

# REQUEST FOR PROPOSALS

## FOR

### OPERATING THE ONE-STOP CENTER\*, PROVIDING BUSINESS SERVICES, PROVIDING CAREER SERVICES, MANAGING ON-THE-JOB TRAINING AND INDIVIDUAL TRAINING ACCOUNTS TO ADULTS AND DISLOCATED WORKERS

---

**RFP Number:** SWORWIB-2019-OSO

**Issued by:** Southwest Ohio Region Workforce Investment Board ("SWORWIB")

**RFP Administrator:** Ross E. Wales, of Counsel Taft Stettinius & Hollister LLP  
Fax: (513)381-0205  
wales@taftlaw.com

---

**Issued:** December 27, 2019

**RFP Bidders Conference:** January 4, 2019, 10 a.m. - Noon

**Location for RFP Bidders Conference:**

OhioMeansJobs Center  
1916 Central Parkway  
Cincinnati, OH 45214

**Due Date for Proposal Submission:** February 1, 2019, 11 a.m.

**Location for Proposal Submission:** SWORWIB Offices

Great Oaks Instructional Resource Center  
100 Scarlet Oaks Dr., Suite 102  
Cincinnati, OH 45241

*\* The terms One-Stop Center and One-Stop Operator are used in this RFP to be consistent with the referenced federal legislation. Please note that the State of Ohio has separately branded the public workforce system as OhioMeansJobs Centers and SWORWIB has adopted this naming practice, along with inclusion of the federal naming practice but for purposes of the RFP maintains the legislative terminology. As well, a new Governor was elected in 2018 and we will not know his naming preference.*

# TABLE OF CONTENTS

1.0	REQUIREMENTS & SPECIFICATIONS	5
1.1	Introduction & Purpose of the Request for Proposal	5
1.2	Scope of Service	9
1.2.1	Population	10
1.2.2	Service Components	11
1.3	Subrecipient	33
2.0	PROVIDER PROPOSAL	34
2.1	Cover Sheet	34
2.2	Service and Business Deliverables	34
2.2.1	Program Components	35
2.2.2	System and Fiscal Administration Components	44
2.3	Budgets and Cost Considerations	46
2.4	Customer References	51
2.5	Personnel Qualifications	52
2.6	Terrorist Declaration	52
2.7	Declaration of Property Tax Delinquency	52
3.0	PROPOSAL PROCESS	53
3.1	Program Schedule	53
3.2	RFP Administrator	53
3.3	Registration for the RFP Process	53
3.4	RFP Conference	54
3.5	Prohibited Contacts	54
3.6	Provider Disclosures	55
3.7	Provider Examination of the RFP	55
3.8	Addenda to RFP	56

4.0	SUBMISSION OF PROPOSAL	57
4.1	Preparation of Proposal	57
4.2	Cost of Developing Proposal	57
4.3	False or Misleading Statements	57
4.4	Delivery of Proposals	57
4.5	Acceptance and Rejection of Proposals	58
4.6	Evaluation	58
4.7	Proposal Selection	61
4.8	Post-Proposal Meeting	62
4.9	Public Records	62
4.10	Provider Certification Process	62
Attachment A	Cover Sheet	64
Attachment B	Contract Sample	67
Attachment C1-3	C-1 Contract Budget Instructions	105
	C-2 Sample Budget	125
	C-3 Budget Form	136
Attachment D	D-1 Provider Certification	147
	D-2 Provider Certification Instructions	156
Attachment E	Declaration of Property Tax Delinquency	165
Attachment F	Terrorist Declaration	167
Attachment G	RFP Registration Form	170
Attachment H	Comprehensive Monitoring Guide	172
Attachment I	WIOA References	206
Attachment J	Most Recent WIOA One-Stop Performance Summary	210

**REQUEST FOR PROPOSALS  
FOR  
OPERATING THE ONE-STOP CENTER\* AND/OR PROVIDING  
BUSINESS SERVICES AND/OR PROVIDING CAREER SERVICES  
AND/OR MANAGING ON-THE-JOB TRAINING AND INDIVIDUAL  
TRAINING ACCOUNTS FOR ADULTS AND DISLOCATED WORKERS**

**The Southwest Ohio Region Workforce Investment Board  
(SWORWIB)**

**PURPOSE**

The purpose of the SWORWIB is to set policy and oversee the federal Workforce Innovation and Opportunity Act and other funds obtained by the SWORWIB within the City of Cincinnati and Hamilton County under the guidelines and for the designated outcomes and results of the funding sources.

**VISION**

To lead the way in public workforce innovation providing outstanding service to our diverse customer base, community and region.

**MISSION**

To provide our employers with a prepared workforce by connecting jobseeking customers to opportunities that build their career readiness thereby contributing to their employability and to the growth of our community and region.

## 1.0 REQUIREMENTS & SPECIFICATIONS

### 1.1 *Introduction & Purpose of the Request for Proposal*

#### **Introduction/Authority**

SWORWIB is issuing this Request for Proposals (RFP) on behalf of the current Workforce Innovation and Opportunity Act (WIOA) Local Area 13 for which it is responsible under the Workforce Innovation and Opportunity Act (WIOA) of 2014. SWORWIB serves the local workforce development area, which is comprised of the City of Cincinnati and Hamilton County and is operationally represented by SWORWIB for this combined service area, with the Mayor of the City of Cincinnati as the Chief Lead Elected Official, and Hamilton County Job and Family Services ("HCJFS") as the Administrative Entity and the Fiscal Agent for Local Area 13.

The Workforce Innovation and Opportunity Act has been rolled out over four years with many Training and Education Policy Letters which are available on the Internet at [www.doleta.gov/OA/tens\\_tegls.cfm](http://www.doleta.gov/OA/tens_tegls.cfm) and for the State of Ohio WIOA Policy Letters (WIOAPLs) at <http://emanuals.jfs.ohio.gov/Workforce/WIOA/>. The Workforce Innovation and Opportunity Act is available at [www.doleta.gov/wioa](http://www.doleta.gov/wioa). See the **Attachments List**, WIOA References at the end of the RFP for other information.

As the Administrative Entity and Fiscal Agent, HCJFS would normally be tasked with administering this procurement. However, because HCJFS is the incumbent operator and a potential bidder in response to this RFP, SWORWIB is administering this procurement. Federal funds are provided to the local area and administered overall by SWORWIB. Federal WIOA funds are the core source of funds for One-Stop Operator functions.

SWORWIB is a 501(c)(3), nonprofit Workforce Board with a board of directors comprised of Mayoral appointed members representing business, economic development, education, labor, community and faith based organizations, state and locally required entities, Veterans, social services and state and local government agencies as required under WIOA and adding members to meet the WIOA requirements relative to apprenticeship training program, higher education, public library and ABLE (known in Ohio as ASPIRE) program representation. SWORWIB reserves the right to award a single contract for all services or multiple

contracts for different elements of these services to multiple bidders and to award one or more contracts for any or all the services proposed. (Unless otherwise clearly referenced in this RFP, once awarded contracts hereunder, both a single provider and multiple providers will be referred to as a “Provider” in this RFP.) Each Bidder must submit a proposal for the initial term of two (2) years with the option to renew for two (2) additional one (1) year option periods. The option periods shall be exercisable unilaterally at SWORWIB’s discretion. SWORWIB anticipates contracted services to be initiated on or before July 1, 2019. Therefore, the Provider will be working with HCJFS and SWORWIB relative to the start date during negotiations, and the initial term is for two (2) years and will run through June 30, 2021, with funding based on resources available at the time of contract signing.

All parties considering responding to this RFP should be aware that SWORWIB reserves the right to provide legal advisors and/or governmental departments to jointly negotiate amendment of the scope of any resulting contract to accommodate any change in legislation implementation nationally or statewide. Any contract resulting from this agreement may be extended, on a month to month basis, for up to six (6) months following the expiration of the contract or any option period at the discretion of SWORWIB and through our Administrative Entity for Area #13.

### **Eligible Bidders:**

Through this RFP, SWORWIB is endeavoring to identify experienced and effective entities to perform this work. The entity may be a single provider or a partnership of workforce development organizations. Each entity should have a lead agency that will hold the contract and serve as fiscal agent.

Eligible Bidders may fall within any of the following categories:

- Established Community-based organizations (CBO)
- Public Agencies
- Private For-Profit Businesses
- Private Non-Profit Businesses
- Educational entities with the exception of primary and secondary schools

All Bidders must demonstrate existing capacity and commitment to:

- serve the One-Stop’s target populations in accordance with state and federal law(s),
- operate cost-effectively,

- operate in a continuous improvement mode guided by customer needs, satisfaction, and success,
- meet state and local performance standards,
- report to SWORWIB monthly and cooperate with all committees and requests of SWORWIB.

Funding is not available to support training of an inexperienced Provider.

### **Purposes**

This Request for Proposal (RFP) solicits cost-effective proposals that fully describe how the bidder will implement the following:

1. Operate a One-Stop Center and other service access points for federally funded One-Stop partners and other community partners serving employers and customers seeking jobs, career counseling, training, and advancement as required by WIOA. SWORWIB has an existing MOU to partner with the public library system to deliver workforce content in branch libraries as outreach throughout Hamilton County.
2. Conduct staff operations as the Provider with One-Stop personnel and staff of the One-Stop partners to promote workforce skills for customers by modeling professional conduct and appropriate attire and by providing a welcoming environment and friendly service that demonstrates respect for the customers, their needs and circumstances.
3. Promote a “Veterans First” philosophy and service delivery.
4. Work with WIOA required partners to assess necessary accommodations for people with disabilities and determine priorities and funding sources to meet these needs. Assure technology adequate to serve the co-located partners, other partners and customers of the One-Stop Center. A list of SWORWIB’s One-Stop Center MOU Partners is attached as **Attachment I**.
5. Operate Business Services that market to employers and are responsive to their workforce needs. Provide professional services to businesses and employers for connecting employment opportunities to our jobseeker customers, hosting business introductions and hiring events, assisting employers with hiring jobseekers through on-the-job training accounts to support their training plans, conducting workshops and training programs to benefit employers in optimizing services from Provider and improving their recruitment, and generally attracting employers to use the Center services through the quality and results of a trained,

skilled, professionally presenting team of talented staff. Coordinate with SWORWIB and its partners in the community relative to supporting the existing and collaboratively formed current and future employer/industry sector partnerships and career pathways. Collaborate with mandatory partners that conduct business services to minimize duplication and promote seamless business service delivery.

6. Collaboration with SWORWIB OMJ Business Engagement Committee is required, as recommended by WIOA.
7. Collaboratively assist employers who are reducing their workforce or closing operations to obtain rapid response services for the company and the dislocating workers with attention to timeliness and efficiency so as to avoid adding stress to the circumstances of these employers and separating workers. Coordinate a local rapid response team, as outlined by the state and further defined with specific partners at the local level, namely representatives of local office of the Ohio Department of Job and Family Services, Unemployment Compensation, Trade Act, and SWORWIB, to deliver services in the manner described and also coordinate with any organization representing the impacted labor force, elected officials and SWORWIB to remain informed and knowledgeable of the service delivery and results. Work with SWORWIB in requesting Rapid Response Funds from State resources. Provider is responsible to obtain SWORWIB signatures on all funding requests.
8. Coordinate the interaction, cooperation, and participation of the WIOA-required and other partners in service delivery at the One-Stop Center, all in accordance with WIOA expectations for intake, application, enrollment, service delivery coordination, case management, referrals, and performance measurement and managing cost share collection.
9. Provide career services for eligible adults and dislocated workers (formerly known as "WIA Sequence of Service" under the 1998 Act but broader and without sequence under WIOA) including WIOA-funded career coaching, assessments, supportive services and training.
10. Provide referral connections and other services for youth, specifically out-of-school youth, under WIOA law.
11. Coordinate, refer and/or co-enroll customers as appropriate particularly for the



Comprehensive Case Management and Employment Program (“CCMEP”) operating in the State of Ohio.

These services will follow the requirements of the WIOA, local SWORWIB policies, the negotiated Memorandum of Understanding (MOU) governing One-Stop partners’ responsibilities and cost shares, and the regional and local workforce regional strategic plans developed for Area 13, (and Area 12) under WIOA law.

Bidders should address how all purposes specified above under Section 1.1 Purposes are proposed to be delivered. Those bidders interested in certain purposes but not all purposes should connect with others to submit or be part of a submission that addresses all eight fundamental purposes. The entity may be a single Provider or a partnership of workforce development organizations. Any such collaborative effort must designate a lead agency that will hold the contract and serve as the sole contracting entity.

This RFP is not in itself an offer for work nor does it commit Area 13 to fund any proposals submitted or award any contract.

## **1.2 Scope of Service**

Within the limits of WIOA law and rule, any aspect of the scope of service may be re-prioritized in the future and increased or decreased in response to changing circumstances or funding levels. Priorities shall be established by SWORWIB with budget impacts defined by the Provider and each constrained by law, regulation and available funds as confirmed to SWORWIB in discussion with the Administrative Entity. Provider shall adhere to federal, state, and local performance standards as defined in Section 1.2.2 Service Components. Several of the proposed benchmarks have not yet been removed from baseline into final benchmarks and Provider will have to negotiate those evolving measures.

The goal of the One-Stop Center and System is to provide seamless and streamlined services with no “wrong door” to job-seeking customers and employers. The Provider takes the leadership with required and community partners on operational issues, culture of professionalism and customer friendliness as well as the development of

integrated services and performance measurement. The negotiation and implementation of the Memorandum of Understanding (MOU), budget and service specifications and any future formal or informal agreements is managed by SWORWIB with input and financial details from the Bidder selected by SWORWIB to be the Provider. The Selected Bidder must collect reimbursement from all partners per the terms of the local MOU and WIOA law and utilize such funding to reimburse SWORWIB as property manager or its own costs associated with operations and must provide reports to SWORWIB monthly.

### **1.2.1 Population**

The following data is provided for planning purposes only. SWORWIB does not guarantee that the current service level will increase, decrease or remain the same. SWORWIB is active in grant pursuits, writing, delivery design and management. Provider must provide the services described in this RFP to the following customers, as appropriate and within funding/eligibility guidelines:

- Employers seeking workers, labor market information, labor exchange services (e.g., posting of job orders, receiving qualified referrals, etc.), specialized training arrangements for current or prospective workers, participating in regionally determined and organized industry sector and career pathway initiatives, needing assistance to avoid layoffs or reduction in force, services at layoff or reduction in force or closure.
- The general public (the universal customer) seeking use of the facility, access to resources for job hunting and other services as part of the array of career services under WIOA.
- Adults and Dislocated Workers (including displaced homemakers) who meet the requirements for WIOA services;
- Individuals seeking specialized services such as Veterans, former offenders, substance abusers, non-high school or alternative diploma, individuals with multiple barriers to employment (including older individuals, people with limited English-speaking ability or cultural barriers and people with disabilities), individuals impacted by foreign trade who may be eligible for Trade Readjustment Assistance (TRA), NAFTA, etc.;
- Former WIOA enrollees to whom follow-up services are to be provided;
- Non-custodial parents of the children supported by public assistance;
- Out-of-school youth who need referral to appropriate service providers or other career services; and
- Youth are now defined by federal funding as 14-24-year-olds and those with children are eligible for services under the State of Ohio CCMEP through and collaboration or consideration or co-enrollment.

### **1.2.2 Service Components**

The Provider will provide:

#### **1. Program Facilities**

- a. A full service, comprehensive One-Stop Center is currently operated at 1916 Central Parkway (“OhioMeansJobs Center Cincinnati/Hamilton County”).  
Provider will be expected to maintain a fully functioning One-Stop Center at the current location. This facility will be made available for use by the Provider in accordance with the full-time equivalent cost ratio of the required MOU. Facility management and related costs for each location are outlined in the MOU for cost-sharing. Any Bidder with questions regarding the Partner MOU may request a copy for review. Provider must collect cost shares from all partners and reconcile these shares with actual expenses Provider and SWORWIB as the OhioMeansJobs Center facility manager.
- b. Use of the OhioMeansJobs Center includes basic furniture, meeting room furniture, panel screens with wall mount, AV equipment in largest conference room, computers in the lobby, resource room and computer lab rooms. NOTE: Bidders will be responsible for the costs of staff computer equipment, printers/copiers/fax equipment, supplies and repairs. Any and all items purchased with funds provided under this Agreement shall remain property of SWORWIB and shall be inventoried by HCJFS in their role as Administrative Entity.
- c. Seek additional and implement current other access points (e.g., non-permanent locations such as a library) to make WIOA career services accessible to Hamilton County and City of Cincinnati residents in a cost-effective manner.
- d. Operate the OhioMeansJobs Center as a functioning One-Stop Center that is professional and inviting in appearance with easy customer flow and courteous, professionally attired staff. Explain your practices for achieving this and any hindrance to this expected requirement. When submitting explain your version of “professional attire” and your practices and policies for assuring that the OMJ team demonstrates professional attire and behavior to our customers.
- e. Provide policies and procedures of staffing the front desk of the One-Stop Center. SWORWIB believes that all team members need to periodically serve

the front desk function to maintain their knowledge of our customers and their needs and challenges as well as to keep their own knowledge base current.

- f. Provide policies and procedures related to news media interactions and engagement. SWORWIB requires all contractors including Provider to recognize SWORWIB in all their internal and external media and to consult with SWORWIB before any interviews to avoid implications SWORWIB may have to manage as well as reinforce recognition of SWORWIB's role in delivery of services as detailed in WIOA.
- g. Cooperate with SWORWIB relative to identifying accessibility needs, utilizing accessibility resources and assuring the OhioMeansJobs Center remains ADA compliant.
- h. Provide policies and procedures associated with tobacco use (smoking, vaping and chewing tobacco) on property. SWORWIB leases the One-Stop Center from Hamilton County, which does not permit tobacco use. Provider must apply the policy for everyone's benefit as well as address the negative impact of groups of staff smoking for indeterminant time frames at the front of the facility at the other end of the building.
- i. Provide policies and procedures relative to social media use on property and about operations by staff of personal podcasting on property during the working schedule of the Center.
- j. Maintain facilities and services to assure ongoing state certification as a comprehensive One-Stop Center that must have all partners participating in the site services as outlined in the law, is internet accessible and has a fully functioning resource room. All resource and cost sharing among the partners are negotiated between SWORWIB and Provider and must be documented in an MOU. *(Note: At the issuance of this RFP, the State of Ohio is adjusting to the election of a new governor. The prior governor developed the OhioMeansJobs moniker along with other gubernatorial changes and it is currently unknow what Governor DeWine will do. SWORWIB will address known impact during negotiation with the selected bidder).*
- k. Furnish and staff a resource area for use by the public and provide quality internet access and equipment for use by customers and the partner staff of the One-Stop Center. Technology expectations under WIOA are sizeable and

meant to provide for exploration of new technologies that assist jobseekers to prepare for work, as well as assist the One-Stop system to better manage collecting and reporting progress and results to the community. Bidder must clearly explain how Information Technology for the One-Stop central Resource Room, training rooms, computer laboratories, all staff collecting customer information, reporting to SWORWIB will be a priority.

- l. Provide for referral systems among various agencies and for use of the facility by youth providers for working with WIOA Youth as outlined under WIOA's expectations for youth to connect with the One-Stop for services. Currently Ohio has merged WIOA Youth and TANF funds into the CCMEP. Efforts in TANF reauthorization support Governor Kasich's approach, but reauthorization will be considered in 2019 with new committee leadership. Provider will need to manage interaction with CCMEP if continued in Ohio or expanded by federal law.
- m. Offer hours convenient to customers and appropriate to the number of customer visits. Schedule to include extended hours as necessary. Adjust hours as necessary in response to usage and customer satisfaction data.
- n. Arrange limited hours at "satellite locations or access points", as needed, particularly to meet the needs of outlying communities of the County or special populations.
- o. Make available, at no cost, meeting or training space to the Administrative Entity, the Chief Lead Elected Official, SWORWIB, employers, employment related organizations and partners. [Note: Under WIOA, SWORWIB is encouraged to fundraise; one way to do so is to rent the facilities to other, non-co-located partners not specified within WIOA as mandated.]
- p. Cooperate with SWORWIB to assure space is available in the One-Stop Center for partner services per agreement with the partners and SWORWIB. Use of space for full-time equivalents is detailed in the Memorandum of Understanding, which Provider will cooperate with SWORWIB to update and re-negotiate with the required partners under WIOA and other co-located entities in advance of expiration. Provider should have periodic meetings at leadership and operational levels or as combined with and at the request of the mandated partners or SWORWIB.

- q. Provider will respond to SWORWIB and its committees with interaction at the One-Stop Center, specifically OhioMeansJobs for People with Disabilities Committee, WIOA Core Partners Council, OMJ Business Engagement Committee, SWORWIB Quarterly Board meeting and routine Executive Committee and periodic Ad Hoc Committees. Moreover, Provider will be responsible for an Operating Partners Quarterly meeting with a posting on the Annual Calendar, at least one week notice with agenda and published notes, with attendance recording for the meeting.
- r. Provide web-based technology to support administrative, program and fiscal accountability, which includes but is not limited to: tracking information on customers, employers, and One-Stop partners; direct job postings; resume management; application tracking and workflow management reporting. Such technology may be on OhioMeansJobs.com, currently the statewide source of technology in Ohio, but may be on another platform.
- s. Determine a process and method bringing the WIOA MOU partners into the practice of co-intake, co-application, co-enrollment, co-case management and co-performance measurement. This has been an historic challenge that needs to be corrected as the federal and state requirements focus on One-Stop Operator and Workforce Board obligation to report improvements in these efforts.
- t. Maintain the current state branding requirements for the Ohio One-Stop System of Centers and promote visibility of name, logo and tagline, whether retained as "OMJ" or adjusted by the new governor. SWORWIB also intends to tag line the requested moniker from the federal government at least until such time as a new brand is determined within WIOA. Use the name and logo in signage, forms, stationery, logo, marketing, internet access and other media.
- u. In the event of contract termination, all leases, software licenses, and telephone numbers will be assigned to Administrative Entity and equipment, materials and supplies returned to Administrative Entity, assuming Administrative Entity will accept assignment. Provider will inventory and maintain all purchased and transitioned equipment. The One-Stop Center's name and logo, including signage, communications, websites and marketing materials, will remain the property of Administrative Entity or in some cases SWORWIB (who invested in

the American Job Center linkage as part of large federal grants they obtained or partnered with others to secure).

## **2. Outreach & Recruitment**

- a. Provider is responsible for aggressive marketing to jobseekers and customers seeking career services including to such target groups as Veterans (noted as first among equals as customers), the unemployed and long term unemployed; ex-offenders; individuals with disabilities, few skills, little work history or education, or personal barriers; persons with cultural or language barriers; young adults; older workers; skilled workers; and professionals. Include specialized outreach methods and marketing to non-traditional, hard-to-reach, and hard-to-serve groups.
- b. In collaboration with SWORWIB and required partners, market, promote and advertise the One-Stop Center to educate employers, training institutions, targeted groups and the general public about what services are available; their benefits and how to access them; and industries given priority for training and employment connections, as well as resources available to employers and jobseekers to cement these connections
- c. Collaborate with SWORWIB for particular outreach efforts with specific industry sector and career pathway efforts and consortiums for which SWORWIB is a creating or participating partner and/or member.

## **3. Services for Jobseeking Customers**

- a. Provider will offer integrated services of partners in a seamless and streamlined fashion. Adaptations will be available for specialized populations such as those with significant language and cultural barriers including people with disabilities.
- b. Some of these services will require WIOA registration; however, the WIOA eliminated the “sequence of service” formerly controlling enrollment under WIA as the process law. Services available to the customer will include the following.
  - Outreach, intake, and orientation to the One-Stop Center. Orientation to the One-Stop Center and to the One-Stop System of partner services will be available via print, videotape, and workshop or one-on-one with a One-Stop customer service representative. Following orientation, the individual will



either start working independently on career exploration and job search, or be referred for more specialized services with one or more of the One-Stop partners, including WIOA Title I Adult and Dislocated Worker career services as well as to other community partners.

- Initial assessment of skill levels, aptitudes, abilities, and need for supportive services. This is accomplished in a one-on-one interview to gather a recent job history, provide a quick analysis of local demand for customer's occupational skills, and the individual's job-seeking skills. Initial assessment may include identification of customers' type of unemployment (functional, structural, seasonal or cyclical) and any transferable skills the customers may have.
- Initial development of employment plan.
- Job search and employment assistance.
- A Resource Room with self-service information to help customers in selecting careers, job searching, job matching, placement, retention and advancement through ample computers, print, video, and other media. The Resource Room should be designed for ease of customer use, and staffed with technologically expert professionals who can answer questions and assist in information searches, decisions, and connections to services. The internet service and capacity of the computer equipment needs to meet WIOA expectations for technology use by the One-Stop Center.

Specifically, The Resource Room provides access to:

- ❖ The OhioMeansJobs.com website for the State of Ohio for which nearly all customers are encouraged and some are required to open and use an OhioMeansJobs account and post their resume, as well as job search, complete practice assessments and other job-hunting resources.
- ❖ Labor market information including job vacancy listings, job skill requirements for job listings and information on employment trends and career options, available training, and employment law;
- ❖ Information on resume writing, interview techniques and application completion;
- ❖ Information on financial aid. *[Note: The State of Ohio is required by WIOA to post on-line evaluation results for Eligible Training Providers*



*both for WIOA investments and comparisons between WIOA customers and all other-funded customers of the same programs. The State of Ohio has requested a waiver of this WIOA requirement due to burden on higher education providers.]*

- ❖ Performance information on the local One-Stop delivery system; and
- ❖ Information on One-Stop partner services;

The Resource Room also has this access but many times customer need more assistance with:

- Information on supportive services including how to obtain them, via print, the One-Stop website, or One-Stop representative.
- Information regarding filing for Unemployment Compensation.
- Access to employability workshops, including workshops that develop “soft skills” such as effective oral communication, team-building, and problem-solving skills and workshops on the use of technology for the job search.
- Help with establishing eligibility for WIOA services and for other training and education programs.
- Following up with customers to determine progress in achieving career goals to direct them to other career services, partner services or WIOA services.
- Accessibility for those customers with disabilities. SWORWIB has provided video phone technology in a private room which is useable for people with hard of hearing, deafness and additional support can be made available with costs for language assistance.
- Provide information and referral for out-of-school youth for CCMEP and/or adult services.
- Provide assessments to individuals as assistance with self-discovery and self-exploration.

#### **4. Customer Data Collection**

- a. Secure basic information as required by Department of Labor (DOL), ODJFS, and the Administrative Entity on each business and jobseeker customer using One-Stop Center services. Track repeat customers and maintain case management to provide adequate information for assessment of performance under the expanded performance measures of WIOA.

- b. Register all job-seeking customers using One-Stop Center services in the State of Ohio database system, at OhioMeansJobs.com, collecting the basic information required.
- c. Complete required paperwork on WIOA customers and enter customer information into Ohio Workforce Case Management Systems (OWCMS) on same day as customer visit.
- d. Maintain customer satisfaction information, customer complaints and conflict of interest declarations. Review same with SWORWIB monthly.

## **5. Business Services**

- a. Use strategic approaches for supporting regional economic development and providing employers with a job-ready trained workforce, following the direction of SWORWIB executive and SWORWIB policies, and the recertified update of the Southwest Ohio Regional WIOA Area Strategic Plan as required under WIOA. SWORWIB is a member of the Regional Economic Development Initiative and interacts with countywide and individual community directors such as Blue Ash, Cincinnati, Forest Park, Sharonville, which have strong economic development agendas.
- Focus resources on a several key industrial or occupational sectors as directed by SWORWIB, such as healthcare, construction, advanced manufacturing, information technology, transportation/distribution & logistics, business & finance, and administrative professional occupations, all current or in development. Preferred sectors will have two of the following: high staffing needs, self-sufficiency wages (including availability of benefits and opportunities for advancement), and need for skilled workers.
- Identify sectors on which to focus resources through such means as analyses of labor market information (LMI), employer advisory groups, focus groups, surveys, collaboration with regional planning or economic development groups.
- Collaborate with SWORWIB, which has been a leader with industry sector and career pathway initiatives and is in partnership with other WIBs serving the broader region and with Partners for A Competitive Workforce and the National Fund for Workforce Solutions, working with industry or occupational sectors, to:

- ❖ identify ongoing and emerging needs of these employers: what skills potential employees need, what career fields are expanding, and what jobs are available;
  - ❖ identify or develop training programs or institutions that meet the criteria of the industrial sector and can be certified as satisfactory
  - ❖ obtain lists of job openings
  - ❖ endeavor to obtain agreement from employers to hire persons successfully completing certified training.
- b. Address employer and sector skill shortages through upgrading of jobseekers' basic job readiness, including soft skills (SCANS) and the use of the ACT (NCRC) identified as acceptable by these industry initiatives or any other options that should be explored or recommended by bidders.
- c. Strategically recruit and develop responsive services for employers:
- In demand occupations, offering self-sufficient wages, benefits, and chances for advancement.
  - Reflecting economic development priorities
  - Willing to hire returning Veterans, dislocating workers and people with special challenges, such as former offenders, people with significant language or cultural barriers, people with disabilities and people with little work history.
- d. Recruit jobseeker customers with skills required by employers tailoring services to meet specific employer or sector needs. This includes resolving employer needs and brokering services.
- Recruit employers:
    - ❖ Coordinate recruitment with SWORWIB who is actively partnering with the Cincinnati USA Regional Chamber, special ethnic chambers and the Regional Economic Development Initiative (REDI) as well as the Partners for A Competitive Workforce. Additionally, SWORWIB board itself includes the Regional Chamber, Cincinnati Business Committee, Greater Cincinnati Redevelopment Authority (formerly the Port Authority), and the Chinese and Hispanic Chamber of Commerce.
    - ❖ Work with all of these intermediaries and SWORWIB to recruit employers.

- ❖ Communicate with and market to area employers about One-Stop Center services and other community services using a variety of approaches.
  - ❖ Expand partnerships with employers and employer organizations.
  - Coordinate employer contacts and placement services with One-Stop partners, training vendors and the WIOA and CCMEP Youth providers to ensure comprehensive non-duplicative products and services.
- e. Provide services to area businesses that address not only their current labor needs but assist in preparation for future labor needs. Services may include but not be limited to:
- Development of an Individual Employer Plan and record of services requested and provided. This should be tailored to the needs of individual employers or sectors.
  - Information about tax and other incentives. (EITC, WOTC, etc.)
  - Information about on-the-job training opportunities, using information obtained from such organizations as economic development organizations and local chambers of commerce.
  - Information about best practices such as effective hiring and employee retention practices.
  - Working directly with the local businesses to identify job openings, training needs and opportunities within their company.
  - Assisting with recruiting, interviewing and screening of applicants as needed and providing space for on-site interviewing.
  - Providing employers with access to expanded labor pools and assisting in their recruitment through posting job orders and matching them with One-Stop customers if they meet employers' minimum requirements.
  - Hosting general and customized job fairs for occupation, industry, or employer.
  - Communicating options for training and training funding to employers, as well as tax benefits and other incentives for participating in One-Stop Center services.
  - Offering links to WIOA training services to support on-the-job and customized training to employers whose jobs meet the criteria set forth by

SWORWIB and who enter into agreements as set forth by SWORWIB policy.

- Brokering the provision of support services to WIOA customers who are new and incumbent employees of participating businesses, including retention services.
- Making full use of the resources and services of the OhioMeansJobs.com website, including job matching.
- Offering on the job training and customized training for new workers, including Veteran's OJTs, statewide special funded OJTs and other OJT resources that are available or can be pursued by the Provider.
- Following up with employers to assess their need for further assistance.
- Arranging workshops for employers on timely topics such as alternative Ohio diplomas and marijuana in the workplace.
- Collect customer satisfaction information from employer customers that include satisfaction with employees they hired who received WIOA support occupational or on-the-job training.

## **6. Collaboration**

- a. Collaborate with One-Stop's partners to bring integrated and additional services to the One-Stop Center. Coordinate with SWORWIB which will enter into a Memorandum of Understanding (Partners MOU) relative to these services and to the financial agreements with partners for cost sharing in accordance with WIOA.
- b. Improve customer access to One-Stop partner services through implementing a common intake, common application, common case management and referral process as required under WIOA. Strive to streamline services and minimize duplication. This has been a decade long issue for our area so please address your experience in achieving this functionality and how you will apply it in our local area.
- c. Work with the WIOA youth services providers to familiarize youth with the full array of One-Stop Center services and determine appropriateness of co-enrollment, particularly for out-of-school youth CCMEP.

- d. Leverage additional funding streams including those that support training, as well as in-kind and monetary contributions from regional organizations and businesses.
- e. Collaborate with other pertinent organizations in the community to meet the needs of customers.
- f. Collaborate with SWORWIB to implement workforce development system initiatives and specific grant activities for which SWORWIB and One-Stop System participation has been required in the grant applications and subsequent funding.
- g. Collaborate with the state agencies to implement state-generated initiatives related to One-Stop services. Prior examples of such endeavors are the Incumbent Worker Training Program, the Veterans Rapid Response Program (VR2), the Veterans Short-Term Training Program (VSTP) and rebranding of the Ohio system.

## **7. Performance Measurement and Continuous Improvement**

- a. SWORWIB expects Provider to meet or exceed all WIOA performance measures included in law and subsequent regulatory decisions. Under WIOA these performance measures are more important than ever as they not only inform Congress and federal agencies but also the general public under new requirements for public disclosure websites; and furthermore, are factored into initial and periodic certification and re-certification of the local areas and one-stop designations.
- b. Provider will work with SWORWIB to negotiate all WIOA performance measures with ODJFS.
- c. Provider will work to continuously improve One-Stop Center services. Improvement should focus on but not be limited to program utilization, performance outcomes, customer satisfaction, cost effectiveness and joint combined performance reporting to the partners, SWORWIB and the Community. Report improvements in the monthly report to SWORWIB.
- d. Provider will establish a program of staff capacity-building, within and across partners. Report on training provided in the monthly report to SWORWIB. Collect and analyze appropriate data for quality assurance, continuous improvement, and reporting purposes.

- e. Provider will implement process and schedule for reviewing and analyzing performance data internally and with partners, such activities can be brought to SWORWIB Committee known as the WIOA Core Partners council and led and recorded by SWORWIB on a quarterly basis identifying areas to target for improvement, diagnosing causes of failure to meet performance standards, planning changes to improve performance, implementing changes and monitoring the results. Promptly develop solutions to address any identified problems in day-to-day operations and continue to apply corrective actions until performance meets standards.
- f. Work with SWORWIB on any monitoring or measurement and continuous improvement activities or audit/site monitoring visits in order to maximize learning and improvements from these processes.
- g. Work with SWORWIB and Administrative Entity (HCJFS) for audits, monitoring site visit or other continuous improvement efforts of ODJFD, Auditor of State, Department of Labor or others to be determined.

## **WIOA SERVICES FOR ADULT AND DISLOCATED WORKERS**

### **1. Outreach and Recruitment for**

- a. Implement an outreach, marketing, and organizational collaboration strategy to enroll adult and dislocated workers in WIOA services and to meet performance standards.
- b. Manage enrollment of adult and dislocated workers into WIOA services to maximize funding allocations for adult and dislocated workers.

### **2. Rapid response**

- a. Leverage and coordinate community and public resources for lay-offs, including linking to One-Stop partners and Trade Act programs and coordinate with the states identified Rapid Response Regional Coordinator assigned to lead activities in accordance with SWORWIB-approved RACI chart of SWORWIB responsibilities for seamless delivery of services to affected businesses and employees.
- b. Implement a strategy for marketing and promoting Rapid Response so that everyone involved in dislocation events is aware and takes full advantage of the full range of available re-employment services, including notification of

impending layoffs prior to WARN notices or not meeting the criteria to trigger a WARN notice.

