



Board of Commissioners:
Pat DeWine, David Pepper, Todd Portune
County Administrator: Patrick J. Thompson
Director: Moira Weir
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
www.hcifs.org
www.hcadopt.org
www.hcfoster.org

22 E. Central Parkway • Cincinnati, Ohio 45202
(513) 946-2231 • Fax: (513) 946-2384
E-mail: HCJFS_RPP_COMMUNICATIONS@jfs.hamilton-co.org

October 16, 2008

**HCJFS REQUEST FOR PROPOSALS
YOUTH SERVICES UNDER THE WORKFORCE INVESTMENT ACT (WIA) RFP08-011**

ADDENDUM 1

To all Potential Proposers:

1. At the RFP conference held on October 15, 2008 it was stated that partnerships would be a major factor in this request for proposal in the delivery of services. We have provided the list of all registered providers as of October 15, 2008.

Lighthouse Youth Services

1501 Madison Rd Cincinnati OH

Molly Moloney, Robert Mecum

Arbor Education & Training

1916 Central Pkwy Cincinnati OH 45214

Wayde Smith, Dorothy Edgerton, Kim Hopper,
Joe Wright, Charles Bowles, Chuck Walters

Inclusive Solutions

4352 Mulhauser Rd Fairfield OH 45014

Peter DeDominici

Valley Learning Center

1341 Chicago Ave Cincinnati OH 45215

Rev Jim Vickers

Urban League of Greater Cincinnati

3548 Reading Rd Cincinnati OH

Dorothy Smoot

Straight 2 the Heart

5018 Reading Rd Cincinnati OH 45237

Lanore Cross

Cincinnati-Hamilton Co CAA

1740 Langdon Farm Rd Cincinnati OH 45237 Andre Wamba, Doris Ross, Dorn Simpson

Literacy Center West

3015 Phillips Ave Cincinnati OH

Jason Hecker

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



Young Women's Enrichment Project

1525 Madison Rd Cincinnati OH

Mary Hardy

Easter Seals Work Resource Center

2901 Gilbert Ave Cincinnati OH 45206

David Dreith, Deborah Smith

Outlook on Health

1525 Madison Rd Cincinnati OH

Willie Rose Haywood-Alexander

Project Nehemiah

434 Forest Ave Cincinnati OH 45229

Robin Brandy, Crystal Russell

Urban Appalachian Council

2115 W 8th St Cincinnati OH 45204

Larry Redden

Henkels & McCoy

2516 Willa Dr St Joseph MI 49085

Scott Brown, Kevin Stone

Jobs for Cincinnati Graduates

7162 Reading Rd Ste 1100 Cincinnati OH

Barbara Seibel

YWCA

898 Walnut St Cincinnati OH 45202

Eileen Hopkins

Eastern Personnel Services

340 Reading Rd Cincinnati OH 45202

Betty Richard, Tami Jordan

EWDC Chair - Ty Stuckey
WIB President – Sherry Marshall

2. The attachments listed below were sent to all registered providers to be included in proposals submitted in response to this RFP;

Attachment A Coversheet
Attachment C Budget
Attachment E Declaration of Property Tax Delinquency
Attachment F Terrorist Declaration
Attachment G Campaign Contribution Declaration

*all forms were sent in MS Word format, with the exception of the budget which is in Excel



**ATTACHMENT A
PROPOSAL COVER SHEET FOR
YOUTH SERVICES UNDER THE WORKFORCE INVESTMENT ACT (WIA)
Bid No: RFP 08-011**

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 the 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

Initial Term for twenty-four (24) Months 7/1/09 - 6/30/11	Renewal Year One for Twelve (12) Months 7/1/11 - 6/30/12
Projected Cost of each youth served \$ _____	Projected Cost of each youth served \$ _____
WIA Funds Requested \$ _____	WIA Funds Requested \$ _____
Value of leveraged resources \$ _____	Value of leveraged resources \$ _____
Total Projected costs: \$ _____ (Excluding any Incentive dollars)	Total Projected Costs \$ _____ Excluding any Incentive dollars)

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
YOUTH SERVICES UNDER THE WORKFORCE INVESTMENT ACT (WIA)
Bid No: RFP 08-011

