



**REQUEST FOR PROPOSALS  
FOR  
FAMILY & CHILDREN'S SERVICES  
TRANSPORTATION SERVICES  
RFP SB01-18R**

**Issued by  
THE HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES  
222 E. CENTRAL PARKWAY  
CINCINNATI, OHIO 45202  
(JANUARY 4, 2018)**

**Deadline for Proposal Registration: JANUARY 18, 2018**

**RFP Conference: JANUARY 18, 2018, 10:00 A.M.**

**Location: Hamilton County Job & Family Services**

**222 East Central Parkway**

**6<sup>th</sup> Floor 6SE201**

**Cincinnati, Ohio 45202**

**Due Date for Proposal Submission: FEBRUARY 12, 2018 @ 2 P.M.**

Submitted proposals are not subject to public inspection until a contract is awarded and executed. Proposals will be evaluated and Providers may be requested to provide a demonstration of their proposed services offered.

# TABLE OF CONTENTS

<b>1.0</b>	<b>REQUIREMENTS &amp; SPECIFICATIONS.....</b>	<b>5</b>
1.1	Introduction & Purpose of the Request for Proposal.....	5
1.2	Scope of Service.....	6
1.2.1	Population.....	10
1.2.2	Service Components.....	10
1.2.3	Incidents.....	12
1.2.4	Complaint Resolution.....	12
1.3	Employee Qualifications.....	14
1.3.1	Vehicles and Equipment Requirements.....	17
1.3.2	Technology Requirements.....	18
1.4	Reporting Requirements.....	20
1.4.1	Monthly Staffing Report.....	20
1.4.2	Records of Vehicle Inspection.....	20
1.4.3	Trips Not Completed Reports.....	20
1.4.4	Employee Release of Personnel Information, Central Registry, Criminal Record and Bureau of Motor Vehicle (“BMV”).....	21
<b>2.0</b>	<b>PROVIDER PROPOSAL .....</b>	<b>22</b>
2.1	Cover Sheet .....	23
2.2	Service and Business Deliverables .....	23
2.2.1	Program Components.....	23
2.3	Budgets and Cost Considerations.....	25
2.4	Customer References .....	29
2.5	Personnel Qualifications .....	29
2.6	Distinguishing Characteristics.....	30
2.7	Financial Documentation.....	30
2.8	Declaration of Property Tax Delinquency.....	30

2.9	Warranty Against Unresolved Findings.....	31
2.10	Proposal Documents.....	31
2.11	Insurance.....	32
2.12	Indemnification.....	37
3.0	PROPOSAL GUIDELINES .....	38
3.1	Program Schedule.....	38
3.2	RFP Contact Person.....	38
3.3	Registration for the RFP Process .....	39
3.4	RFP Conference.....	39
3.5	Prohibited Contacts .....	39
3.6	Provider Disclosures.....	40
3.7	Provider Examination of the RFP.....	40
3.8	Addenda to RFP.....	41
3.9	Availability of Funds.....	41
4.0	SUBMISSION OF PROPOSAL.....	43
4.1	Preparation of Proposal.....	43
4.2	Cost of Developing Proposal.....	43
4.3	False or Misleading Statements .....	43
4.4	Delivery of Proposals .....	43
4.5	Acceptance & Rejection of Proposals .....	44
4.6	Evaluation & Award of Contract.....	44
4.7	Proposal Selection .....	47
4.8	Post-Proposal Meeting.....	47
4.9	Public Records .....	48
4.10	Public Record Requests Regarding This RFP .....	49

<b>Attachment A</b>	<b>Cover Sheet</b>
<b>Attachment B</b>	<b>Contract Sample</b>
<b>Attachment C</b>	<b>Budget and Instructions</b>
<b>Attachment D</b>	<b>Provider Registration Form</b>
<b>Attachment E</b>	<b>Warranty Against An Unresolved Finding</b>
<b>Attachment F</b>	<b>Declaration of Property Tax Delinquency</b>
<b>Attachment G</b>	<b>Release of Personnel Records &amp; Criminal Records Checks</b>
<b>Attachment H</b>	<b>Transportation Incident Reports/Behavioral Suspensions</b>
<b>Attachment I</b>	<b>Transportation Incident Report Form</b>
<b>Attachment J</b>	<b>No Responsible Party at Home</b>
<b>Attachment K</b>	<b>Complaint Process</b>
<b>Attachment L</b>	<b>Monthly Billing Detail</b>

# **REQUEST FOR PROPOSAL (RFP) FOR FAMILY & CHILDREN'S SERVICES TRANSPORTATION SERVICES**

## **MISSION STATEMENT**

We, the staff of the Hamilton County Department of Job & Family Services, provide services for our community today to enhance the quality of living for a better tomorrow.