- c. Respond to all rapid response requests within the time frames and processes designated under ODJFS Rapid Response procedures and policy. Training for new local area rapid response designated staff representative(s) of Provider will be arranged to insure compliance with the state designated processes and technology systems. The Local Area Rapid Response Coordinator is an employee of Provider and works with a defined team in conjunction with the affected companies develops a rapid response tailored to the needs of company's employees, involving One-Stop partners as designated and appropriate. Determination of the Local Area Rapid Response Coordinator needs consideration of skills in collaborating with multiple entities, including SWORWIB President, Unemployment Compensation Staff, state workforce specialists, Provider's staff, possible contracted transition center staff, employers, employee representative organizations such as labor unions or others. Sensitivity to the political and emotional environmental is essential and cannot be overlooked by the Provider.
- d. Provide services in locations and at times convenient for affected workers.
- e. Upon request, provide personnel and resources to assist regional businesses with activities, such as mass hiring's and layoffs.
- f. Provide dislocated workers information and access to unemployment and compensation benefits, comprehensive One-Stop services, and employment and training activities, including information on the Trade Adjustment Assistance program.
- g. If requested, assist in establishing a labor-management committee or workforce transition committee of voluntary representatives of the employer and affected workers to oversee an implementation strategy that responds to the reemployment needs of the workers.
- h. Meet standards for service delivery, e.g., timely response, personal contact with affected employees, employee satisfaction, and others as outlined in state policy.
- i. Conduct career awareness workshops for dislocated workers requesting and/or assessed as needing them.



- j. Host workshops as needed and maintain records of outcomes.
- k. Make presentations at local Unemployment Insurance Profiling/Re-employment Services meetings relative to rapid response services.
- l. Insure timely and streamlined access to dislocated worker program services for all workers who need assistance beyond Rapid Response services.

### **3. WIOA Registration**

- In accordance with appropriate federal and state guidance, make determination that places customer in the appropriate reporting system until such time as the co-case management system envisioned in the WIOA legislation is available at the One-Stop Operator level. Until the new co-enrollment/co-case management system is available, enroll customers receiving WIOA funded, staff-assisted services in WIOA services as appropriate. Enter customer data into OWCMS or other appropriate state- authorized tracking system to accurately reflect customer status.
- Under WIOA the former “sequence of service” has been eliminated and One-Stop Operators are to permit customers to move through stages at their motivation and need with assessment but not timed rigor through the former sequence of services.
- Obtain the services information as required by the Department of Labor’s Workforce Standardized Record Data system or future system and any local data elements from jobseekers at time of enrollment until such time as the combined systems have been developed and access the DOL and ODJFS can provide to Provider.

### **4. WIOA Services**

- a. Provide customers with orientation to the available WIOA services, including all career and training services. Provide adaptations for special populations, such as language barriers, people with disabilities, returning former offenders and other people with challenges.
- b. Develop and implement a WIOA program eligibility process that is timely, meets federal, state and SWORWIB policy requirements without unnecessary documentation that delays access to career services or overburdens the customer.
- c. Provide the following services (requiring registration as a WIOA participant included in the performance calculations) to the eligible customer:

- Staff assisted job search and placement assistance, including career counseling
  - Staff assisted job referrals, testing and background checks
  - Staff assisted skill building
  - Staff assisted employability workshops
- d. Offer all customers who request staff assisted skill development an assessment resulting in a focused job choice and income growth goal, including specific salary/benefit expectations, and potential employer/company choices.
  - e. Use the data to assist customers with designing an Individual Employment Plan (IEP) that helps the customer make informed decisions about employment options. The IEP should incorporate realistic goals matching the customers' aptitudes, skills, and desires. The IEP is to be updated continuously to reflect the customers' changing needs as circumstances change and career goals develop and are achieved. The IEP also documents follow-up plans for customers referred to training and updates regarding progress. The IEP should reflect labor market conditions and employment opportunities.
  - f. Provide specialized services, as needed for customers with disabilities and/or other challenges, former offenders, and persons with cultural or language barriers.
  - g. Offer assessment services to all customers with a disability. Fast track jobseekers with disabilities to most relevant career services with a One-Stop partner as needed. Provide initial assessment services to individuals with disabilities through the use of video magnifiers, oral administration of assessments and through case-by-case coordination with partnering organizations serving individuals with disabilities.
  - h. Provide job readiness workshops that focus on job search, job obtainment, soft skills such as effective oral communication, team-building and problem solving, and job retention skills, making use of best practices information about effective training methodology for adults. Gather and incorporate information from employers and other sources about appropriate content for job readiness curriculum. Obtain customer satisfaction data from both employer and jobseeker customers about the effectiveness of the workshops. Focus on key technology usage skills all employers desire (Outlook, O365, Microsoft Office, etc.)

- i. Provide job placement services to customers as identified in their IEP.
- j. Provide job retention services beginning at customer intake, planning for job retention and offering supports to remove potential barriers to long-term employment.
- k. Provide follow-up services as appropriate to customers as required under WIOA. Follow-up services may:
  - Help the customer during his or her initial period of employment;
  - Evaluate and provide on-going support services and training as necessary;
  - Assist the customer in retaining employment and advancing on the job;
  - Provide rapid re-employment services, as needed, to help customers (who leave their jobs) find new jobs quickly; and
  - Document follow up activities in the customer's case file or OWCMS case notes, including information on wage changes, alterations to the Individual employment plan (IEP), significant developments or setbacks in the customer's progress.

## **5. Career Services**

- a. Under WIOA the former “sequence of service” was eliminated, and One-Stop Operators are permitted to move customers through the stages at their motivation and need with assessment but not timed rigor through the sequence of services.
- b. Develop and provide on-site access all career services to customers:
  - Training to utilize the resources and practice assessments and career exploration tools available on OhioMeansJobs.com.
  - Comprehensive and specialized assessment, such as diagnostic testing, vocational interest identification and interviewing;
  - Full development of individual employment plans, updating them as circumstances change and activities are completed. Assure career services for customers including having an IEP or IEPs with specific employment and income growth goals and the services and activities to address the gaps and lead to self-sufficiency;
  - Group Career counseling;
  - Individual career counseling and career planning;
  - Short-term pre-vocational services;
  - Short-term job search activities: career counseling, job search skills brush up, assisted job search, supportive services and workshops.
  - For customers entering employment, provide follow up services to support retention;

- Assessment for suitability for vocational training via a specialized assessment strategy using a variety of assessment tools. Administer a financial assessment to identify training funding options for eligible customers;
- Case management of customers, contacting them regularly (a minimum of every thirty (30) days depending on need), reassessing them, and providing needed career services.; and
- Reassessment and other services for customers (1) having difficulty making progress on career goals, (2) experiencing barriers preventing full participation in services and (3) on completion of planned activities.

## **6. Customer Selection Specifically for Training Services**

a. To obtain Training Services, the customer may benefit from – and WIOA

regulations may require-one or another of the following.

- A documented, completed in-depth assessment;
- An IEP documenting:
  - ❖ that the customer requires training services to obtain or retain a self-sufficiency job and that customer has inadequate access to resources to cover the cost of training,
  - ❖ an income growth plan,
  - ❖ program services the customer will receive,
  - ❖ follow-up services the person may receive,
  - ❖ job search assistance available during training and/or after training is completed, and
  - ❖ a plan to accomplish the employment goal.

b. Offer training services to customers who have demonstrated their inability to attain self-sufficiency and who are interested in and capable of obtaining high demand, high skill, and high wage jobs. Give priority to customers interested in jobs in industry sectors as identified by SWORWIB. Inform the customers about the performance results of the designated Eligible Training Providers so they have the guidance and information about their skills, the labor market, and training vendors to make informed choices and thereby meet “the informed customer choice” desired by SWORWIB and included in WIOA:

c. Provide a streamlined application and approval process that will enable customers to access relevant training from approved training vendors.

- d. Provide appropriate customers with information about special training programs, of demonstrated effectiveness, focused on preparing individuals facing multiple barriers for employment in demand occupations.
- e. Make sure the customers have:
  - Been adequately informed about the current labor market;
  - Identified his/her skills and employability strengths and gaps;
  - Identified a job training program for their expressed vocational interest and skills need;
  - Selected and agreed to enroll in training directly linked to a job that allows them to attain a self-sufficiency wage in a high demand, high wage, and high skill occupation;
  - The skills/qualifications to successfully complete the training and obtain a job;
  - Been determined to be a dislocated worker, or an eligible adult as defined by WIOA regulations; and
  - Determined that there is no other grant assistance at all or insufficient grants to pay for all of the costs for training delivered through an Eligible Training Provider.

## **7. Training Services Provision**

- a. Develop and provide on-site access to training services to eligible customers. Work with employers, the SWORWIB, and the Administrative Entity to develop and/or identify appropriate and high-quality training for priority industry sector occupations or develop where necessary.
- b. Carry out the policies of the Workforce Policy Board regarding training.
- c. Use eligible training vendors for Individual Training Accounts (ITAs) to provide customers with suitable vocational and occupational skills training options. Refer all customers to vendors on the eligible provider's list, unless offered on-the-job training or customized training.
- d. Provide access to the following training services:
  - On the Job Training - Training by an employer that is provided to a paid participant while engaged in productive work that:
    - ❖ Provides knowledge or skills essential to the full and adequate performance of the job;
    - ❖ Provides reimbursement to the employer up to 50% of the wage rate of the participant, for extraordinary costs of providing the training, and additional supervision related to the training; and
    - ❖ Is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the

training, prior work experience of the participant, and the service strategy of the participant, but not exceeding six months.

- Customized or Incumbent Training – Training that is designed to meet the special requirements of an employer or a group of employers; conducted with employer commitment to employ, or in the case of incumbent workers, continue to employ an individual upon successful completion of training; for which the employer pays in accordance with SWORWIB policy on a size of company employment schedule. Please be aware that the local area has not been a proponent of customized or incumbent worker funding due to our historic and continuing limited funding. Only when expanded or alternative resources are available from special sources or grants will we pursue these training options.
- Occupational Skills Training – training by eligible training providers and supported all or in part by an Individual Training Account or special grant funds.

## **8. Training Administration**

- a. Work with SWORWIB leadership and SWORWIB ETP Evaluation Committee as well as the Administrative Entity to ensure the efficient use of training dollars. The goal is to help the largest number of customers become enrolled and succeed in training and ultimately secure sustainable employment consistent with SWORWIB policy.
- b. Comply with SWORWIB policies governing the One-Stop Center, e.g., policies regarding training industry sectors, expectations for assessments, veteran's services, as examples. These policies will be made available for review upon request and are generally issued first by ODJFS and located on their website for WIOAPL's.
- c. Establish and maintain working relationships with local training vendors through a formal contract to provide customers with suitable vocational and occupational skills training options. Join SWORWIB to meet at least annually with vendors to obtain feedback on the ITA process for purposes of improving the process but with caution not to develop relationships which could be misconstrued as conflicted or preferentially based on staff connections rather than performance results; or to develop any special training pilot projects or other arrangements and review same with SWORWIB for concurrence in advance of investments. Furthermore, Provider staff need to be careful about accepting proposals or gifts directly from Training Providers in order to be in compliance with SWORWIB policy separating training provider functions of evaluation and contracting

between SWORWIB and Provider in order to maintain unconflicted evaluation and decision points.

- d. Monitor the progress of WIOA customers enrolled in training through contacts with training customers and training vendors. Document progress of WIOA training customers on an ongoing basis.
- e. Obtain copies of credentials and training certificates customers received as documentation of completion of training services.
- f. Work with SWORWIB to collect information on the effectiveness of training programs, including but not limited to:
  - Number of adults and dislocated workers enrolling and completing each program.
  - Percent of trainees obtaining and retaining employment for the time frames now required under WIOA performance measurements.
  - Rating of programs by industrial groups.
  - Percent receiving industry recognized credentials/certifications and/or college credit.
  - Customer service satisfaction surveys of trainees.
  - Customer satisfaction of employers hiring trainees.
- g. Focus resources and customers on the industries and skills in which employers offer high demand, high skill, and high wage jobs for customers successfully graduating from the training program. Follow SWORWIB direction in giving priority to SWORWIB approved industry sectors as well as requirements by the state for in-demand industries and in-demand occupations.
- h. Propose pilot training programs to SWORWIB to consider and test alternative approaches to training once concurrence is obtained in advance from SWORWIB.

## **9. Post-Employment Services**

- a. Provide retention and re-employment services that ensure the ultimate retention and advancement of customers at a self-sufficiency wage.
- b. Identify other barriers that could affect job retention and amend IEP by mapping out action steps to address potential pitfalls.
- c. Be knowledgeable about the impact of follow-up activities on performance assessments by the state and federal government and fulfill all follow-up requirements to secure results.

## **10. Tracking WIOA customers and reporting on progress and outcomes**

- a. Complete required WIOA customer paperwork and enter customer information into OWCMS or any subsequent system provided, on same day as customer visit.
- b. Participate fully in training on WIOA data management, eligibility determination, and accurate and timely data entry.
- c. Establish procedures for accurate completion and review of WIOA paperwork and timely entry of data into OWCMS. This includes:
  - customer applications;
  - documentation of eligibility;
  - documentation of ending “activity”
  - employment verifications;
  - documentation of exiting customers; and
  - documentation of customer follow-up.
- d. Accurately determine eligibility and suitability for WIOA services for program participants.
- e. Manage the timely documentation of progress and outcomes related to state performance standards and contract performance standards.
- f. Establish procedures for timely exiting of customers, following WIOA regulations, best practice and local policy.

## **11. Performance Standards – Repeated for Emphasis**

- a) Meet or exceed state and federal performance standards.
- b) Meet or exceed local standards as negotiated and present adjustments to SWORWIB before adopting them as changes to local standards.
- c) Report monthly to SWORWIB (except January and July)

## **12. Maintenance of Case Records**

For each WIOA customer, maintain a case record, both hard and in the state system that contains, at a minimum – until any specific changes or additions are required under WIOA regulatory guidelines or advisories:

- The Individual Employment Plan and assessment results;
- WIOA paperwork, including customer applications, eligibility documentation for career services;
- Notes on customer contacts and progress;
- End of activity documentation;
- Employment verifications;
- Exit documentation; and
- Quarterly forms documenting results of customer follow up for 12 months.



### **1.3 Selected Status - Subrecipient**

If awarded a contract through this RFP, the Provider will be designated as a “subrecipient” as referenced by ODJFS’ rule OAC 5101:9-1-88. A subrecipient is defined as a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. The Provider will have some of the same restrictions and requirements as the federal, state, and local governments and organizations. The auditing standards set forth in recently confirmed Office of Management and Budget (OMB) Uniform Guidance (#2 CFR part 200) budgeting protocols and federal budget/cost guidelines are all applicable to the successful bidder.

#### **Subrecipient Monitoring:**

The subrecipient(s) for this RFP will be monitored by both the state and the county and could also be monitored by the Department of Labor individually or as part of a statewide monitoring. The current guidelines used by the State of Ohio are available on the ODJFS website and should be reviewed in the development of your expenses. HCJFS also monitors subrecipients as part of their Administrative Entity responsibilities, except when HCJFS is the provider in which case federal funds are deployed for an independent monitoring under SWORWIB’s responsibilities.

## **2.0 Bidder Proposal**

It is required that all proposals be submitted in the format as described in this section. Each submission must have one original proposal **with ten (10) copies, using twelve (12) point Arial fonts when possible**. Each Proposal section title must correspond to the following format below. All proposal pages will be numbered sequentially throughout entire proposal beginning with – Section 2.1 – Cover Sheet and ending with Section 2.7 – Property Tax. Bidders are encouraged, but not required, to use double sided copies in their proposal. Proposals must contain all the specified elements of information listed below **without exception, including all subsections therein**:

Section 2.1 - Cover Sheet

Section 2.2 - Service and Business Deliverables:

Section 2.2.1 - Program Components

Section 2.2.2 - System and Fiscal Administration Components

Section 2.3 - Budgets and Cost Considerations

Section 2.4 - Customer References

Section 2.5 - Personnel Qualifications

Section 2.6 - Terrorist Declaration

Section 2.7 - Declaration of Property Tax Delinquency in Hamilton County, Ohio and/or elsewhere in Ohio.

### **2.1 Cover Sheet**

Each Bidder must complete the Cover Sheet, **Attachment A**, and include such in its proposal. The Cover Sheet must be signed by an authorized representative and the Chief Financial Officer, or highest-ranking person with similar financial responsibilities. It must also include the names of individuals authorized to negotiate with SWORWIB and/or HCJFS as Administrative Entity for SWORWIB of WIOA Local Area #13 Ohio, subsequent to SWORWIB selection of the Provider. The signature line must indicate the title or position the individual holds in the company. All unsigned proposals will be rejected.

### **2.2 Service and Business Deliverables**

The Bidder should clearly describe its ability to satisfy the Scope of Service as defined in this RFP in Section 1.2, noting any competitive advantages. Bidders must describe in

detail all information set forth in Section 2.2.1 Program Components and Section 2.2.2 System and Fiscal Administration Components. Bidders must also respond to SWORWIB requests of your practices that would be applied if selected from service components related to program 1.2.2 – Service Components 4,5,6,7,8 and 9.

### ***2.2.1. Program Components***

**Bidders are required to respond to the following for all proposals submitted:**

**A. ADDRESS THE FOLLOWING QUESTIONS OR ELEMENTS ABOUT THE ONE-STOP OPERATION AND SPECIFY WHICH ASPECTS OF OPERATION YOU ARE BIDDING TO PROVIDE EITHER ALL, A SINGLE OR MULTIPLE SERVICE:**

**1. Facilities, equipment and technology**

- a. Describe how you will assure that One-Stop services are accessible to jobseekers, including those in neighborhoods with high unemployment, and employers in the City of Cincinnati and Hamilton County in a cost-effective manner. Describe how you will partner with the Public Library System and other SWORWIB MOU partners for location and scope of any proposed satellites, access locations and/or other venues for customer access and adaptations for handicapped customers.
- b. Describe the physical arrangement of staff and services, including space for One-Stop partners, meetings and any other contract providers.
- c. What are your planned hours of operation, including off-hours availability?
- d. Describe how you will equip, stock, and staff a resource room that meets RFP specifications. Include the technology to be available in the resource room, computer laboratories, and Wi-Fi access quality throughout the facility.
- e. Describe your information technology specialists and how you will get priority of service for IT needs of the One-Stop Center.

**2. One-Stop Operation.**

- a. Describe how you will select and train Provider staff and partners on site to dress and act with optimal professionalism in order to

motivate and model for job-seeking customers while also providing confidence to the employer customers that jobseekers are receiving the coaching and training, they need from knowledgeable and professional staff. Similarly, describe how you will manage appropriate behaviors relative to staff & partners use of tobacco related locations. Furthermore, address how you will manage misuse of social media on and off site and misuse of resources (facilities, time, reputation) regarding personal podcasting on One-Stop property during open facility hours. (Review Section 1.2.2 – 1. Service Components)

- b. Describe how you will take the leadership with One-Stop Partners on operational issues and in (a) developing an integrated menu of services for job-seeking customers and employers; (b) coordinating, negotiating and implementing agreements among the partners relative to the MOU negotiated by SWORWIB for service delivery and integration and cost sharing; and (c) maintain communications with all One-Stop Partners and co-located staff. Specifically address how you will coordinate the agency partners now specifically required to share co-intake, co-application, co-enrollment, co-case management and co-performance measurement with the One-Stop. Describe how you will staff the Operating Partners Committee to fulfill partner expectations for timely meeting notices, meeting notes and follow through on topics shared for action.
- c. Describe how you will assure seamless and streamlined services with no wrong door for customers seeking jobs, career counseling, advancement and training from the One-Stop and the One-Stop Partners. Include a discussion of intake, orientation, initial assessment, and referrals. Include your plans for how to proceed with these areas under WIOA legislation requiring integration from application and enrollment through referral and case management, and performance reporting.
- d. Describe how customers will flow through and among partner services.

- e. Describe how you will address continuous improvement and quality assurance as required in this Scope of Work for the One-Stop Center and WIOA services. Include how you will measure the extent to which services address customer needs, help them succeed, and satisfy customers, in a cost-effective manner.
- f. Describe how you will supervise and develop capacity of staff located at the One-Stop whether business service focused or consumer focused, particularly how you will embed a professionalism, with business attire that clearly models to the job-seeking customers, and treatment of all customers with the customer service delivery that is respectful, friendly and welcoming.
- g. Describe the technology you will use to support administrative, program, and fiscal accountability and reporting, including the tracking of information on customers.

### **3. Marketing**

What is your plan for recruiting jobseekers identified as target populations in this RFP (marketing, outreach, recruitment and engagement)?

### **4. Services for Customers**

- a. Describe how you plan to provide services described in this RFP (listed in 1.2 Scope of Service; 1.2.1 Population section; and 1.2.2, section 3 Services for Job-Seeking Customers. Be specific as to staffing, methodology, curricula, and customer flow.
- b. Demonstrate how best practices, effectiveness information, and employer input are incorporated in the design and delivery of services. Describe how you will track and document customer assessment, service provision, progress, outcomes, and customer satisfaction.
- c. Estimate the number of customers who will find employment in the first twelve (12) months of the contract.
- d. Estimate the number of persons who will be served in each year of the contract, including the option periods. This is the number that should be used in the Budget for purposes of calculating the unit rate. Describe the basis for this estimated number of persons.

### **5. Services to Employers**

- a. Describe what strategic approaches you will use with limited funds to collaborate with SWORWIB to support regional economic development and employers with high staffing needs, self-sufficient wages and jobs requiring skilled workers.
- b. Describe how you will select and train Business Services staff that are knowledgeable about various industry sectors that are critical to the local area marketplace and can provide confidence to the employer market as well as inspire and motivate them to work with the public system.
- c. Describe how you will strategically recruit employers consistent with the goals of the RFP and SWORWIB policy and the updated WIOA Regional Strategic Plan as updated in 2018-2019 under WIOA.
- d. Describe how you will work with employers to utilize the states' robust website, OhioMeansJobs.com, and its connection to Monster.com and Indeed.com for their own benefit and for jobseekers.
- e. Describe how you will coordinate with key One-Stop required partners relative to business services to avoid the perception of duplication of services by employers who are approached by various personnel associated with the OhioMeansJobs Center.
- f. Describe how your Business Services team plans to outreach to employers to engage them in the One-Stop center and system, specifically which employer organizations the team will market.
- g. Describe how you will work with SWORWIB, ETP Committee OMJ Business Engagement Committee, OMJ for People with Disabilities Committee, WIOA Core Partners, Full Board, Executive Committee and any subsequent Ad Hoc Committees.
- h. Describe how you will engage and involve employers in identification of needs at the One-Stop from their perspective; collection of survey data about their participation and satisfaction with the One-Stop referrals, and participation in reaching jobseeking customers with employer-perspective information and training.
- i. Describe what informational sessions or training you will provide to

employers to better inform and engage them as robust users of the public workforce system and the One-Stop Center.

- j. Estimate the number of employers to be served in the first twelve (12) months.
- k. Estimate the number of hiring events the Center will coordinate in the first twelve (12) months.
- l. Describe how you will gather and analyze information about ongoing and emerging needs of regional employers.
- m. Describe the full set of services you plan to provide to area employers, including those serving on SWORWIB, serving on the above-mentioned committees and all employers with workforce needs.
- n. Describe how the Center will be structured and staffed to respond efficiently and effectively to area employers, including a description of proposed customer flow.
- o. Describe how you will track and document, for each employer, services planned and provided, outcomes of the services, and customer satisfaction.
- p. Describe how you will collect information required in reports and assure reports are completed timely.
- q. Describe how you will promote the successes of business engagement and collaborate with SWORWIB for information sharing through the NewsWIB monthly e-newsletters and Annual Report.
- r. Describe how you will promote your results in your own media venues with respectful recognition of the whole system's contributions and successes, and specific mention "as funded by SWORWIB".

## **6. Performance**

- a. Estimate the number of customers who register for services in the first twelve (12) months of operation. Estimate number who would be city and county residents, former offenders, people with disabilities, persons with cultural and language barriers and out-of-school youth.

- b. Estimate the number of jobseekers who will become employed and/or find better jobs.
- c. Describe your strategy to meet or exceed performance goals: How will your organization manage measurement, achievement and documentation of performance standards?
- d. State your estimated number of customers that will be served and the basis for that estimation.

## **7. Timetable**

- a. Provide a plan and timetable for your assumption of the One-Stop Center operations to become fully operational. Please note that SWORWIB has confirmed with the current operator that they will continue operations pending selection and timetable plans of the Selected Bidder subsequent to contract negotiations. It will also be SWORWIB's intent to negotiate a transition plan with the Provider and the current operator to assure that there is no loss of service to our customers and community as the Provider assumes full operations.

## **B. ADDRESS THE FOLLOWING QUESTIONS OR ELEMENTS FOR THE OPERATION OF SERVICES for ADULTS and DISLOCATED WORKERS:**

### **1. General Job-seeking Customer Program Operation**

- a. Describe how you will work with the SWORWIB full board, officers and President relative to the many policy and market intersections. Describe how you will work with Administrative Entity and Fiscal Agent, as well as all monitors and auditors from independent, state or federal agencies.
- b. Describe how you will manage WIOA funds to assure the maximum use of the WIOA funding allocation of both adults and dislocated workers services.
- c. Describe how you will staff and implement the responsibility for determining WIOA eligibility and entering eligibility and other customer information into OWCMS, or any subsequent system provided by the Office of Workforce Development (OWD) at Ohio Department of Job and Family Services (ODJFS) as well as lead



the coordination of these systems with the WIOA identified key partners over time.

- d. Describe how you will work with required partners and others co-located at the One-Stop Center. Describe how you will handle ongoing communication needs with all One-Stop Center-based staff as well as agency leadership and SWORWIB. Describe how you will work with SWORWIB and staff and to negotiate cost sharing with the required partners as well as how you will handle invoicing and payment capture with all partners in order to meet requirements for infrastructure and cost recovery and coordinate with SWORWIB to complete the Partner MOUs as needed. The Partner MOU requires signatures of all parties. There are currently 19 partners.

## **2. Outreach and Recruitment**

- a. Describe how you will market to and recruit WIOA customers, including those from targeted populations which may require specialized marketing.
- b. Estimate the number of adults and dislocated workers you plan to serve in the first twelve (12) months of the contract.

## **3. Rapid Response**

Describe how you will staff and carry out the Rapid Response function consistent with this RFP, SWORWIB expectations, federal and state guidance and the specific policies for Rapid service operations, protocols, and delivery detailed by OWD-ODJFS. Describe how you will select staff to perform the Rapid Response services which require extra political and customer sensitivity as well as timely reporting into a separate state system, OhioRED (or any subsequent system) and more timely service delivery in order to assist dislocated workers and others in the midst of personnel reduction and facility closing. Describe how you will coordinate with SWORWIB on information related to WARN and other notification of impending rapid response needs. Describe how the Local Rapid Response Team and designated leadership will include all necessary partners and share accountability, responsibility, information

loop needs whether consultative or informative. Describe how you will serve dislocated workers if they are not provided dedicated funded through application to ODJFS for additional resources rapid response services or once their rapid response services are completed.

#### **4. Customer Flow**

Describe how WIOA services will be staffed and customers will flow through the various services, assistance with employment and follow up. Describe how you will provide orientation to WIOA services, including any planned adaptations for targeted populations.

#### **5. Career Services**

Describe what unique resources you have available to be deployed for career services and how each service will be provided and how you will manage any changes from DOL or ODJFS.

#### **6. Assessment**

Describe how you will conduct customer assessments, at all levels of service. Indicate assessment tools, timeframes, and any planned adaptations for targeted populations. Discuss your intent to maximize the use of the National Career Readiness Credential and to coordinate with ABLE, known in Ohio as Aspire, relative to services for individuals requiring remediation efforts. Share any proprietary assessments you could deploy or other market assessment with which you have experience and valuable results.

#### **7. Individual Employment Plan**

Describe how you will develop an Individual Employment Plan (IEP) for each customer. Include timeframes, updates, and, optionally, a proposed IEP form.

#### **8. Workshops**

Describe workshops you plan to offer and the best practices or other information utilized in their design. Describe how you will recruit and use volunteers to expand workshop offerings beyond what staff can provide. Explain how you will partner with the Public Library for site-base workshop delivery.

#### **9. Assisting Customers**

Describe how WIOA services will assist customers in locating and retaining employment. Estimate the number of WIOA customers who will find employment at or above \$12 an hour in the first twelve (12) months of the contract. Describe how you will interact with and refer youth to and from the One-Stop Center, particularly with the WIOA focus on out-of-school youth and the State of Ohio combining of WIOA and TANF to implement CCMEP for youth 14-24-years-old.

#### **10. Post-Exit**

Describe how you will provide post-exit follow up services.

#### **11. Identify Customers**

Describe how you will identify customers appropriate for training.

Estimate the number of new customers who will enter in training services during the first 12 months of the contract.

#### **12. Jobseeker Training**

Describe how you will help customers to choose training that meets their interests and skills and develops skills for occupations that are in high demand, high wage, and high skill occupations under local SWORWIB policy.

#### **13. Customized Training**

Describe how you anticipate providing customized training which is not a high priority for SWORWIB. Identify types of customized training and industries/employers you will likely target based on prior expenses.

#### **14. On-The-Job-Training**

Describe how you will provide on-the-job (OJT) training. Include criteria for selecting jobseekers for on-the-job training, identification of employers, and other parameters.

#### **15. WIOA Training Funds**

Describe how you assure full and efficient use of funds budgeted for training. Describe how you will staff and administer WIOA training meeting scope of work specifications.

#### **16. Case Management**

Describe how you will provide case management and maintain case records for WIOA services customers.

## **17. Tracking Customers**

Describe how you will track customers and report on progress and outcomes as in WIOA regulations.

## **18. Performance.**

- a. Estimate the number of WIOA services jobseekers who will become employed and/or find better jobs in the first twelve (12) months of operation.
- b. Describe your strategy to meet or exceed state and local performance goals. How will your organization manage measurement, achievement and documentation of performance standards?

## **19. Time Table**

Provide a plan and timetable for WIOA services to start up in Area #13 and become operational.

### ***2.2.2 System and Fiscal Administration Components***

Please provide the following attached to the original proposal and all copies:

- A. Contact Information - Provide the address for the Bidder's headquarters and service locations. Include a contact name, address and phone number.
- B. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.
- C. Subcontracts - Submit a letter of intent from each subcontractor in your submittal indicating their commitment, the service(s) to be provided and three (3) references. All subcontractors must be approved by SWORWIB and HCJFS as the Administrative Entity and Fiscal Agent and will be held to the same contract standards as the Agency/Company.
- D. Agency's/Company Primary Business - State the agency's/company's primary line of business, the date established, the number of years of relevant experience and the number of employees.
- E. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company.

- F. Insurance and Worker's Compensation – Provide a current certificate of insurance, current endorsements and Worker's Compensation certificate. Provider must note that as a contract requirement the following conditions must be met:

**Certificates of Insurance**

- During the Agreement and for such additional time as may be required, the Bidder selected as "Provider" shall provide, pay for, and maintain in full force and effect the insurance specified in the attached sample contract, for coverage at not less than the prescribed minimum limits covering Provider's activities, those activities of any and all subcontractors or those activities anyone directly or indirectly employed by Provider or subcontractor or by anyone for whose acts any of them may be liable.
- Prior to the effective date of the contract, Bidder selected as Provider shall give the County the certificate(s) of insurance completed by a duly authorized insurance representative, with effective dates of coverage at or prior to the effective date of the contract, certifying that at least the minimum coverage required is in effect; specifying the form that the liability coverage's are written on; and, confirming liability coverage's shall not be cancelled, non-renewed, or materially changed by endorsement or through issuance of other policy(ices) of issuance without thirty (30) days advance written notice to:

**Hamilton County Risk Manager  
Room 607  
138 East Court Street  
Cincinnati, OH 45202  
Facsimile: 513-946-4330**

- G. Job Descriptions - Provide all position descriptions for all mentioned in the program budget.
- H. Program Quality Documents - Attach documents which describe and support program quality. Such documents might be the forms used for monitoring and evaluation or copies of awards received for excellent program quality.

- I. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.
- J. Federal Programs - Provide a description of the Agency's/Company's experience with federal programs.

**Please provide the following attached only to the original proposal:**

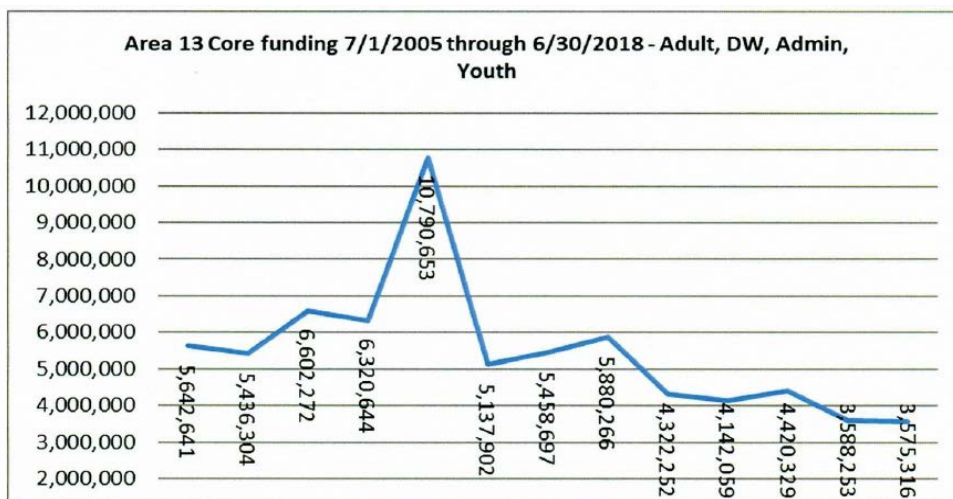
- K. Bidder Ownership - Describe how the Bidder is owned and financed; if a corporation, provide the articles and code of regulations; if LLC or partnership, provide the articles of organization and operating agreement.
- L. Annual Report - A copy of your most recent annual report, the most recent independent annual audit report, and a copy of all management letters related to the most recent independent annual audit report and the most recent Form 990 or appropriate tax forms. Including copies of the two (2) most recent year's federal income tax returns and the most recent year-end balance sheet and income statement. If no audited statements are available, Bidder must supply equivalent financial statements certified by Bidder to fairly and accurately reflect the Provider's financial status. **It is the responsibility of the Bidder to redact tax identification numbers from all documents prior to submission to SWORWIB.**
- M. Licensure - A copy of appropriate licensure from ODJFS, ODMH or other licensing agencies. Identify any actions to include any documentation of actions taken by ODJFS, ODMH or any other licensing body against your organization or any subsidiaries or business partners over the past 10 years including, but not limited to Corrective Action Plans, temporary licenses or revocations.

## **2.3 Budgets and Cost Considerations**

- A. Availability of Funds. SWORWIB, in consultation with HCJFS as Administrative Entity and Fiscal Agent for the local area, will determine contract funding amounts based on Area 13's funding allocation under WIOA Title I. Funding available to be used by the provider is contingent on availability (see chart of historical funding).

Please use the historical diagram below of funding history in Area #13 for WIOA and other sources of funds that have been and may be available annually through the life of this contract. An additional \$442,500 is currently contributed yearly by partners on site at the One-Stop for One-Stop operation and managed by SWORWIB as lease and property manager. For purposes of evaluation, bidders should assume the budgets set forth below using baseline figures, as many of the additional amounts are not part of the base but will be added to the contract based on specific additional work and/or additional governmental awards and private grants facilitated by and through SWORWIB.

