false statement herein may subject me and/or \_\_\_\_\_ to the penalties set forth in Section  
[Name of Entity]  
3517.992 of the Ohio Revised Code.

Further, Affiant sayeth naught.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Title]

Sworn to before me, and subscribed in my presence, this \_\_\_\_ day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Notary Public - State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



Ohio Department of Public Safety  
Division of Homeland Security  
<http://www.homelandsecurity.ohio.gov>

**GOVERNMENT BUSINESS AND FUNDING CONTRACTS**

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE NUMBER			

<p><b>DECLARATION</b> In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code</p>
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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



For each question, indicate either “yes” or “no” in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  
 YES  NO

2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  
 YES  NO

3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  
 YES  NO

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  
 YES  NO

5. Have you committed an act that you know, or reasonably should have known, affords “material support or resources” to an organization on the U.S. Department of State Terrorist Exclusion List?  
 YES  NO

6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  
 YES  NO

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety’s Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of “yes” to any question, or the failure to answer “no” to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**EXHIBIT II**

**HCJFS CONTRACT BUDGET**

**AGENCY:** \_\_\_\_\_

**BUDGET PREPARED FOR PERIOD**

**CONTRACT #**

**NAME OF CONTRACT PROGRAM** \_\_\_\_\_ **TO** \_\_\_\_\_

**INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW**

<b>EXPENSES BY PROGRAM SERVICES</b>				<b>MGMT</b>	<b>OTHER</b>	<b>TOTAL</b>
				<b>INDIRECT</b>	<b>DIRECT SER</b>	<b>EXPENSE</b>
<b>A. STAFF SALARIES</b>						
<b>B. EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>						
<b>C. PROFESSIONAL &amp; CONTRACTED SERVICES</b>						
<b>D. CONSUMABLE SUPPLIES</b>						
<b>E. OCCUPANCY</b>						
<b>F. TRAVEL</b>						
<b>G. INSURANCE</b>						
<b>H. EQUIPMENT</b>						
<b>I. MISCELLANEOUS</b>						
<b>J. PROFIT MARGIN</b>						
<b>SUB-TOTAL OF EACH COLUMN</b>						
<b>ALLOCATION OF MGT/INDIRECT COSTS</b>						
<b>TOTAL PROGRAM EXPENSES</b>						

**ESTIMATED TOTAL UNITS OF SERVICE TO BE PROVIDED:**

\_\_\_\_\_

**UNIT =** \_\_\_\_\_

**TOTAL PROGRAM COST/TOTAL UNITS OF SERVICE = UNIT COST:**

**\$** \_\_\_\_\_ **\$** \_\_\_\_\_ **\$** \_\_\_\_\_

**EXHIBIT II**

**A. STAFF SALARIES - Attach Extra Pages for Staff, if needed**

<b>POSITION TITLE</b>	<b># STAFF</b>	<b>HRS WEEK</b>	<b>ANNUAL COST</b>				<b>MGMT INDIRECT</b>	<b>OTHER DIRECT SERVICE</b>	<b>TOTAL EXPENSE</b>
<b>TOTAL SALARIES</b>									

**EXHIBIT II**

<b>EXPENSES BY PROGRAM SERVICES</b>				<b>MGMT INDIRECT</b>	<b>OTHER DIRECT SERVICES</b>	<b>TOTAL EXPENSE</b>
<b>B. PAYROLL TAXES</b>						
FICA _____ %						
WORKER'S COMP. _____ %						
UNEMPLOYMENT _____ %						
<b>BENEFITS</b>						
RETIREMENT _____ %						
HOSPITAL CARE						
OTHER (SPECIFY)						
<b>TOTAL EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>						

<b>C. PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b> (Indicate type, function performed, and estimate of use (hours, days, etc.))				<b>MGMT INDIRECT</b>	<b>OTHER DIRECT SERVICES</b>	<b>TOTAL EXPENSE</b>
<b>TOTAL PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b>						