## **1.0 REQUIREMENTS & SPECIFICATIONS**

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

The Hamilton County Department of Job & Family Services (HCJFS) is seeking proposals for the purchase of Transportation Services for Children's Services. The Board of County Commissioners, Hamilton County, Ohio (BOCC) reserves the right to award Contracts for these services to several different Providers and to award Contracts for all or any of portion of the of the services requested herein. The Contract(s) shall be for an initial term of two (2) year ("Initial Term") with two (2) two (2) year renewal options ("Optional Renewal Terms") at the sole discretion of HCJFS.

If at any time during the Initial Term or any Optional Renewal Term, HCJFS determines that service capacity needs to be expanded HCJFS may re-release this RFP. Any contracts awarded from a re-issued RFP(s) will expire at the same time as the contracts awarded under the initial RFP. All proposals submitted as a part of a re-released RFP will be subject to and evaluated based upon the same criteria set forth in the initial RFP (plus any addenda issued as a part of the initial RFP).

Provider agrees that if selected by HCJFS under this RFP or any re-released RFP and if requested by HCJFS, that it will enter into an extension of the Contract for up to 90 days following the expiration of the term then in effect under the current terms, conditions and prices applicable at that point in time. This will allow HCJFS to make a seamless transition to any new Provider and mitigate negative impact for customers.

## **1.2 Scope of Service**

Participating families are involved with Children's Services for a number of reasons. Given their involvement with Children's Services, children and adults may exhibit issues or conditions that must be factored into the transportation plans. Transportation is for any person with a current and open Children Services case and the placement providers (paid placement providers or kin) for those families involved in case plan services in limited exceptional circumstances. Consumers may include newborns through adulthood, a minor child traveling alone, sibling sets, or adults traveling with or without minor Consumers. Most consumers are children traveling alone or in sibling sets. Placement providers may utilize transportation when traveling with large sibling sets (more than two children). The goal of this service is to provide safe, timely, effective transportation. Trip-leg authorizations will include but are not limited to consumers in receipt of case plan services related to mental health and drug and alcohol abuse assessment and treatment, visitation, parenting, fingerprinting, kinship and independent living services with a broad set of destinations including court, a community service provider, home and community visit locations, HCJFS, the Sheriff's office, court and similar sites. Trips can be authorized within the current month as long as two business day rule is met. Trip leg (s) are authorized any time after the 20<sup>th</sup> of the previous month for the current month. Trip authorizations are limited to a calendar month. Trip requests come to HCJFS via paper/electronic submissions. All authorized trips are entered into the HCJFS transportation database and placed on a secure server with three data load transfers available per day. The majority of authorizations are done with a two business day notice and many are authorized on a monthly basis. Trip-leg authorizations will also include time limited transport to school during transportation transitions due to relocations and summer camp for no more than three (3) weeks or as determined necessary by HCJFS.

### **Requirements for Transportation for Children's Services consumers:**

The Provider understands and agrees that the following are applicable to the services described herein:

1. Provider shall schedule, coordinate and monitor the transportation based on the authorization from HCJFS. HCJFS shall provide the Provider with trip specific service authorizations, based upon requests received by HCJFS from the designated parties (Children's Services caseworkers and external authorized

requestors). The authorization will be made electronically and encrypted to the Provider, who shall then provide the service.

2. Provider coordination of all transports shall be provided in a manner to be most cost efficient while addressing the Consumer(s)'s medical, physical, custodial, psychiatric and timeliness needs.
3. Provider shall coordinate transportation trips to both optimize efficiency and consumer safety in a manner that results in prompt response time. Provider shall continuously review and compare actual service results, implementing changes as necessary to improve transportation services.
4. Provider will be required to maintain full accountability of minor Consumer(s) being served. The employees of the Provider shall be sensitive to the care and needs of all Consumer(s). A protected and secure environment must be maintained at all times.
5. Provider must supply the consumer/requestor of service with a local cell phone number or agency number so they can call and advise that the consumer is ready for pick-up after the service or appointment's conclusion or to cancel previously scheduled transportation. Voice mail must also be provided.
6. Provider shall develop and implement policies and procedures to detail all aspects of managing and delivering transportation services that are requested herein, including but not limited to transportation scheduling, transportation services, invoicing, complaint/incident report and follow up, employee requirements, Consumer management and vehicle management. All policies and procedures shall be compiled in a manual format and shall be available to HCJFS on July 30, 2018.
7. Provider shall maintain, locally, all service-related records for a minimum of six (6) years, unless otherwise instructed by HCJFS. All Provider records shall be made available for review upon request in Cincinnati either electronically (scanned or original electronic record) and in hard copy.
8. Provider shall maintain daily trip sheets or a similar electronic record verifying that services were provided. Minimum information requirements include, but are not limited to, printed Consumer name, Consumer signature or authorized adult at drop off for minors, pick-up, and drop off location, pick-up and drop-off times, and driver's

printed name and signature. If at any time, HCJFS discovers it has paid for a trip and that the minimum required information is not completed on the trip log, HCJFS can either withhold the amount paid for such trip from amounts due Provider or require Provider to reimburse HCJFS for such trip.