Any Provider should anticipate regular incremental and possible dramatic funding changes although the Governor has included a modification to the state distribution funding as part of the consolidated state plan for Ohio. If, during any stage of this RFP process, funds are not allocated and available for the proposed services, the RFP process will be canceled. SWORWIB will notify registered bidders at the earliest possible time if this occurs. SWORWIB is under no obligation to compensate the Selected Bidder or Provider for any expenses incurred as a result of the RFP process.



*Note: This chart is of all funds under core formula funding, and the largest share of adult and dislocated workers formula allocation funds is assigned to the One-Stop Center (approximately \$2 million depending on initial allocation).*

B. For purposes of evaluation, the following annual budget assumptions apply.

Base Year 1: \$2,000,000 or more as extra grant funds are available

Base Year 2: \$2,100,000 or more as extra grant funds are available

Option Period 2+1: \$1,800,000 or more as extra grant funds are available

Option Period 2+2: \$1,800,000 or more as extra grant funds are available

Proposals should include a detailed breakdown of the provider's proposed allocation of the total budget. Budgets should maximize the annual budget. The unit for evaluation purposes will be the number of persons served. The unit rate shall be the total amount of the budget divided by the number of estimated units of service. In other words, the unit rate is the estimated cost per the provider's estimated number of persons served.

**NOTE: Bidder's proposed budget must be submitted in the form provided as Attachment C-3. Budgets submitted in any other form will be rejected. Attachment C-1 and C-2 should be referenced for purposes of assistance in filling out Attachment C-3. Bidder may not change any pre-populated cell or change any formulas in any cells.**

**An electronic budget file in Excel format is posted at [www.SWORWIB.org/requests-for-proposals](http://www.SWORWIB.org/requests-for-proposals). All Bidders submitting a proposal shall include a hard copy of the budget in the proposal and also submit the budget electronically in Excel format to the RFP Administrator. If bidder is unable to submit an electronic copy of the budget, bidder shall include a statement in the budget narrative explaining the reason.**

**The electronic copy of the budget and bidder seeking to be provider proposals must be received by the RFP Administrator by the due date specified on the front page of the RFP. The electronic copy of the budget must be submitted to the RFP Administrator in an unlocked Excel format and must match the hardcopy budget submitted in the proposal.**

- C. Maximum funds should be dedicated to Individual Training Accounts (ITA), Supportive Services, and other direct, tangible benefits to job seeking and employer customers. Costs associated with the center or other sites/access



points' staffing, profit, management indirect, subcontracts and other overhead costs should be minimized except to the extent that they are clearly and explicitly required to meet minimum WIOA service mandates.

- D. For purposes of submitting a proposed budget, bidders should assume a performance start date of July 1, 2019. The contract payment structure will be one hundred per cent (100%) cost reimbursement with additional funds, up to seven percent (7%) of the negotiated budget, available for earning profit or incentives based on meeting negotiated performance standards.

Performance standards may include but are not limited to the following measures:

- Proportion of total funding devoted to ITA's and other supportive services, reported to SWORWIB as a percentage of funds monthly;
- Proportion of available funding spent;
- Effectiveness relative to state performance standards; and
- Effectiveness in serving local priority populations and local performance standards.

The cost reimbursement agreement reimburses Provider for actual costs, such as staff salaries, supplies, space, etc.

- E. Bidders must warrant and represent the budget is based upon current financial information and programs, and includes all costs relating to but not limited by the following:

1. *Case management;*
2. *Training,*
3. *Transportation; and*
4. *Other direct services, administration, needed to accurately calculate the cost of a unit of Service (the "Unit Rate" / "Cost Reimbursement").*

All costs must be specified for the various parts of the program. Cost must be broken down by type of work as well as classifications for staff, i.e. senior program manager vs. lower level position. The estimated cost per person served for each service proposed for each contract year must be listed on the Cover Sheet, **Attachment A**.

- F. Bidders must list on budget format a detailed narrative which demonstrates how costs are related to the service(s) presented in the proposal and budget line items.

- G. Bidders must take note that “profit” will be a separately negotiated element of price pursuant to OAC 5101:9-4-07, if a for-profit organization.
- H. For the purposes of this RFP, “unallowable” program costs include:
1. cost of equipment or facilities procured under a lease-purchase arrangement unless it is applicable to the cost of ownership such as depreciation, utilities, maintenance and repair;
  2. bad debt or losses arising from uncorrectable accounts and other claims and related costs;
  3. contributions to a contingency(ices) reserve or any similar provision for unforeseen events;
  4. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
  5. entertainment costs for amusements, social activities and related costs for staff only;
  6. costs of alcoholic beverages;
  7. goods or services for personal use;
  8. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
  9. gains and losses on disposition or impairment of depreciable or capital assets;
  10. cost of depreciation on idle facilities, except when necessary to meet Contract demands;
  11. costs incurred for interest on borrowed capital or the use of a governmental unit’s own funds, with any excepting any specified in accordance with specific sections supplied by the bidder;
  12. losses on other contracts’;
  13. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
  14. costs related to legal and other proceedings;
  15. goodwill;
  16. asset valuations resulting from business combinations;
  17. legislative lobbying costs;

18. cost of organized fund raising;
19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
20. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
21. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
22. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
23. major losses incurred through the lack of available insurance coverage; and
24. cost of prohibited activities from section 501(c)(3) of the Internal Revenue Code if a non-profit bidder.

## **2.4 Customer References**

Bidders must submit at least three (3) letters of reference for whom services were provided similar in nature and functionality to those requested by SWORWIB under this Request for Proposals. Reference letters from representatives of SWORWIB or HCJFS or SWORWIB or HCJFS employees will not be accepted. Each reference must include at a minimum:

- A. Company name;
- B. Address;
- C. Phone number;
- D. Fax number;
- E. Contact person;
- F. Nature of relationship and service performed; and
- G. Time period during which services were performed.

If Bidder is unable to submit at least three (3) letters of reference, Bidder must submit a detailed explanation as to why.

**NOTE: SWORWIB MAY CONTACT ANY SOURCE OF REFERENCE SUBMITTED BY PROVIDER FOR THE PURPOSE OF VERIFYING THE ACCURACY OF THE LETTER OF REFERENCE OR REQUESTING ADDITIONAL INFORMATION ABOUT PROVIDER'S PERFORMANCE.**

## **2.5 Personnel Qualifications**

For key leadership, business, management or service personnel who will be working with the program, please submit resumes with the following:

- A. Proposed role;
- B. Industry certification(s), including any licenses or certifications and, if so, whether such licenses or certifications have been suspended or revoked at any time;
- C. Work history; and
- D. Personal reference (company name, contact name and phone number, scope and duration of program).

Bidders must have a program manager with a minimum of three (3) years' experience as a program manager with a similar program.

## **2.6 Terrorist Declaration**

Bidder is to provide a completed Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization, **Attachment F**. Any material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List is a felony of the fifth degree. A purchase order for services rendered will not be issued for payment if this form is not completed and returned with the submitted proposal.

## **2.7 Declaration of Property Tax Delinquency**

As part of the submitted proposal, Bidder will include a completed and notarized Declaration of Property Tax Delinquency form, **Attachment E**, which states the Bidder seeking to be Provider was not charged with any delinquent personal property taxes on the general tax list of personal property for Hamilton County, Ohio or that the Bidder was charged with delinquent personal property taxes on said list, in which case the statement shall set forth the amount of such due and unpaid delinquent taxes as well as any due and unpaid penalties and interest thereon. If the form indicates any delinquent taxes, a copy of the notarized form will be transmitted to the county treasurer within thirty (30) days of the date it is submitted. A copy of the notarized form shall also be incorporated into the contract, and no payment shall be made with respect to the contract, unless the notarized form has been incorporated.

### **3.0 PROPOSAL PROCESS**

The RFP, the evaluation of responses, and the award of any resultant contract shall be made in conformance with current federal, state, and local laws and procedures.

#### **3.1 Program Schedule**

<b>ACTION ITEM</b>	<b>* DELIVERY DATE</b>
<b>RFP Issued</b>	<b>12/28/2018</b>
<b>Deadline for Registering for the RFP Process</b>	<b>01/03/2019</b>
<b>RFP Conference</b>	<b>01/04/2019</b>
<b>Deadline for Receiving Final RFP Questions</b>	<b>01/11/2019</b>
<b>Deadline for Issuing Final RFP Answers</b>	<b>01/18/2019</b>
<b>Deadline for Proposals Received by the RFP Administrator</b>	<b>02/01/2019</b>

\*Dates are subject to change. In the event that any date changes, registered interested bidders will be notified and changes will be posted at [www.SWORWIB.org/requests-for-proposals](http://www.SWORWIB.org/requests-for-proposals).

#### **3.2 RFP Administrator**

The RFP Administrator is the only contact person authorized to receive communications from potential Bidders regarding this RFP. Bidders will submit any correspondence contemplated by this RFP to the RFP Administrator. All questions must be in writing. The RFP Administrator can be contacted at:

**Ross E. Wales**  
**Fax: (513)381-0205**  
**wales@taftlaw.com**

**Bidders are responsible for submitting all communications in a method that will arrive in a timely manner and bear the risk of any failures of communication.**

#### **3.3 Registration for the RFP Process**

**EACH BIDDER SEEKING TO BE A PROVIDER MUST REGISTER FOR AND RESPOND TO THIS RFP TO BE CONSIDERED. THE DEADLINE TO REGISTER**

**FOR THE RFP IS January 3, 2019.** All interested Bidders must complete Registration Form (**Attachment G**) and send it to the RFP Administrator.

### **3.4 RFP Conference**

The RFP Conference will take place at the OhioMeansJobs Center, at the address, date and time listed on the front page of this RFP.

- A. Prior to the RFP Conference, questions may be faxed or e-mailed regarding the RFP or proposal process to the RFP Administrator. The questions and answers will be responded to at the RFP's Conference and by e-mail to Bidders who have registered for the RFP Process but are unable to attend the RFP's Conference.
- B. After the RFP Conference, questions may be faxed or e-mailed regarding the RFP or the RFP Process to the RFP Administrator.
- C. No questions will be accepted after the date and time designated specifically **January 11, 2019, 5 p.m. EST.**
- D. Only Bidders registered for the RFP Process will receive copies of questions and answers.
- E. The answers issued in response to such Provider questions become part of the RFP Addenda.

### **3.5 Prohibited Contacts**

The integrity of the RFP process is very important to SWORWIB, Administrative Entity and Fiscal Agent Hamilton County Job and Family Service in the administration of our business affairs, in our responsibility to the residents of Cincinnati/Hamilton County, and to those who participate in the process in good faith. Behavior by Bidders which violates or attempts to manipulate the RFP process in any way is taken very seriously. Neither Bidder nor their representatives should communicate with individuals associated with this program at the point of posting the RFP on SWORWIB website and thereafter. If there are attempts for any unauthorized communication, SWORWIB will reject the bidder's proposal.

Individuals associated with this program include, but are not limited to the following:

- A. Public officials; including but not limited to the Hamilton County Commissioners and City of Cincinnati Mayor, City Manager and Council Members, and their staff
- B. Any HCJFS employees.
- C. Any SWORWIB Board Member, contract staff or employee.

Examples of unauthorized communications are:

- A. Telephone calls;
- B. Prior to the award being made, telephone calls, letters and faxes regarding the RFP process, interested bidders, the program or its evaluation made to anyone other than the RFP Administrator as listed in Section 3.2 and noted on the front page of this RFP;
- C. Visits in person or through a third party attempting to obtain information regarding the RFP; and
- D. E-mails.

This list is not intended to be all-inclusive.

### **3.6 Disclosures**

Bidders must disclose any pending or threatened court actions and claims brought by or against the Bidder, their parent company or its subsidiaries. Withholding such information may be cause for rejection of the proposal.

### **3.7 Examination of the RFP**

THIS RFP AND THE REQUIREMENTS HEREIN HAVE BEEN MODIFIED SINCE THE PRIOR RFP PROCESS. PLEASE REVIEW ALL REQUIREMENTS AND THE PROPOSAL TO ENSURE ACCURACY OF YOUR UNDERSTANDING AND SUBMITTAL.

### **ATTENDANCE AT THE RFP CONFERENCE IS HIGHLY ENCOURAGED.**

Bidders should carefully examine the entire RFP and any addenda thereto, all related materials and data referenced in the RFP or otherwise available and shall become fully aware of the nature of the request and the conditions to be encountered in performing the requested services.

If Bidders discover any ambiguity, conflict, discrepancy, omission or other error in this RFP, they shall immediately notify the RFP Administrator of such error in writing and request clarification or modification of the document in no case later than prior to the time for proposal submission. Modifications may be made by addenda issued pursuant to the deadline through communication to the FRP Administrator and posting on [www.SWORWIB.org](http://www.SWORWIB.org). **If necessary**, clarification shall be posted on [www.SWORWIB.org](http://www.SWORWIB.org) and e-mailed to all parties who registered for the RFP Conference, without divulging the source.

If a Provider fails to notify SWORWIB prior to the time for submission of proposals of an error in the RFP known to the Bidder, or of an error which reasonably should have been known to the Bidder, the Bidder shall submit its proposal at the Bidder's own risk. If awarded the contract, the Bidder seeking to be Provider shall not be entitled to additional compensation or time by reason of the error or its later correction.

### **3.8 Addenda to RFP**

SWORWIB may modify, clarify, or add to this RFP by issuance of one or more addenda. In the event such addenda to the RFP become necessary, all who registered for the RFP Conference will be notified and will receive the addenda via [www.SWORWIB.org](http://www.SWORWIB.org) or e-mail. In the unlikely event emergency addenda by telephone are necessary, the RFP Administrator, or designee, will be responsible for contacting only those Bidders who registered for the RFP Conference. All addenda to the RFP will be posted to [www.SWORWIB.org](http://www.SWORWIB.org).



## **4.0 Submission of Proposal**

### **4.1 Preparation of Proposal**

Provider must provide the Cover Sheet, **Attachment A**, including the certification statement. The proposal must state that the terms of the proposal, including pricing, will remain valid and in effect for 180 days after the proposal submission date.

Proposals must provide a straightforward, concise delineation of provider's qualifications, capabilities and experience to satisfy the requirements of the RFP. Expensive binding, colored displays, promotional materials, etc. are not necessary. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, completeness and clarity of content. The proposal must include an adequate description of all costs relating to the services offered.

### **4.2 Cost of Developing Proposal**

The cost of developing proposals is entirely the Bidder/Respondent's responsibility and shall not be chargeable to SWORWIB under any circumstances. All materials submitted in response to the RFP will become the property of SWORWIB and subsequently HCJFS as our Administrative Entity and Fiscal Agent and may be returned only at our option and at Bidder's expense.

### **4.3 False or Misleading Statements**

If, in the opinion of SWORWIB, any information was intended to mislead SWORWIB in our deliberations in its evaluation of the proposal, the proposal will be rejected.

### **4.4 Delivery of Proposals**

One (1) signed original proposal and ten (10) duplicates of the proposal must be received by the RFP Administrator, in person, on or before the date designated herein.

**Proposals received after this date and time will not be considered.** Electronic copies are unacceptable. If the Bidder is not submitting the proposal in person, it should be sent by certified or registered mail, UPS, or Federal Express with return receipt requested and email the RFP Administrator the method of delivery. An email notification will be issued for all proposals received on time. E-mail, telegraphic,

facsimile, or telephone proposals will **NOT** be accepted. Bidders bear the risk of ensuring that copies are received by the RFP Administrator in a timely manner and should select their method of delivery accordingly.

**It is absolutely essential that Bidders carefully review all elements in their final proposals. Once received, proposals cannot be altered; however, SWORWIB reserves the right to request additional information for clarification purposes only.**

#### ***4.5 Acceptance and Rejection of Proposals***

SWORWIB reserves the right to:

- A. Award multiple contracts for one or more of the proposed services;
- B. Award a single contract for the entire list of proposed services;
- C. reject any or all proposals, or any part thereof; and
- D. waive any informality in the proposals.

The recommendation of SWORWIB OMJ Procurement Evaluation Team is presented to the Executive Committee and recommended to the full board. The decision by the full SWORWIB Board is final. Waiver of an immaterial defect in the proposal shall in no way modify the RFP documents or excuse the Bidder from full compliance with its specifications if Bidder is awarded the contract.

#### ***4.6 Evaluation***

The review process shall be conducted in four stages. Although it is hoped and expected that a Bidder will be selected as a result of this process, SWORWIB reserves the right to discontinue the procurement process at any time.

##### **Stage 1. Preliminary Review**

A preliminary review of all proposals submitted in a timely manner will be conducted to ensure the proposal materials adhere to the Mandatory Requirements specified below. Proposals which meet the Mandatory Requirements will be deemed Qualified. Those that do not, shall be deemed Non-Qualified. Non-Qualified proposals will be rejected. Qualified proposals in response to the RFP must include the following Mandatory Requirements:

- A. Timely submission of all required paper copies of the proposal AND electronic copy of budget are received by the RFP Administrator as permitted herein;
- B. Signed and Completed Cover Sheet, Section 2.1;
- C. Complete Responses to Program Components, Section 2.2.1;
- D. Complete Responses to System and Fiscal Administration Components, Section 2.2.2;
- E. Completed Budgets, Section 2.3;
- F. Completed Customer References, Section 2.4;
- G. Completed Personnel Qualifications, Section 2.5; and
- H. Completed Terrorist Declaration, Section 2.6; and
- I. Completed Declaration of Property Tax Delinquency, Section 2.7.

## **Stage 2. Evaluation Committee Review**

All Qualified proposals shall be reviewed, evaluated and rated by SWORWIB OMJ Procurement Evaluation Committee. The Evaluation Committee shall be comprised of SWORWIB staff and Board Members and other individuals designated by SWORWIB. The Evaluation Committee shall evaluate each Bidder's proposal using criteria developed by SWORWIB based on the RFP. Ratings will be compiled using an Evaluation Committee Rating Sheet. Responses to each question will be evaluated and ranked using the following scale:

Does Not Meet Requirement	A particular RFP requirement was not addressed in the bidder's proposal.
Partially Meets Requirement	Bidder proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt fails below acceptable level.
Meets Requirement	Bidder's fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation.
Exceeds Requirement	Bidder's proposal fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of SWORWIB expectations.

## **Stage 3. Requests for Additional Information**

Evaluation Committee members will determine what other information is required to complete the review process, if any. All information obtained during Stage 3 will be evaluated using the scale set forth in Stage 2 Review. Evaluation Committee may

request information from sources other than the written proposal to evaluate Bidder's programs or clarify Bidder's proposal which will be obtained by the RFP Administrator and shared with the committee prior to final selection. Other sources of information, may include, but are not limited to, the following:

- A. Written responses from Bidder to clarify questions posed by Evaluation Committee. Such information requests by Evaluation Committee and Provider's responses must always be in writing;
- B. Oral presentations. If SWORWIB determines oral presentations are necessary, the presentations will be focused to ensure all of SWORWIB's interests or concerns are adequately addressed. The presentation must include bidder's key program personnel. SWORWIB reserves the right to video tape the presentations.

The Evaluation Committee retains the discretion to decline to request additional information.

#### **Stage 4. Evaluation**

Final scoring for each proposal will be calculated by the evaluation team. For this RFP, the evaluation percentages assigned to each section are:

##### **A. Technical Evaluation (80% of total score)**

- 1. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 60% of the total evaluation score.
- 2. System Evaluation including responses to Section 2.2.2 Questions are worth 15% of the total evaluation score.
- 3. Section 4.6, Stage 3, Other Materials considered are worth 5% of the total evaluation score.

##### **B. Budget Evaluation, (20% of total score)**

- 1. Section 2.3 Questions, Cost Analysis and Project Budget and Attachments are worth 20% of the total evaluation score. Proposals will be reviewed for a determination of whether proposed budgets are reasonable and realistic for the work to be performed. The primary consideration will be whether the proposed budget makes effective use of the available monies and reflects the provider's understanding of how to best to fulfill the purposes of the WIOA.

## 4.7 *Proposal Selection*

Proposal selection does not guarantee a contract for services will be awarded. The selection process includes:

- A. All proposals will be evaluated in accordance with Section 4.6 Evaluation. The Review Committee's evaluations will be scored and sent through administrative review by SWORWIB executive and SWORWIB legal support team for final approval.
- B. Based upon the results of the evaluation, SWORWIB Evaluation Committee will recommend to the Executive Committee full Board their preferred selection for the services which it determines to be the responsible agency/company(s) whose proposal(s) is (are) most advantageous to the program, with price and other factors considered. The Executive Committee will determine approval in order to meet the timeline of the RFP and then present the decision on the next Board Meetings consent agenda.
- C. Subsequent to the full Board acceptance of SWORWIB RFP Evaluation Committee's recommendation, SWORWIB President and SWORWIB legal advisor(s) will work with HCJFS to confirm the Selected Bidder so that a contract can be executed between the Mayor of Cincinnati, the Hamilton County Board of County Commissioners (HCBOCC) on behalf of SWORWIB, HCJFS, and Selected Bidder. **ATTACHMENT B** is a sample contract utilized by the SWORWIB and HCJFS for the purpose of early legal review by the bidders. The correlating provisions will form the basis for the start of negotiations. Bidders should expect that SWORWIB and/or HCJFS may add, delete, or modify those provisions in good faith in the negotiation of the contract entered into with the selected provider.
- D. If SWORWIB, HCJFS and Selected Bidder are able to successfully agree with the Contract terms, the HCBOCC has final authority for approval of Contracts. The Contract is not final until the HCBOCC has approved the document through public review and resolution through quorum vote.
- E. If SWORWIB, HCJFS and successful provider are unable to come to terms regarding the Agreement, in a timely manner as determined by SWORWIB, the Agreement discussions with the Selected Bidder will terminate. In such

event, SWORWIB reserves the right to select another Bidder from the RFP process, cancel the RFP, or reissue the RFP as deemed necessary.

#### ***4.8 Post-Proposal Meeting***

The post-proposal meeting process may be utilized only by a Bidder who has passed the preliminary Stage 1 Review and, wishes to obtain clarifying information regarding its non-selection. All requests must be signed by an individual authorized to represent the Bidder and be addressed to the RFP Administrator at the address listed in Section 3.2 and noted on the RFP cover. Certified or registered mail must be used unless the request is delivered in person, in which case the Bidder should obtain a delivery receipt. A meeting will be scheduled within 30 calendar days of receipt of the request and will be for the purpose of discussing a Bidder's non-selection. If a provider wishes to discuss the selection process, the request for an informal meeting and the explanation for it must be submitted in writing and received by the RFP Administrator within fourteen (24) business days after the date of notification of the decision.

#### ***4.9 Public Records***

SWORWIB will upon completion of this process, provide all documentation to Hamilton County Job and Family Service. HCJFS is a governmental agency required to comply with the Ohio Public Records Act. In the event the Selected Bidder provides Hamilton County with any material or information which the Selected Bidder deems to be subject to exemption under the Ohio Public Records Act, they shall clearly identify and mark such documents accordingly before submitting them to Hamilton County. If Hamilton County is requested by a third party to disclose those documents which are identified and marked as exempt for disclosure under Ohio law, Hamilton County will notify them of that fact. Provider shall promptly notify Hamilton County, in writing, that either a) Hamilton County is permitted to release these documents, or b) Bidder intends to take immediate legal action to prevent its release to a third party. A failure of Selected Bidder to respond within five (5) business days shall be deemed permission for Hamilton County to release such documents.

#### ***4.10 Bidder Certification Process***

SWORWIB reserves the right to assign HCJFS any appropriate tasks once SWORWIB has recommended its evaluated and selected Provider. HCJFS reserves the right to

complete the Provider Certification (**Attachment D-1** and guidance at **Attachment D-2**) process for selected entities. The purpose of the process is to provide some assurance to HCJFS that the entities have the administrative capability to effectively and efficiently manage the contract. The process covers three (3) key areas: Section A - basic identifying information; Section B - financial and administrative information; and Section C - quality assurance information. The process may be abbreviated for Selected Bidder already certified through another process, such as Medicaid, JCAHO, COA, CARF, other.

# **ATTACHMENT A**

**Proposal Cover Sheet**

**For RFP # SWORWIB 2018-2019 OSO**



## ATTACHMENT A

### PROPOSAL COVER SHEET FOR RFP No: SWORWIB-2018-2019 OSO

#### OPERATING THE ONE-STOP CENTER, PROVIDING BUSINESS SERVICES AND PROVIDING CAREER SERVICES TO ADULTS AND DISLOCATED WORKERS

Name of Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

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

Authorized Representative: \_\_\_\_\_  
(Please Print or type)

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Additional person(s) authorized to negotiate on behalf of the Offeror:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

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

E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

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

E-Mail Address: \_\_\_\_\_

Average Cost per Person Served Year 1 July 1, 2019-June 30, 2020	Average Cost per Person Served Year 2 July 1, 2020-June 30, 2021	Average Cost per Person Served Option Year 1 July 1, 2021-June 30, 2022	Average Cost per Person Served Option Year 2 July 1, 2022-June 30, 2023
\$ _____	\$ _____	\$ _____	\$ _____

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider governing body has authorized this application and document.

\_\_\_\_\_  
Signature — Authorized Representative                      Title                      Date

\_\_\_\_\_  
Signature — Fiscal Representative                      Title                      Date

### 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	Check if Completed
Did you register for the RFP process?	3.3	
Will your Proposal be submitted on or prior to 11 a.m. on February 1, 2019	4.4	
Did you include all the Contact Information on the cover Sheet?	2.1	
Did you include the Unite Rate for the Initial Term (Years 1 and 2) on the Cover Sheet?	2.1	
Did you include the Unit Rate for each period of performance 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 First Renewal Period completed along with a calculation of the unit cost?	2.3	
Is a Budget for the Second Renewal Period completed along with a calculation of the unit cost?	2.3	
Is Customer Reference Letter #1 enclosed or is there a written explanation why a reference is not included?	2.4	
Is Customer Reference Letter #2 enclosed or is there a written explanation why a reference is not included?	2.4	
Is Customer Reference Letter #3 enclosed or is there a written explanation why a reference is not included?	2.4	
Are all Personnel Qualifications enclosed?	2.5	
Is the Terrorist Declaration included?	2.6	
Is the Declaration of Property Tax Delinquency included?	2.7	

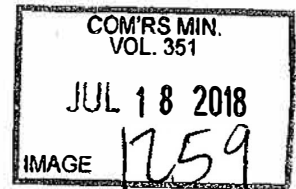
# ATTACHMENT B

## Example:

**Hamilton County Department of Job and Family  
Services Purchase of Signed Contract**

Contract # 130488

**HAMILTON COUNTY  
DEPARTMENT OF JOB & FAMILY SERVICES  
PURCHASE OF SERVICE CONTRACT**



This Contract is entered into on July 18, 2018 between the Board of County Commissioners of Hamilton County, Ohio and the Mayor of the City of Cincinnati, on behalf of the Southwest Ohio Region Workforce Investment Board (SWORWIB) serving pursuant to the Workforce Innovation and Opportunity Act for Service Area #13 of Ohio in association with the City of Cincinnati and Hamilton County, through the Hamilton County Department of Job & Family Services which has been designated as the Administrative Entity and Fiscal Agent (HCJFS) and \_\_\_\_\_, (Provider) with an office at \_\_\_\_\_, whose telephone number is (513) \_\_\_\_\_ for the purchase of **Workforce Innovation and Opportunity Act ("WIOA") and Comprehensive Case Management and Employment (CCMEP) Out of School Youth Services.**

This contract is funded with CCMEP WIOA funds and CCMEP Temporary Assistance for Needy Families (TANF) Funds.

HCJFS has been designated as the Administrative Entity and Fiscal Agent pursuant to an Intergovernmental Agreement effective July 1, 2015 between the Board of County Commissioners of Hamilton County, Ohio (BOCC) and the City Council of the City of Cincinnati, Ohio.

**1. TERM**

This Contract will be effective from **July 1, 2018** through **June 30, 2020** (the "Initial Term") inclusive, unless otherwise terminated or extended by formal amendment.

The total amount of the Contract cannot exceed \$ \_\_\_\_\_ for the Initial Term unless amendment by formal agreement.

Provider will be compensated in an amount not to exceed the following during the Initial Term:

**07/01/18 – 06/30/19: \$** (Year 1 of the Initial Term)

- \$4 in CCMEP WIOA program funds;
- \$ in WIOA work experience funds; and

-\$ in CCMEP TANF funds

Provider will serve 275 youth during the first 12 months of the initial term. The 275 youth include carryover and new enrollments.

**07/01/19 – 06/30/20: \$** (Year 2 of the Initial Term)

-\$ in CCMEP WIOA program funds;

-\$ in WIOA work experience funds; and

-\$3 in CCMEP TANF funds



Provider will serve 275 youth during the second 12 months of the initial term. The 275 youth include carryover and new enrollments.

This Contract may be renewed, at the option of HCJFS, in consultation with the SWORWIB and the City of Cincinnati for two (2) additional one (1) year terms (the "Renewal Term (s)"). The total amount of Renewal Term #1 shall not exceed

over the life of such renewal. The total amount of Renewal Term #2 shall not exceed over the life of such renewal. HCJFS shall give the Provider written notice at least sixty (60) days prior to the expiration of the term then in effect, of its intention to enter into a renewal.

This Contract is awarded as a result of RFP # SC0817-R, Request for Proposals for Youth Services under the Workforce Innovation and Opportunity Act (WIOA), issued by the Southwest Ohio Region Workforce Investment Board and in association with the City of Cincinnati and Hamilton County.

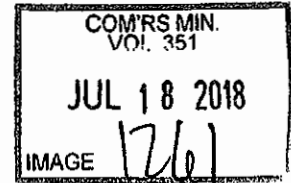
## 2. SCOPE OF SERVICE

### A. EXHIBITS

Subject to terms and conditions set forth in this Contract and the attached exhibits (such exhibits are deemed to be a part of this Contract as fully as if set forth herein) and without limiting anything set forth herein, Provider agrees to perform the CCMEP WIOA/ CCMEP TANF Out of School Youth Services for at risk youth, ages 14-24. Provider will provide proactive programs and services ensuring that the youth acquire necessary skills for success in education and employment. Provider will provide these services as more particularly described in Exhibit I, Request for Proposal, and Exhibit II – Provider's Proposal and Exhibit III, Scope of Service (the "Service(s)"). The parties agree that a

billable unit of service is defined in Exhibit I, Request for Proposal and Exhibit II – the Provider’s Proposal for the Out of School Youth Services.

Exhibits for this Contract are as follows:



1. Exhibit I – Request for Proposal;
2. Exhibit II – Provider’s Proposal;
3. Exhibit III – Scope of Service;
4. Exhibit IV through Exhibit IV-A – Budget;
5. Exhibit V – WIOA Youth Services Monthly Expenditure Report; and
6. Exhibit VI – Release of Personnel Records and Criminal Records Check.

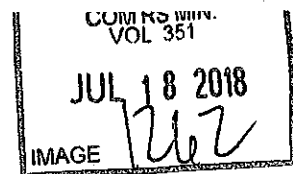
#### B. ORDER OF PRECEDENCE

This Contract is based upon Exhibits I through VI as defined in 2.A., EXHIBITS above. This Contract and all exhibits are intended to supplement and complement each other and shall, where possible, be so interpreted. However, if any provisions of this Contract irreconcilably conflict with an exhibit, this Contract takes precedence over the exhibits. In the event there is an inconsistency between the exhibits, the inconsistency will be resolved in the following order:

1. Exhibit I – Request for Proposal;
2. Exhibit III – Scope of Service;
3. Exhibit IV through Exhibit IV-A – Budget; then
4. Exhibit II – Provider’s Proposal.

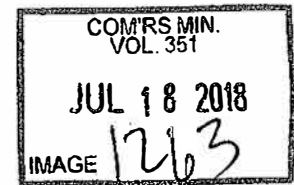
#### C. PROVIDER RESPONSIBILITY

1. Any program description intended for internal or external use shall mention referrals and funding are provided by the SWORWIB and the Hamilton County Department of Job and Family Services.
2. Provider is required to utilize and enter all data relating to the youth into Ohio’s Workforce Case Management System (OWCMS) or any other state provided system. In the event that there are delays in the OWCMS system from ODJFS, the Provider shall maintain manual records.



3. Provider must utilize all forms required by HCJFS, Ohio Department of Job and Family Services (ODJFS), and the United States Department of Labor (DOL).
4. Provider is required to operate its youth program in compliance with all federal, state, local laws rules and regulations, Employment and Training Guidance Letters as well including but not limited to WIOA laws and rules, CCMEP laws and rules, as well as SWORWIB policies.
5. Provider is required to attend all meetings and trainings as directed by HCJFS and required by the SWORWIB. In addition, Provider shall attend all SWORWIB Emerging Workforce Committee meetings, as well as Youth Round Table Meetings.
6. Records of all service provided to all Consumers in the contracted program(s) (whether reimbursed by this Contract or not) and all the expenses incurred in the operation of the programs must be maintained. Service and expenses for which there is no proper documentation will not be reimbursed, or will be recovered through the audit process.
7. Provider is required to submit a final performance deliverable report no later than ninety (90) days following the end date of service each year of the Initial Term as well as for each Renewal Term. Performance deliverables are defined in Section 2.2 of Exhibit I, The Request for Proposal.
8. SWORWIB and HCJFS reserve the right to request additional reports at any time during the Contract period. Provider shall furnish HCJFS with reports as requested. HCJFS may exercise this right without a Contract amendment. HCJFS reserves the right to withhold payment until such time as the requested and/or required reports are received.
9. The compensation amount in section 3. **BILLING AND PAYMENT** is the full payment for any service rendered to a Consumer pursuant to this Contract. No fees or additional cost shall be charged to any Consumer for the Services without express HCJFS approval. Such approval must be made by way of a Contract amendment.





#### D. SUBRECIPIENT

Provider is designated as a "subrecipient" as referenced by ODJFS' rule OAC 5101:9-1-88. As such, Provider will have some of the same restrictions and requirements as a federal, state, and local government/organizations. The auditing standards set forth in Office of Management and Budget Circular A-133.210(b) budgeting protocols, and federal budget/cost guidelines are all applicable to a subrecipient entity. Subrecipients will be monitored according to Office of Management and Budget Circular A-133.400(d)(3) and Office of Management and Budget Circular A-102.40 (a).

Provider agrees that it will pay HCJFS the full amount of any funds which HCJFS is required to repay to any federal or state entity due to Provider's failure to properly perform its obligations consistent with its status as a subrecipient and its failure to comply with the terms and conditions of this Contract.

### 3. BILLING AND PAYMENT

- A. Expense Reimbursement – For services rendered during this Contract, Provider shall be reimbursed for One Hundred Percent (100%) of its incurred expenses. Notwithstanding the above, such expense reimbursement shall be limited to those expenses set forth in Exhibit IV through Exhibit IV-A – Budget, for which Provider has submitted proper verification as a part of its invoice. Provider agrees that it will not be reimbursed for any expense in an amount greater than the amount set forth in Exhibit IV through Exhibit IV-A – Budget for such expense for the time period set forth on such exhibits. At no time will Provider be eligible to receive any more than

for Year 1 of the Initial Term and

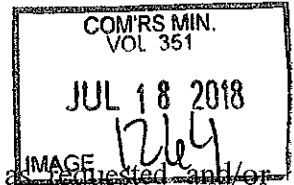
for Year 2 of the Initial Term in expense reimbursement contract unless an amendment for additional funds is fully executed. At no time will Provider be eligible to receive any more than

in expense reimbursement for the Renewal Period #1, and no more than

in expense reimbursement for the Renewal Period #2, to the extent one is entered into.