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 November 7, 2008 by 3:00 p.m.
- _____ B) Proposal is to be submitted by 11:00 a.m. on November 21, 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) 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 (November 21, 2008). 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

Proposer: _____

Budget Period: (ENTER BUDGET PERIOD HERE)

LINE ITEMS	(INSERT PROGRAM) ADMIN	(INSERT PROGRAM) PROGRAM	LEVERAGED FUNDS	TOTAL FUNDS
Staff Salaries				
Staff Fringe Benefits				
Occupancy				
Postage				
Local Travel				
Non-Local Travel				
Material and Supplies				
Contractual Services				
Equipment & Furniture				
Equipment Maintenance				
Depreciation				
Printing				
Marketing				
Advertising				
Professional Development				
Insurance				
Accounting/Audit Services				
Legal Services				
Miscellaneous (Other)				
Management & Indirect				
TOTAL ADMINISTRATION				
Participant Stipends/Wages				
Incentives				
Tuition Services				
Support Services				
TOTAL PROGRAM				
PERFORMANCE INCENTIVE (5% of TOTAL)				
GRAND TOTAL				
ESTIMATED TOTAL UNITS OF SERVICE TO BE PROVIDED				
TOTAL PROGRAM COST/TOTAL UNITS OF SERVICE = UNIT COST**				

*NOTE: A separate budget must be filled out and turned in for each program to be offered, as well as for each term (both the initial two year term as well as the renewal term).

**This calculation excludes budgeted incentive dollars.

FRINGE BENEFITS	(NAME) ADMIN.	(NAME) PROGRAM	LEVERAGED FUNDS	TOTAL FUNDS
FICA @ %				
Medicare @ %				
State Unemployment @ %				
Workers' Comp @ %				
Medical Insurance @				
Retirement Plan @ %				
Other (Provide Detail)				
TOTAL FRINGE BENEFITS				
OCCUPANCY COSTS				
RENT				
TELEPHONE				
UTILITIES				
TOTAL OCCUPANCY COSTS				
POSTAGE				
LOCAL TRAVEL				
NON-LOCAL TRAVEL				
MATERIAL AND SUPPLIES				
OFFICE SUPPLIES				
CLEANING SUPPLIES				
PROGRAM SUPPLIES				
OTHER SUPPLIES				
TOTAL MATERIAL AND SUPPLIES				
CONTRACTUAL SERVICES				
EQUIPMENT & FURNITURE				
EQUIPMENT MAINTENANCE				
DEPRECIATION (see page 5)				

	(NAME) ADMIN	(NAME) PROGRAM	LEVERAGED FUNDS	TOTAL FUNDS
PRINTING				
MARKETING				
ADVERTISING				
PROFESSIONAL DEVELOP				
ASSOCIATION DUES				
CONFERENCE FEES				
TRAINING				
SUBSCRIPTIONS				
PUBLICATIONS				
TOTAL PROF DEVELOP.				
INSURANCE COSTS				
LIABILITY				
PROPERTY				
ACCIDENT				
OTHER (SPECIFY)				
TOTAL INSURANCE COSTS				
ACCOUNTING SERVICES				
AUDIT SERVICES				
LEGAL SERVICES				
PARTICIPANT STIPENDS				
PARTICIPANT WAGES				
INCENTIVES				
OTHER (SPECIFY)				
MANAGEMENT & INDIRECT				
GRAND TOTAL				

A rationale or basis for the proration of Management & Indirect costs 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.

EXPLANATION: _____

Tuition and Support Services expenses being reported on Page One (1) of this budget must be described in detail on this page of the budget. If additional pages are required please attach to this budget as necessary.

Include all costs related to tuition and all types of support services that will be utilized in fulfilling the needs of WIA participants in carrying out the goals of this contract.

TUITION EXPLANATION: _____

SUPPORT SERVICES EXPLANATION: _____

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 F

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 F

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 G-1
AFFIDAVIT IN COMPLIANCE WITH
SECTION 3517.13 OF THE OHIO REVISED CODE
(Corporation or Business Trust)
(R.C. 3517.13(J)(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 Corporation/Business Trust]

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

4. 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: _____