9. HCJFS authorized consumer requests will normally be made at least two (2) business days prior to the trip date. Some exceptional trip requests may be made with less than a two (2) day notice.
10. Transportation is door to door service for minor consumers. Minors may travel alone or with sibling groups. Minors may not be transported together unless they are in a sibling group. The driver acts as both the driver and monitor whether only one minor Consumer, or a sibling set, is transported.
11. There must be no physical/verbal use of force to insist any consumer will be transported to an appointment.
12. All authorized drop off locations must have a pre-authorized adult to receive unaccompanied minor Consumer(s).
13. To maintain a protected and secure environment during said transport, either the driver or monitor must physically accompany minor Consumer from the location to the vehicle. They must also accompany the minor Consumer from the vehicle to the authorized location and wait with the minor Consumer until a pre-authorized adult is ready to receive the minor Consumer. The driver/ monitor is required to ask for identification (ID) whenever he/she delivers a minor Consumer to the designated location. The ID submitted must match the name of the pre-authorized adult on the request for transportation.
14. Visitation locations require waiting up to fifteen (15) minutes after the appointment start time to ensure the visit will occur and to release the minor Consumer from the custody of the driver. If the appointment is cancelled, the driver must make phone contact with the authorized drop off location and immediately route the minor Consumer to the location designated in the authorized return trip.
15. At the end of the appointment, the Consumer should wait no more than twenty (20) minutes after the Provider is called for pick up from the appointment. The majority

of appointments will have a designated return time. The return trip may only be made to the pre-authorized drop off location.

16. Provider must ensure, unless authorized by HCJFS, a consumer will not ride in transportation vehicles during any one-way transport leg for more than seventy-five (75) minutes while traveling to or from the authorized destination. Exceptions include an authorized trip in excess of 125 mile radius and authorized alternate drop off for a minor with no responsible adult at home.
17. Provider cannot refuse service for authorized consumers who fall within the scope of the contract, but HCJFS may ban consumers for reasons related to behavior or needs in excess of available service. Provider shall defer to HCJFS on any rejection of requests for service for Consumers in cases of disruptive behavior. Attachment H: Transportation Services Procedure Memo (TSPM) 002 Transportation Incident Reports/Behavioral Suspensions and Attachment I: HCJFS 3303, Transportation Incident Report.
18. Standards exist for consumers who utilize transportation arranged by HCJFS. Failure of a consumer to abide by the standards may result in downgrade of services including suspension of transportation cab/van services by the Transportation Services Supervisor. If contacted by the media or any other Provider about this contract, Provider agrees to notify the designated Supervisor or Section Chief in lieu of responding immediately to media or other Provider queries.

### **1.2.1 Population**

The following data is provided for planning purposes only. HCJFS does not guarantee that the current service level will increase, decrease or remain the same. In 2016 – 2017 HCJFS Children's Services served at any point in time an average of 127 unduplicated Children's Services consumers or 577 trip legs monthly with a trip-leg rate of \$31.10. It is anticipated that HCJFS will procure services for approximately 150 Children's Services consumers monthly during the Initial Term. The service level described herein is for information purposes only and is HCJFS' best estimate as to the number of customers that it will serve during the Initial Term. Provider understands that HCJFS is not making any guarantees or assurances as to the quantity of services it will purchase under the Contract.

Transportation requests for Children's Services consumers originate with HCJFS Children's Services staff or HCJFS external authorized requestors providing Children's Services case plan services. All requests flow through, and are authorized by, designated HCJFS staff.

### **1.2.2 Service Components**

1. Provider shall have a toll free telephone number accessible and answered 6:00 A.M. through 11:00 P.M. seven (7) days per week for consumers to call. Provider shall be available to provide transportation services 5:00 A.M. through 12:00 A.M., seven (7) days a week.
2. Provider shall dedicate an employee(s) to respond to non-medical emergencies (car trouble, accidents, etc.) and communicate emergency information to HCJFS' transportation management, parents/caregivers, Children's Services, and child care facilities.
3. For those individuals that require it, Provider shall transport individuals in folding wheelchairs, who can independently transfer from such wheelchair to the vehicle. Provider shall supply drivers who shall fold and store the wheelchair and provide minimal assistance (i.e. opening/closing the vehicle door and providing a step stool, when necessary).
4. For appointments with established return times, set at the point of authorization with HCJFS, the required response time is within a twenty (20) minute window around the return time. Due to the nature of the appointments, the expectation is that the

majority of return trips will have a scheduled return time. For the unscheduled “will call” pickups, the Provider shall ensure a response time of no more than thirty (30) minutes from the receipt of the call from the consumer and the vehicle arriving at the designated pickup location.