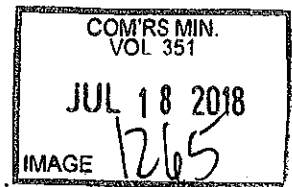
- B. Billing and Payment – Original invoices, signed by Provider, will be sent each month to HCJFS, acting as Fiscal Agent, within thirty (30) days of the end of the service month. Provider shall make all reasonable efforts to include all services provided during the service month on the invoice.





HCJFS reserves the right to withhold payment until such time as requested and/or required reports are received.

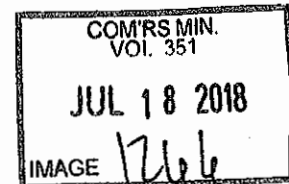
1. HCJFS, acting as Fiscal Agent, will not make payment for any service, either an initial invoice or a supplemental invoice, which is submitted to HCJFS more than sixty (60) calendar days from the end of the service month. The HCJFS Fiscal Department has the final authority in determining if an invoice is received timely and submitted accurately. For invoices which are received timely but are not accurate, there will be no extension of the time limitations.
  2. For accurate invoices which are received timely, HCJFS, acting as Fiscal Agent, will make payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of this Contract. HCJFS will only pay for those services authorized and referred.
  3. Invoices are to be submitted each month with only one (1) month of service being recorded on each invoice. All invoices must contain backup documentation to allow HCJFS to verify all expenses set forth on such invoice. Proper expense documentation includes copies of all invoices, payroll registers, etc. used to generate a dollar amount of expense for each line set forth on invoice.
- C. Provider will indicate the purchase order and vendor number on all invoices submitted for payment.
- D. Provider warrants that the following unallowable costs were not included in Exhibit IV through Exhibit IV-A – Budget and that these costs will not be included in any invoice submitted for payment. For this project, unallowable costs are:
1. bad debt or losses arising from uncollectible accounts and other claims and related costs;
  2. bonding costs;
  3. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;
  4. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
  5. entertainment costs for amusements, social activities and related costs;
  6. costs of alcoholic beverages;



7. goods or services for personal use;
8. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
9. gains and losses on disposition or impairment of depreciable or capital assets;
10. cost of depreciation on idle facilities, except when necessary to meet Contract demands;
11. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in rule 5101:2-47-26.2 of the Administrative Code;
12. losses on other contracts;
13. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
14. costs related to legal and other proceedings;
15. goodwill;
16. asset valuations resulting from business combinations;
17. legislative lobbying costs;
18. cost of organized fund raising;
19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
20. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
21. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
22. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
23. major losses incurred through the lack of available insurance coverage; and
24. cost of prohibited activities from section 501(C)(3) of the Internal Revenue Code.

E. Provider warrants that a separate General Ledger account has been established and will be maintained for the revenue and expenses of this contracted program. Provider further understands and agrees that any funds received pursuant to this Contract must be tracked and reported separately from any other WIOA and/or CCMEP funds received by Provider.

F. Provider warrants that claims made for payment for services provided shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Provider to other sources of public funds for the same service.



#### 4. ELIGIBILITY FOR SERVICES

Provider agrees that it is responsible for determining eligibility for CCMEP WIOA and CCMEP TANF Youth Services under the Title 1 B, Chapter 2 Youth Workforce Investment Activities, in accordance with the rules and regulations set forth in the WIOA legislation. A participant is defined in federal statute, and in this contract as "An individual who has been registered pursuant to 20 CFR 663.105, has been determined eligible and is receiving services (except for follow up services) under a program or activity authorized by Title I of the Workforce Innovation and Opportunity ACT of 2014." Individuals receiving services under this Contract will be referred to as "Participants" or "Consumers".

#### 5. NO ASSURANCES

Provider acknowledges that, by entering into this Contract, neither SWORWIB nor HCJFS is making any guarantees or other assurances as to the extent, if any, that SWORWIB or HCJFS will utilize Provider's services or purchase its goods. In this same regard, this Contract in no way precludes, prevents, or restricts Provider from obtaining and working under additional contractual arrangement(s) with other parties, assuming the contractual work in no way impedes Provider's ability to perform the services required under this Contract. Provider warrants that at the time of entering into this Contract, it has no interest in nor shall it acquire any interest, direct or indirect, in any contract that will impede its ability to provide the goods or perform the services under this Contract.

#### 6. AVAILABILITY OF FUNDS

This Contract is conditioned upon the availability of federal, state, or local funds appropriated or allocated for payment for services provided under the terms and conditions of this Contract. By sole determination of HCJFS, after consultation with the SWORWIB, if funds are not sufficiently allocated or available for the provision of the services performed by Provider hereunder, HCJFS reserves the right to exercise one of the following alternatives:

- A. Reduce the utilization of the services provided under this Contract, without change to the terms and conditions of the Contract; or
- B. Issue a notice of intent to terminate the Contract.

HCJFS will notify Provider at the earliest possible time of such decision. No penalty shall accrue to HCJFS in the event either of these provisions is exercised. HCJFS shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.

## 7. TERMINATION

### A. Termination for Convenience

#### 1. By HCJFS

This Contract may be terminated by HCJFS upon notice, in writing, delivered upon the Provider Sixty (60) calendar days prior to the effective date of termination.

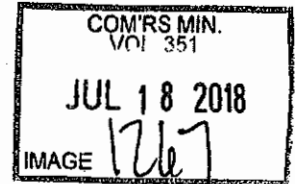
#### 2. By Provider

This Contract may be terminated by Provider upon notice, in writing, delivered upon HCJFS Sixty (60) calendar days prior to the effective date of termination.

### B. Termination for Cause by HCJFS

If Provider fails to provide the Services as provided in this Contract for any reason other than Force Majeure, or if Provider otherwise materially breaches this Contract, HCJFS, in consultation with the SWORWIB, may consider Provider in default. HCJFS agrees to give Provider thirty (30) days written notice specifying the nature of the default and its intention to terminate. Provider shall have seven (7) calendar days from receipt of such notice to provide a written plan of action to HCJFS to cure such default. HCJFS is required to approve or disapprove such plan within five (5) calendar days of receipt. In the event Provider fails to submit such plan or HCJFS disapproves such plan, HCJFS has the option to immediately terminate this Contract upon written notice to Provider.

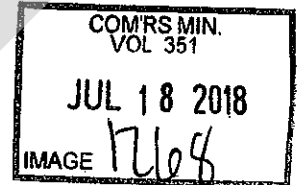
If Provider fails to cure the default in accordance with an approved plan, then HCJFS may terminate this Contract at the end of the thirty (30) day notice period. Any extension of the time periods set forth above shall not be construed as a waiver of any rights or remedies the County or HCJFS may have under this Contract.



For purposes of the Contract, material breach shall mean an act or omission that violates or contravenes an obligation required under the Contract and which, by itself or together with one or more other breaches, has a negative effect on, or thwarts the purpose of the Contract as stated herein. A material breach shall not include an act or omission, which has a trivial or negligible effect on the quality, quantity, or delivery of the goods and services to be provided under the Contract.

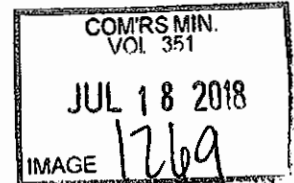
Notwithstanding the above, in cases of substantiated allegations of: i) improper or inappropriate activities, ii) loss of required licenses iii) actions, inactions or behaviors that may result in harm, injury or neglect of a Consumer, iv) unethical business practices or procedures; and v) any other event that HCJFS deems harmful to the well-being of a Consumer; HCJFS may immediately terminate this Contract upon delivery of a written notice of termination to Provider.

C. Effect of Termination



1. Upon any termination of this Contract, Provider shall be compensated for any invoices that have been issued in accordance with this Contract for Services satisfactorily performed in accordance with the terms and conditions of this Contract up to the date of termination. In addition, HCJFS shall receive credit for reimbursement made, as of the date of termination, when determining any amount owed to Provider.
2. Provider, upon receipt of notice of termination, agrees to take all necessary or appropriate steps to limit disbursements and minimize costs and furnish a report, as of the date of receipt of notice of termination, describing the status of all work under this Contract, including without limitation, results accomplished, conclusions resulting therefrom and any other matters as HCJFS may require.
3. Provider shall not be relieved of liability to HCJFS for damages sustained by HCJFS by virtue of any breach of the Contract by Provider. HCJFS may withhold any compensation to Provider for the purpose of off-set until such time as the amount of damages due HCJFS from Provider is agreed upon or otherwise determined.





## 8. FORCE MAJEURE

If by reason of force majeure, the parties are unable in whole or in part to act in accordance with this Contract, the parties shall not be deemed in default during the continuance of such inability. Provider shall only be entitled to the benefit of this paragraph for fourteen (14) days if the event of force majeure does not affect HCJFS' or SWORWIB's property or employees which are necessary to Provider's ability to perform.

The term "Force Majeure" as used herein shall mean without limitation: acts of God; strikes or lockout; acts of public enemies; insurrections; riots; epidemics; lightning; earthquakes; fire; storms; flood; washouts; droughts; arrests; restraint of government and people; civil disturbances; and explosions.

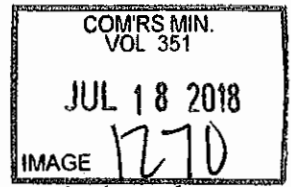
Provider shall, however, remedy with all reasonable dispatch any such cause to the extent within its reasonable control, which prevents Provider from carrying out its obligations contained herein.

## 9. TRANSITION PLAN

The Transition Plan will be developed among all parties in the event of termination or expiration of this Contract. The goals of the Transition Plan are to: a) ensure continuity of care; b) not disrupt care unnecessarily; and c) ensure the safety of Consumers and their families. The parties agree that each shall provide reasonable cooperation in the transitioning of responsibilities to any other person or entity selected by HCJFS to assume administration of such responsibilities. To ensure continuity of services to Consumers and families, the Transition Plan, at a minimum, includes the following schedule:

- A. Consumer records will be provided to HCJFS thirty (30) days prior to the termination date of the Contract;
- B. A monthly Service Authorization report will be provided to HCJFS or designee until the termination date of the Contract; and
- C. "Data dump" to HCJFS of all consumer data from Provider's electronic systems will occur within thirty (30) days after the termination date of the Contract.

HCJFS reserves the right to waive any of the above Transition Plan requirements and dates at its sole discretion.



## 10. GOOD FAITH EFFORT

In the event of termination of this Contract, both parties agree to work cooperatively and use their best efforts to minimize any adverse affects of such termination on the Consumers.

## 11. DISPUTE RESOLUTION

The parties agree to work cooperatively to resolve any dispute in the most efficient and expeditious manner possible. Either party may bring any dispute forward to the other in form of a written notice of dispute (the "Notice of Dispute"). The Notice of Dispute shall state the facts surrounding the claim, together with its character and scope and include any proof to substantiate any dispute and a means by which to resolve the dispute in the best interest of both parties. The Notice of Dispute shall be forwarded in writing to the following representatives of the parties as follows:

### Step 1

Representative for Service Area #13 of Ohio: WIOA/Workforce Development Program Manager;

Representative for Provider: Program Director;

If an agreement cannot be reached during Step 1, the grieving party may elevate the dispute to Step 2.

### Step 2

Representative for Service Area #13 of Ohio: WIOA Project Manager;

Representative for Provider: Executive Director;

If an agreement cannot be reached during Step 2, the grieving party may elevate the dispute to Step 3.

### Step 3

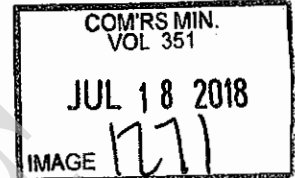
Representative for Service Area #13 of Ohio: Assistant Director, HCJFS and the SWORWIB President;

Representative for Provider: Executive Director, President.

A maximum of twenty (20) working days is allowed at each of Step 1 and Step 2 (unless extended in writing by both parties) before the dispute resolution procedure is automatically elevated to the next higher step. Step 1 representatives are as follows:

All representatives shall communicate with each other to readily resolve items in dispute. Nothing herein shall preclude either party from pursuing its remedies available at law or in equity.

## 12. WARRANTIES AND REPRESENTATIONS

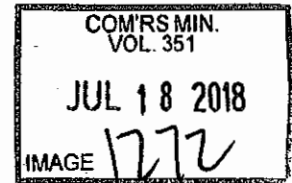


Provider warrants and represents that, at all times during the Contract term, Provider shall maintain all required licensure or certifications in good standing. Provider shall immediately notify HCJFS of any action, modification or issue relating to said licensure or certification.

- A. Provider warrants and represents that its Services shall be performed in a professional and work like manner in accordance with applicable professional standards.
- B. Provider warrants and represents that Provider and all subcontractors who provide direct or indirect services under this Contract will comply with all requirements of federal, state and local laws and regulations, including but not limited to Office of Management and Budget Circular A-133, 2 C.F.R. Part 215, 2 C.F.R. Part 220, 2 C.F.R. Part 225, 2 C.F.R. Part 230, ORC statutes and OAC rules, and the statutes and rules of Provider's home state in the conduct of work hereunder.
- C. Provider warrants and represents all other sources of revenue have been actively pursued prior to billing HCJFS for Services, including but not limited to, third party insurance, Medicaid, and any other source of local, state or federal revenue. All revenue sources currently accessed by Provider and available to serve the Consumers identified in the Exhibit I, Request for Proposal, and Exhibit II – Provider's Proposal and Exhibit III, and Scope of Service shall be listed in the budget and utilized, where permissible, to reduce the cost of the contracted service to HCJFS.
- D. Provider warrants and represents that separate books and records, including, but not limited to the general ledger account journals and profit/loss statements have been established and will be maintained for the revenue and expenses of this program.



- E. Provider warrants and represents that it will be responsible for the payment of any and all unemployment compensation premiums, income tax deductions, pension deductions, and any other taxes or payroll deductions required for the performance of the Services by Provider's employees.



### 13. PROGRAM AND FISCAL MONITORING

Provider agrees to participate in and comply with the requirements of HCJFS for program and fiscal compliance monitoring of the Contract and to observe and comply with all other applicable protocols, policies, guidelines and programs established by the United States Department of Labor, ODJFS, SWORWIB, or HCJFS.

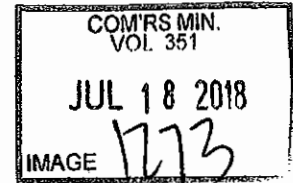
### 14. MAINTENANCE OF SERVICE

Provider certifies the services being reimbursed are not available from the Provider on a non-reimbursable basis or for less than the Unit Rate and that the level of service existing prior to the Contract, if applicable, shall be maintained. Provider further certifies federal funds will not be used to supplant non-federal funds for the same service.

### 15. REPORTS

- A. Provider agrees to report all cases of suspected abuse, neglect or dependency to HCJFS through (513) 241-KIDS, the child welfare hotline for HCJFS. Provider agrees to cooperate and assist in any investigation and follow-up activities occurring in relation to such cases.
- B. The monthly contract program financial report shall be submitted to the HCJFS Contract Services Section no later than sixty (60) days after the end of the service month.
- C. The monthly reports detailing all youth services under CCMEP WIOA/CCMEP TANF shall be submitted to the HCJFS Contract Services Section no later than ten (10) days after the end of the service month.
- D. SWORWIB and HCJFS reserves the right to request additional reports and information at any time during the Contract period. It is the responsibility of Provider to furnish HCJFS with such requested reports and information. HCJFS may exercise this right without a Contract amendment.

- E. HCJFS reserves the right to withhold payment until such time as all required reports are received.



## 16. GRIEVANCE PROCESS

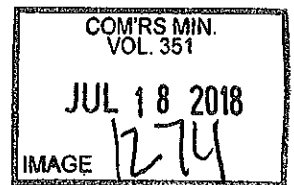
Provider will post its grievance policy and procedures in a public or common area at each contracted site so all Consumers, their parents, guardians and representatives are able to observe this policy. Provider will notify HCJFS in writing on a monthly basis of all grievances initiated by Consumers or their representatives involving the Services. Provider shall submit any facts pertaining to the grievance and the resolution of the grievance to HCJFS Contract Manager, no less frequently than monthly.

## 17. NON-DISCRIMINATION IN EMPLOYMENT

Provider certifies it is an equal opportunity employer and shall remain in compliance with state and federal civil rights and nondiscrimination laws and regulations including, but not limited to Title VI and Title VII of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Age Discrimination Act of 1975, the Age Discrimination in Employment Act, as amended, and the Ohio Civil Rights Law.

During the performance of this Contract, Provider will not discriminate against any employee, contract worker, or applicant for employment because of race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. Provider will take affirmative action to ensure that during employment all employees are treated without regard to race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. These provisions apply also to contract workers. Such action shall include, but is not limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff, or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Provider agrees to post in conspicuous places, available to employees and applicants for employment, notices stating Provider complies with all applicable federal, state and local non-discrimination laws and regulations.

Provider, or any person claiming through the Provider, agrees not to establish or knowingly permit any such practice or practices of discrimination or segregation in reference to anything relating to this Contract, or in reference to any contractors or subcontractors of said Provider.



## **18. NON-DISCRIMINATION IN THE PERFORMANCE OF SERVICES**

Provider agrees to comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, and any regulations promulgated thereunder. Provider further agrees that it shall not exclude from participation in, deny the benefits of, or otherwise subject to discrimination any HCJFS Consumer in its performance of this Contract on the basis of race, color, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief, or place of birth.

Provider further agrees to comply with OAC 5101:9-02-01 and OAC 5101:9-02-05, as applicable, which require that contractors and sub-grantees receiving federal funds must assure that persons with limited English proficiency (LEP) can meaningfully access services. To the extent Provider provides assistance to LEP Consumers through the use of an oral or written translator or interpretation services in compliance with this requirement, Consumers shall not be required to pay for such assistance.

## **19. PUBLIC ASSISTANCE WORK PROGRAM PARTICIPANTS**

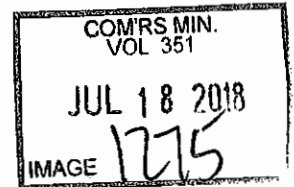
Pursuant to ORC Chapter 5107 and 5108, the Prevention, Retention, and Contingency Program, Provider agrees to not discriminate in hiring and promoting against applicants for and participants for the Ohio Works First Program. Provider also agrees to include such provision in any such contract, subcontract, grant or procedure with any other party which will be providing services, whether directly or indirectly, to HCJFS Consumers.

## **20. SOLICITATION OF EMPLOYEES**

Provider and HCJFS warrant that for one (1) calendar year from the beginning date of this Contract, Provider and HCJFS will not solicit each other's employees for employment. The term "Provider" includes any agent or representative of the Provider.

## **21. RELATIONSHIP**

Nothing in this Contract is intended to, or shall be deemed to constitute a partnership, association or joint venture with Provider in the conduct of the provisions of this Contract. Provider shall at all times have the status of an independent contractor without the right or authority to impose tort, contractual or any other liability on HCJFS, the BOCC, the City of Cincinnati or SWORWIB.



**22. CONFLICT OF INTEREST**

Provider agrees there is no financial interest involved on the part of any employee or officer of HCJFS or the County involved in the development of the specifications or the negotiation of this Contract. Provider has no knowledge of any situation that would be a conflict of interest. It is understood a conflict of interest occurs when a County or HCJFS employee will gain financially or receive personal favors as a result of the signing or implementation of this Contract.

Provider will report the discovery of any potential conflict of interest to HCJFS. If a conflict of interest is discovered during the term of this Contract, HCJFS may exercise any right under the Contract, including termination of the Contract.

**23. DISCLOSURE**

Provider hereby covenants it has disclosed any information that it possesses about any business relationship or financial interest said Provider has with a County employee, employee's business, or any business relationship or financial interest a County employee has with Provider or in Provider's business.

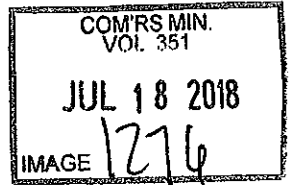
**24. CONFIDENTIALITY**

Provider agrees to comply with all federal and state laws applicable to HCJFS and the confidentiality of HCJFS Consumers. Provider understands access to the identities of any HCJFS Consumers shall only be as necessary for the purpose of performing its responsibilities under this Contract. Provider agrees that the use or disclosure of information concerning HCJFS Consumers for any purpose not directly related to the administration of this Contract is prohibited. Provider will ensure all Consumer documentation is protected and maintained in a secure and safe manner.

**25. PUBLIC RECORDS**

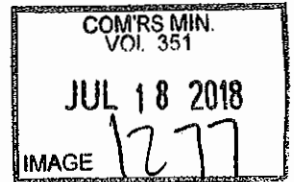
This Contract is a matter of public record under the Ohio public records law. By entering into this Contract, Provider acknowledges and understands that records maintained by Provider pursuant to this Contract may also be deemed public records and subject to disclosure under Ohio law. Upon request made pursuant to Ohio law, HCJFS shall make available the Contract and all public records generated as a result of this Contract.





## 26. AVAILABILITY AND RETENTION OF RECORDS

- A. Provider agrees all records, documents, writing or other information, including but not limited to, financial records, census records, consumer records and documentation of legal compliance with OAC rules, produced by Provider under this Contract, and all records, documents, writings or other information, including but not limited to financial, census and Consumer used by Provider in the performance of this Contract shall be maintained for a minimum of three (3) years. All records relating to costs, work performed and supporting documentation for invoices submitted to HCJFS by Provider, along with copies of all deliverables submitted to HCJFS pursuant to this Contract, will be retained and made available by Provider for inspection and audit by HCJFS, or other relevant governmental entities including, but not limited to the Hamilton County Prosecuting Attorney, ODJFS, the Auditor of the State of Ohio, the Inspector General of Ohio or any duly appointed law enforcement officials and the United States Department of Health and Human Services for a minimum of three (3) years after reimbursement for services rendered under this Contract. If an audit, litigation or other action is initiated during the time period of the Contract, Provider shall retain such records until the action is concluded and all issues resolved or the three (3) years have expired, whichever is later.
- B. Provider agrees it will not use any information, systems or records made available to it for any purpose other than to fulfill the contractual duties specified herein, without permission of HCJFS.
- C. Provider agrees to keep all financial records in a manner consistent with generally accepted accounting principles and OAC 5101:2-47-26.1.
- D. Records must be maintained for all Services provided by this Contract and all the expenses incurred in the operation of the programs described herein. Services provided and expenses incurred without proper documentation will not be reimbursed, and overpayments will be recovered through the audit process. Proper documentation of Service provided is defined as a personal record of Service maintained by Provider staff that details the Service(s) provided to or on behalf of a Consumer, with the beginning and ending time(s) of the Service(s).



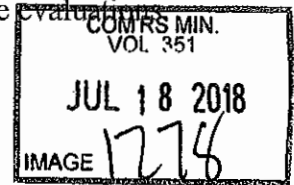
## 27. AUDIT REQUIREMENTS

- A. Provider shall conduct or cause to be conducted an annual independent audit of its financial statements in accordance with the audit requirements of ORC Chapter 117. Audits will be conducted using a "sampling" method. Depending on the type of audit conducted, the areas to be reviewed using the sampling method may include but are not limited to months, expenses, total units, and billable units.
- B. Provider agrees to accept responsibility for receiving, replying to and complying with any audit exception or finding, related to the provision of Service under this Contract.

Provider agrees to repay HCJFS the full amount of payment received for duplicate billings, erroneous billings, or false or deceptive claims. When an overpayment is identified and the overpayment cannot be repaid in one month, Provider may be asked to sign a Repayment Agreement with HCJFS. Provider agrees HCJFS may withhold any money due and recover through any appropriate method any money erroneously paid under this Contract if evidence exists of less than full compliance with this Contract. If repayments are not made according to the agreed upon terms, future checks may be held until the repayment of funds is current. Checks held more than sixty (60) days may be canceled and may not be re-issued. HCJFS also reserves the right to not increase the Unit Rate or the overall Contract amount for Services purchased under this Contract if there is any outstanding or unresolved issue related to an audit finding. Any change to the Repayment Agreement will require a formal amendment to be signed by all parties.

- C. Provider agrees to give HCJFS a copy of Provider's most recent annual report and the most recent annual independent audit report within fifteen (15) days of receipt of such reports.
- D. To the extent applicable, Provider will cause a single or program-specific audit to be conducted in accordance with OMB Circular A-133. Provider should submit a copy of the completed audit report to HCJFS within forty-five (45) days after receipt from the accounting firm performing such audit.
- E. HCJFS reserves the right to evaluate programs of Provider and its subcontractors. The evaluation may include, but is not limited to reviewing records, observing programs, and interviewing program employees and Consumers.

F. HCJFS shall not be responsible for costs incurred by Provider for these evaluations.



## 28. DEBARMENT AND SUSPENSION

Provider will, upon notification by any federal, state, or local government agency, immediately notify HCJFS of any debarment or suspension of Provider being imposed or contemplated by the federal, state or local government agency. Provider will immediately notify HCJFS if it is currently under debarment or suspension by any federal, state, or local government agency.

## 29. DEBT CHECK PROVISION

The Debt Check Provision, ORC 9.24, prohibits public agencies from awarding a contract for goods, services, or construction, paid for in whole or in part from state funds, to a person or entity against whom a finding for recovery has been issued by the Ohio Auditor of State if the finding for recovery is unresolved. By entering into this Contract, Provider warrants and represents a finding for recovery has not been issued to the Ohio Auditor of State. Provider further warrants and represents Provider shall notify HCJFS within one (1) business day should a finding for recovery occur during any term of this Contract.

## 30. CORRECTIVE ACTION PLANS

Provider agrees to notify HCJFS immediately of any Corrective Action Plan ("CAP") issued from any state or other county agency regarding the services provided pursuant to this Contract. HCJFS may withhold payment or immediately terminate this Contract, upon written notice, if Provider fails to comply with any state or county CAP. HCJFS will send written notice to the Provider in the event payment is being withheld. Upon request, Provider shall meet with HCJFS staff in a timely manner to provide a written plan detailing how it will respond to any CAP. Provider will also keep HCJFS informed of the current status regarding any CAP.

## 31. PROPERTY OF HAMILTON COUNTY

The deliverable(s) and any item(s) provided or produced pursuant to this Contract (collectively "Deliverables") shall be considered "works made for hire" within the meaning of copyright laws of the United States of America and the State of Ohio. HCJFS is and shall be deemed the sole author of the Deliverables and the sole owner of all rights therein. If any portion of the Deliverables are deemed not to be a "work made for hire," or if there are any rights in the Deliverables not so conveyed to HCJFS, then Provider agrees to and by executing this Contract

hereby does assign to HCJFS all worldwide rights, title, and interest in and to the Deliverables. HCJFS acknowledges that its sole ownership of the Deliverables under this Contract does not affect Provider's right to use general concepts, algorithms, programming techniques, methodologies, or technology that have been developed by Provider prior to or as a result of this Contract or that are generally known and available.

Any Deliverable provided or produced by Provider under this Contract or with funds hereunder, including any documents, data, photographs and negatives, electronic reports/records, or other media, are the property of HCJFS, which has an unrestricted right to reproduce, distribute, modify, maintain, and use the Deliverables. Provider will not obtain copyright, patent, or other proprietary protection for the Deliverables. Provider will not include in any Deliverable any copyrighted matter, unless the copyright owner gives prior written approval for HCJFS and Provider to use such copyrighted matter in the manner provided herein. Provider agrees that all Deliverables will be made freely available to the general public unless HCJFS determines that, pursuant to state or federal law, such materials are confidential or otherwise exempt from disclosure.

## 32. INSURANCE

Provider agrees to procure and maintain for the term of this Contract the insurance set forth herein. The cost of all insurance shall be borne by Provider. Insurance shall be purchased from a company licensed to provide insurance in Ohio. Insurance is to be placed with an insurer provided an A.M. Best rating of no less than A-: VII. Waiver of subrogation shall be maintained by Provider for all insurance policies applicable to this contract, as further defined in paragraph F. 7. of this section and as required by ORC 2744.05. Provider shall purchase the following coverage and minimum limits:

- A. 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).

Endorsements for physical abuse claims and for sexual molestation claims must be a minimum of Three Hundred Thousand Dollars (\$300,000.00) per occurrence and Three Hundred Thousand Dollars (\$300,000.00) in the aggregate.

- B. Business auto liability insurance of at least One Million Dollars (\$1,000,000.00) combined single limit, on all owned, non-owned, leased and hired automobiles. If the Contract contemplates the transportation of the users of Hamilton County services (such as, but not limited to HCJFS Consumers) and Provider provides this service through the use of its employees' privately owned vehicles "POV", then the Provider's Business Auto Liability insurance shall sit excess to the employees "POV" insurance and provide coverage above its employee's "POV" coverage. Provider agrees the business auto liability policy will be endorsed to provide this coverage.
- C. Professional liability (errors and omission) insurance of at least One Million Dollars (\$1,000,000.00) per claim and in the aggregate.
- D. Umbrella and excess liability insurance policy with limits of at least One Million Dollars (\$1,000,000.00) per occurrence and in the aggregate, above the commercial general and business auto primary policies and containing the following coverage:
  1. Additional insured endorsement;
  2. Pay on behalf of wording;
  3. Concurrency of effective dates with primary;
  4. Blanket contractual liability;
  5. Punitive damages coverage (where not prohibited by law);
  6. Aggregates: apply where applicable in primary;
  7. Care, custody and control – follow form primary; and
  8. Drop down feature.

The amounts of insurance required in this section for General Liability, Business Auto Liability and Umbrella/Excess Liability may be satisfied by Provider purchasing coverage for the limits specified or by any combination of underlying and umbrella limits, so long as the total amount of insurance is not less than the limits specified in

JUL 18 2018

IMAGE 1281

General Liability, Business Auto Liability and Umbrella/Excess Liability when added together.

- E. Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.
- F. The Provider further agrees with the following provisions:
1. All policies, except workers' compensation and professional liability, 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 additional insured endorsement shall be on an ACORD or ISO form.
  2. The insurance endorsement forms and the certificate of insurance forms will be sent to: Risk Manager, Hamilton County, Room 707, 138 East Court Street, Cincinnati, Ohio 45202, Fax number (513) 946- 4720; and to HCJFS, Contract Services, 3<sup>rd</sup> floor, 222 East Central Parkway, Cincinnati, Ohio 45202. The forms must state the following: "Board of County Commissioners, 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."
  3. Each policy required by this clause shall be endorsed to state that coverage shall not be canceled or materially changed except after thirty (30) days prior written notice given to: Risk Manager, Hamilton County, Room 707, 138 East Court Street, Cincinnati, Ohio 45202; and to HCJFS, Contract Services, 3<sup>rd</sup> floor, 222 East Central Parkway, Cincinnati, Ohio 45202.
  4. Provider shall furnish the Hamilton County Risk Manager and HCJFS with original certificates and amendatory endorsements effecting coverage required by this clause. All certificates and endorsements are to be received by Hamilton County before the Contract commences. Hamilton County reserves the right at any time to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications.

JUL 18 2018

IMAGE

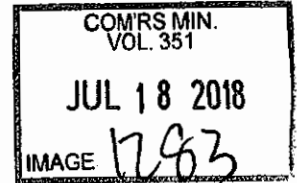
Failure of HCJFS to demand such certificate or other evidence of full compliance with these insurance requirements or failure of HCJFS to identify a deficiency from evidence provided shall not be construed as a waiver of Provider's obligation to maintain such insurance.

5. Provider shall declare any self-insured retention to Hamilton County pertaining to liability insurance. Provider shall provide a financial guarantee satisfactory to Hamilton County and HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses for any self-insured retention.
6. If Provider provides insurance coverage under a "claims-made" basis, Provider shall provide evidence of either of the following for each type of insurance which is provided on a claims-made basis: unlimited extended reporting period coverage which allows for an unlimited period of time to report claims from incidents that occurred after the policy's retroactive date and before the end of the policy period (tail coverage), or; continuous coverage from the original retroactive date of coverage. The original retroactive date of coverage means original effective date of the first claim-made policy issued for a similar coverage while Provider was under Contract with the County on behalf of HCJFS.
7. Provider will require all insurance policies in any way related to the work and secured and maintained by Provider to include endorsements stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against the County and HCJFS. Provider will require of subcontractors, by appropriate written contracts, similar waivers each in favor of all parties enumerated in this section.
8. Provider, the County, and HCJFS agree to fully cooperate, participate, and comply with all reasonable requirements and recommendations of the insurers and insurance brokers issuing or arranging for issuance of the policies required here, in all areas of safety, insurance program administration, claim reporting and investigating and audit procedures.
9. Provider's insurance coverage shall be primary insurance with respect to the County, HCJFS, their respective officials, employees, agents, and volunteers.



Any insurance maintained by the County or HCJFS shall be excess of Provider's insurance and shall not contribute to it.

10. If any of the work or Services contemplated by this Contract is subcontracted, Provider will ensure that any subcontractors comply with all insurance requirements contained herein.

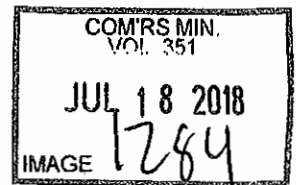


### 33. INDEMNIFICATION & HOLD HARMLESS

To the fullest extent permitted by and in compliance with applicable law, Vendor agrees to protect, defend, indemnify and hold harmless the Board of County Commissioners of Hamilton County Ohio, and its officials, employees, agents, and volunteers and the Hamilton County Job & Family Services and its officials, employees, agents, and volunteers (the Indemnified Parties) from and against all damages, liability, losses, claims, suits, actions, administrative proceedings, regulatory proceedings/hearings, judgments and expenses, subrogation (of any party involved in the subject of this Contract), attorneys' fees, court costs, defense costs or other injury or damage (collectively "Damages"), whether actual, alleged or threatened, resulting from injury or damages of any kind whatsoever to any business, entity or person (including death), or damage to property (including destruction, loss of, loss of use of resulting without injury damage or destruction) of whatsoever nature, arising out of or incident to in any way, the performance of the terms of this Contract including, without limitation, by Vendor, its subcontractor(s), Vendor's or its subcontractor's (s') employees and agents, assigns, and those designated by Vendor to perform the work or services encompassed by the Contract. Vendor agrees to pay all damages, costs and expenses of the Indemnified Parties in defending any action arising out of the aforementioned acts or omissions.

In addition, Vendor agrees to pay all Damages, liabilities, costs and expenses of the Indemnified Parties in defending any action arising regardless of any conflict of interest that may exist between the Indemnified Parties and Vendor. In the event Vendor fails to defend the Indemnified Parties as set forth in this Paragraph, which may result in a breach of contract, such parties may defend themselves and Vendor shall pay all actual costs and expenses for such defense including, but not limited to, judgments, awards, amounts paid in settlement, applicable court costs, witness fees and attorneys' fees. The respective rights and obligations of the parties under this paragraph shall survive the expiration or termination of the Contract for any reason

### 34. RESERVED



### 35. MEDIA RELATIONS, PUBLIC INFORMATION, AND OUTREACH

Although information about and generated under this Contract may fall within the public domain, Provider will not release information about or related to this Contract to the general public or media verbally, in writing, or by any electronic means without prior approval from the HCJFS Communications Director, unless Provider is required to release requested information by law. HCJFS reserves the right to announce to the general public and media: award of the Contract, Contract terms and conditions, scope of work under the Contract, deliverables and results obtained under the Contract, impact of Contract activities, and assessment of Provider's performance under the Contract. Except where HCJFS approval has been granted in advance, Provider will not seek to publicize and will not respond to unsolicited media queries requesting: announcement of Contract award, Contract terms and conditions, Contract scope of work, government-furnished documents HCJFS may provide to Provider to fulfill the Contract scope of work, deliverables required under the Contract, results obtained under the Contract, and impact of Contract activities.