**EXHIBIT II**

<b>EXPENSES BY PROGRAM</b>				<b>MGMT</b>	<b>OTHER</b>	<b>TOTAL</b>
<b>SERVICES</b>				<b>INDIRECT</b>	<b>DIRECT</b>	<b>EXPENSE</b>
<b>D. CONSUMABLE SUPPLIES</b>					<b>SERVICES</b>	
<b>OFFICE</b>						
<b>CLEANING</b>						
<b>PROGRAM</b>						
<b>OTHER (SPECIFY)</b>						
<b>TOTAL CONSUMABLE SUPPLIES</b>						
<b>E. OCCUPANCY COSTS</b>						
<b>RENTAL @ _____ PER SQ.FT.</b>						
<b>USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST</b>						
<b>MAINTENANCE &amp; REPAIRS</b>						
<b>UTILITIES (MAY BE INCLUDED IN RENT)</b>						
<b>HEAT &amp; ELECTRIC _____</b>						
<b>WATER</b>						
<b>TELEPHONE</b>						
<b>OTHER (SPECIFY)</b>						
<b>TOTAL OCCUPANCY COSTS</b>						

**EXHIBIT II**

<b>EXPENSES BY PROGRAM</b>				<b>MGMT</b>	<b>OTHER</b>	<b>TOTAL</b>
<b>SERVICES</b>				<b>INDIRECT</b>	<b>DIRECT</b>	<b>EXPENSE</b>
<b>OTHER SERVICE</b>						
<b>F. TRAVEL COSTS</b>						
<b>GASOLINE &amp; OIL</b>						
<b>VEHICLE REPAIR</b>						
<b>VEHICLE LICENSE</b>						
<b>VEHICLE INSURANCE</b>						
<b>OTHER</b>						
<b>MILEAGE REIMBURSEMENT</b>						
<b>AT \$_____ PER MILE</b>						
<b>CONFERENCES &amp; MEETINGS, ETC.</b>						
<b>PURCHASED TRANSPORTATION</b>						
<b>TOTAL TRAVEL COSTS</b>						
<b>G. INSURANCE COSTS</b>						
<b>LIABILITY</b>						
<b>PROPERTY</b>						
<b>ACCIDENT</b>						
<b>OTHER</b>						
<b>TOTAL INSURANCE COSTS</b>						

**EXHIBIT II**

<b>EXPENSES BY PROGRAM</b>				<b>MGMT</b>	<b>OTHER</b>	<b>TOTAL</b>
<b>SERVICES</b>				<b>INDIRECT</b>	<b>DIRECT SERVICE</b>	<b>EXPENSE</b>
<b>H. EQUIPMENT COSTS</b>						
<b>SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)</b>						
<b>TOTAL SMALL EQUIPMENT COSTS</b>						
<b>EQUIPMENT MAINTENANCE &amp; REPAIR (DETAIL)</b>						
<b>TOTAL EQUIPMENT &amp; REPAIR</b>						
<b>EQUIPMENT LEASE COSTS (DETAIL)</b>						
<b>TOTAL LEASE COSTS</b>						
<b>TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)</b>						
<b>TOTAL EQUIPMENT COSTS</b>						

EXHIBIT II

LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, i.e. hard drive monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was fully depreciated on the agency's books prior to the beginning date of the contract may not be used as a basis for determining costs of the program proposed for a contract, even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, 7C, etc.

ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM

**EXHIBIT II**

<b>EXPENSES BY PROGRAM</b>				<b>MGMT</b>	<b>OTHER</b>	<b>TOTAL</b>
<b>SERVICES</b>				<b>INDIRECT</b>	<b>DIRECT</b>	<b>EXPENSE</b>
<b>I. MISCELLANEOUS COSTS</b>						
<b>TOTAL MISCELLANEOUS COSTS</b>						
<b>J. PROFIT MARGIN</b>						
<b>(For profit entities only- indicate the amount)</b>						
<b>TOTAL OF ALL EXPENSES</b>						

A rationale or basis for the proration of MGT/INDIRECT Cost must be included which details how the amount charged to this program was determined. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct program costs, and/or time studies. HCJFS staff are available to discuss the most appropriate basis for the program for which the budget is being prepared, if agency staff are unfamiliar with this process.

EXPLANATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**EXHIBIT II**

<b>REVENUES BY PROGRAM SERVICES</b>				<b>MGMT INDIRECT</b>	<b>OTHER DIRECT SERVICE</b>	<b>TOTAL REVENUES</b>
<b>A. GOVERNMENTAL AGENCY FUNDING (specify agency &amp; type</b>						
<b>B. OTHER FUNDING FEES FROM CLIENTS</b>						
<b>CONTRIBUTIONS - (identify all contributions which exceed \$1,000.00 by donor and amount)</b>						
<b>AWARDS &amp; GRANTS</b>						
<b>OTHER (specify)</b>						
<b>TOTAL REVENUE</b>						

**EXPLANATION OF ANY ITEMS ABOVE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_