5. Based on the age, height and weight of the minor consumers transported, the Provider shall have vehicles equipped in accordance with all federal, state, local laws, rules and regulations when transporting (i.e., car seats, booster seats, etc.).
6. Provider shall be available to meet on a scheduled and unscheduled basis, with HCJFS' staff to facilitate HCJFS' staff monitoring of contract performance, compliance, and program practices.
7. Only HCJFS Children's Services Consumers may be transported in any given vehicle and the Provider shall not combine trips with persons from any other sources, including HCJFS. When no pre-authorized adult is home for the drop-off of a Consumer under the age 18, and the pre-authorized adult does not answer the phone, the Provider shall follow Attachment J – Transportation Services Procedure Memo (TSPM) 011: No Responsible Party Home.
8. Due to the mandated nature of certain transports for appointments, the Provider shall transport consumers in inclement weather, unless a jurisdiction in which the Consumer will travel has a Level 2 Snow Emergency. The Provider shall coordinate with schools and facilities, as needed, in cases where those facilities may be closed because of weather or other conditions. Provider shall arrive at the consumers' originating pick-up location in time for them to be at their appointments and destinations on time, as scheduled.
9. Minor Consumer(s) from the same family, riding to and from appointments together, shall have only one driver/monitor to accompany them to and from the appointment. This includes physically assuming responsibility at the designated pick up point and escorting unaccompanied minor Consumer(s) to the point of release for appointments of an authorized pre-authorized adult, and maintaining complete awareness and vigilance of minor Consumer activity.
10. Once the minor Consumer(s) arrive at the designated appointment, the driver/monitor is to release the minor Consumer(s) only to the pre-authorized adults,

at the designated appointment location. Upon appointment completion, the Provider will be required to pick-up the minor Consumer(s) for transport.

11. The monitor will escort the minor Consumer(s) from the appointment location, and return the minor Consumer(s) to the designated drop off location. The monitor will release the minor Consumer(s) to the pre-authorized adult.

### **1.2.3 Incidents**

1. Provider shall verbally contact the designated HCJFS Supervisor within one (1) hour of the occurrence of a critical incident. A critical incident includes, but is not limited to, no pre-authorized adult at home, vehicle accident, trauma or injury, danger to life or limb, death and/or medical involvement or an incident or event which may result in media involvement by HCJFS. Please see Attachment I for a full listing of critical incidents. If the HCJFS Supervisor is unavailable, the Provider shall contact the supervising HCJFS Section Chief. In addition, the Provider shall forward a written incident report within twenty-four (24) hours via e-mail. If a review of the available reports determines that additional information for proper and meaningful analysis is required, HCJFS shall conduct timely follow-up with the Provider.
2. Provider shall e-mail any non-critical incident reports within twenty four (24) hours of the actual incident to designated HCJFS Supervisor. The report shall detail what occurred, staff involved, outcome, and resolution. Reports that are purely informational and do not require intervention or follow-up shall be labeled "FYI."

### **1.2.4 Complaint Resolution**

As the overwhelming majority of the consumers are children, the complaint process will capture performance under this contract. Complaints may be received from the requesting HCJFS staff or external vendors, and adult Consumers and or parents/guardians and placement providers of Consumers.

Provider is required to:

1. Have a Complaint Management process, establishing response and resolution expectations for all complaints received by Provider via e-mail or phone. The expectation is that medical providers and facilities that act as requestors of service will follow the e-mail complaint process outlined in Attachment K: Transportation

## Services Procedure Memo 016 C – Transportation Services Complaint Process.

Adult Consumers may prefer to utilize the phone process;

2. Designate an employee who is responsible for managing all Consumer complaints. This individual is to facilitate the resolution of complaints regarding Provider's services and refer to HCJFS those involving authorizations or other HCJFS responsibilities;
3. Provide large typed signs in all vehicles that explain the Consumer complaint process in clear and easy-to-understand language, also incorporating Limited English Proficiency (LEP) and other needs of Consumers, and contact information for Consumers to address a complaint;
4. Ensure the above contact person, or someone providing coverage for this person, is available by phone during HCJFS business hours (M-F / 7:30 a.m. – 4:30 p.m.);
5. Provider will track complaints by Consumer and type of complaint. Provider will individually address and document the resolution of each complaint and maintain information in an appropriate database or spreadsheet;
6. Provider will analyze and use information from the complaint database to increase service and decrease complaints; and make the data available to HCJFS within five (5) days of a request from HCJFS and /or the end of each month, depending on which occurs first;
7. Excellent Consumer service is a priority. HCJFS reserves the right to implement a performance improvement plan as a result of multiple complaints concerning service delivery; and
8. Provider shall send weekly, monthly and ad hoc (as requested) complaint reports to HCJFS.

### 1.3 Employee Qualifications

Provider shall ensure that any employee who shall have direct contact with customers under the terms of this Contract will meet the following qualifications:

1. **Citizenship:** All employees shall be citizens of the United States of America or documented persons who were lawfully admitted for permanent residence. The Provider understand that the U.S. Citizenship and Immigrations Services require that all U.S. employers must complete and retain a Form I-9 for each individual that they hire for employment in the United States (including citizens and non-citizens). Provider further understand that the form requires them, as the employers, to examine the employment eligibility and identity document(s) that an employee presents to determine whether the document(s) reasonably appear to be genuine and relate to the individual and to record the document information on the Form I-9.
2. **Work History:** All employees who are assigned to this Contract with HCJFS' customers shall have information on job applications verified. Verification shall include references and work history information.
3. **Criminal Record Check:** Provider warrants and represents it will comply with ORC 2151.86 and will annually complete criminal record checks on all individuals assigned to work 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, and/or any law enforcement or police department necessary to conduct complete criminal record checks of each individual providing service. All completed and documented checks shall be maintained in the employee file.
  - a. Provider shall ensure that every above described individual will sign a release of information, attached hereto and incorporated herein as Attachment G to allow inspection and audit of the above criminal records transcripts or reports by HCJFS or anyone conducting compliance reviews on its behalf.
  - b. 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 individual is hired.