If contacted by the media about this Contract, Provider agrees to notify the SWORWIB and HCJFS Communications Director in lieu of responding immediately to media queries. Nothing in this section is meant to restrict Provider from using Contract information and results to market to specific consumers or prospects.

### 36. MARKETING

Any program description intended for internal or external use shall contain a statement that funding for such program is provided by the Southwest Ohio Region Workforce Investment Board and the Board of County Commissioners, Hamilton County, Ohio, and the Hamilton County Department of Job and Family Services.

### 37. CHILD SUPPORT ENFORCEMENT

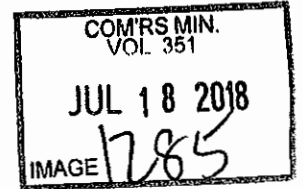
Provider agrees to cooperate with ODJFS and any Ohio Child Support Enforcement Agency ("CSEA") in ensuring Provider and Provider's employees meet child support obligations established under state or federal law. Further, by executing this Contract, Provider certifies present and future compliance with any court or valid administrative order for the withholding of support which is issued pursuant to the applicable sections in ORC Chapters 3119, 3121, 3123, and 3125.

### 38. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

Provider agrees to comply with all Health Insurance Portability and Accessibility Act ("HIPAA") requirements and meet all HIPAA compliance dates.

### 39. SCREENING AND SELECTION

#### A. Criminal Record Check



Provider warrants and represents it will comply with ORC 2151.86 and will complete criminal record checks on all individuals assigned to work with, volunteer with or transport Consumers. Provider will obtain a statewide conviction record check through the Bureau of Criminal Identification and Investigation ("BCII") and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office (or appropriate local Police and Sheriff's Offices) and any additional law enforcement or police department necessary to conduct a complete criminal record check of each individual providing services. Individual's record checks must be monitored annually thereafter. Annual checks may be completed via an HCJFS approved record search company or directly with appropriate local Police and Sheriff's Offices. Provider shall insure that every above described individual will sign a release of information, attached hereto and incorporated herein as Exhibit VI to allow inspection and audit of the above criminal records transcripts or reports by HCJFS or a private vendor hired by HCJFS to conduct compliance reviews on their behalf.

Provider shall not assign any individual to work with or transport Consumers until a BCII report and a criminal record transcript has been obtained. A BCII report must be dated within six (6) months of the date an employee or volunteer is hired.

Except as provided in Section C below, Provider shall not utilize any individual who has been convicted or plead guilty to any violations contained in ORC 5153.111(B)(1), ORC 2919.24, and OAC Chapters 5101:2-5, 5101:2-7, 5101:2-48.

#### B. Bureau of Motor Vehicle Transcript

Any individual transporting Consumers shall possess the following qualifications:

1. prior to allowing an individual to transport a Consumer, an initial satisfactory

Bureau of Motor Vehicle ("BMV") transcript from the State of Ohio (or the state the provider conducts its business) and , if applicable, from the individual's state of residence must be obtained; and

2. thereafter, an annual satisfactory BMV abstract report must be obtained from the State of Ohio (or the state the provider conducts its business) and , if applicable, from the individual's state of residence; and
3. a current and valid driver's license must be maintained.



In addition to the requirements set forth above, Provider will not permit any individual to transport a Consumer if:

1. the individual has a condition which would affect safe operation of a motor vehicle;
2. the individual has six (6) or more points on his/her driver's license; or
3. the individual has been convicted of driving while under the influence of alcohol or drugs.

#### C. Rehabilitation

Notwithstanding the above, Provider may make a request to HCJFS to utilize an individual if Provider believes the individual has met the rehabilitative standards of Ohio Administrative Code Section 5101 as follows:

1. If the Provider is seeking rehabilitation for a foster caregiver, a foster care applicant or other resident of the foster caregiver's household, Provider must provide written verification that the rehabilitation standards of OAC 5101:2-7-02 have been met.

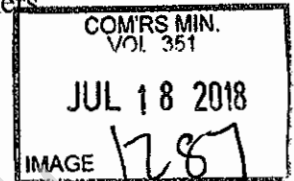


2. If the Provider is seeking rehabilitation for any other individual serving HCJFS Consumers, Provider must provide written verification from the individual that the rehabilitative conditions of OAC 5101:2-5-09 have been met.

HCJFS will review the facts presented and may allow the individual to work with, volunteer with or transport HCJFS Consumers on a case-by-case basis. It is in HCJFS' sole discretion to permit a rehabilitated individual to work with, volunteer with or transport our Consumers.

D. Verification of Job or Volunteer Application

Provider will check and document each applicant's personal and employment references, general work history, relevant experience, and training information. Provider further agrees it will not employ an individual to provide Services in relation to this Contract unless it has received satisfactory employment references, work history, relevant experience, and training information.



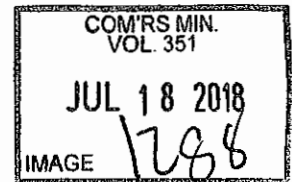
#### 40. LOBBYING

During the life of this Contract, Provider warrants and represents that Provider has not and will not use Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, office or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Provider further warrants and represents that Provider shall disclose any lobbying with any non-Federal funds that takes place in connection with obtaining any Federal award. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of this Contract. If Provider fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate this Contract.

#### 41. DRUG-FREE WORKPLACE

Provider certifies and affirms Provider will comply with all applicable state and federal laws regarding a drug-free workplace as outlined in 45 CFR Part 76, Subpart F. Provider will make a good faith effort to ensure all employees performing duties or responsibilities under this Contract, while working on state, county or private property, will not purchase, transfer, use or possess illegal drugs or alcohol, or abuse prescription drugs in any way.





#### 42. FAITH BASED ORGANIZATIONS

Provider agrees it will perform the Services under this Contract in compliance with Section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 in a manner that will ensure the religious freedom of Consumers is not diminished and it will not discriminate against any Consumer based on religion, religious belief, or refusal to participate in a religious activity. No funds provided under this Contract will be used to promote the religious character and activities of Provider. If any Consumer objects to the religious character of the organization, Provider will immediately notify HCJFS.

#### 43. CONSUMER EDUCATION & HEALTH INFORMATION DOCUMENTATION

Provider agrees to comply with the provisions of the OAC related to the provision and documentation of comprehensive health care for children in placement. Such provisions include but are not limited to OAC 5101:2-42-66.1 and 5101:2-42-66.2. A copy of all health care documentation shall be maintained in Consumer's case file and supplied to HCJFS upon receipt by the Provider.

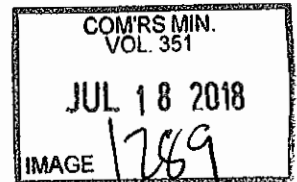
Provider further agrees to assist HCJFS in securing and maintaining the educational and school enrollment documentation required by OAC 5101:2-39-08.2.

#### 44. CLEAN AIR AND FEDERAL WATER POLLUTION CONTROL ACT

Provider agrees to comply with all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and any applicable environmental protection agency regulation. Provider understands that violations of all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and any applicable environmental protection agency regulation must be reported to the Federal awarding agency and the Regional Office of Environmental Protection Agency (EPA).

#### 45. ENERGY POLICY AND CONSERVATION ACT

Provider agrees to comply with all applicable standards, orders or regulations issued relating to energy efficiency that are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat. 871).



#### 46. **DECLARATION OF PROPERTY TAX DELINQUENCY**

As part of its submitted proposal, Provider completed a notarized Declaration of Property Tax Delinquency form, which states the Provider was not charged with any delinquent personal property taxes on the general tax list of personal property for Hamilton County, Ohio or that the Provider was charged with delinquent personal property taxes on said list, in which case the statement shall set forth the amount of such due and unpaid delinquent taxes as well as any due and unpaid penalties and interest thereon. If the form indicated any delinquent taxes, a copy of the notarized form has been transmitted to the county treasurer within thirty (30) days of the date it was submitted. A copy of the notarized form shall be attached hereto and incorporated herein by reference as Attachment E to Exhibit IV, Provider's Proposal.

Provider further agrees it will complete a notarized Declaration of Property Tax Delinquency form prior to the commencement of any renewal term. Provider understands and agrees that payment will be withheld for any Services rendered during such renewal term until this requirement has been met.

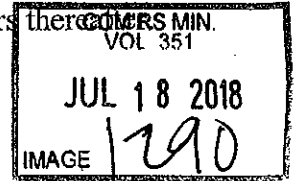
#### 47. **ASSIGNMENT AND SUBCONTRACTING**

The parties expressly agree this Contract shall not be assigned by Provider without the prior written approval of HCJFS. Provider may not subcontract any of the Services agreed to in this Contract without the express written consent of HCJFS. Notwithstanding any other provisions of this Contract affording Provider an opportunity to cure a breach, Provider agrees the assignment of any portion of this Contract or use of any subcontractor, without HCJFS prior written consent, is grounds for HCJFS to terminate this Contract with one (1) day prior written notice.

All subcontracts are subject to the same terms, conditions, and covenants contained within this Contract. Provider agrees it will remain primarily liable for the provision of all Services under this Contract and it will monitor any approved subcontractors to assure all requirements under this Contract, including, but not limited to reporting requirements, are being met. Provider must notify HCJFS within one (1) business day when Provider knows or should have known the subcontractor is out of compliance or unable to meet Contract requirements. Should this occur, Provider will immediately implement a process whereby subcontractor is immediately brought into compliance or the subcontractor's Contract with Provider is terminated. Provider shall provide HCJFS with written documentation regarding how compliance will be achieved. Under such circumstances, Provider shall notify HCJFS of subcontractor's termination and shall make recommendations to HCJFS of a replacement subcontractor. All replacement subcontractors are

subject to the prior written consent of HCJFS. Provider is responsible for making direct payment to all subcontractors for any and all services provided by such contractor.

Provider is to ensure that all Contract requirements contained herein are also part of the requirements for any subcontractor providing Services in relation to this Contract. HCJFS reserves the right to audit and/or test Contract requirements for the above mentioned subcontractor at any time during any term of this Contract and up to three (3) years thereafter.



#### 48. **GOVERNING LAW**

This Contract and any modifications, amendments, or alterations, shall be governed, construed, and enforced under the laws of Ohio.

#### 49. **LEGAL ACTION**

Any legal action brought pursuant to the Contract will be filed in Hamilton County, Ohio courts under Ohio law.

#### 50. **INTEGRATION AND MODIFICATION**

This instrument embodies the entire Contract of the parties. There are no promises, terms, conditions or obligations other than those contained herein; and this Contract shall supersede all previous communications, representations or contracts, either written or oral, between the parties to this Contract. This Contract shall not be modified in any manner except by an instrument, in writing, executed by the parties to this Contract.

Provider acknowledges and agrees that only staff from the HCJFS Contract Services Section may implement written Contract changes. In no event will an oral agreement with HCJFS be recognized as a legal and binding change to the Contract.

#### 51. **SEVERABILITY**

If any term or provision of this Contract or the application thereof to any person or circumstance shall to any extent be held invalid or unenforceable, the remainder of this Contract or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby and each term and provision of this Contract shall be valid and enforced to the fullest extent permitted by law.

**52. AMENDMENT**

This writing constitutes the entire Contract between Provider and HCJFS with respect to the Services. This Contract may be amended only in writing. Notwithstanding the above, the parties agree that amendments to laws or regulations cited herein will result in the correlative modification of this Contract, without the necessity for executing written amendments. The impact of any applicable law, statute, or regulation enacted after the date of execution of this Contract will be incorporated into this Contract by written amendment signed by Provider and HCJFS and effective as of the date of enactment of the law, statute, or regulation.

**53. WAIVER**

Any waiver by either party of any provision or condition of this Contract shall not be construed or deemed to be a waiver of any other provision or condition of this Contract, nor a waiver of a subsequent breach of the same provision or condition.

**54. NO ADDITIONAL WAIVER IMPLIED**

If HCJFS or Provider fails to perform any obligations under this Contract and thereafter such failure is waived by the other party, such waiver shall be limited to the particular matter waived and shall not be deemed to waive any other failure hereunder. Waivers shall not be effective unless in writing.

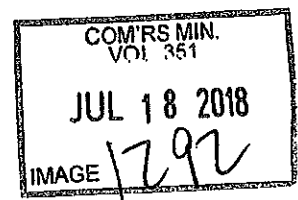
**55. CONTRACT CLOSEOUT**

At the discretion of HCJFS, a Contract Closeout may occur within ninety (90) days after the completion of all contractual terms and conditions. The purpose of the Contract Closeout is to verify that there are no outstanding claims or disputes and to ensure all required forms, reports and deliverables were submitted to and accepted by HCJFS in accordance with Contract requirements.

**56. NON-EXCLUSIVE**

This is a non-exclusive Contract, and HCJFS may purchase the same or similar item(s) from other Providers at any time during the term of this Contract.





## 57. CONTACT INFORMATION

### A. HCJFS Contacts -Provider should contact the following HCJFS staff with questions:

Name	Telephone	Department	Responsibility
Lisa Willwerth	(513) 946-2392	Contract Services	contract changes, contract language
April Barker	(513) 946-1840	Program Management	service point of contact, service authorization, invoice review
Tom Lutz	(513) 946-1517	Fiscal	billing & payment, invoice processing
Sherry Kelley Marshall	513-612-3643	Southwest Ohio Region Workforce Investment Board (SWORWIB) Serving Area #13 of Ohio	Oversight of all work & staff of the SWORWIB under WIOA law.

### B. Provider Contacts -HCJFS should contact the following Provider staff with any questions:

Name	Telephone	Department	Responsibility
Thanapat Vichitchot - Workforce Contracts Director	513-587-6953	Program Management	service point of contact, service referral contact
H.A. Musser Jr. – President and CEO	557-2730 Ext. 407	Business Management	Contract language, contract changes,

## 58. WIOA/TANF RULES AND REGULATIONS

Provider acknowledges that funding for this Contract is provided pursuant to the Workforce Innovation and Opportunity Act (“WIOA”) and Temporary Assistance to Needy Families (TANF). Provider agrees to accommodate all reasonable requests by HCJFS and SWORWIB in complying with any rules, regulations, and pronouncements required by federal and state officials in their administration of the WIOA and TANF. Provider further agrees to follow all federal and state rules and regulations applicable to the WIOA and TANF and its status as a subrecipients under this Contract.



59. **NOTICES**

For any notice under this Contract to be effective, it must be made in writing and sent to the addresses set forth below, unless such party has notified the other party, in accordance with the provisions of this section, of a new mailing address. This notice requirement will not apply to any notices that this Contract expressly authorizes to be made orally.

**As to Provider**

**As to Service Area #13 of Ohio**

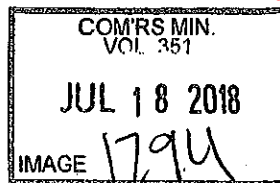
Board of County Commissioners, Hamilton County, Ohio  
138 East Court Street  
Room 603  
Cincinnati, Ohio 45202

Mayor of City of Cincinnati  
801 Plum Street  
Room 150  
Cincinnati Ohio 45202

Southwest Ohio Region Workforce Investment Board  
Sherry Kelley Marshall, President  
Great Oaks – Instructional Resource Center – Room 102  
100 Scarlet Oaks Drive  
Cincinnati, Ohio 45241

With copies to:

Tim McCartney, Chief Operations Officer  
Hamilton County Job & Family Services  
222 East Central Parkway  
Cincinnati, Ohio 45219



**60. PATENT RIGHTS**

Provider agrees to comply with all applicable standards, orders or regulation issued relating to awarding agency requirements pertaining to patent rights with respect to any discovery or invention which arises or is developed in the course of or under such Agreement (O.A.C. 5101:9-4-07(K)(7) and (45 C.F.R. 92.36(i)(8)).

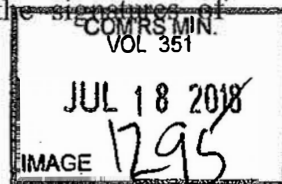
**61. COPYRIGHTS AND RIGHTS IN DATA**

Provider agrees to comply with all applicable standards, orders or regulation issued relating to awarding agency requirements pertaining to copyrights and rights in data (O.A.C. 5101:9-4-07(K) (9) and 45 C.F.R. 92.36(i) (9)).

SAMPLE

The terms of this contract are hereby agreed to by both parties, as shown by the signatures of representatives of each.

### SIGNATURES



In witness whereof, the parties have hereunto set their hands on this \_\_\_\_ day of \_\_\_\_, 2018.

Provider or Authorized Representative: \_\_\_\_\_

Date: 6/14/18

By: \_\_\_\_\_

County Administrator  
Hamilton County, Ohio

Date: 8/20/18

**Recommended By:**

\_\_\_\_\_  
Moira Weir, Director

Hamilton County Department of Job & Family Services

Date: 6/8/18

**Approved By:**

\_\_\_\_\_  
Mayor of Cincinnati/Chief Elected Official

Date: 7/12/2018

**Recommended by:**

\_\_\_\_\_  
Workforce Investment Board President

Date: 7/10/18

**Approved as to form:**

By: \_\_\_\_\_

Prosecutor's Office  
Hamilton County, Ohio

Date: 6/5/18

Prepared By: \_\_\_\_\_

Checked By: \_\_\_\_\_

Approved By: \_\_\_\_\_



# **ATTACHMENT**

## **C-1/C-2/C-3**

**Budget Instructions and Examples**

**Excel spreadsheets are available at**

**<http://www.sworwib.org/requests-for-proposals/>**

# CONTRACT BUDGET INSTRUCTIONS

These instructions are designed to assist in the completion the budget. Should you have any questions, please submit them in both paper copy and electronic form to the RFP Administrator as described in the RFP.\*

**\*Offerors are required to choose a method of communication appropriate given the timing of the procurement. Offerors bear all risk of delay or failure in delivery.**

## PAGE 1 - SUMMARY PAGE

Page 1 is the summary page for all information entered on pages 2 through 9. If you are not using the Excel spreadsheet for the budget, the summary page should be completed after all other budget pages (pages 2 through 9) are finalized. The total amounts for each expense type on this page (A through J) should equal the total amounts of each section on pages 2 through 8.

As the amounts are entered on pages 2 through 9, the total amounts on the summary page will be populated, if using the Excel spreadsheet to complete the budget.

### Mgmt Indirect Cost

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency. Mgmt Indirect costs, allocated to the proposed service(s) should not exceed 15% of the total proposed service(s) cost. After allocating Mgmt Indirect costs between Other Direct Services and the proposed service(s), total program expenses for Mgmt Indirect should equal zero.

The Summary Page, once completed, should give a total budget for the service being proposed as well as a picture of your agency's total budget.

### CONTRACT BUDGET

**AGENCY:** (Enter legal name of your agency)

**BUDGET PREPARED FOR PERIOD**

**NAME OF CONTRACT PROGRAM:** (Enter name of program, e.g. Foster Care)

(Enter Begin Date of Budget) **TO** (Enter End Date of Budget)

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
EXPENSES BY PROGRAM SERVICES						
A. STAFF SALARIES						
B. EMPLOYEE PAYROLL TAXES & BENEFITS						
C. PROFESSIONAL & CONTRACTED SERVICES						
D. CONSUMABLE SUPPLIES						
E. OCCUPANCY						
F. TRAVEL						
G. INSURANCE						
H. EQUIPMENT						
I. MISCELLANEOUS						
J. PROFIT MARGIN						
K SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION						
ALLOCATION OF MGT/INDIRECT COSTS						
<b>TOTAL PROGRAM EXPENSES</b>						

1

\*\*ESTIMATED TOTAL UNITS OF SERVICE

TO BE PROVIDED:

\*\*TOTAL PROGRAM EXPENSES / TOTAL UNITS

OF SERVICE = UNIT RATE:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\*UNIT= (Define unit - day, hour, trip, etc...)

<b>TOTAL REVENUE*</b>						
-----------------------	--	--	--	--	--	--

\*As the amounts for revenue are entered on page 9 of the budget, total revenue will be populated here.

Instructions:

- Column 1: Description of expenses by type.
- Columns 2-4: Totals of the direct costs entered for each section on pages 2 through 8. **Direct costs** are those that can be identified specifically to the service being proposed.
- Column 5: Totals of management, administrative, and indirect costs for each section on pages 2 through 8. **Indirect costs** are those costs incurred for a common or joint purpose benefiting more than one service area or cost center. It is not possible to specify the types of costs which may be considered as indirect cost in all situations due to the diverse characteristics and accounting practices of nonprofit organizations. However, typical examples of indirect cost for many nonprofit organizations may include the costs of operating and maintaining facilities, personnel administration, salaries and expenses of executive officers, and accounting functions such as payroll, and accounts payable.
- Column 6: Totals for all other direct and indirect costs of your agency not associated with the service being proposed on pages 2 through 8. For example, if your agency provides both Traditional and Therapeutic Foster Care and Residential Treatment and you are responding to a Request For Proposals (RFP) for Traditional and Therapeutic Foster Care, all costs associated with Residential Treatment would be entered under “Other Direct Serv”.
- Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 2 - SECTION A - STAFF SALARIES

This section is used to list all positions by position title, number of staff per position, hours per week per position, annual salary per position, and salaries per position included in the proposed service. All management and administrative positions indirectly associated with the service being proposed should be listed with their corresponding salaries listed under the column, "Mgmt Indirect". All other positions **not** directly or indirectly associated with the service being proposed may be grouped together and listed as "All Other Positions" with their total salaries listed under the column "Other Direct Ser".

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
POSITION TITLE	# STAFF	HRS WEEK	ANNUAL COST	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>TOTAL SALARIES</b>									

2

### Instructions:

Column 1: List all position titles of staff that will be associated with the service being proposed. All other positions not associated with the proposed service may be grouped together and labeled as "Other Personnel".

Column 2: Indicate the number of staff for the position title identified in Column 1.

Column 3: Indicate the number of hours each staff will work each week for the proposed service.

Column 4: Enter the annual salary for each position listed in Column 1. For the positions grouped as "Other Personnel", you may enter the sum of the salaries.

Columns 5-7: List the salary costs that are directly associated with the position titles for the proposed service.

Column 8: Enter the salary costs that are indirectly associated with the service being proposed.

Column 9: Enter the total salaries for staff employed by your agency but are **not** directly or indirectly associated with the proposed service.

Column 10: Column 10 is the sum of Columns 5 through 9.



# PAGE 3 – SECTION B – EMPLOYEE PAYROLL TAXES & BENEFITS

This section is used to calculate the employee payroll taxes and benefits.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
B. PAYROLL TAXES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
FICA _____ %						
WORKER'S COMP. _____ %						
UNEMPLOYMENT _____ %						
<b>BENEFITS</b>						
RETIREMENT _____ %						
HOSPITAL CARE						
OTHER (SPECIFY)						
<b>TOTAL EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>						

3

## Instructions:

Column 1: List the percents used to calculate the amounts withheld for payroll taxes and benefits. Please list separately any other employee deduction not listed under "Other".

Columns 2-4: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary in the corresponding columns on Page 2. **Please Note:** Unemployment taxes should only be calculated up to the first \$9,000.00 of an employee's salary.

Column 5: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary for Mgmt Indirect on Page 2.

Column 6: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary for Other Dir Serv on Page 2.

Column 7: Column 7 is the sum of Columns 2 through 6.

# PAGE 3 - SECTION C – PROFESSIONAL FEES & CONTRACTED SERVICES

This section is used to list any contracted services such as janitorial, pest control, and security; as well as any professional fees such as consultants and auditors. Also, if you have any contracted employees from a temporary agency who are performing duties either directly or indirectly related to the service proposed; those costs should be entered here. Foster care agencies should enter their Foster Parent fees here. Any subcontractor's costs should be entered here.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
C. PROFESSIONAL FEES & CONTRACTED SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>TOTAL PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b>						

3

## Instructions:

Column 1: List all professional fees and contracted services.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 4 - SECTION D – CONSUMABLE SUPPLIES

This section is used to enter costs for items that will be directly used or consumed in the proposed service. These items must be used or consumed within one (1) Consumable supplies that are more of a general supply used within your agency should be entered in the “Mgmt Indirect” column. Examples of some of these costs are janitorial supplies (cleaning supplies, paper towels, floor cleaner, mops, brooms, etc.). Program supplies such as pamphlets, text books, and computer software directly related to the proposed service should be entered in this section as well.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES						
OFFICE						
CLEANING						
PROGRAM						
OTHER (SPECIFY)						
<b>TOTAL CONSUMABLE SUPPLIES</b>						

4

### Instructions:

Column 1: List of consumable supplies by expense type. List any other consumable supplies separately under “Other”.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 4 - SECTION E – OCCUPANCY COSTS

This section is used to enter occupancy costs that will be associated with the proposed service. If your agency is renting the entire building and using all of the space for the proposed service, enter the total rental amount for the building. If your agency is renting the entire building and not using all of the space for the proposed service, the rental cost for the proposed service is calculated by multiplying the Cost per Square Foot by the total Square Footage of the space used for the proposed service. The remaining rental cost should be entered under “Other Direct Ser”.

If your agency owns the building, a charge for depreciation **or** usage allowance is allowable. Depreciation or usage allowance should be applied to the original acquisition cost of the building. Depreciation should be calculated using the straight-line method. The lifespan of a nonresidential building is 31.5 years for property placed in service before May 13, 1993. If the property was placed in service after May 13, 1993 the lifespan is 39 years per the Internal Revenue Service (IRS) (Publication 946). If the building has been fully depreciated, the usage allowance method should be used. The usage allowance is limited to 2% of the original acquisition cost.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
E. OCCUPANCY COSTS						
RENTAL @ _____ PER SQ. FT. SQ. FT. _____						
USAGE ALLOWANCE OF BLDG. OWNED @ 2% OF ORIGINAL ACQUISITION COST						
MAINTENANCE & REPAIRS						
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY _____ WATER _____						
TELEPHONE						
OTHER (SPECIFY)						
<b>TOTAL OCCUPANCY COSTS</b>						

4

### Instructions:

Column 1: Rental – Enter the amount per square foot and the total square footage used for the proposed service.

Usage Allowance of Building – Should be used when building has been fully depreciated. Usage Allowance is limited to 2% of the original acquisition cost.

Maintenance & Repairs – Enter any projected building maintenance and repair costs.

Utilities – Enter the projected utility costs on the appropriate lines. If heat and electricity is included in the rent, write “included” on this line. If water is included in the rent, write “included” on this line.

Telephone – Enter the projected telephone costs including long distance. Cell phone costs should be entered on this line, also.

Other – List separately any other costs associated with occupancy.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 5 - SECTION F – TRAVEL COSTS

This section is used to enter the costs of operation, maintenance, and repairs of agency vehicles when relevant to the delivery of the proposed service. Such costs may be charged on an actual cost basis, a per diem or mileage basis in lieu of actual costs incurred, or a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in the non-profit organization's non-federally sponsored activities. The amount paid for mileage reimbursement should not exceed the reimbursement rate determined by the IRS. The reimbursement rate can be found on the IRS website.

Conference and meeting costs are allowable if the primary purpose is the dissemination of technical information relating to the proposed service. Purchased transportation is allowable if required for the delivery of the proposed service.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						
VEHICLE REPAIR						
VEHICLE LICENSE						
VEHICLE INSURANCE						
OTHER (PARKING)						
MILEAGE REIMBURSE. @ PER MILE						
CONFERENCES & MEETINGS, ETC.						
PURCHASED TRANSPORTATION						
<b>TOTAL TRAVEL COSTS</b>						

5

### Instructions:

Column 1: List of travel costs by expense type. List any other travel costs separately under, "Other".

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.



## PAGE 5 - SECTION G – INSURANCE COSTS

This section is used to enter insurance costs relevant to the delivery of the proposed service. Some agencies allocate all insurance costs to the Mgmt Indirect column of their budgets, and then allocate them along with all the other shared type of costs. If one service operated by the agency has disproportionate insurance costs (either higher or lower) than the other agency services, then a more appropriate method would be to show the insurance costs in the column for that service. Records substantiating development of the means of allocating must be provided with your budget submittal and also maintained in your agency.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS						
LIABILITY						
PROPERTY						
ACCIDENT						
OTHER						
<b>TOTAL INSURANCE COSTS</b>						

5

### Instructions:

Column 1: List of insurance costs by expense type. List any other insurance costs separately under, “Other”.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 6 - SECTION H – EQUIPMENT COSTS

This section is used to enter small equipment (items costing under \$5,000.00 and will be purchased during the budget period); equipment maintenance and repair; equipment lease costs; and depreciation costs for capital equipment (any item or group of like items costing \$5,000.00 or more) relevant to the delivery of the proposed service. Leased equipment in excess of \$5,000.00 must be depreciated. If your agency has, or acquires equipment costing \$5,000.00 or more with an anticipated useful life in excess of one (1) year a charge for depreciation is allowable.

Depreciation should be calculated using the straight-line method. Refer to IRS guidelines to determine the useful life of equipment. Follow the instructions on Page 7 of Budget Form to calculate depreciation.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
H. EQUIPMENT COSTS						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						
TOTAL SMALL EQUIPMENT COSTS						
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						
TOTAL EQUIPMENT & REPAIR						
EQUIPMENT LEASE COSTS (DETAIL)						
TOTAL LEASE COSTS						
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)						
<b>TOTAL EQUIPMENT COSTS</b>						

6

### Instructions:

Column 1: List of equipment costs by expense type.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 7 - 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, e.g. 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 items of equipment used by the Management 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.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
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 Service Proposed	Amount Charged to Service Proposed	Which Service Proposed
<b>Total</b>										

7

### Instructions:

Column 1: Enter item to be depreciated.

Column 2: Enter “N” for new equipment or “U” for used equipment.

Column 3: Enter date of purchase.

Column 4: Enter acquisition cost of item.

Column 5: Enter salvage value.

Column 6: Subtract value entered in Column 5 from the value entered in Column 4.

Column 7: Enter useful life per IRS guidelines.

Column 8: Divide value in Column 6 by value in Column 7.

Column 9: Enter percent item will be used in the service proposed.

Column 10: Multiply value in Column 8 by percent in Column 9.

Column 11: Enter name of service proposed.

**PAGE 8 – SECTION I - MISCELLANEOUS COSTS**

This is the section to enter anticipated miscellaneous costs incidental to the delivery of the service proposed. Allowable miscellaneous include costs such as printing, advertising, postage, FBI background checks, and drug testing.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS						
<b>TOTAL MISCELLANEOUS COSTS</b>						

8

**Instructions:**

Column 1: List miscellaneous costs separately.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

PAGE 8 – SECTION J - PROFIT MARGIN

This section is for for-profit entities only. Enter the amount of anticipated profit being charged to the service proposed. The profit margin will be negotiated during contract negotiations.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
EXPENSES BY PROGRAM SERVICES						
J. PROFIT MARGIN (For profit entities only- indicate the amount)						

PAGE 8 – SECTION K – SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION

This is the grand total of Sections A through J for each column. The values on this line should equal Sub-Total of Expenses Before Mgmt Indirect Allocation on Page 1 - Summary Page.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION						



## PAGE 9 – REVENUE BY PROGRAM SERVICES

Projected revenues of your agency should be entered for the same time period of the budget for expenses. Government contracts, including revenues expected to be received from HCJFS, should be listed separately (e.g. HCJFS, Butler County, etc.). “Fees From Clients” should only represent monies received directly from clients. These are not fees paid by third parties (insurance, Medicaid, contracts). Contributions from individual benefactors need not be listed individually unless they represent a significant proportion or amount of donated funds.

Total revenues shown MUST equal or exceed the total expenses shown on Page 1 – Summary Page.

### REVENUE PREPARED FOR PERIOD

(Enter Begin Date of Budget) TO (Enter End Date of Budget)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
REVENUE BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUE
<b>A. GOVERNMENTAL AGENCY FUNDING (specify agency)</b>						
HCJFS						
<b>B. OTHER FUNDING</b>						
Fees From Clients						
Contributions						
Awards & Grants						
Other (specify)						
<b>TOTAL REVENUE</b>						

9

### Instructions:

Column 1: List funding sources.

Columns 2-4: Enter the revenues that are directly associated with the service proposed.

Column 5: Enter revenue such rental of facilities, interest income, investment income, contributions, etc.

Column 6: Enter all other revenues that are not associated with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

## PAGE 10 – RENEWAL YEAR ESTIMATED COST SHEET

Please estimate the total expenses and the unit rate by program for renewal years. These estimates will be used in helping to determine increases for the renewal years.

### RENEWAL YEAR ESTIMATED COST SHEET

(1)	(2)	(3)	(4)
<b>PROGRAM</b>	<b>RENEWAL YEAR 1 EXPENSE</b>	<b>RENEWAL YEAR 1 UNIT RATE</b>	<b>NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if budget increases in renewal years 1 and 2.</b>
PROGRAM 1			
PROGRAM 2			
PROGRAM 3			
PROGRAM 4			
<b>PROGRAM</b>	<b>RENEWAL YEAR 2 EXPENSE</b>	<b>RENEWAL YEAR 2 UNIT RATE</b>	<b>NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if budgets increases in renewal years 1 and 2.</b>
PROGRAM 1			
PROGRAM 2			
PROGRAM 3			
PROGRAM 4			

Column 1: Please list the program name (ie Traditional Foster Care, Therapeutic Foster Care Level 1, etc.)

Columns 2: Please enter the estimated total expense for renewal year 1 by program. Further down under the second set of headings, please list the estimated total expenses for renewal year 2 by program.

Column 3: Please enter the estimated unit rate for renewal year 1 by program. Further down under the second set of headings, please list the estimated unit rate for renewal year 2 by program.

Column 4: Please write a detailed narrative of justifying the increased costs and unit rate.

# **ATTACHMENT C-2**

## ATTACHMENT C-2

## CONTRACT SAMPLE BUDGET

(for reference purposes only)

AGENCY: Acme Foster Care

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM: Traditional &amp; Therapeutic Foster Care

January 1, 2010 TO December 31, 2010

## INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	154,750.00	26,750.00	0.00	23,250.00	380,500.00	585,250.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	26,517.00	7,857.38	0.00	5,734.94	65,042.94	105,152.25
C. PROFESSIONAL & CONTRACTED SERVICES	167,900.00	164,250.00	0.00	15,900.00	32,100.00	380,150.00
D. CONSUMABLE SUPPLIES	500.00	1,200.00	0.00	4,500.00	10,600.00	16,800.00
E. OCCUPANCY	13,400.00	20,100.00	0.00	0.00	90,500.00	124,000.00
F. TRAVEL	29,625.00	29,625.00	0.00	0.00	23,250.00	82,500.00
G. INSURANCE	2,790.00	1,860.00	0.00	500.00	3,150.00	8,300.00
H. EQUIPMENT	1,900.00	1,900.00	0.00	0.00	1,900.00	5,700.00
I. MISCELLANEOUS	6,750.00	5,300.00	0.00	500.00	3,750.00	16,300.00
J. PROFIT MARGIN	0.00	0.00	0.00	0.00	0.00	0.00
SUB-TOTAL OF EACH COLUMN	404,132.00	258,842.38	0.00	50,384.94	610,792.94	1,324,152.25
ALLOCATION OF MGT/INDIRECT COSTS	20,632.02	13,645.48		-45,484.94	11,207.44	0.00
TOTAL PROGRAM EXPENSES	424,764.02	272,487.86	0.00	0.00	622,000.38	1,324,152.25

ESTIMATED TOTAL UNITS OF SERVICE  
TO BE PROVIDED:

8,395.00

5,475.00

UNIT = 1 dayTOTAL PROGRAM COST/TOTAL UNITS  
OF SERVICE = UNIT COST:\$50.60\$49.77 \_\_\_\_\_

TOTAL REVENUE	62,269.40	515,855.86	0.00	650,008.63	7,000.00	1,235,133.89
---------------	-----------	------------	------	------------	----------	--------------

## ATTACHMENT C-1

## A. STAFF SALARIES - Attach Extra Pages for Staff,

POSITION TITLE	# STAFF	HRS WK	Annual Cost	Traditional Foster Care			MGMT INDIRECT	OTHER DIRECT SERVICE	TOTAL EXPENSE
Program Director	1.00	40.0	56,000.00	14,000.00	14,000.00			28,000.00	56,000.00
Case Manager		400.0	320,000.00		128,000.00				128,000.00
Clerical Specialist	1.00	40.0	25,500.00	12,750.00	12,750.00				25,500.00
Clerical Specialist	1.00	40.0	25,500.00					25,500.00	25,500.00
Other Personnel			195,250.00					195,250.00	195,250.00
Executive Director	1.00	10.0	85,000.00				12,750.00	72,250.00	85,000.00
Human Resource Director	1.00	13.2	70,000.00				10,500.00	59,500.00	70,000.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
<b>TOTAL SALARIES</b>	5.00	543.2	777,250.00	154,750.00	26,750.00	0.00	23,250.00	380,500.00	585,250.00

**Salaries Narrative.** Describe how each position relates to the service proposed.

The budget shows the positions assoiated with our Foster Care program. Staffing consists of the following:

1 Program Director - 25% allocated Traditional Foster Care; 25% allocated to Therapeutic Foster Care; remaining 50% allocated to other services not associated with foster care.

