



**Board of Commissioners:**

Greg Hartmann, Chris Monzel, Todd Portune

**County Administrator:** Christian Sigman

**Director:** Moira Weir

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**February 15, 2012**

**HCJFS REQUEST FOR PROPOSAL  
WIA FOSTER CARE YOUTH SERVICES RFP#SC0112-R**

**ADDENDUM 2**

**Questions Received During the RFP Conference:**

**Q1.** On page 19, 4.5 D, what does this mean?

**Answer:** Waiving any informality in the proposals means if there is a minor error in the proposal, the SWORWIB may choose to move the proposal forward to the next stage. An example of this would be if a Provider submits one (1) original and seven (7) duplicates of a proposal instead of the required 1 original and eight (8) duplicates. This would be at the Board's discretion.

**Q2.** Will Attachment A, Proposal Cover Sheet, be revised to align with details on page 12, Section 2.1?

**Answer:** Yes, attached.



**Q3.** Will cost per youth calculation on Excel spreadsheet be changed to match the calculation description on page 14 – Section 2.2.1, A-9?

**Answer:** Yes. Section 2.2.1, A-9 should read: Identify your contract's anticipated cost per **enrolled youth**. Be explicit in identifying the anticipated service duration for enrolled youth and the total annual costs of the contract in this calculation. For example, a youth exited after 24 months of service from a contract with an annual value of \$300,000 and an average ongoing enrolled population of 50 youth would result in a cost per exit of \$12,000. Any reference to volumes served in this proposal must reflect the volume initially enrolled within that contract year unless explicitly stated otherwise.

**Q4.** Will there be a centralized system for obtaining eligibility information from foster care; or will Provider need to deal with individual case worker? This has been time-consuming in the past with foster care youth who have enrolled into our program.

**Answer:** If provided a release of information HCJFS will provide information regarding foster children on whose behalf payments are made. These youth would be automatically "low income" and a family of one for WIA purposes.

If no payments are made, the traditional definition of family applies as would traditional WIA eligibility documentation requirements. Assuming the youth has been placed through a decree of court, then you would have to consider the entire "family" included in the definition and screen for "low income" status, which would no longer be an automatic designation.

5% of all youth served in our local area can be non-low income youth, so long as they have one of the DOL barriers (or fit in your local youth barrier definition). This could provide an opportunity to serve a few of the youth who would not otherwise be eligible. This population would be identified with the approval of the WIB.



**ATTACHMENT A  
PROPOSAL COVER SHEET FOR  
FOSTER CARE YOUTH SERVICES  
UNDER THE WORKFORCE INVESTMENT ACT (WIA)  
Bid No: RFP SC0112R**

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

Total Amount of WIA funds requested for initial contract term of: 7/1/12 – 6/30/13	Amount of WIA funds requested for the 1st 12 months of the initial term: 7/1/13 – 6/30/14	Amount of WIA funds requested for the 2nd 12 months of the initial term: 7/1/13 – 6/30/14	Amount of WIA funds requested for the 1 <sup>st</sup> Renewal Term of 12 months: 7/1/14 – 6/30/15
WIA Program expenses \$ _____	WIA Program expenses \$ _____	WIA Program expenses \$ _____	WIA Program expenses \$ _____
*Estimated # of youth enrolled _____	*Estimated # of youth enrolled _____	*Estimated # of youth enrolled _____	*Estimated # of youth enrolled _____
\$ Projected cost per youth \$ _____	\$ Projected cost per youth \$ _____	\$ Projected cost per youth \$ _____	\$ 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**

**\*That volume of youth initially enrolled in the program year referenced. This sum specifically excludes youth served in that year, but enrolled initially in a prior program/budget year.**

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

**Proposal Submission Checklist  
For**

**WIA Foster Care Youth Services  
Bid No: RFP SC0112R**

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 March 8, 2012 by 3:00 p.m.
- \_\_\_\_\_ B) Proposal is to be submitted by 11:00 a.m. on March 15, 2012
- \_\_\_\_\_ 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) Soft copy of the budget sent to the Contact Person on or before due date of proposals (March 15, 2012). Soft copy completed in Excel format, Section 2.3
- \_\_\_\_\_ H) 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, budget narrative must be completed for initial contract term and one for one year renewal option. (total of 2) Section 2.3
- \_\_\_\_\_ I) Customer Reference Letters are included, Section 2.4 (Do not include any HCJFS Personnel)
- \_\_\_\_\_ J) Personnel Qualifications are included, Section 2.5

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			

**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 E

**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



ATTACHMENT G



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](http://www.hcjfs.org)  
[www.hcadopt.org](http://www.hcadopt.org)  
[www.hcfoster.org](http://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).