- c. If a driver previously completed the required background check at a different company or leaves and returns to the same company, they must submit a new background check.
4. **Individuals Who Have Been Convicted:** Individuals who have been convicted of or plead guilty to any violation of any of the laws contained in the Ohio Revised Code Section 5153.111(B)(1) or Section 2919.24 as confirmed by the Ohio Attorney General BCII/ FBI check shall not come into contact with HCJFS' Consumers, Employers shall not operate a vehicle with a Consumer as a passenger if:
    - a. Safe Driving: If individual has a condition which would affect safe operation of a motor vehicle;
    - b. Driving Records: If individual has six (6) or more points on his or her driver's license, or the individual has been convicted of driving while under the influence of alcohol and/or drugs. Provider shall not utilize any individual who has been convicted or plead guilty to any violations contained in ORC 5153.111(B)(1).
  5. **An Individual Who has a Public Children's Services Agency (PCSA) History:** HCJFS may request the Provider not use an employee or prospective employee as a driver or a monitor based on confidential information known to HCJFS. An employee or prospective employee may not have a history of substantiated abuse or neglect in the Central Registry. No driver or monitor shall be permitted to transport or accompany Consumers prior to passing a screening of the Central Registry.
  6. **Central Registry Report:** Provider warrants and represents it will secure a release for an annual Central Registry report from all individuals assigned to work with or transport Consumers.

All completed and documented checks shall be in the employee file.

- a. Provider shall ensure that every above described individual will sign a release of information, attached hereto and incorporated herein as Attachment G to allow inspection and audit of the above Central Registry report by HCJFS or anyone conducting compliance reviews on their behalf.
  - b. Provider shall not assign any individual to work with or transport consumers until a Central Registry report is obtained. A Central Registry report must be dated within six (6) months of the employee start date.
7. **Qualifications:** All individuals who will be performing the tasks of a driver or monitor are expected to operate a vehicle and monitor Consumers and have the following:
- a. A valid and current driver's license.
  - b. an annual satisfactory Bureau of Motor Vehicle ("BMV") transcript from the State of Ohio:  
an annual satisfactory BMV transcript from the individual's state of residence
  - c. Be at least twenty-one (21) years of age and have a history that demonstrates the ability, maturity and sensitivity to care for abused and neglected children.
  - d. Meets the requirements of the Ohio Revised Code or the Ohio Administrative Code, as applicable for Driver's Licensing commensurate with the type of vehicle being driven.
  - e. Have an employee picture ID issued by Provider (displaying Provider's name) when providing HCJFS transportation. The identification must be clearly visible and displayed at all times.
  - f. Be trained and have competence in using appropriate safety restraints (i.e., car seats, booster seats, safety belts, etc.) as required by law. Provider must maintain and document a regularly scheduled training for drivers, monitors and dispatchers. Training must include, but not be limited to, appropriate customer service, passenger assistance, and emergency procedures.

## **8. Employee Confidential Information:**

HCJFS may request that the Provider not use an employee or prospective employee based on confidential Children's Services information known to HCJFS. To this end, Provider shall provide to HCJFS the name and social security number of all individuals having direct contact with customers prior to providing services. Provider shall not use an employee or prospective employee unless approved by HCJFS.

### **1.3.1 Vehicles and Equipment Requirements**

All vehicles used shall conform to, be equipped, maintained, and inspected as required by all federal, state, and local laws and regulations of agencies governing the transportation of Consumers. All vehicles utilized in transporting HCJFS Consumers shall not be over six (6) years old, or with mileage greater than 100,000. All vehicles used shall be operated and maintained in a safe manner and in conformance with federal, state, local laws, rules and regulations. Vehicles must be maintained in accordance with manufacturer's specifications. In addition, the interior and exterior of each vehicle will be cleaned weekly and be free of debris, smoke –free and fragrance-free.

To comply with confidentiality requirements, nothing may be displayed on the vehicle that implies that Children's Services Consumers are being transported. In this same regard, the Provider's business may not imply that Children's Services Consumers are being transported.

The vehicle license number, Provider's toll-free and local phone number shall be prominently displayed on the interior of each vehicle. This information and the complaint procedures shall be clearly visible and available in written format in each vehicle for distribution.