1 Program Director -  
25% allocated to Traditional Foster Care  
25% allocated to Therapeutic Foster Care 3  
50% allocated to other services not associated with foster care.

10 Case Managers  
40% allocated to Traditional foster Care  
60% allocated to Therapeutic Foster Care 3

1 Clerical specialist  
50% allocated to Traditional Foster Care  
50% allocated to Therapeutic Foster Care 3

1 Executive Director  
25% allocated to Foster Care Program

1 Human Resource Director  
33% allocated to Foster Care Program.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	TOTAL EXPENSE
<b>B.PAYROLL TAXES</b>					
FICA 7.65 %		2,046.38		1,778.63	3,825.00
WORKER'S COMP. 1.9%	2,940.25	508.25		441.75	11,119.75
UNEMPLOYMENT 2.3 %	983.25	1,397.25		120.06	4,761.00
<b>BENEFITS</b>					
RETIREMENT 1%	1,547.50	267.50		232.50	5,852.50
HOSPITAL CARE 13%	20,117.50	3,477.50		3,022.50	76,082.50
OTHER Life/Disability .6%	928.50	160.50		139.50	3,511.50
					0.00
<b>TOTAL EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>	26,517.00	7,857.38	0.00	5,734.94	105,152.25

**Employee Payroll Taxes & Benefits Narrative.**

Payroll taxes are based on on current FICA, Worker's Comp and Unemployment percentages. Unemployment taxes are calculated on the first \$9,000.00 of each employee's salary. Benefits for full time employees include hospitalization, retirement, group life and disability insurance.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.))	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
Foster Parent Fees	167,900.00	164,250.00				332,150.00
Accounting Services				6,000.00	12,000.00	18,000.00
Janitorial Services				9,900.00	20,100.00	30,000.00
						0.00
<b>TOTAL PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b>	167,900.00	164,250.00	0.00	15,900.00	32,100.00	380,150.00

**Professional Fees & Contracted Services Narrative**

Professional and contracted services include fees paid to our Foster Parents. We currently have 38 foster parents. Other contracted services include accounting and janitorial.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	TOTAL EXPENSE
<b>D.CONSUMABLE SUPPLIES</b>					
OFFICE		900.00		4,500.00	5,400.00
CLEANING					0.00
PROGRAM	500.00	300.00		600.00	1,400.00
OTHER - Food				10,000.00	10,000.00
					0.00
					0.00
<b>TOTAL CONSUMABLE SUPPLIES</b>	500.00	1,200.00	0.00	4,500.00	10,600.00

**Consumable Supplies Narrative**

Program expenses include gifts for children and youth activities. Office supplies are allocated based on the number of FTE's in each service.

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>E. OCCUPANCY COSTS</b>						
RENTAL @ \$10.00 PER SQ. FT. 10,000	10,000.00	15,000.00			75,000.00	100,000.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						0.00
MAINTENANCE & REPAIRS	1,200.00	1,800.00			9,000.00	12,000.00
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY WATER						0.00
TELEPHONE	2,200.00	3,300.00			6,500.00	12,000.00
OTHER (SPECIFY)						0.00
						0.00
						0.00
<b>TOTAL OCCUPANCY COSTS</b>	13,400.00	20,100.00	0.00	0.00	90,500.00	124,000.00

**Occupancy Costs Narrative**

Rental expense is allocated by square footage of office space. This expense is further allocated between Traditional Foster Care and Therapeutic Foster Care 3 based on the number of FTE's in each service.

Telephone expense includes office phones and company cell phones used by employees. This expense is further allocated between Traditional Foster and Therapeutic Foster Care based on the number of FTE's in each service.

Maintenance & Repairs expense is allocated by square footage of office space. This expense is further allocated between Traditional Foster Care and Therapeutic Foster Care 3 based upon the number of FTE's in each service.

Utilities are included in the rent.



## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT		TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						0.00
VEHICLE REPAIR						0.00
VEHICLE LICENSE						0.00
VEHICLE INSURANCE						0.00
OTHER (PARKING)						0.00
MILEAGE REIMBURSE. @ \$.50 PER MILE	28,125.00	28,125.00			18,750.00	75,000.00
CONFERENCES & MEETINGS, ETC.	1,500.00	1,500.00			4,500.00	7,500.00
PURCHASED TRANSPORTATION						0.00
<b>TOTAL TRAVEL COSTS</b>	<b>29,625.00</b>	<b>29,625.00</b>	<b>0.00</b>	<b>0.00</b>	<b>23,250.00</b>	<b>82,500.00</b>

**Travel Costs Narrative**

Travel costs include mileage reimbursement of \$.50 per mile. Estimated number of miles are 150,000. Conference and meetings expense include costs for 4 employees to attend conference on Foster Care.

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS						
LIABILITY	2,460.00	1,640.00		500.00	2,900.00	7,500.00
PROPERTY	330.00	220.00			250.00	800.00
ACCIDENT						0.00
OTHER						0.00
<b>TOTAL INSURANCE COSTS</b>	<b>2,790.00</b>	<b>1,860.00</b>	<b>0.00</b>	<b>500.00</b>	<b>3,150.00</b>	<b>8,300.00</b>

**Insurance Costs Narrative**

Insurance costs include liability insurance for foster parents and executive officers of the agency. Insurance costs are allocated to the services based on number of FTE's in each service.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT		TOTAL EXPENSE
<b>HEQUIPMENT COSTS</b>						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased)						
						0.00
						0.00
						0.00
<b>TOTAL SMALL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						0.00
						0.00
						0.00
						0.00
<b>TOTAL EQUIPMENT &amp; REPAIR</b>	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT LEASE COSTS (DETAIL)						
Copiers	900.00	900.00			900.00	2,700.00
						0.00
						0.00
<b>TOTAL LEASE COSTS</b>	900.00	900.00	0.00	0.00	900.00	2,700.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	1,000.00	1,000.00	0.00	0.00	1,000.00	3,000.00
<b>TOTAL EQUIPMENT COSTS</b>	1,900.00	1,900.00	0.00	0.00	1,900.00	5,700.00

**Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)**

Equipment Costs include lease charges for copiers and depreciation of computer system purchased in March, 2008.

## ATTACHMENT C-1

## LARGE EQUIPMENT DEPRECIATION CO

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, n

If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the agency's books prior to the beginning date of the contract may not be used as a basis

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.

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
Computer system	N	3/3/2008	15,000.00	0.00	15,000.00	5	3,000.00	100.00%	3,000.00	1/3 to Trad,TFC3, RT
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
Total			15,000.00		15,000.00		3,000.00		3,000.00	

\* Enter as a decimal.

## ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT		TOTAL EXPENSE
<b>I.MISCELLANEOUS COSTS</b>						
Postage		800.00			500.00	1,300.00
Dues/Subscriptions	2,000.00	1,000.00			1,000.00	4,000.00
Background checks	2,250.00	1,500.00			1,250.00	5,000.00
Recruitment	2,500.00	2,000.00			1,500.00	6,000.00
						0.00
<b>TOTAL MISCELLANEOUS COSTS</b>	6,750.00	5,300.00	0.00	500.00	3,750.00	16,300.00
<b>J. PROFIT MARGIN (For profit entities only)</b>						0.00
<b>TOTAL OF ALL EXPENSES</b>	404,132.00	258,842.38	0.00	50,384.94	610,792.94	1,324,152.25

**Miscellaneous Costs Narrative.**

Miscellaneous costs include postage, professional dues, foster parent recruitment, and background checks on foster parents and employees. Miscellaneous costs are allocated based on the number of FTE's in each service.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

**Mgmt/Indirect Cost Narrative.**

Management/Indirect costs are allocated to all services based on the percent of total direct salaries of each service to total agency salaries.

**Profit Margin Narrative (for profit entities only).**

Please type narrative here.

N/A.

## ATTACHMENT C-1

REVENUES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	TOTAL REVENUES
<b>A. GOVERNMENTAL AGENCY FUNDING (specify agency &amp; type)</b>					
Hamilton County Job & Family Services		459,770.27		650,008.63	1,109,778.90
Butler County Job & Family Services	57,269.40	51,085.59			108,354.99
					0.00
<b>B. OTHER FUNDING</b>					
FEES FROM CLIENTS					0.00
CONTRIBUTIONS -					0.00
					0.00
					0.00
					0.00
					0.00
AWARDS & GRANTS					0.00
					0.00
OTHER (specify)					0.00
Fundraising	5,000.00	5,000.00		7,000.00	17,000.00
<b>TOTAL REVENUE</b>	62,269.40	515,855.86	0.00	650,008.63	1,235,133.89

**Revenue Narrative**

Revenues are projected based upon the per diem rate and the number of children in each service.

## EXHIBIT II

## RENEWAL YEAR ESTIMATED COST SHEET

PROGRAM	RENEWAL YEAR 1 EXPENSE	RENEWAL YEAR 1 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if budget increases in renewal years 1 and 2.
Traditional Foster Care	\$435,383.12	\$51.87	Requesting a 2.5 percent increase. Salaries and contracted services are anticipated to increase 3 percent and supplies, insurance, equipment should increase 2 percent. Other costs should be stable.
Therapeutic Foster Care 3	\$279,300.06	\$51.01	Requesting a 2.5 percent increase. Salaries and contracted services are anticipated to increase 3 percent and supplies, insurance, equipment should increase 2 percent. Other costs should be stable.
PROGRAM 3			
PROGRAM 4			

PROGRAM	RENEWAL YEAR 2 EXPENSE2	RENEWAL YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if budget increases in renewal years 1 and 2.
Traditional Foster Care	\$448,444.61	\$53.43	Requesting a 3 percent increase. Salaries and contracted services are anticipated to increase 3 percent. In addition, an upgrade to computer equipment is needed that will increase costs by 3 percent. All other costs should increase by approximately the cost of living (2.5%).
Therapeutic Foster Care 3	\$287,679.06	\$52.54	Requesting a 3 percent increase. Salaries and contracted services are anticipated to increase 3 percent. In addition, an upgrade to computer equipment is needed that will increase costs by 3 percent. All other costs should increase by approximately the cost of living (2.5%).
PROGRAM 3			
PROGRAM 4			

# **ATTACHMENT C-3**



## Attachment C-3 Budget

Offeror:

BUDGET PREPARED FOR PERIOD

RFP No. SWORWIB-2015-10S

July 1, 2015 TO June 30, 2016

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C. PROFESSIONAL & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
D. CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E. OCCUPANCY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
F. TRAVEL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
G. INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H. EQUIPMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I. MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
J. PROFIT MARGIN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLOCATION OF MGT/INDIRECT COSTS								0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

ESTIMATED TOTAL UNITS OF SERVICE  
TO BE PROVIDED:

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

ESTIMATED NUMBER OF  
PERSONS SERVED

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
---------------	------	------	------	------	------	------	------	------

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

POSITION TITLE	# STAFF	HRS WK	Annual Cost	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT	TOTAL EXPENSE
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
<b>TOTAL SALARIES</b>			0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00

**Salaries Narrative.** Describe how each position relates to the service proposed.

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>B.PAYROLL TAXES</b>								
FICA %								0.00
WORKER'S COMP. %								0.00
UNEMPLOYMENT %								0.00
<b>BENEFITS</b>								
RETIREMENT								0.00
HOSPITAL CARE								0.00
OTHER (SPECIFY)								0.00
								0.00
<b>TOTAL EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Employee Payroll Taxes & Benefits Narrative.**

Please type narrative here.

**NOTE: You must list the percentage amount on the FICA, Worker's Comp and Unemployment lines. Remember - Unemployment Taxes are based ONLY on the first \$9,000 of the employees salary.**

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
								0.00
								0.00
								0.00
								0.00
<b>TOTAL PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Professional Fees & Contracted Services Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>D.CONSUMABLE SUPPLIES</b>								
OFFICE								0.00
CLEANING								0.00
PROGRAM								0.00
OTHER (SPECIFY)								0.00
								0.00
								0.00
<b>TOTAL CONSUMABLE SUPPLIES</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Consumable Supplies Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>E. OCCUPANCY COSTS</b>								
RENTAL @ PER SQ. FT.								0.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION								0.00
MAINTENANCE & REPAIRS								0.00
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY								0.00
TELEPHONE								0.00
OTHER (SPECIFY)								0.00
								0.00
								0.00
<b>TOTAL OCCUPANCY COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Occupancy Costs Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS								
GASOLINE & OIL								0.00
VEHICLE REPAIR								0.00
VEHICLE LICENSE								0.00
VEHICLE INSURANCE								0.00
OTHER (PARKING)								0.00
MILEAGE REIMBURSE.@ _____ PER MILE								0.00
CONFERENCES & MEETINGS, ETC.								0.00
PURCHASED TRANSPORTATION								0.00
<b>TOTAL TRAVEL COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Travel Costs Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS								
LIABILITY								0.00
PROPERTY								0.00
ACCIDENT								0.00
OTHER								0.00
<b>TOTAL INSURANCE COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Insurance Costs Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
<b>H.EQUIPMENT COSTS</b>								
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)								
								0.00
								0.00
								0.00
<b>TOTAL SMALL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)								0.00
								0.00
								0.00
								0.00
<b>TOTAL EQUIPMENT &amp; REPAIR</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT LEASE COSTS (DETAIL)								
								0.00
								0.00
								0.00
<b>TOTAL LEASE COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)**

Please type narrative here.

### 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 full 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.

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
			0.00	0.00	0.00	0	0.00	100.00%	0.00	
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
Total			0.00		0.00		0.00		0.00	



EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>I. MISCELLANEOUS COSTS</b>								
Individual Training Accounts								0.00
On-the-job training Accounts								0.00
Supportive Services (Transportation & Other)								0.00
								0.00
								0.00
<b>TOTAL MISCELLANEOUS COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>J. PROFIT MARGIN (For profit entities only)</b>								0.00
<b>K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Miscellaneous Costs Narrative.**

Please type narrative here.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

**Mgmt/Indirect Cost Narrative.**

Please type narrative here.

**Profit Margin Narrative (for profit entities only).**

Please type narrative here.

## EXHIBIT II

REVENUES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)								
<b>INSERT AMOUNT OF BUDGET ALLOATED TO EACH PROGRAM</b>								0.00
Total Revenues Should Add up to \$2,000,000								
<b>TOTAL REVENUE</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

## EXHIBIT II

PROGRAM	BASE YEAR 2 EXPENSE	BASE YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased or decreased costs/expenses.
Adult Program 1			
Dislocated Worker 2			
One Stop Ops 3			
Training & Support Services 4			
Employer Services 5			
ASSUME BUDGET \$2,100,000			

PROGRAM	RENEWAL YEAR 1 EXPENSE	RENEWAL YEAR 1 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased or decreased costs/expenses.
Adult Program 1			
Dislocated Worker 2			
One Stop Ops 3			
Training & Support Services 4			
Employer Services 5			
ASSUME BUDGET \$1,800,000			

PROGRAM	RENEWAL YEAR 2 EXPENSE2	RENEWAL YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased or decreased costs/expenses.
Adult Program 1			
Dislocated Worker 2			
One Stop Ops 3			
Training & Support Services 4			
Employer Services 5			
ASSUME BUDGET \$1,600,000			

# **ATTACHMENT D-1**

**Certification Documents needed for Hamilton  
County Job and Family Services Contracting**

**Hamilton County Department of Job and Family Services**  
**Provider Certification Document**  
**ATTACHMENT D-1**

**Section A. Program Identifying Information** - This process is designed strictly for internal HCJFS decision making and should not be seen as an official accreditation, licensing or endorsement of a provider program or agency.

<b>1. Reviewer's Name and Title</b>	
<b>2. Initiation of Certification Process (Date)</b>	
<b>3. Completion of Certification Process (Date)</b>	
<b>4. Certification Status</b>	
<b>5. Tax I.D. #</b>	
<b>6. Oracle Contract #</b>	
<b>7. Agency Name</b>	
<b>8. Agency Address</b>	
<b>9. Phone #</b>	
<b>10. Fax #</b>	
<b>11. Program Name</b>	
<b>12. Service Name</b>	
<b>13. Program Address, if different</b>	
<b>14. Program Phone #, if different</b>	
<b>15. Program Fax #, if different</b>	

<b>16. Agency's Hours/Days of Operation</b>	
<b>17. Program's Hours/Days of Operation</b>	
<b>18. Indicate seasonal hours/days of operation, if applicable</b>	
<b>19. Agency Director's Name</b>	
<b>20. Agency Director's E-Mail Address</b>	
<b>21. Program Director's Name, if different</b>	
<b>22. Program Director's Phone #, if different</b>	
<b>23. Program Director's E-Mail Address</b>	
<b>24. Program Contact Person, if different</b>	
<b>25. Program Contact Person's Phone #, if different</b>	
<b>26. Program Contact Person's E-Mail Address</b>	

**NOTES:**

**Section B. Administrative Capacity - This section must be completed prior to contract signing**

Item	Comments	Date Rec'd.	Date Complete
<b>1. Other Provider certifications, i.e., Medicaid, JACHO, COA, etc.</b>			
<b>2. Reviewed and accepted:</b>			
a. most recent annual indep. audit or comparable financial documents;.			
b. audit management letters, is applicable;			
c. SAS61 (auditor's communication to the board's audit committee), if applicable;			
d. most recent 990 and Schedule A;			
e. most recent federal income tax return;			
f. written internal financial controls. For assistance in developing internal financial controls, providers can consult the standards issued by the General Accounting Office (GAO) in the booklet titled <i><b>Government Auditing Standards</b></i> . The information is also available on the GAO website at <a href="http://www.gao.gov/policy/guidance.htm">http://www.gao.gov/policy/guidance.htm</a>			
<b>3. Indicate Provider's filing status with the IRS</b>			
a. 501C3 (not-for-profit);			
b. sole proprietor;			
c. corporation (for profit);			
d. government agency;			
e. other (specify).			
<b>4. Received current copies of:</b>			
a. Articles of Incorporation, if applicable;			
b. job descriptions for all staff in program budget;			
c. insurance with the correct amount, type of coverage and add'l. insureds listed; Expiration Date:			

d. Worker's Compensation insurance;			
e. table of organization including advisory boards & committees;			
f. service/attendance form, sign-in sheet, etc.			
g. copy of the contract service contingency plan, if applicable for this service.			
<b>5. Reviewed 3 of the last 12 months board minutes</b>			
<b>6. Reviewed accounting/record keeping system:</b>			
a. financial record keeping method			
1) is a separate account set up for our program?			
2) are invoices filed for easy reference?			
b. cash or accrual system;			
c. revenue source during start-up period;			
d. ability to issue accurate and timely reports			
e. maintenance of client service records .			
1) method for documenting client service;			
2) method for compiling data for reports;			
3) method for tracking performance indicators;			
f. how will provider manage cash flow during the first 3 months of the contract?			
<b>7. When applicable, reviewed personnel files for proof of required documentation including, but not limited to:</b>			
a. current professional license/certification;			
b. driver's license with < 5 points;			
c. proof of car insurance;			



d. police/BCII check completed w/in last 12 mons.			
<b>8. Transportation Issues (when applicable)</b>			
a. is public transportation readily available?			
b. how far from the program site is the public transportation stop?			
c. indicate the type of available parking facilities:			
1) private lot;			
2) municipal/public lot;			
3) on-street parking;			
4) client/staff pay to park.			
<b>9. Interior - Public Areas</b>			
a. indicate general impression of appearance - cleanliness, neatness, safety, etc.			
b. is facility handicapped accessible?			
c. are bathrooms handicapped accessible?			
d. does facility design ensure client confidentiality?			
e. is the facility adequate for our program?			
f. ask Provider if a negative building safety report was issued by the fire department.			
<b>10. Contract Management Plan - review provider's written plan for contract management.</b>			
a. how will provider ensure integrity and accuracy of the financial system for reporting to HCJFS?			
b. how will provider ensure integrity of record keeping for documenting and reporting units of service and performance objectives to HCJFS?			
c. how will provider ensure administrative and program staff are fully aware of and comply with contract requirements?			

d. what is provider's plan for conducting self-reviews to ensure contract compliance?			
e. what is provider's plan for ensuring receipt of client authorization forms prior to invoicing?			
f. what is provider's plan to remain in compliance with contract requirements for timely invoicing to HCJFS?			
g. what is provider's plan for monitoring contract utilization?			

**Additional comments/notes for Section B:**

**Section C. Quality Assurance - If unavailable prior to contract signing, items in this section must be obtained and/or reviewed within the first 6 months of the contract.**

<b>Item</b>	<b>Comment</b>	<b>Date Rec'd.</b>	<b>Date Complete</b>
1. <b>Training plan for program area staff.</b> a. proof provider staff are aware of contract requirements.			
2. Written program policies			
3. <b>Policy &amp; procedure manual for staff</b> a. provider's overall operation policy;			
b. personnel policies;			
c. policy for using volunteers;			
d. affirmative action;			
e. cultural diversity training;			
f. police check policy.			
4. Received copy of provider's brochures or literature regarding their programs. How are cultural sensitivity issues addressed in the literature? Does provider serve specific cultural and/or ethnic populations?			
5. <b>Received copy of providers's QA/QI plan or activities. At a minimum, the following should be included:</b> a. consumer program satisfaction results (define method(s) to be used);			
b. HCJFS & provider staff satisfaction feedback mechanisms (defined in plan);			
c. unduplicated monthly & YTD data on # of referrals from HCJFS, # of consumers engaged in services, outreach efforts for no-show consumers, and contact dates and units;			

d. how goal/performance standard attainment will be documented and reported on an individual & aggregate basis;			
e. written information regarding service programs operated by provider & how the information is disseminated to consumers;			
f. provider's publicized complaint & grievance system to include written policies & procedures for handling consumer and family grievances and individual and program related grievance summaries;			
g. detailed safety plan;			
h. detailed written procedure for maintaining the security and confidentiality of client records.			

**Additional comments/notes for Section C:**

**(G:sharedsv\contract\manual\certific Rev. 10-02)**

# **ATTACHMENT D-2**

## ATTACHMENT D-2

### Hamilton County Department of Job and Family Services Provider Certification Process

(Revised 7/01)

#### I. Overview

The purpose of the **Hamilton County Department of Job and Family Services (HCJFS) Provider Certification Process** is to determine a service provider's apparent administrative capacity to effectively manage an HCJFS contract. The process is designed strictly for internal HCJFS decision making and should not be seen as an official accreditation, licensing or endorsement of a provider program or agency. The process is divided into three (3) sections -**A. Program Identifying Information, B. Administrative Capacity and C. Quality Assurance**. Sections A. and B. must be completed prior to contract signing. Section C. must be completed within six (6) months of contract signing. A six (6) month period is given for Section C. to allow time for smaller agencies who may not have all of the quality assurance components in place. As with any process, there are always exceptions so consult with management if certain portions of the document are not applicable to a specific provider.

A. **Program Identifying Information (Section A)** - identifies key information such as:

1. agency name and address;
2. director's name;
3. service being purchased;
4. hours/days of operation, etc.

B **Administrative Capacity (Section B)** - identifies administrative areas which are key to an effective operation such as:

1. accounting and record keeping systems;
2. copies of important documents such as the table of organization, Articles of Incorporation, insurance, etc.;
3. review of provider personnel files for proof of drivers' licenses, insurance, professional credentials, etc.;
4. tour of the provider's facility.

None of this information is to be released to anyone other than the provider without HCJFS management approval.

C. **Quality Assurance (Section C)** - identifies processes and procedures for ensuring quality service such as:

1. program staff training plan;
2. staff policy and procedure manual;

3. quality assurance plan/activities.

Refer to detailed instructions for completing the certification document.

## II. INSTRUCTIONS FOR THE PROVIDER CERTIFICATION PROCESS

### **Section A. Program Identifying Information**

ITEM	EXPLANATION
1. Reviewer's Name and Title	Staff name(s)/title(s) who completed the certification review.
2. Initiation of Certification Process (Date)	Date the certification process began.
3. Completion of Certification Process (Date)	Date the certification process was completed - all 3 sections completed..
4. Certification Status	Select the applicable answer as the certification process is completed. Select: in process, approved, denied.
5. Tax I.D. # (aka Vendor #)	Tax I.D. (Vendor) number used in Performance.
6. Oracle Contract #	Contract number used in Oracle
7. Agency Name	Official name of the contract agency.
8. Agency Address	Address for the location of the agency's administrative office. Indicate if there is a separate mailing address.
9. Phone #	Phone number for the agency's administrative office.
10. Fax #	Fax number for the agency's administrative office.
11. Program Name	Program name for the purchased service, if applicable.
12. Service Name	Service name from the Contract Services database picklist.
13. Program Address, if different	Program address if different from the administrative office.
14. Program Phone #, if different	Program phone number if different from the administrative office.
15. Program Fax #	Program fax number if different from the administrative office.
16. Agency's Hours/Days of Operation	Agency's hours of operation (begin/end times) and days of the week the agency is open for service.
17. Program's Hours/Days of Operation	Contracted program's hours of operation (begin/end times) and the days of the week the program is open for service.
18. Seasonal Hours, if applicable	Indicate if the program has seasonal (summer, holiday, etc) days and hours of operation.
19. Agency Director's Name	Name of the Executive Director for the contracted agency.
20. Agency Director's E-Mail Address	E-mail address for the Agency Director.
21. Program Director's Name, if different	Name of the Program Director for the contracted program/service if different from the Executive Director.
22. Program Director's Phone #, if different	Phone number for the Program Director if different from the agency or program phone numbers listed above in #9 and #14.
23. Program Director's E-Mail Address	E-mail address for the Program Director if different from the Agency Director.

24. Program Contact Person, if different	Name of the program Contact Person if different from the Program Director listed above in #20.
25. Program Contact Person's Phone number, if different	Phone number for the program Contact Person if different from the phone number for the Program Director listed above in #21.
26. Program Contact Person's E-Mail Address	E-mail address for the program contact person if different from the Program Director.



**Section B. Administrative Capacity** - This section must be completed prior to contract signing.

ITEM	EXPLANATION
1. Other Provider certifications	Ask Provider if the agency is currently certified by another entity. This could be Medicaid, JACHO, COA, etc. Obtain information regarding the type, time period and particular services covered by the certification and discuss findings with Section management.
2. Reviewed and accepted: <ul style="list-style-type: none"> <li>a. Most recent annual indep. audit or comparable financial documents;</li> <li>b. audit management letter, if applicable;</li> <li>c. SAS61 (auditor's communication to the board's audit committee), if applicable;</li> <li>d. most recent 990 and Schedule A ;</li> <li>e. most recent federal income tax return;</li> <li>f. written internal financial controls.</li> </ul>	This information is used to determine the financial status of an agency. Things to look for are: <ol style="list-style-type: none"> <li>1. Did the audit firm issue an unqualified opinion on the report? If not, a further review of the agency's financial status should be conducted. If the audit report is not for the prior calendar year, ask when the report will be finished and follow-up with provider to obtain a copy.</li> <li>2. Do the attachments/exhibits indicate problems, recommendations, etc.?</li> <li>3. Does the audit management letter indicate a problem or areas that need improvement?</li> <li>4. Does the SAS61 indicate problems, concerns, etc.?</li> <li>5. The 990 repeats much of the information in the independent audit but also includes the salaries for the top 5 positions earning over \$50,000.00 per year.</li> <li>6. Were taxes filed timely? If not, why? Were extensions requests done timely?</li> <li>7. Do the controls indicate a separation of duties? Is there a clear understanding of duties and roles? For assistance in developing internal financial controls, providers can consult the standards issued by the GAO in the booklet titled <i>Government Auditing Standards</i>. The information is also available on the GAO website at: <b><a href="http://www/gao.gov/policy/guidance.htm">http://www/gao.gov/policy/guidance.htm</a></b></li> </ol>
3. Indicate Provider's filing status with the IRS: <ul style="list-style-type: none"> <li>a. 501C3 (not-for-profit);</li> <li>b. sole proprietor;</li> <li>c. corporation (for profit);</li> <li>d. government agency;</li> <li>e. other (specify).</li> </ul>	The filing status is important because of filing and tax conditions which are unique to each category.

<p>4. Received current copies of:</p> <ul style="list-style-type: none"> <li>a. Articles of Incorporation, if applicable;</li> <li>b. job descriptions for all staff in program budget;</li> <li>c. insurance with the correct amount, type of coverage and add'l. insureds listed;</li> <li>d. Worker's Compensation insurance;</li> <li>e. table of organization including advisory boards &amp; committees;</li> <li>f. service/attendance form, sign-in sheet, etc.</li> <li>g. contract service contingency plan, if applicable.</li> </ul>	<p>Copies of all the documents must be received prior to contract signing.</p> <ol style="list-style-type: none"> <li>1. Job description titles should match to the salaried positions in the budget and to the positions in the T.O.</li> <li>2. Insurance amounts are the standard amounts listed in the boiler plate contract. Work with management for unusual coverage amounts for unusual services. Indicate the expiration date so HCJFS can do timely follow-up to ensure the insurance coverage remains current.</li> <li>3. Table of organization should show the relationship of the contracted service to the entire organization. The T.O. may reference programs for positions.</li> <li>4. The service/attendance form is the sheet used to document units of service. Determine if information maintained is adequate - client name, date, begin/end time, unit(s) of service, name of teacher/case worker, etc.</li> <li>5. The contract service contingency plan is to detail how service will be provided to HCJFS clients should the provider be unable to comply with the contract terms. What is the provider's back-up plan?</li> </ol>
<p>5. Reviewed 3 of the last 12 months board minutes</p>	<p>Review for problems which could reflect on the administrative capacity of the agency, i.e. issues with the contracted programs, staff issues, funding issues, etc.</p>

<p>6. Reviewed accounting/record keeping system:</p> <ul style="list-style-type: none"> <li>a. financial record keeping method             <ul style="list-style-type: none"> <li>1) is a separate account set up for our program?</li> <li>2) are invoices filed for easy reference?</li> </ul> </li> <li>b. cash or accrual system;</li> <li>c. revenue source during start-up period;</li> <li>d. ability to issue accurate and timely reports</li> <li>e. maintenance of client service records .             <ul style="list-style-type: none"> <li>1) method for documenting client service;</li> <li>2) method for compiling data for reports;</li> <li>3) method for tracking performance indicators;</li> </ul> </li> <li>f. how will the Provider manage cash flow during the first 3 months of the contract?</li> </ul>	<ul style="list-style-type: none"> <li>1. The agency must show how the expenses and revenue for each contracted program will be reported/tracked in a separate account.</li> <li>2. Determine how financial invoices will be filed. Is this adequate for audit purposes?</li> <li>3. Identify the accounting system used - cash vs accrual. This is important in an audit for determining how expenses and revenues are reported.</li> <li>4. Determine how the agency will meet payroll and other contract related expenses during the start-up period, prior to receiving the first contract reimbursement.</li> <li>5. Review the process for reporting expenses, service and performance goals. Does provider have the administrative capacity to manage the contract in an accurate and timely fashion? In the program area? In the financial area?</li> <li>6. Review the process for documenting and maintaining client service records. Is it acceptable for audit purposes? Can invoiced services be easily tracked to a source document? Is the information in the source document legible, complete, etc?</li> <li>7. Since the initial reimbursement will be approximately 2 months from the end of the first service month, discuss with provider how program expenses will be paid during that time.</li> </ul>
<p>7. When applicable, review personnel files for proof of required documentation including, but not limited to:</p> <ul style="list-style-type: none"> <li>a. current professional license/certification;</li> <li>b. driver's license with &lt; 5 points;</li> <li>c. proof of car insurance;</li> <li>d. police/BCII check completed within the last 12 mons.</li> </ul>	<p>Based on the work performed by the contract agency's staff, conduct a sampled review of personnel files to ensure required documentation is current and on file. Indicate discrepancies and develop an action plan with the agency to ensure compliance prior to contract signing.</p>
<p>8. Transportation Issues (when applicable)</p> <ul style="list-style-type: none"> <li>a. is public transportation readily available?</li> <li>b. how far from the program site is the public transportation stop?</li> <li>c. indicate the type of available parking facilities:             <ul style="list-style-type: none"> <li>1) private lot;</li> <li>2) municipal/public lot;</li> <li>3) on-street parking;</li> <li>4) client/staff pay to park.</li> </ul> </li> </ul>	<p>This section is to identify potential problems for the program area in client access of service.</p>

<p>9. Interior - Public Areas</p> <ul style="list-style-type: none"> <li>a. indicate general impression of appearance- cleanliness, neatness, safety, etc.</li> <li>b. is facility handicapped accessible?</li> <li>c. are bathrooms handicapped accessible?</li> <li>d. does facility design ensure client confidentiality?</li> <li>e. is the facility adequate for our program?</li> <li>f. ask provider if a negative building safety report has been issued by the fire department.</li> </ul>	<p>Purchased services are to be provided in an appropriate setting and accessible to all referred clients. This area is subjective and open to interpretation. The question to ask yourself is if you'd feel comfortable referring a client to this location. The fire department only issues a report when there are building safety issues. Ask to see any negative safety report and, if any, ask for proof of compliance - repair invoices, etc. Calls can be made to the fire department if the status is in doubt.</p>
<p>10. Contract Management Plan - review provider's written plan for contract management.</p> <ul style="list-style-type: none"> <li>a. how will provider ensure integrity and accuracy of the financial system for reporting to HCJFS?</li> <li>b. how will provider ensure integrity of record keeping for documenting and reporting units of service and performance objectives to HCJFS?</li> <li>c. how will provider ensure administrative and program staff are fully aware of and comply with contract requirements?</li> <li>d. what is provider's plan for conducting self-reviews to ensure contract compliance?</li> <li>e. what is provider's plan for ensuring receipt of client authorization forms prior to invoicing?</li> <li>f. what is provider's plan to remain in compliance with contract requirements for timely invoicing to HCJFS?</li> <li>g. what is provider's plan for monitoring contract utilization?</li> </ul>	<p>The purpose of the plan is to ensure the provider is fully aware of the contractual obligations and has a pro-active plan for managing the various contract components. At a minimum, the provider's written plan must address these seven (7) areas.</p>

**Section C. Quality Assurance** - If unavailable prior to contract signing, items in this section must be obtained and/or reviewed within the first 6 months of the contract.

