



Board of Commissioners:

Greg Hartmann, Chris Monzel, Todd Portune
Interim County Administrator: Christian Sigman
Director: Moira Weir
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
www.hcjfs.org

222 East Central Parkway • Cincinnati, Ohio 45202
(513) 946-1408 • Fax: (513) 946-2384
Email: carsos@jfs.hamilton-co.org

April 19, 2011

Dear Provider:

Hamilton County Department of Job and Family Services (HCJFS), Children's Service Division is seeking a provider to conduct Individualized Child Assessments for children served by our agency.

Attached is the Request for Quote which identifies the service needs and specifications. Also, attached are forms to be submitted with your bid. Please review the Request for Quote to determine if this is a service you may be interested in providing.

Questions regarding this Quote should be received no later than 12:00 noon by Friday, April 22, 2011. Responses should be received no later than 1:00 pm Wednesday, April 27, 2011.

Responses may be faxed, emailed, or mailed to the attention of:

Sandra Carson
Fax: 513-946-2384
Email: carsoso1@jfs.hamilton-co.org

Address: Hamilton County Job & Family Services
Attn: Sandra Carson
Contract Services 3rd Floor
222 E. Central Parkway
Cincinnati, OH 45202

Thank you for your consideration of this matter and I look forward to receiving a response from you.

Sincerely,

Sandra Carson
Contract Manager



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



HAMILTON COUNTY JOB & FAMILY SERVICES
Request for Quote
Consultation Services for Individualized Child Assessments

Hamilton County Job & Family Services (HCJFS) is soliciting price quotes from licensed psychiatrists, licensed clinical psychologists, licensed independent social workers, or licensed professional clinical counselors who are not employees of HCJFS to conduct Individualized Child Assessments (also known as MEPA assessments).

Background

Hamilton County Job & Family Services (HCJFS) is charged with assuring the safety and well being of the children served by our agency. The goal for each child is permanency, which is integral to ensuring long term stability, safety and well-being.

The Multi-Ethnic Placement Act (MEPA) is a federal law which prohibits delay or denial in adoption or foster care placement decisions based on race, color or national origin.

MEPA includes a penalty and corrective action plan provision for any state or entity receiving federal funds that violates this law.

MEPA allows race, color or national origin (RCNO) to be raised as a factor to be considered in an adoption or foster care placement decision only in unique and rare circumstances. Should RCNO be raised, consideration must be specifically tailored to the child's documented and /or expressed needs. A child's preference alone (regardless of the child's age) is not sufficient to consider race as a factor in making a placement decision. A written individualized assessment is required in order to determine that the child has specific needs that allow RCNO to be considered in the placement decision.

Scope of Service/Role of Therapist

Per Ohio Administrative Code rules 5101:2-42-18.1 and 5101:2-48-13, when RCNO has been identified as a possible factor in a placement decision, the child must undergo an independent assessment by a licensed psychiatrist, licensed clinical psychologist, licensed independent social worker, or licensed professional clinical counselor who is not an employee of HCJFS.

HCJFS is looking for a licensed professional to complete an assessment and consider if the child is at risk of suffering a significant adverse affect in his or her psychological welfare if placed with a family of a different RCNO based on the child's background, individual needs, and emotional or mental status. The licensed professional will make a determination if RCNO should or should not be considered as a factor in the child's adoption or foster care placement. The chosen licensed professional will complete Section II of the JFS 01688 and send the JFS 01688 form and the written assessment back to the HCJFS supervisor. To avoid excessive delays in the child's adoptive or foster care placement, the individualized child assessment must be completed within 30-60 days.

Contract Issues

The contract term would be one year with a one year optional renewal. There are approximately ten (10) children per year who may use this service.

The licensed professional is asked to submit their hourly rate.

Year One Hourly Rate	Optional Year Two Hourly Rate

Questions

Questions regarding this quote must be e-mailed to Sandra Carson, **carsos01@jfs.hamilton-co.org** no later than noon by Friday, April 22, 2011.

Bid Submission

Please submit bid **no later than 1:00 p.m. EST Wednesday, April 27, 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

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."

ATTACHMENT C

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			

ATTACHMENT C

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

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

ATTACHMENT D

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