For the purpose of responding quickly to emergency situations, Provider agrees to equip each vehicle with a first aid kit, a blood borne pathogen kit, a device designed for cutting restraint straps should an emergency evacuation be necessary, and a 2-way radio or cell phone which can cover all Hamilton County and anywhere within a 200 mile radius of downtown Cincinnati, Ohio.

HCJFS reserves the right to randomly inspect any vehicle used by Provider for transporting Consumers at any time and without prior notice to the Provider. HCJFS reserves the right to randomly ride in any vehicle used by Provider to monitor the safety of

the vehicle and the quality of service delivery.

In providing this service, the Provider agrees to do so in complete compliance with federal, state and local laws, rules and regulations and the policies of HCJFS.

It is preferred that the Provider utilize cameras in vehicles involving the transportation of minors so as to provide documentation to resolve complaints and incident reports. Cameras must be front mounted, with a 360 degree view, a continuous loop, the ability to view the driver, any monitor(s), Consumer(s) and have capacity for storage which allows HCJFS to review video of an incident and/or preserve for possible court action. Files should be uploaded to a secure server when storage space on the camera reaches capacity. If a file is preserved for a court case, the files will be stored indefinitely. Any data written to the database, not deemed significant will be stored for a minimum of 100 days. Any data deemed significant must be deleted only on the authorization of HCJFS.

Provider's use of a vehicle camera shall be prominently displayed on the interior or exterior of the vehicle.

For transports involving minors, a policy must be in place regarding the use of personal electronics. It is the preference of HCJFS that the personal use of personal electronics is prohibited by drivers, monitors and Consumer(s).

### **1.3.2 Technology Requirements**

**It is expected that the following will be the Technology Requirements for the services described herein. HCJFS reserves the right to change such requirements to the extent that it deems it necessary or appropriate.**

A secured FTP site for data transfer will be provided for Provider to schedule transportation for Consumers. Providers must demonstrate capacity to comply with the following technical requirements:

1. Providers must have Internet access.
2. Transportation Providers run Internet Explorer v 9 or newer or Firefox v 33.1.1 or newer to browse the internet.
3. Providers must have JavaScript enabled on their Internet browser.

4. Providers will not be able to update data in the HCJFS application, but will be able to do inquiries only.
5. Providers must identify all staff who must have access to the web based application to receive login permission and ID's. The Provider will be required to notify HCJFS when an employee no longer requires access (i.e. termination, change of responsibilities).
6. HCJFS will assign the Provider an account on HCJFS' secure ftp file server. Provider must use this account to submit any file transfers to HCJFS. Provider must obtain and use a secure ftp client (i.e. ASCII). There are free secure ftp clients, such as ASCII File, that are downloadable from the Internet. This transfer method will maintain a standard of 128 bit encryption for submission of all confidential information.
7. Providers must submit a monthly invoice to the HCJFS STFP site on a monthly basis which provides the billing detail in Attachment L. All invoices or any other electronically submitted reports are to be in ASCII File as outlined in the Attachment L.
8. Any system used by Provider to collect information about the services delivered to Consumers for reporting and invoicing purposes to HCJFS must include at a minimum the following for each leg of the trip:
  - a. Trip ID – unique identifier for each trip leg;
  - b. Consumer ID (provided from website interface);
  - c. Consumer First Name;
  - d. Consumer Last Name;
  - e. Trip Date; and
  - f. Trip Leg Time.
9. Provider may be required to attend training or technical briefings in regards to HCJFS data updates or upgrades.

## **1.4 Reporting Requirements**

Provider shall provide HCJFS with the reports specified below. Report formats may include paper reports or electronic data files. Provider shall provide additional reports or make revisions in the data elements or format upon the request of HCJFS, without additional charge to HCJFS and without a contract amendment. Upon request of HCJFS, the Provider shall supply the underlying data to support any report submitted. All data shall be in an electronic file format, approved by HCJFS. HCJFS may add, substitute or eliminate reports to be submitted without additional charge to HCJFS and without a contract amendment.

### **1.4.1 Monthly Staffing Report**

The Monthly Staffing Report (Staffing Report) shall be due no later than the 15th day of the month following the service month. The Staffing Report shall provide the total number of drivers/monitors currently providing service under this contract.

### **1.4.2 Records of Vehicle Inspection**

(Requirements set forth in Section 1.3.1.) The Vehicle Inspection Report (Vehicle Report) shall be due no later than the 15th day of the month following the service month. The Vehicle Report shall include records of all vehicle inspections performed during the service month. The Vehicle Report shall include the make, model, year, license plate number, vehicle identification number, inspection sticker date, Provider's inspection form, and whether the vehicle passed the inspection.

### **1.4.3 Trips Not Completed Reports**

Reports will be submitted on a weekly basis. These reports will be submitted the first business day of the week following the service week. Reports will be generated by facility/location for transports to locations in which a facility requests transportation on behalf of the consumer. Unless otherwise requested by HCJFS, a monthly report will be due on the 15th of the month following the service month. The reports will provide the facility name, consumer's name, appointment date, established pick up time and street number and street name. All information will be at the trip leg level. Reports will include no shows, trips not completed by the vendor and cancellations which occur at the time of pick-up or within the time period set for cancellations.