ITEM	EXPLANATION
1. Training plan for program area staff. Are provider staff aware of contract requirements?	Provider must have a written plan for ensuring provider's staff are aware of contract/amendment requirements and conditions. Staff must be aware of the target population, special need clients, reporting requirements, etc.
2. Written program policies	Review program policies to ensure contract conditions are maintained.
3. Policy & procedure manual for staff a. provider's overall operation policy; b. personnel policies; c. policy for using volunteers; d. affirmative action; e. cultural diversity training.	The manual is for the entire provider agency. Is cultural diversity part of agency wide training?
4. Received copy of provider's brochures or literature regarding their programs.	How are cultural sensitivity issues addressed in the literature? Does provider serve specific cultural and/or ethnic populations?
5. Received copy of providers's QA/QI plan or activities. At a minimum, the following must be included: a. consumer program satisfaction results (define method(s) to be used); b. HCJFS & provider staff satisfaction feedback mechanism (defined in plan); c. unduplicated monthly & YTD data on # of referrals from HCJFS, # of consumers engaged in services, outreach efforts for no-show consumers, service contact dates and units; d. how goal/performance standard attainment will be documented and reported on an individual & aggregate basis; e. written information regarding service programs operated by provider & how the information is disseminated to consumers; f. provider's publicized complaint & grievance system to include written policies & procedures for handling consumer and family grievances, QI report to include individual and program related grievance summaries; g. detailed safety plan; h. detailed written procedure for maintaining the security and confidentiality of client records.	<p>1. Does the agency have a Quality Improvement program?</p> <p>2. Is there a <u>current</u> QI plan that incorporates involvement of all program areas, front line staff representation, fiscal, administration, clinical staff, families served?</p> <p>3. Is there a client satisfaction mechanism in place?</p> <p>4. How are client contacts, referrals, service delivery measured and tracked?</p> <p>5. Are service goals articulated clearly? Are there mechanisms in place to track and report individual and aggregate data on client activities/outcomes? Financial outcomes?</p> <p>6. Service brochures that describe program availability? Quality Improvement information that is distributed to stakeholders and utilized for program decision making?</p> <p>7. Grievance process available - easily accessible to clients. Process for tracking and reporting individual and aggregate data on grievances?</p> <p>8. Safety plan available and mechanisms in place to evaluate, monitor, and report safety issues?</p> <p>9. How are client records maintained for security and confidentiality in provider's office? Can records be taken off site? If yes, how is the security and confidentiality guaranteed?</p>

# **ATTACHMENT E**

## **Property Tax Statement**

## 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**

**Government Business and Funding**

**Contracts Declarations**



# 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**

**Registration Form  
for  
One-Stop Procurement**

# ATTACHEMENT G

## REGISTRATION FOR REQUEST FOR PROPOSAL (RFP)

### REGISTRATION FORM

**RFP #: SWORWIB 2019 OSO** – For Operating the One-Stop Center, Providing Business Services, Providing Career Services and ITA's/OJT's to Adults and Dislocated Workers

To be considered eligible to submit an offer on the above-referenced RFP, offerors must complete and submit this form to the RFP Administrator via email or fax:

**Ross E. Wales, of Counsel Taft Stettinius & Hollister LLP**

**Fax: (513)381-0205**

**wales@taftlaw.com**

All inquiries regarding this RFP are to be in writing and are to be emailed or faxed to the RFP Administrator. The RFP Administrator **will not** entertain any oral questions regarding this RFP. Other than specified above, no bidder may contact any other persons who are associated with this procurement in anyway, including but not limited to employees of the SWORWIB. **Inappropriate contact, including attempts to influence the RFP process, evaluation process or the award process by Providers who have submitted bids or by others on their behalf, may result in rejection of the Provider's Proposal.**

Please email or fax this completed page to the RFP Administrator no later than **January 3, 2019**.

By faxing this completed page to the RFP Administrator, you will be registering your company's interest in this RFP and all ensuing addenda. Your signature is an acknowledgment that you have read and understand the information contained on this page.

<b>Date:</b>	
<b>Organization:</b>	
<b>Address, City, State, Zip:</b>	
<b>Representative's Name:</b>	
<b>Phone #:</b>	
<b>Email Address:</b>	
<b>Name(s) of person(s) authorized to negotiate contract if selected in this process:</b>	
<b>Yes _____ No _____</b>	<b>Have you been banned from doing business in the State of Ohio</b>
<b>Signature:</b>	

# **ATTACHMENT H**

## **PY 2017 Program Monitoring Guide**

**Workforce Innovation and Opportunity Act (WIOA)  
&  
Comprehensive Case Management and Employment Program  
(CCMEP)**

**PY 2017**

**Program  
MONITORING  
GUIDE**

**For Quality & Compliance**



---

***WIOA Program Monitoring***

Solutions for Success



## **Table of Contents**

<b><u>TOPIC</u></b>	<b><u>PAGE</u></b>
<b>PY 17 State Monitoring Responsibilities, Goal and Objectives</b>	3
WIOA Monitoring Entrance Conference Form	5
<b>Administrative Review Section</b>	
Workforce System	7
Business	8
Rapid Response	9
Monitoring and Oversight	10
Handling Programmatic Complaints	11
<b>Adult and Dislocated Worker Programs Review Section</b>	
Adults and Dislocated Workers	11
<b>Youth Program Review Section</b>	
Youth Program Management	13
Youth Intake/Eligibility	14
Youth Follow-Up Services	14
<b>File Checklist and Forms</b>	
Adult File Checklist	15
Dislocated Worker File Checklist	21
Youth File Checklist	27
WIOA Monitoring Post Review Discussion	35

# **PY 2017 STATE MONITORING RESPONSIBILITIES, GOALS AND OBJECTIVES**

## **STATE RESPONSIBILITIES**

The Workforce Innovation and Opportunity Act (WIOA) and regulations require that the states develop a monitoring system and monitor grant supported activities of Local Boards annually for compliance with applicable laws and regulations in accordance with the state monitoring system.

## **GOAL**

The goal of the State's monitoring effort is to conduct oversight and monitoring activities to ensure that established policies, procedures and systems of the Workforce Areas achieve quality program outcomes that meet the requirements and objectives of the Workforce Investment Act and Federal and State Regulations.

## **OBJECTIVES**

The State's Monitoring Guide is designed to achieve three objectives:

1. To determine if local WIOA activities comply with the Act, Federal and State Regulations, Directives and State Procedures, Guidance Letters and other applicable guidelines and goals.
2. To provide program guidance and direction to local programs in order to assist them in providing quality workforce development services to customers.
3. To provide a framework for continuous improvement efforts in WIOA.

## **SOURCE DOCUMENTS**

- Workforce Investment Act (WIA), dated August 7, 1998
- Workforce Investment Act – Federal Regulations, dated August 11, 2000
- Workforce Innovation and Opportunity Act (WIOA), dated July 22, 2014
- Workforce Innovation and Opportunity Act Policy Letter (WIOAPL)
- Ohio Administrative Code
- Department of Labor Training and Employment Guidance Letters (TEGLs)
- Department of Labor Training and Employment Notice (TENS)
- Workforce Investment Act Standard Record Data (WIASRD) Reports
- Ohio Workforce Case Management System (OWCMS)
- Business Plans
- Federal Register Vol. 81 No. 161 Part VI Final Rule



## **USE OF THE GUIDE ON-SITE**

The Program Monitoring Guide is used to provide a consistent framework for conducting on-site programmatic monitoring of local Areas throughout Ohio. The guide ensures that the Office of Fiscal and Monitoring Services, Bureau of Monitoring and Consulting Services' oversight and monitoring practices reinforce federal law and regulations as well as Ohio's guidance and policies as it pertains to administering workforce development at the local level.

The guide is organized into three (3) sections: Administrative Review, Adult and Dislocated Worker Program Review, and Youth Program Review. These three (3) sections each contain a series of questions regarding implementation of policies, procedures, and program eligibility. The guide also contains file checklists to be used while reviewing participant files. The information obtained through completion of the guide will be used to develop the report to the local Area.

## **USE OF THE RESULTS IN THE REPORT**

Once the on-site review has been completed, the guide is used to develop the report to the local Area. The report will provide background information in regard to the review, such as when it was conducted, which staff conducted the review, which sites were visited, and which programs were reviewed. It will contain an overall summary for each monitored section. The report will also address all compliance findings and qualitative observations requiring corrective action plans. Finally, the report will provide information on any promising or innovative workforce development practices currently being implemented in the local Area, as appropriate.

# WIOA/CCMEP MONITORING ENTRANCE CONFERENCE

Entity:	Date:
Location:	Time:

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

\_\_\_\_\_

State Staff Present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local Area Staff Present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Review Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments from Local Area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Monitor and Date

\_\_\_\_\_  
Signature of Authorized Representative and Date

## ADMINISTRATIVE REVIEW SECTION WORKFORCE SYSTEM

Yes	No	
		1. Does the Workforce System have a method to measure its success in delivering services to the business customer and participant (i.e. customer satisfaction surveys)?
		2. If yes to Question 1, what is the process of measuring customer satisfaction?
		3. If yes to Question 1, does the Workforce System use the information obtained to make any necessary changes to increase success in delivering services?
		4. What is the average length of time from when the customer initially came to the Workforce System to when the customer enrolls and begins receiving services?
		5. How many participants are receiving Adult services? a. How many were enrolled in PY17?
		6. How many participants are receiving Dislocated Worker services? a. How many were enrolled in PY17?
		7. How many participants are receiving in-school Youth services? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><u>WIOA</u></span> <span><u>TANF</u></span> <span><u>Co-Enrolled</u></span> </div> a. How many were enrolled in PY17? b. How many are enrolled in CCMEP?
		8. How many participants are on the system in Out-of-School Youth services? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><u>WIOA</u></span> <span><u>TANF</u></span> <span><u>Co-Enrolled</u></span> </div> a. How many were enrolled in PY17? b. How many are enrolled in CCMEP?
		9. What system is in place by the lead agency to track the following: a. Case Management <div style="margin-left: 40px;">             1. Review the Individual Opportunity Plan (IOP) every 30 days?              2. Intensive Review 14 days or 30 days depending on if assistance is needed?           </div> b. Written Notices of Meetings?

		<p>10. Does the Workforce System (lead agency) collaborate with other agency, board, contractors to track the following?</p> <p>a. Coordinate activities? If so, How?</p> <p>b. Establish guidelines, policy and procedures for basic skills assessment? If so, How?</p> <p>c. WIOA/CCMEP Youth Eligibility?</p>
		11. How is the Workforce System making job opportunities available to the customer?
		<p>12. Does the Workforce System utilize a variety of social media to reach out to participant?</p> <p>If yes, what type of social media?</p>
		13. How is OhioMeansJobs being used as a job matching tool?
		14. How does the local area identify and ensure that veterans receive preference to services?
		<p>15. Has the board become certified?</p> <p>a. If not, at what process are they working towards becoming compliant?</p>
		<p>16. Does the board have written policies/procedures for supportive services for Adults, Dislocated Workers, and Youth which ensure resource and service coordination?</p> <p style="text-align: right;"><b>20 CFR 680.900</b></p>
		17. Are written policies updated to reflect WIOA requirements?
		18. How is the lead agency providing assurance that youth participants are able to request reasonable modifications to their activities in order to comply with all requirements of the American with Disabilities Act (ADA)?

### BUSINESS

Yes	No	
		1. What are the strategies used by the local Workforce System to attract employers to the services provided by the center?
		<p>2. Are specific services available for business customers? If so, what kind?</p> <p> <input type="checkbox"/> Recruitment  <input type="checkbox"/> Interview Room  <input type="checkbox"/> Job Fairs  <input type="checkbox"/> Business Resource Manual  <input type="checkbox"/> Labor Market Information  <input type="checkbox"/> Incumbent Worker Training  <input type="checkbox"/> OJT  <input type="checkbox"/> Customized Training  <input type="checkbox"/> Rapid Response  <input type="checkbox"/> Other: _____         </p>

Yes	No	
		<p>3. Is there a single point of contact for business customers?</p> <p>If yes, who is the point of contact?</p>

### RAPID RESPONSE

Yes	No	Section 134 of WIOA; TEGL WIOA 3-15; 20 CFR 682.300; WIOAPL 15-15.1 and 15-16
		<p>1. Did the local area conduct any Rapid Response events during PY17?</p> <p>a. If so, how many Rapid Response events have been conducted during PY17?</p> <p>b. Were Rapid Response Workforce Survey's completed and collected at these events?</p>
		<p>2. Have any Rapid Response services been provided in the last 6 months?</p> <p>a. If yes, how many services have been offered?</p> <p>b. How many workers have attended?</p>
		<p>3. If Rapid Response services have been provided, have additional funds been requested? If yes:</p> <p>Amount: \$_____</p> <p><input type="checkbox"/> Rapid Response Layoff Aversion Funds</p> <p><input type="checkbox"/> NEG</p> <p><input type="checkbox"/> Rapid Response Emergency Assistances Funds (RREAF)</p> <p>Company(s):</p> <p>Purpose of funds:</p>
		<p>4. Has the local area developed policies or procedures regarding the implementation of Rapid Response assistance services?</p> <p>a. If yes, was the RACI protocol used in development?</p> <p><b>Section 108 (b)(8) of WIOA; Section 134 (a)(2)(A) of WIOA; WIOAPL No. 15-15.1 &amp; 20 CFR 682.300</b></p>
		<p>5. Is the Rapid Response team made up of the following mandated partners and assigned backup representatives?</p> <p><input type="checkbox"/> ODJFS Rapid Response (Workforce Specialist)</p> <p><input type="checkbox"/> A Local Coordinator</p> <p><input type="checkbox"/> WDB Director</p> <p style="text-align: right;"><b>WIOAPL No. 15-15.1 &amp; 20 CFR 682.310</b></p>
		<p>6. Does the local area have a written team protocol for entering Rapid Response in OhioRed?</p> <p>a. If not, what is the protocol for entering Rapid Response information into OhioRed?</p>

		<p>7. Are all individual workers who attend a reemployment session entered into OWCMS mini-registration?</p> <p>a. Are they also attached to a Rapid Response ID number?</p>
--	--	--

### MONITORING AND OVERSIGHT

Yes	No	
		<p>1. Is the local board conducting monitoring of its WIOA/CCMEP activities and those of its sub-recipients and contractors?</p> <p style="text-align: center;"><b>Section 116 (i)(1) of WIOA WIOAPL 15-08 (VII), 15-10 (VII) &amp; 20 CFR 683.410</b></p>
		<p>2. If yes to Question 1, when was the last monitoring performed, and have written reports been issued and corrective action been received?</p>
		<p>3. Has the local board/lead agency developed a monitoring policy and a written programmatic monitoring guide?</p> <p>a. If no, how are monitoring responsibilities performed?</p>
		<p>4. Who performs the monitoring function for the local board/lead agency?</p>
		<p>5. What is the frequency of monitoring according to the policy?</p>
		<p>6. How often were providers/programs monitored?</p>
		<p>7. What is the procedure to ensure that corrective action has been taken by the provider?</p>
		<p>8. Does the monitoring policy include a data validation component to ensure the accurate input of source data, including source documentation?</p>
		<p>9. If no to Question 8, how does the local board/lead agency ensure source documentation is available and consistent with the state and federal data entered into the Workforce Case Management System (formerly known as SCOTI) and Ohio RED.gov?</p>
		<p>10. Did the Area sign a Data Sharing and Confidentiality Agreement with ODJFS to obtain wage record information and Unemployment Insurance (UI) records on participants? (WIOA only, If, TANF skip to next section)</p> <p style="text-align: center;"><b>If No, skip to Handling Programmatic Complaints Section, Question 1.</b></p>
		<p>11. Does the Area provide monitoring and oversight regarding wage record information and UI records, including tracking which staff has access to this information and records?</p>
		<p>12. Has the local area ensured that all staff who has access to wage record information and UI records signed the "Personal Confidentiality Statement?"</p>
		<p>13. Does the Area provide security and confidentiality training associated with wage and UI record data sharing to staff?</p>
		<p>14. If yes to Question 13, when was the last training conducted?</p>

Yes	No	
		15. If the data is being transmitted via e-mail within the Area, are federal encryption standards being used?
		16. What types of procedures are implemented by the Area to ensure that the confidentiality of wage record information and UI records are monitored, tracked, and maintained?
		17. Does the local area destroy the wage record data and the UI information within 30 days after it is determined to be no longer needed? <b>Check with the OWD Agreement Manager to ensure that Area has reported data destruction.</b>

### HANDLING PROGRAMMATIC COMPLAINTS

Yes	No	
		1. Has the local area developed a process for dealing with grievances and complaints from participants and other interested parties affected by the local area? <b>20 CFR 683.600(a)</b>
		2. Are the complaint procedures, including an individual's right to file a complaint, available to all program participants, participants, and/or beneficiaries or other interested parties? <b>WIOA Complaint Procedure Manual &amp; 20 CFR 683.600(b)</b>
		3. Do the local area and/or county offices log and record all complaints received? <b>WIOA Complaint Procedure Manual</b>
		4. How many complaints did the local area and/or county offices with the Area receive in PY 2017?
		5. Has the local area and/or county offices within the local area identified a hearing officer and an alternate? <b>WIOA Complaint Procedure Manual</b>
		6. What are the names of the hearing officer and the alternate and what is their affiliation with the local area and/or the county offices within the local area?
		7. How many informal conferences were held in PY 2017?
		8. How many formal hearings were held in PY 2017?
		9. Have the local area and/or the county offices within the local area designated an equal opportunity officer (EOO) and an alternate to monitor complaint procedures and to ensure that all programs and activities are operated in a nondiscriminatory manner? <b>WIOA Complaint Procedure Manual</b>
		10. What are the names and titles of the EOO and the alternate, and what are their affiliations with the local area and/or the county offices within the local area?

### ADULTS AND DISLOCATED WORKERS

Yes	No	
		1. Has the Area made Career Services (Basic Career Services, Individualized Career Services and Follow-Up Services) available through the OhioMeansJobs delivery system to individuals who are adults and dislocated workers? <b>Section 134(c)(1) of WIOA; WIOAPL 15-08 &amp; TEGL No. 3-15</b>
		2. Are career services provided by the OhioMeanJobs center operator or through contracts with service providers procured through and approved by the local WDB? <b>(Note: Becomes Effective July 1, 2017)</b>

Yes	No	
		<p>3. Are priority of career and training services funded by and provided through the adult program being given to recipients of public assistance, other low-income individuals, individuals who are basic skills deficient and individuals who are underemployed and meet the definition of a low-income individual?</p> <p style="text-align: right;"><b>WIOAPL 15-07 &amp; WIOAPL 15-08</b></p>
		<p>4. Is priority of service being provided for individualized career and training services for veterans and eligible spouses?</p> <p style="text-align: right;"><b>WIOAPL 15-08 &amp; WIOAPL 15-09</b></p>
		<p>5. Have Individual Employment Plans (IEPs) been developed for participants who receive an individualized career service or a training service?</p> <p style="text-align: right;"><b>WIOAPL 15-08</b></p>
		<p>6. Does the area use prior individualized assessments/evaluations (within six months) of the participants' education training program?</p> <p style="text-align: right;"><b>WIOAPL 15-08</b></p>
		<p>7. Does the case files for adults and dislocated workers contain a determination of need for training service as determined through the interview, evaluations, assessments and contain enough information to justify the need for training services?</p> <p>a. Did the participants get individualized career services? Yes or No</p> <p>b. If not, why did they go straight to training?</p> <p style="text-align: right;"><b>WIOAPL 15-09</b></p>
		<p>8. Are training services provided directly linked to an in-demand industry sector or occupation or a high potential for sustained growth in the local area or planning region, or in another area to which an adult or dislocated worker receiving such services is willing to relocate?</p> <p style="text-align: right;"><b>WIOAPL 15-09</b></p>
		<p>9. Do the area training providers meet the eligibility criteria and are on the eligibility training provider list (WIET)?</p> <p style="text-align: right;"><b>Section 122 of WIOA &amp; WIOAPL 15-09</b></p>
		<p>10. Are participants made available, information to make an informed customer choice when choosing a training provider?</p> <p style="text-align: right;"><b>WIOAPL 15-09</b></p>
		<p>11. Are ITA's being used for adults and dislocated workers?</p> <p style="text-align: right;"><b>WIOAPL 15-09</b></p>
		<p>12. Has the Workforce Development Board (WDB), OMJ partners and other community service providers, developed a supportive service policy that ensures resources and service coordination in the local area?</p> <p style="text-align: right;"><b>WIOAPL 15-08</b></p>
		<p>13. Are supportive services and needs-related payments being provided to adults and dislocated workers who are participating in a career and/or training services?</p> <p style="text-align: right;"><b>WIOAPL 15-08</b></p>
		<p>14. Is the area providing needs-related-payments (NRPs) for adults and dislocated workers who are unemployed and do not qualify for (or have ceased to qualify for) unemployment compensation for the purpose of enabling such individuals to participate in programs of training services?</p> <p style="text-align: right;"><b>WIOA PL 15-09 &amp; WIOAPL 15-14</b></p>
		<p>15. Are NRP funds being used only during the period in which an individual participates in WIOA training?</p> <p style="text-align: right;"><b>WIOAPL 15-14</b></p>
		<p>16. Does the participant meet the NRP training requirements as required in <b>WIOAPL 15-09</b>?</p>



Yes	No	
		17. Does the area have a local Self-Sufficiency policy? <b>Section 134(b)(3)(A)(i)(I) of WIOA &amp; WIOAPL 15-09</b>
		18. Does the area determine self-sufficiency for adults and dislocated workers who are going to receive training services?
		19. Does the area ensure that eligible individuals are determined appropriate for training services based upon standardized tests, interviews, inventory of applicants' fields of interests, skills assessments, career exploration, available labor market information, and other data collected through the provision of a career service, that is relevant to the type of training the individual is applying for? <b>Section 134(b)(3)(A) of WIOA &amp; WIOAPL 15-09</b>
		20. Does the local area have a "family self-sufficiency" policy? <b>WIOAPL 15-09</b>
		21. If so, does the area the policy determine "family self-sufficiency" for participants seeking WIOA adult funded ITA? <b>WIOAPL 15-09</b>
		22. Are 18-24-year-old Adults who are seeking WIOA funded ITA's being screened for dependent status? <b>WIOAPL 15-06 &amp; WIOAPL 15-09</b>
		21. Are follow-up services made available to a participant who has been placed in unsubsidized employment for a minimum of 12 months following the participant's first date of employment? <b>WIOAPL 15-08</b>
		22. Does the area conduct oversight and monitoring of the implementation of the WIOA adult and dislocated worker programs to ensure that participants are enrolled in the programs and have received appropriate services? <b>WIOAPL 15-09</b>
		23. Is the area meeting the WIOA performance measures as required by WIOA Section 116 (b)(2)(A)(iii) and WIOA Section 122(b)?

**CCMEP REVIEW SECTION  
YOUTH PROGRAM MANAGEMENT**

Yes	No	
		1. What type(s) of outreach activities does the Area conduct to ensure that appropriate links have been established with entities that will foster the participation of eligible youth?  a. Does it match the plan outlined in Section 4.1 in the CCMEP Plan? <b>20 CFR 681.420(c)</b>
		2. Does staff utilize a variety of social media to reach out to youth participants? If yes, what type of social media?
		3. Are design framework activities (the process of intake, determination of youth eligibility, initial assessment, objective assessment, and the development of the individual service strategy) conducted by the local WIOA/CCMEP administrator/staff? <b>20 CFR 681.420(b)</b>
		4. If no to Question 3, which portions of the design framework are contracted? <b>20 CFR 681.400 (a)</b>

		5. Is the lead agency following the plan for co-location and supportive services as described in Section 3.1 of current CCMEP Plan?
		6. How is the lead agency working with the other local participating agency to refer eligible WIOA and TANF participants to CCMEP? <b>Section 4.2 CCMEP Plan</b>
		7. What is the lead agency's communication plan or processes for working with the other local participating agency to ensure that CCMEP activities for OWF work-eligible participants comply with the terms of an individual opportunity plan? <b>Section 4.5 CCMEP Plan</b>
		8. List the youth program provider(s) contracted to provide framework activities and/or youth program elements.
		9. Were the youth program provider(s) identified and awarded grants or contracts on a competitive basis by the local board? <b>Section 107 (d)(10)(B)(i) of WIOA &amp; 20 CFR 681.400(a)</b>
		10. Does the Area provide information and referrals to youth for appropriate services available through the Area, service providers, and Workforce System partners? <b>20 CFR 681.570</b>

### CCMEP INTAKE/ELIGIBILITY

Yes	No	
		1. Does the local area have a definition of “ <b>requires additional assistance to complete an educational program, to secure and hold employment?</b> ” <b>20 CFR 681.300</b>
		2. Were youth served in this category? <b>20 CFR 681.210(c)(8)</b>
		3. How is this criterion documented?
		4. What assessment type/name is the area using to determine basic skills? (BEST, SASAS, GAIN, MAPT, TABE or etc.)

### CCMEP FOLLOW-UP SERVICES

Yes	No	
		1. Did the youth provider create follow-up guidelines for staff to ensure follow-up services are provided to all youth in an effective manner? <b>5101:14-1-06 (D)(1)</b>
		2. If so, does the guidelines include what type of contact attempts should be performed and how they are documented? <b>5101:14-1-06 (D)(3)</b>
		3. How does the lead agency determine at which point to exit a participant (soft and or hard exit)? <b>5101:14-1-06 (B)(2)</b>

## ADULT FILE CHECKLIST

<b>Name:</b>		<b>WIOA Area/County:</b>	
		<b>Application Date:</b>	
<b>Status:</b> Active <input type="checkbox"/> Exited <input type="checkbox"/>	<b>Co-Enrolled:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> DW <input type="checkbox"/> OSY	

<b>Eligibility:</b> OAC 5101:9-30-04 and OAC 5101:9-9-21; WIOAPL15-02; WIOAPL15-04; 15-05; 15-06 & 15-07			
1. Date of Birth:	Documentation:		
2. Age at Date of WIOA eligibility:	Documentation:		
3. Citizenship Status/Authorization to Work in the US: (Can also be verified by self-attestation form JFS-13187)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
10. Selective Service Registration:      WIOAPL 15-04 <a href="https://www4.sss.gov/regver/verification1.asp">https://www4.sss.gov/regver/verification1.asp</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Documentation:
11. Determination of Dependency Status (for adult participants ages 18-24 applying for an ITA) WIOAPL 15-06	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Does the file contain a <u>signed</u> and <u>dated</u> stakeholder form?      WIOAPL 15-05	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. If yes, was a relationship disclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, was area policy followed: <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a signed and dated Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Low-Income:</b> Priority is given to adult participants who are recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient.      WIOAPL 15-07; 15-08.1 & 15-19	
1. Participant determined to be low-income: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Public Assistance <input type="checkbox"/> 100% of FPL <input type="checkbox"/> 70% of LLSIL <input type="checkbox"/> Food Stamps (aka: SNAP) <input type="checkbox"/> Family Income <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Foster Child <input type="checkbox"/> Individual with a disability (family of 1)	
2. Documentation: <input type="checkbox"/> PA Records <input type="checkbox"/> Pay Records <input type="checkbox"/> Self-Attestation (JFS-13186) <input type="checkbox"/> Other: _____	
3. File contain calculations: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Basic Career Service:</b> Self-Services available to the universal customer.      TEGL WIOA 3-15; WIOAPL 15-08.1; 15-09.1 & 15-11.1			
<input type="checkbox"/> Eligibility Determination to receive WIOA services	<input type="checkbox"/> Orientation to info. & other service available through the workforce systems	<input type="checkbox"/> Labor Market employment statistical information using OMJ	<input type="checkbox"/> Self-administered initial assessment of skill levels and needs for supportive services (including literacy, numeracy, & English language proficiency) aptitudes, abilities (skill gaps).

<input type="checkbox"/> Provision of performance information & cost information on the WIET services	<input type="checkbox"/> Provision of referrals to and coordination of activities with other programs and services
<input type="checkbox"/> Provision of information and assistance regarding filing claims for UC	<input type="checkbox"/> Group workshops (e.g., interviewing, job search, and resume writing)

**Self-Sufficiency:** If an individual is being considered for training services and is employed, local areas must determine if the applicant is self-sufficient before providing those services, based on the local definition by the Workforce Development Board.

**TEGL WIOA 3-15; WIOAPL 15-07 & WIOAPL 15-09.1**

1. Is the participant employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. What is the income/wage:	\$		Documentation:
3. Does the file contain income calculations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does the participant meet the local area policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Individualized Career Services:** Are services available to Adults that are determined to be appropriate in order for them to obtain or retain employment. Involves staff making a determination of needs of an individual and arranging those services to be provided to the participant.

**TEGL WIOA 3-15; Section 134 (c)(2)(A)(xii), WIOAPL 15-08.1 & WIOAPL 15-09.1**

<input type="checkbox"/> Comprehensive and Specialized assessments of the skill levels and service needs	<input type="checkbox"/> English Language acquisition and integrated education/training programs	<input type="checkbox"/> Group counseling or individual counseling	<input type="checkbox"/> Short-term prevocational services to prepare individuals for unsubsidized employment or training
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Internship and work experiences that are linked to careers	<input type="checkbox"/> IEP/ Employment Goal	<input type="checkbox"/> Provision of job club activities
<input type="checkbox"/> Workforce Preparation Activities	<input type="checkbox"/> Out of area job search assistance and relocation assistance.		<input type="checkbox"/> Financial Literacy Services
1. Date of First Individualized Career Service:			
2. Does the area document the appropriateness for training services?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the participant have an individual employment plans (IEP)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the IEPs incorporate assessment results?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the IEP identify the participant's employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do participants have focused employment goals or career objectives?			<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Are IEPs updated and modified as necessary to reflect participant achievements or changes in service strategy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Documentation: <input type="checkbox"/> Gateway Checklist <input type="checkbox"/> Case Notes <input type="checkbox"/> Other (Identify): _____		

<b>Training Services:</b> <input type="checkbox"/> N/A For training purposes, must be 18 years of age or older, be legally authorized to work in the US and be properly registered for selective service. Training contracts may be provided in lieu of ITAs such as OJTs, IWTs and Customized Training. <b>TEGL WIOA 3-15; WIOAPL 15-09.1; WIOAPL 15-11.1; Section 134(b)(3) of WIOA</b>					
<input type="checkbox"/> Occupational Skills Training (OST)	<input type="checkbox"/> On-the-job training (OJT) WIOAPL 15-22.1		<input type="checkbox"/> Incumbent Worker Training (IWT) WIOAPL 15-23		
<input type="checkbox"/> Programs that combine workplace training with related instruction, which may include cooperative education programs	<input type="checkbox"/> Training programs operated by the private sector		<input type="checkbox"/> Skill upgrading and retraining		
<input type="checkbox"/> Entrepreneurial Training	<input type="checkbox"/> Transitional Jobs		<input type="checkbox"/> Job Readiness Training		
<input type="checkbox"/> Adult education and literacy activities	<input type="checkbox"/> Customized Training		<input type="checkbox"/> Needs-Related Payments (NPRs) WIOAPL 15-14		
1. Before receiving training services, have the participants been interviewed, evaluated or assessed and career planning determines that the individual requires training to obtain employment or remain employed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the participant have an individual employment plans (IEP)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was an ITA/training contact established? <b>Note:</b> Adult and Youth co-enrollment can give an In-School Youth customer access to an ITA				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Name of Institution:					
5. Does the case file contain current evaluations or assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Does the file justify the need for training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the adult participant meet a locally-defined "family sufficiency" standard?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the participant's job/career training in a demand occupation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
9. Was the vendor on the Workforce Inventory Education Training (WIET) List:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:	
10. Applied for Grants:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11. Date Entered Training:			12. Date Exited Training: (if active, mark N/A):		

13. Did the participant receive a diploma/credential/license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
14. Was the training end date entered into OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b><u>On the Job Training (OJT):</u></b>				<input type="checkbox"/> N/A	(Employers can be reimbursed up to 75% for an OJT)		<b>WIOAPL 15.22.1</b>
1. Does the IEP reflect OJT as an appropriate activity?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Does the training plan outline the skills to be learned?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Does the file contain evidence to justify the length of training?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Were the OJT training plans signed by:					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Employer							
<input type="checkbox"/> Local Workforce Agency							
<input type="checkbox"/> Trainee							
<input type="checkbox"/> Union (if applicable)							
<input type="checkbox"/> ODJFS Trade Program (if applicable)							
5. Was there a monitoring process to ensure satisfactory progress of the participant?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. If yes, was there timely monitoring?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Date Entered Training:			9. Date Exited Training: (if active, mark N/A)				
10. OJT Employer:			11. OJT Job Title:				
12. OJT Begin Wage:			13. OJT Ending Wage:				
14. Was each skill attained as a result of training?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b><u>Supportive Service:</u></b>				<b>TEGL WIOA 3-15; WIOAPL 15-08.1; WIOAPL 15-14 &amp; Section 134 (d)(2)</b>			
1. Was the need identified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:			
2. How was the need identified and documented?							
3. Was the need met?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:		
4. Was the need met, by referral?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:		

5. What supportive service was requested/provided:					
<input type="checkbox"/> None Requested		<input type="checkbox"/> Child Care		<input type="checkbox"/> Dependent Care	
<input type="checkbox"/> Housing		<input type="checkbox"/> Tools/Uniforms		<input type="checkbox"/> Other (explain)	
6. If policy sets limits, is the service within the limits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:
7. Was a Needs-Related Payment (NRPs) provided?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:
8. Was the participant eligible to receive an NRP as required by WIOAPL 15-14(IV)(A)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
9. Does the Adult participant meet the training requirements for NRP's as required by WIOAPL 15-14(IV)(C)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
<b>Outcome &amp; Performance Measures:</b> <input type="checkbox"/> N/A <b>Section 116(b)(2)(A)(iii) of WIOA &amp; Section 122(b) of WIOA</b>					
1. Entered Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
2. Exit Reason:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain Other:		
3. Job Title:					
4. Was training related:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Credential:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Hourly Wage: \$					
<b>Post-Placement Services:</b> <input type="checkbox"/> N/A      (Services provided after employment but prior to exit)					
<input type="checkbox"/> Career Planning/Counseling		<input type="checkbox"/> Contact with Participant's Employer		<input type="checkbox"/> Job Referrals	<input type="checkbox"/> Limited Training
<input type="checkbox"/> Educational Opportunities		<input type="checkbox"/> Supportive Services		<input type="checkbox"/> Other: (explain)	
<b>Follow-Up Services:</b> <input type="checkbox"/> N/A      (Mark N/A if participant remains active) <b>WIOAPL 15-08</b>					
1. Exit Date:					
2. Quarterly Contact:					
1 <sup>st</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:	
2 <sup>nd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:	
3 <sup>rd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:	
4 <sup>th</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:	

<b><u>Other:</u></b>			
1. Did participant file a complaint with the local Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Did local Area follow complaint procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Participant entered into OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Files contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b><u>Comments:</u></b>
-------------------------



# DISLOCATED WORKER FILE CHECKLIST

<b>Name:</b>	<b>WIOA Area/County:</b>		
	<b>Application Date:</b>		
<b>Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Exited	<b>Co-enrolled:</b>	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Adult	<input type="checkbox"/> Youth
		<input type="checkbox"/> No	

<b>WIOA Eligibility:</b> OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02; 15-04; 15-5 & 15-07			
1. Date of Birth:			
2. Age at date of WIOA eligibility:	Documentation:		
3. Citizenship Status/Authorization to Work in the US: (Can also be verified by self-attestation from JFS-13187)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
4. Selective Service Registration:      WIOPL 15-04 <a href="https://www4.sss.gov/regver/verification1.asp">https://www4.sss.gov/regver/verification1.asp</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Documentation:
5. Does the file contain a <u>signed</u> and <u>dated</u> stakeholder form                      WIOPL 15-05	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. If yes, was a relationship disclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, was area policy followed: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a signed and dated Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Dislocated Worker Eligibility:</b> OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02; WIOAPL 15-07 The JFS-13186, Self-Attestation form can be used to verify several categories, refer to WIOAPL 15-07 for details.			
1. Eligibility Criteria A. Terminated or laid off, or received a notice of termination or layoff, (if dislocated workers are UCRS eligible, they only have to document number 5)(Each portion of the criteria (either B, C, D, or E) must be fully documented in the case record)			
<b>A. Has been terminated/laid off:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
1.Proof of termination or layoff (and)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2.Proof of UC or exhausted entitlement (or)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
3.Proof of duration of employment or attached workforce but not UC eligible (and)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
4.Is unlikely to return to a previous industry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
5.Has been identified as meeting the criteria for REA selection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
<b>B. Plant Closure or Substantial Layoff:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Substantial Lay-Off plant/facility/enterprises (or)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Public Announcement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
<b>C. Self-Employed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
<b>D. Displaced Homemaker:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
<b>E. Military Spouse</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:

2. Able to determine eligibility based on documentation referenced above:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
3. Dislocation Date:				
<b>Basic Career Service:</b> Self-Services available to universal customer. <b>TEGL WIOA 3-15; WUOAL 15-08.1; 15-09.1; &amp; 15-11.1</b>				
<input type="checkbox"/> Eligibility Determination to receive WIOA services	<input type="checkbox"/> Orientation to info. & other services available through the workforce systems	<input type="checkbox"/> Labor Market employment statistical info. using OMJ	<input type="checkbox"/> Self-administered initial assessment of skill levels and needs of supportive services (including literacy, numeracy, and English language proficiency), aptitudes, abilities (skill gaps).	
<input type="checkbox"/> Provision of performance information & cost information on the WIET services		<input type="checkbox"/> Provision of referrals to and coordination of activities with other programs and services (including Financial aid)		
<input type="checkbox"/> Provision of information and assistance regarding filing claims for UC		<input type="checkbox"/> Group workshops (e.g., interviewing, job search, and resume writing)		

<b>Self-Sufficiency:</b> If an individual is being considered for training services and is employed, local areas must determine if the applicant is self-sufficient before providing those services, based on the local definition by the Workforce Development Board.			
1. Is the participant employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. What is the income/wage:	\$		Documentation:
3. Does the file contain income calculations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does the participant meet the local area policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Individualized Career Services:</b> Involves staff making a determination of needs of an individual and arranging those services to be provided to the participant. <b>TEGL WIOA 3-15; Section 134 (c)(2)(A)(xii); WIOAPL 15-08.1 &amp; 15-09.1</b>			
<input type="checkbox"/> Comprehensive and specialized assessments	<input type="checkbox"/> English Language Acquisition and integrated education/training programs	<input type="checkbox"/> Group counseling or Individual counseling	<input type="checkbox"/> Short-term prevocational services to prepare individuals for unsubsidized employment or training
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Internship and work experiences that are linked to careers	<input type="checkbox"/> IEP/Employment Goals	<input type="checkbox"/> Provision of job club activities
<input type="checkbox"/> Workforce preparation activities	<input type="checkbox"/> Out of the area job search assistance and relocation that are linked to careers		<input type="checkbox"/> Financial Literacy Services
1. Date of First Individualized Career Service:			
2. Does the area document the appropriateness for training services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the participant have an individual employment plans (IEP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Does the IEPs incorporate assessment results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the participant have focused employment goals or career objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the IEP identify the participant's employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are IEPs updated and modified as necessary to reflect participant achievements or changes in service strategy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Documentation: <input type="checkbox"/> Gateway Checklist <input type="checkbox"/> Case Notes <input type="checkbox"/> Other (Identify):_____		

<b>Training Services:</b> <input type="checkbox"/> N/A <b>TEGL WIOA 3-15; WIOAPL 15-09.1; 15-11.1; 15-23 &amp; 15-22.1; Section 134(b)(3) of WIOA</b> Training contracts may be provided in lieu of ITAs such as OJTs, IWTs and Customized Training.					
<input type="checkbox"/> Occupational Skills Training (OST)	<input type="checkbox"/> On-the-job training (OJT)		<input type="checkbox"/> Incumbent Worker Training (IWT)		
<input type="checkbox"/> Programs that combine workplace training with related instruction, which may include cooperative education programs	<input type="checkbox"/> Training programs operated by private sector		<input type="checkbox"/> Skill upgrading and retaining		
<input type="checkbox"/> Entrepreneurial Training	<input type="checkbox"/> Transitional Jobs		<input type="checkbox"/> Job readiness training		
<input type="checkbox"/> Adult Education and Literacy Activities	<input type="checkbox"/> Customized Training		<input type="checkbox"/> Needs-Related Payments (NRPs)		
1. Before receiving training services, has the participant been interviewed, evaluated or assessed and career planning determined that the individual requires training to obtain employment or remain employed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Was an IEP completed on the participant receiving a training service?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Was an ITA/training contracts established?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Name of Institution:					
5. Does the case file contain current evaluations or assessments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Does the file justify the need for training?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is the participant's job/career training in a demand occupation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
8. Was the vendor on the Workforce Inventory Education Training List (WIET)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:	
9. Applied for Grants:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Is Trade available to pay for training?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Date Entered Training:			12. Date Exited Training: (if active, mark N/A)		
13. Did the participant receive a diploma/credential/license?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
14. Was the training end date entered into OWCMS?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**On the Job Training (OJT):** ☐ N/A**WIOAPL 15-22.1****Note:** Employers can be reimbursed up to 75% for an OJT

1. Does the IEP reflect OJT as an appropriate activity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the training plan outline the skills to be learned?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the file contain evidence to justify the length of training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Were the OJT training plans signed by: <input type="checkbox"/> Employer <input type="checkbox"/> Local Workforce Agency <input type="checkbox"/> Trainee <input type="checkbox"/> Union (if applicable) <input type="checkbox"/> ODJFS Trade Program (if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Was there a monitoring process to ensure satisfactory progress of the participant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If yes, was there timely monitoring?	7. Documentation:		
8. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Date Entered Training:		10. Date Exited Training: (if active, mark N/A)	
11. OJT Employer:		12. OJT Job Title:	
13. OJT Begin Wage:		14. OJT Ending Wage:	
15. Was each skill attained as a result of training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Supportive Service:****Section 134 (d)(2) TEGL WIOA 3-15; WIOPL 15-08.1 & WIOAPL 15-14**

1. Was the need identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:	
2. How was the need identified and documented?				
3. Was the need met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:
4. Was the need met by referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
5. What supportive service(s) was/were requested and/or provided: <input type="checkbox"/> None Requested <input type="checkbox"/> Child Care <input type="checkbox"/> Dependent Care <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Tools/Uniforms <input type="checkbox"/> Other (explain)				
6. If policy sets limits, is the service within the limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:

7. Was a Needs-Related Payment (NRP) provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
8. Was the participant eligible to receive the NRP as required by WIOAPL 15-14(IV)(A)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
9. Does the Participant meet the training requirements for NRP's as required by WIOAPL 15-14 (IV)(C)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:

<b><u>Outcome &amp; Performance Measures:</u></b> <input type="checkbox"/> N/A				
1. Entered Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
2. Another Exit Reason:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain Other:	
3. Job Title:				
4. Was training Related:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Credential:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Hourly Wage: \$				

<b><u>Post-Placement Services:</u></b> <input type="checkbox"/> N/A (Services provided after employment but prior to exit)				
<input type="checkbox"/> Career Planning/Counseling	<input type="checkbox"/> Contact with Participant's Employer		<input type="checkbox"/> Job Referrals	<input type="checkbox"/> Limited Training
<input type="checkbox"/> Educational Opportunities	<input type="checkbox"/> Supportive Services		<input type="checkbox"/> Other: (explain)	
<b><u>Follow-Up Services:</u></b> <input type="checkbox"/> N/A (Mark N/A if participant remains active) <b>WIOAPL 15-08</b>				
1. Date of Exit:				
2. Quarterly Contact:				
1 <sup>st</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
2 <sup>nd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:

3 <sup>rd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:	
4 <sup>th</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:	
<b><u>Other:</u></b>					
1. Did participant file a complaint with the local Area?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
2. Did local Area follow complaint procedures?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Participant entered into OWCMS?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
4. Files contain case notes?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<b>Comments:</b>					

## CCMEP FILE CHECKLIST

Name:	CCMEP lead agency/County:
Did a contractor provide services? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Application Date:
Name of contractor?	Is participant in OWCMS? <input type="checkbox"/> Yes or <input type="checkbox"/> No

<b>Status:</b>		<input type="checkbox"/> Active	<input type="checkbox"/> Exited
<input type="checkbox"/> In School Youth	<input type="checkbox"/> Out of School Youth	Co-enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> TANF <input type="checkbox"/> WIOA

<b>CCMEP Eligibility:</b>		<b>WIOAPL 15-03, 15-4, 15-05, 15-06, 15-07</b>			
(Required participants: 14-24 years old; Volunteer participants: 14-24 years old; and In-School Youth: 14-21 years of age)					
If referred, what date is the referral _____ Date of IOP _____ Date of Assessment _____					
1. Did the lead agency use form JFS03002?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Is the application signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Date of Birth:					
4. Age at Date of CCMEP eligibility:	Documentation:				
5. Citizenship Status/Authorization to Work in the US: (Can also be verified by self-attestation from JFS-13187)	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> N/A (OWF/PRC)
6. Selective Service Registration: <a href="https://www4.sss.gov/regver/verification1.asp">https://www4.sss.gov/regver/verification1.asp</a> <b>Not required for TANF</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:	
7. Determination of Dependent Status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
8. Was TANF eligibility determined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
9. Was WIOA eligibility determined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
10. Does the file contain a <u>signed</u> and <u>dated</u> stakeholder form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. If yes, was area policy followed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is there a <u>signed</u> and <u>dated</u> Complaint Procedure document in file? <i>This is given to TANF participants during exit</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Military Status?		
13. Is the participant enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
14. Does the participant have a high school diploma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
15. Was an opportunity to register to vote offered to the participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		

**CCMEP Eligibility:****WIOAPL 15-03(V), 15-07, Section 129 of WIOA & 5101:10-3-01(M)(2)****Youth must document one of the following barriers in addition to meeting one of the low-income criteria.****In-School Youth Barrier Categories***(ISY: 14-21 years old):*

- ☐ Low-income individual and has one or more of the following barriers:
- ☐ Basic skills deficient;
- ☐ An English language learner;
- ☐ An Offender;
- ☐ A homeless individual, runaway
- ☐ Foster care or aged out of foster care
- ☐ Pregnant or parenting
- ☐ Individual with a Disability (can be up to 23 yr. old)
- ☐ Individual who requires additional assistance

**Out-of-School Youth Barrier Categories***(OSY: 14 – 24 years old, not attending any school):*

- ☐ A school drop-out
- ☐ Age of compulsory school attendance but has not attended school
- ☐ Diploma or equivalent, low income, basic skills deficient;
- ☐ English language learner and low income
- ☐ Offender or subject to juvenile/adult justice system
- ☐ A homeless individual or runaway
- ☐ Foster care or aged out of foster care
- ☐ Pregnant/Parenting
- ☐ Individual with a Disability
- ☐ Low Income who requires additional assistance

**5101:10-3-01 (M)(2)****5% Exception Category**

Up to 5% of in-school youth participants served by youth programs in a local area may be individuals who would be covered individuals except that the persons are not low-income (WIOPL 15-03 (V)).

*(must have at least one check if income criteria is not met):*

- ☐ Deficient basic skills
- ☐ School Dropout
- ☐ Homeless/Runaway
- ☐ Pregnant/Parenting Youth
- ☐ Offender
- ☐ Disabilities (including learning disabilities)
- ☐ One or more grade levels below
- ☐ Face barriers to employment

**Low Income** (Section 3 (36)(a) of WIOA)*(must meet at least one condition to be considered low income)*

Receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received assistance through one of the following:

- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Member of a household that receives other Cash Public Assistance

**OR**

- ☐ Family Income does not exceed the higher of the
  - Poverty line; or
  - 70% of the Lower Living Standard Income Level

- ☐ Homeless Individual
- ☐ Youth Living in a high poverty area
- ☐ Foster Child
- ☐ Disabled Individual



Date of Assessment: _____			
<b><u>Comprehensive Assessment:</u></b>		<b>WIOAPL 15-10(5)(C) &amp; 5101:14-1-04</b>	
<p>1. The comprehensive assessment tool (JFS 03003) must review and contain information for all of the following</p> <div style="margin-left: 40px;"> <input type="checkbox"/> Occupational skills (Pg.1)  <input type="checkbox"/> Prior work experience (Pg. 2)  <input type="checkbox"/> Employability (Pg. 3)  <input type="checkbox"/> Interests (Pg. 7)  <input type="checkbox"/> Aptitudes (Pg. 7)  <input type="checkbox"/> Supportive service needs (Pg. 3, 4, 5 &amp; 6)  <input type="checkbox"/> Developmental needs (Pg.4 &amp; 5)  <input type="checkbox"/> Basic skills (Pg. 2)         </div>			
2. Was a Basic Skills Assessment completed? (i.e., TABE, BEST, CASAS, GAIN, MAPT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
3. Is the Comprehensive Assessment signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Individual Opportunity Plan and Activates</b>		<b>Date of IOP: _____</b> <b>WIOAPL 15-10(V)(C) &amp; 5101:14-1-05</b>	
1. Did the case file contain evidence of an ISS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. If so, was there evidence that the participant was actively participating and actively engaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>3. Did the development of an IOP contain information for all of the following:</p> <div style="margin-left: 40px;"> <input type="checkbox"/> Identification of the program participant's career pathway that includes employment and education goals;  <input type="checkbox"/> Development of short term goals;  <input type="checkbox"/> Identification of services necessary for the program participant to achieve goals;  <input type="checkbox"/> Assignment to activities based on service(s) needed         </div>			
4. If no to Question 1, was a recent assessment conducted pursuant to another education or training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Was the IOP goals and strategies updated as education/training goals are achieved or as the needs of the youth change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Are assignments to activities based on the service(s) needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Are their activities leading to the attainment of a secondary diploma or its recognized equivalent, or a recognized post-secondary credential?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the IOP's signed and dated by all parties (Participant, Parent/Guardian, and Case Manager)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the IOP updated as needed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. If yes to question 3, is the updates signed by all parties?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Evidence that there is strong linkages between academic instructions and occupation education that lead to the attainment of recognized postsecondary credentials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does the IOP contain evidence that preparation for unsubsidized employment opportunities, as appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are there effective connections to employers, including small employers, in in-demand industry sectors and occupations of the local and regional labor markets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Program Elements/Services:****WIOAPL 15-10(V)(D), Section 129(c)(2) of WIOA & 5101:14-1-05**

Lead agencies must make available to CCMEP participants the following 14 specific core youth elements:

## 1. List the program elements which were provided to this youth:

- ☐ Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies.
- ☐ Alternative secondary school offerings dropout prevention and recovery strategies.
- ☐ Paid/unpaid work experiences that have as a component academic & occupational education, which may include:
- A. Summer employment opportunities & other employment opportunities available throughout the school year
  - B. Pre-apprenticeship programs
  - C. Internships and job shadowing
  - D. On-the-job training opportunities
- ☐ Occupational skill training
- ☐ Education offered currently with the in the context as workforce preparation activities
- ☐ Leadership development opportunities
- ☐ Supportive services
- ☐ Adult mentoring (no less than 12 months and formal relationship, interactions face to face)
- ☐ Follow-up services (minimum of 12 months in duration and must include more than only a contact attempt or made for securing documentation in order to report performance).
- ☐ Comprehensive guidance and counseling (may include drug/alcohol abuse as well as referral to counseling, as appropriate to the needs of the youth)
- ☐ Financial literacy education
- ☐ Entrepreneurial skills training
- ☐ Services that provide labor market and employment information about in-demand industry Sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services
- ☐ Activities that help youth prepare for and transition to postsecondary education and training

2. Were the provided program elements based on the participant's assessments and IOP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

**Paid or Unpaid Work Experience:****WIOAPL 15-10 & WIOAPL 15-13**

1. If a paid or unpaid work experience was provided to the youth participant, did the file contain the following:

- ☐ Comprehensive assessment and IOP (indicating need for work experience);
- ☐ Justification for incentive/stipend and description of type of payment method and amount, if applicable;
- ☐ Worksite Agreement to include all attachments, such as a training plan and job description;
- ☐ Time sheets, attendance sheets, and performance records;
- ☐ Documentation of receipt of incentives, stipends and supportive services received;
- ☐ Proof of age/Parental consent (under 18 years of age);
- ☐ Schooling Certificate (Work Permit) (while school is in session and under 16 years of age);
- ☐ Minor Wage Agreement (under 18 years of age)

2. Does the worksite agreement include, minimally, all of the following:

- ☐ The Duration
- ☐ Remuneration
- ☐ Tasks
- ☐ Duties
- ☐ Supervision
- ☐ Health and Safety Standards
- ☐ Other Conditions (e.g., consequences of not adhering to the agreement)
- ☐ Termination Clause
- ☐ Appropriate signatures (site employer, local area, participant and or designee)
- ☐ Union Concurrence for participants as applicable

2. Does the area periodically monitor the participant and the worksite to ensure that:

- ☐ Worksite agreements are upheld
- ☐ Adequate supervision and quality mentoring are provided to the youth
- ☐ Worksites are in compliance with workplace safety, Child labor laws, and WIOA law and regulation

**Supportive Services:****WIOAPL 15-10(5)(D)(7)**

1. Were supportive services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Was the need for supportive services clearly documented in the case file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were the supportive services identified in the objective assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 4. Identify the Supportive Services provided:

- ☐ Linkage to Community Service  
☐ Assistance with transportation  
☐ Assistance with child care and dependent care  
☐ Assistance with housing  
☐ Needs-Related Payments (NRP)  
☐ Assistance with educational testing  
☐ Reasonable accommodations for youth with disabilities  
☐ Referrals to health care  
☐ Assistance with uniforms or other appropriate work attire and tools  
☐ Other: \_\_\_\_\_ (Please list)

**Performance Measures:****5101:14-1-07**

## 1. Did the youth receive a measurable skill gain as a result of participation in CCMEP in any of the following areas?

- ☐ In an education or training program  
☐ Gained at least one educational functional level  
☐ Unsubsidized employment  
☐ Recognized post-secondary education (4-year college, 2-year college, technical school)  
☐ Entering military service  
☐ Completion of training  
☐ Receipt of credential/certificate  
☐ N/A- youth did not complete WIOA services

**Follow-Up Services:** ☐ N/A- Youth has not exited the program **WIOAPL 15-10(V)(D)(9) & 5101:14-1-06(D)**

1. Exit Date:

2. Exit Reason:

3. List the follow-up services received (must include more than only a contact attempt or made for securing documentation in order to report performance).:

- ☐ Leadership development and Supportive Service activities  
☐ Regular contact with employer, including assistance in addressing work-related problems  
☐ Assistance in securing better paying jobs, career pathway development, and further education or training.  
☐ Work-related peer support groups  
☐ Adult mentoring  
☐ Services necessary to ensure the success of youth participants in employment and/or post-secondary education

4. Was the type of service provided based on the needs of the youth?

☐ Yes☐ No

5. Were follow-up services provided for a minimum of 12 months?

☐ Yes☐ No

6. If no to Question 5, are follow-up services still being provided?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
7. Quarterly Contact:				
1 <sup>st</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
2 <sup>nd</sup> Quarter *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
3 <sup>rd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
4 <sup>th</sup> Quarter *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:

<b><u>Other:</u></b>		
1. Is it evident that OWCMS was used to track progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the file contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was the Participant actively engaged in maintaining communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did the youth file a complaint with the local area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If yes, did the local area follow complaint procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If referred from CDJFS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Date of referral?	8. Date of Individual Opportunity Plan (IOP)?	
9. How many days between referral and IOP?	10. Date of Assessment?	
11. Was the referral 7 days or less? OAC 5101:14-1-04 (A)(1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Was the IOP entered in OWCMS within 30days? OAC 5101:14-1-04 (H)(2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Was the Assessment entered in OWCMS within 30 days? OAC 5101:14-1-04 (H)(2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comments:</b>		

**WIOA/CCMEP MONITORING POST REVIEW DISCUSSION**

Entity:	Date:
Location:	Time:

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

\_\_\_\_\_

\_\_\_\_\_

State Staff Present: \_\_\_\_\_

\_\_\_\_\_

Local Area Staff Present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Review Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments from Local Area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Monitor and Date

\_\_\_\_\_  
Signature of Authorized Representative and Date

# **ATTACHMENT I**

**Location of all WIOAPL's for Ohio**

<http://emanuals.jfs.ohio.gov/Workforce/WIOA/>



Department of  
Job and Family Services  
**eManuals**

[Ohio.gov](#)
[State Agencies](#) | [Online Services](#)

[JFS HOME](#)
[LEGAL/POLICY CENTRAL CALENDAR](#)
[SEARCH CENTER](#)
[FORMS CENTRAL](#)


 Child Support Program


 Cash / Food Assistance


 Legal Services


 Child Care


 Families and Children


 Workforce Development


 Local Administration


 Unemployment Insurance Operations

[eManuals Home](#) > [Workforce Development](#)



### Workforce Innovation and Opportunity Act

**John R. Kasich, Governor**  
**Cynthia C. Dungey, Director**  
**Ohio Department of Job and Family Services**

*The Electronic Publishing Unit makes every attempt to publish accurate and current information, however, we disclaim any liability or responsibility for any typographical errors, out of date information and/or other inaccuracies that may appear in this document.*

[view entire manual](#)
[get notified of updates to this manual](#)

WIOA Policy Letters

WIOA Manual Transmittal Letters

WIOA Rules

Archived Policy Letters



Department of  
Job and Family Services  
**eManuals**

[Ohio.gov](#)
[State Agencies](#) | [Online Services](#)

[JFS HOME](#)
[LEGAL/POLICY CENTRAL CALENDAR](#)
[SEARCH CENTER](#)
[FORMS CENTRAL](#)


 Child Support Program


 Cash / Food Assistance


 Legal Services


 Child Care


 Families and Children


 Workforce Development


 Local Administration


 Unemployment Insurance Operations

[eManuals Home](#) > [Workforce Development](#) > [Workforce Innovation and Opportunity Act](#) > [WIOA Policy Letters](#)

view entire manual

get notified of updates to this manual

- WIOAPL 17-06 (Disaster Recovery National Dislocated Worker Grants)
- WIOAPL 17-05 (Funding for Rapid Response – Employer Closure, Mass Layoff, Disaster Mass Job Dislocation, and Trade Adjustment Assistance Events)
- WIOAPL 17-04 (Waivers for Implementation of the Comprehensive Case Management and Employment Program)
- WIOAPL 17-03 (Procurement of the Comprehensive Case Management and Employment Program Provider for WIOA Youth-Funded Activities and Services)
- WIOAPL 17-02 (WIOA Adult, Dislocated Worker, and Youth Programs Performance Accountability)
- WIOAPL 17-01 (Mandate Use of OhioMeansJobs.com for Labor Exchange Activities)



- WIOAPL 16-11 (Development of the Memorandum of Understanding for the Workforce Delivery System)
- WIOAPL 16-10 (Certification of the Workforce Delivery System)
- WIOAPL 16-09 (Establishment of the Workforce Delivery System)
- WIOAPL 16-08 (Procurement of the OhioMeansJobs Center Operator and Provider of Career Services)
- WIOAPL 16-07 (OhioMeansJobs and American Job Center Branding)
- WIOAPL 16-06 (State Mechanism for Funding OhioMeansJobs Center Infrastructure Costs)
- WIOAPL 16-05 (Re-designation of Local Workforce Development Areas)
- WIOAPL 16-04 (Local Workforce Development Area Subsequent Designation)
- WIOAPL 16-03 (Regional and Local Planning)
- WIOAPL 16-02 (Eligible Training Providers)
  
- WIOAPL 15-26 (ITA Financial Definitions)
- WIOAPL 15-25 (Transfer of Funds between the Adult and Dislocated Worker Local Formula Funds)
- WIOAPL 15-24 (Customized Training Guidelines)
- WIOAPL 15-23 (Incumbent Worker Training [IWT] Guidelines)
- WIOAPL 15-22.1 (On-the-Job Training (OJT) Policy)
- WIOAPL 15-21 (Reporting Requirements for OhioMeansJobs Center Universal Customers)
- WIOAPL 15-20.1 (Priority of Service for Veterans and Eligible Spouses)
- WIOAPL 15-19.1 (Poverty Line and Lower Living Standard Income Level)
- WIOAPL 15-18.1 (Local Workforce Development Area Governance)
- WIOAPL 15-17 (Local Workforce Development Board Certification Process)

- WIOAPL 15-16 (Rapid Response Program Requirements - Layoff Aversion)
- WIOAPL 15-15.2 (Rapid Response Program Requirements - Employer Closure, Mass Layoff, Disaster Mass Job Dislocation, and Trade Adjustment Assistance Events)
- WIOAPL 15-14 (Needs-Related Payments [NRPs] Using Adult and Dislocated Worker Formula Funds)
- WIOAPL 15-13 (Work Experience for Youth)
- WIOAPL 15-12 (Work Experience for Adults and Dislocated Workers)
- WIOAPL 15-11.1 (Use of Individual Training Accounts)
- WIOAPL 15-10 (Youth Program Services)
- WIOAPL 15-09.1 (Training Services for Adults and Dislocated Workers)
- WIOAPL 15-08.1 (Career Services for Adults and Dislocated Workers)
  
- WIOAPL 15-07.1 (Source Documentation for WIOA Title I Program Eligibility)
- WIOAPL 15-06 (Determination of Dependent Status)
- WIOAPL 15-05 (Serving Applicants with a Close Relationship to the Workforce Innovation and Opportunity Act Program)
- WIOAPL 15-04 (Selective Service Registration)
- WIOAPL 15-03.1 (WIOA Youth Program Eligibility)
- WIOAPL 15-02 (Adult and Dislocated Worker Eligibility)
- WIOAPL 15-01.1 (Local Workforce Development Area Initial Designation)

# ATTACHMENT J

**Local Performance Measure Data  
can be found in the Annual Reports at**

**[www.sworwib.org/#](http://www.sworwib.org/#)**

ATTACHMENT A

PROPOSAL COVER SHEET

FOR

OPERATING THE ONE-STOP CENTER, PROVIDING BUSINESS SERVICES AND PROVIDING CAREER SERVICES  
TO ADULTS AND DISLOCATED WORKERS

RFP No: SWORWIB-2018-2019-OS0

Name of Organization \_\_\_\_\_

Organization Address: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

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

Authorized Representative: \_\_\_\_\_  
(Please Print or type)

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Additional person(s) authorized to negotiate on behalf of the Bidder:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Total Cost for Initial Term (2 years) July 1, 2019-June 30, 2021	Total Cost for 1st Renewal Term (1 year) July 1, 2021-June 30, 2022	Total Cost for 2nd Renewal Term (1 year) July 1, 2022-June 30, 2023
\$ _____	\$ _____	\$ _____

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider governing body has authorized this application and document.

\_\_\_\_\_  
Signature – Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Fiscal Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## RFP Submission Checklist

Pursuant to 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	Check if Completed
Did you register for the RFP process?	
Proposal submitted between 8AM and 11AM on <b>FEBRUARY 1, 2019</b>	
Did you include all the Contact Information on the Cover Sheet?	
Did you include the Unit Rate for the Initial Term on the Cover Sheet?	
Did you include the Unit Rate for the First Renewal Period on the Cover Sheet?	
Did you include the Unit Rate for the Second Renewal Term on the Cover Sheet?	
Did you sign the Cover Sheet?	
Is a response to each Program Component included?	
Is a response to each System and Fiscal Administration Component included?	
Is a Budget for the Initial Term completed along with a calculation of the unit cost?	

Is a Budget for the First Renewal Period completed along with a calculation of the unit cost?	
Is a Budget for the Second Renewal Period completed along with a calculation of the unit cost?	
Is Customer Reference Letter #1 enclosed or is there a written explanation why a reference is not included?	
Is Customer Reference Letter #2 enclosed or is there a written explanation why a reference is not included?	
Is Customer Reference Letter #3 enclosed or is there a written explanation why a reference is not included?	
Are all Personnel Qualifications enclosed?	

**Attachment C-3 Budget**

**Offeror:**

**RFP No.**

**BUDGET PREPARED FOR PERIOD**  
**July 1, 2019 TO June 30, 2021**

[illegible]

TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00	0.00
---------------	------	------	------	------	------	------





EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
B.PAYROLL TAXES								
FICA %								
WORKER'S COMP. %								
UNEMPLOYMENT %								
BENEFITS								
RETIREMENT								
HOSPITAL CARE								
OTHER (SPECIFY)								
Health, dental, EAP								
Life								
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS								

**Employee Payroll Taxes & Benefits Narrative.**  
Please type narrative here.

Please type narrative here.

153

**NOTE:** You must list the percentage amount on the FICA, Worker's Comp and Unemployment lines. Remember - Unemployment Taxes are based **ONLY** on the first \$9,000 of the employees salary.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate	Adult Program 1	Dislocated Worker 2	One stop Ops 3	training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
ACT testing NCRC								
Digital phone service for 1916								
Chamber of commerce								
Quickbase								
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES								

**Professional Fees & Contracted Services Narrative**  
Please type narrative here.

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00
OFFICE								0.00
CLEANING								0.00
PROGRAM								0.00
OTHER (SPECIFY)								0.00
								0.00
TOTAL CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Consumable Supplies Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One Stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
E. OCCUPANCY COSTS	0	0	0	0	0	0	0	0.00
RENTAL @ PER SQ. FT.								0.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST								0.00
MAINTENANCE & REPAIRS								0.00
UTILITIES (MAY BE INCLUDED IN RENT) (HEAT & ELECTRICITY & WATER ARE THE SWORWIBS BUT WI-FI, COPY, FAX, ETC. ARE OSO)								0.00
TELEPHONE								0.00
OTHER (SPECIFY)								0.00
								0.00
TOTAL OCCUPANCY COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Occupancy Costs Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One stop Ops 3	Training & supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS								
GASOLINE & OIL								
VEHICLE REPAIR								
VEHICLE LICENSE								
VEHICLE INSURANCE								
OTHER (PARKING)								
MILEAGE REIMBURSE. IRS STANDARD @ .545 cents CURRENTLY								
CONFERENCES & MEETINGS, ETC.								
PURCHASED TRANSPORTATION								
TOTAL TRAVEL COSTS								

Travel Costs Narrative  
Please type narrative here.

155

EXPENSES BY PROGRAM SERVICES								
G. INSURANCE COSTS								
LIABILITY								
PROPERTY								
ACCIDENT								
OTHER								
TOTAL INSURANCE COSTS								

Insurance Costs Narrative  
Please type narrative here.

EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
<b>HEQUIPMENT COSTS</b>								
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)								
<b>TOTAL SMALL EQUIPMENT COSTS</b>								
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)								
<b>TOTAL EQUIPMENT &amp; REPAIR</b>								
EQUIPMENT LEASE COSTS (DETAIL)								
<b>TOTAL LEASE COSTS</b>								
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)								
<b>TOTAL EQUIPMENT COSTS</b>								

Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)  
Please type narrative here.



EXPENSES BY PROGRAM SERVICES	Adult Program 1	Dislocated Worker 2	One stop Ops 3	Training & Supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>I. MISCELLANEOUS COSTS</b>								
Individual Training Accounts								
On-the-job training Accounts								
Supportive Services (Transportation & Other)								
<b>TOTAL MISCELLANEOUS COSTS</b>								
<b>J. PROFIT MARGIN (For profit entities only)</b>								
<b>K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION</b>								

Miscellaneous Costs Narrative.

Please type narrative here.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

Mgmt/Indirect Cost Narrative.

Profit Margin Narrative (for profit entities only).

Please type narrative here.

EXHIBIT II

159

REVENUES BY PROGRAM SERVICES	Audit Program 1	Dislocated Worker 2	One stop Ops 3	Training & supp. Services 4	Employer Services 5	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)								
INSERT AMOUNT OF BUDGET ALLOCATED TO EACH PROGRAM								
Total Revenues Should Add Up as noted in the RFP								
TOTAL REVENUE								



## EXHIBIT II

PROGRAM	BASE YEAR 2 EXPENSE	BASE YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased or decreased costs/expenses.
Adult Program 1			
Dislocated Worker 2			
One Stop Ops 3			
Training & Support Services 4			
Employer Services 5			
MGMT INDIRECT			
ASSUME BUDGET \$2,100,000			

PROGRAM	RENEWAL YEAR 1 EXPENSE	RENEWAL YEAR 1 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased or decreased costs/expenses.
Adult Program 1			
Dislocated Worker 2			
One Stop Ops 3			
Training & Support Services 4			
Employer Services 5			
MGMT INDIRECT			
ASSUME BUDGET \$1,800,000			

PROGRAM	RENEWAL YEAR 2 EXPENSE2	RENEWAL YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased or decreased costs/expenses.
Adult Program 1			
Dislocated Worker 2			
One Stop Ops 3			
Training & Support Services 4			
Employer Services 5			
MGMT INDIRECT			
ASSUME BUDGET \$1,800,000			

Enrollees

Dollars

Unit rate

Year 1 WIOA enrollees

Year 2 WIOA enrollees

Renewal 1 WIOA enrollees

Renewal 2 WIOA enrollees



**ATTACHMENT G**  
**REGISTRATION FOR REQUEST FOR PROPOSAL (RFP)**  
**REGISTRATION FORM**

**RFP #: SWORWIB 2018-2019 OSO** – For Operating the One-Stop Center, Providing Business Services, Providing Career Services and ITA's/OJT's to Adults and Dislocated Workers

To be considered eligible to submit an offer on the above-referenced RFP, offerors must complete and submit this form to the RFP Administrator via email or fax:

**Ross Wales, of Counsel Taft Stettinius & Hollister LLP**

**Fax: (513)381-0205**

**wales@taftlaw.com**

All inquiries regarding this RFP are to be in writing and are to be emailed or faxed to the RFP Administrator. The RFP Administrator **will not** entertain any oral questions regarding this RFP. Other than specified above, no bidder may contact any other persons who are associated with this procurement in anyway, including but not limited to employees of the SWORWIB. **Inappropriate contact, including attempts to influence the RFP process, evaluation process or the award process by Providers who have submitted bids or by others on their behalf, may result in rejection of the Provider's Proposal.**

Please email or fax this completed page to the RFP Administrator no later than **January 2, 2019**.

By faxing this completed page to the RFP Administrator, you will be registering your company's interest in this RFP and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page.

<b>Date:</b>	
<b>Organization:</b>	
<b>Address, City, State, Zip:</b>	
<b>Representative's Name:</b>	
<b>Phone #:</b>	
<b>Email Address:</b>	
<b>Name(s) of person(s) authorized to negotiate contract if selected in this process:</b>	
<b>Yes _____ No _____</b>	<b>Have you been banned from doing business in the State of Ohio</b>
<b>Signature:</b>	