#### **1.4.4 Employee Release of Personnel Information, Central Registry, Criminal Record and Bureau of Motor Vehicle (“BMV”)**

Upon execution of the contract, Provider shall provide the HCJFS Contract Specialist with an electronic report comprised of a complete roster of all drivers and monitors.

Additionally, Provider will provide the HCJFS Contract Specialist with a quarterly electronic Access report of all newly hired drivers and monitors. Report shall be due no later than the end of the following month. Example: July, August, September new hires excel spreadsheet due by October 31.

## 2.0 PROVIDER PROPOSAL

It is required all proposals be submitted in the format as described in this section.

### A. Hardcopy Requirements

- No Hard Binders
- All proposal pages must be numbered sequentially from beginning to end, including attachments.
- Each proposal should not exceed a total of 300 pages (*does not include financial documentation*).
- Each submission must have one signed original proposal and five (5) copies.
- One of the five (5) copies must be submitted as single-sided.
- Each proposal must be written in twelve (12) point font.

### B. Electronic Requirements

- Budget in unlocked Excel format.
- Original proposal on a CD or flash drive in a pdf format and the pages must be numbered from 1 - 300

Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content.

### A. Proposal Organization

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 2.3 – Budgets and Cost Considerations
- Section 2.4 - Customer References
- Section 2.5 Personnel Qualifications
- Section 2.6 Distinguishing Characteristics
- Section 2.7 Financial Documentation
- Section 2.8 Declaration of Property Tax Delinquency
- Section 2.9 Warranty Against An Unresolved Finding
- Section 2.10 Proposal Documents

## **2.1 Cover Sheet**

Each Provider must complete the Cover Sheet, Attachment A, and include such in its proposal. The Cover Sheet must be signed by an authorized representative of the Provider and also include the names of individuals authorized to negotiate with HCJFS. The signature line must indicate the title or position the individual holds in the company. All unsigned proposals will be rejected.

The Cover Sheet must also include the proposed Unit Rate(s) for each service Provider is proposing for Contract Years July 1, 2018 through June 30, 2020 and July 1, 2020 through June 30, 2022 (make sure to include the request for rates for the original Contract period and renewal periods). These Unit Rate(s) must be supported by the Budget.

## **2.2 Service and Business Deliverables**

Provider should clearly state its competitive advantage and its ability to meet the terms, conditions, and requirements as defined in this RFP in responding to this section. Provider must describe in detail all information set forth in Section 2.2.1 Program Components and Section 2.10 System and Fiscal Administration Components.

### **2.2.1 Program Components**

**Providers is required to respond and submit in the order and format as shown below.**

1. Describe how your organization will be fully operational and in compliance with the

scope of service and other requirements as specified in this RFP. Describe the population you currently serve and your history and experience. Include details about the type of vehicles to be utilized and number of staff that will necessary, for example drivers, administrative staff, etc.

**Provider's Response:**

2. Describe how your organization will provide comprehensive current records on site in Cincinnati encompassing all service delivery, eligibility, daily log sheets and compliance verifications and process for storing hard copy, electronic, or imaged documents.

**Provider's Response:**

3. Describe how your organization will provide a toll free telephone number accessible 6:00 A.M – 11:00 P.M., seven (7) days per week, for consumers, and HCJFS staff to call and the personnel to answer the toll free telephone number. Provide voice mail outside these business hours.

**Provider's Response:**

4. Describe how your organization will coordinate all transports in a manner that will be most cost efficient and appropriate to consumer needs.

**Provider's Response:**

5. Describe how your organization will coordinate and monitor the transportation, including last minute changes to the current trip, a newly authorized trip, as well as your organization's ability to have transportation available for consumers 5:00 AM-12:00 AM, seven (7) days a week regardless of holidays or inclement weather.

**Provider's Response:**

6. Describe how your organization will handle language barriers.

**Provider's Response:**

7. Describe how your organization will maintain adequate capacity for service provision and submit a fleet inventory defining the number of vehicles you have access to with critical vehicles, and other pertinent information for the provision of safe, efficient transportation for HCJFS consumers.

**Provider's Response:**

8. Describe how your organization will ensure appropriately skilled drivers, monitors and dispatchers, etc. by detailing the training policy for driver, monitors, dispatchers. Reference Section 1.3 Employee Qualifications.

**Provider's Response:**

9. Describe your experience, and or your ability, to maintain the confidentiality of consumer information and to exchange consumer data with HCJFS via secure and encrypted Certified Mail e-mail.

**Provider's Response:**

10. Describe your organization's ability to attend trainings/briefings regarding technical requirements as needed.

**Provider's Response:**

11. Describe your organization's ability to provide internet access and secure ftp consumer that will be utilized or the transfer of confidential consumer information.

**Provider's Response:**

12. Describe how your organization will ensure proper training and consistent use of car seats with all Consumers, as required by Ohio law.

**Provider's Response:**

13. Provide draft policies and procedures to detail all aspects of managing and delivering transportation services that are requested herein, including but not limited to transportation scheduling, complaint/incident report and follow up, and vehicle management.

**Provider's Response:**

## **2.3 Budgets and Cost Considerations**

- A. HCJFS anticipates services will begin approximately July 1, 2018. Provider must submit a Budget and a calculation of the *Unit Rate* for the initial Contract term, as well as the two year renewal period, that Provider understands will be used to compensate Provider for services provided Budgets and *Unit Rates* must be submitted in the form provided as Attachment C. Contracts will be written for the

Initial Term of July 1, 2018 through June 30, 2020 and First Renewal Term of July 1, 2020 through June 30, 2022, and Second Renewal Term of July 1, 2022 through June 30, 2024.

B. Provider 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. Drivers;
2. Monitors; and
3. Other direct services needed to accurately calculate the cost of a unit of Service (the "Unit Rate"), e.g. insurance, consumable supplies), administration.

The *Unit Rate* for each service proposed for each Contract term/year must be listed on the Cover Sheet, Attachment A.

C. Provider must submit a detailed narrative which demonstrates how costs are related to the service(s) presented in the proposal.

D. Provider must take note that "profit" will be a separately negotiated element of price pursuant to OAC 5101:9-4-07, if Provider is a for-profit organization.

E. For the purposes of this RFP, "unallowable" program costs (detailed list is located in 2 CFR Part 200 Subpart E) 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(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 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, except as provided in OAC 5101:2-47-25(n);
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 there is a dispute regarding whether a certain item of cost is allowable, HCJFS' decision is final.

## F. Invoices

Provider shall submit a monthly invoice to the HCJFS F & C Supervisor on a per-person, per-leg (one-way) basis. There shall be no additional recompense for companions riding with children or adults or no shows.

Original invoices for the service shall be sent according to Section 1.3.2 Technology Requirements and payment process will be as follows:

1. Provider shall submit a separate invoice for each service month. HCJFS reserves the right to not make payment for any invoice, either and initial invoice or a supplemental invoice, which is submitted to HCJFS more than sixty (60) calendar days from the end of the service month.
2. For invoices which are received timely but are not accurate, there will be no extension of the time limitation set forth in Paragraph one (1), above of this Section for re-submission of an invoice unless such delay is caused solely by HCJFS.
3. For accurate invoices that are received timely, HCJFS will use its best efforts to make payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of the contract.
4. Each invoice shall include a signed cover sheet with the Provider's name and address, invoice date, invoice number, billing period information, population identification, dollar amount due for each date of the billing period and the total dollar amount due for the billing period.

## C. Profit Margin

Provider must identify profit in a specific line item in the Budget. Profit earned/loss shall be reported monthly on each invoice.

An electronic Budget file in Excel format is on HCJFS website. All Providers submitting a proposal shall include a hard copy of the Budget in the proposal and also submit the required Budgets electronically in Excel format to the contact person identified in Section 3.2. If Provider is unable to submit an electronic copy of the Budget, Provider shall include a statement in the budget narrative explaining the reason.

## 2.4 Customer References

Provider must submit at least three (3) current letters of reference for whom services were provided similar in nature and functionality to those requested by HCJFS. Reference letters from HCJFS 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 Provider is unable to submit at least three (3) letters of reference, Provider must submit a detailed explanation as to why.

## 2.5 Personnel Qualifications

Please submit resumes with the below following information for key clinical and business personnel who will be working with the program. These positions are General Manager, Drivers & Monitor, Dispatch and Administrators Proposed role;

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

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

It is the proposing agency's responsibility to redact all personal information from resumes. RFPs and all attachments are public documents and are available for general viewing. Please make sure the resume reflects the person's position title instead of their name so we can tie the position back to the budget.

## 2.6 Distinguishing Characteristics

Provider are encouraged to identify their services' distinguishing characteristics, which should be reviewed. These characteristics may be beyond the scope of this project if the Provider deems they would provide value to the long-term goals of the County. Please state your competitive advantage and ability to meet the terms, conditions and requirements defined in this RFP.

## 2.7 Financial Documentation

Prior to Contract award, a copy of the most recent independent annual audit report, most recent single audit, if applicable and the most recent Form 990. For a sole proprietor or for-profit entities, include 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, Provider must supply equivalent financial statements certified by Provider to fairly and accurately reflect the Provider's financial status. Provider's failure to provide these documents may result in rejection of the proposal and subsequently a Contract will not be awarded. **It is the responsibility of the Provider to redact tax identification numbers from all documents prior to submission to HCJFS.**

## 2.8 Declaration of Property Tax Delinquency

Provider shall complete and submit Attachment F in accordance with ORC Section 5719.042. Such statement shall affirm under oath that the person with whom the Contract is to be made was not charged at the time the bid was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which the taxing district has territory or that such person was charged with delinquent personal property taxes on any such tax list, in which case the statement shall also set forth the amount of such due and unpaid delinquent taxes any due and unpaid penalties and interest thereon. If the statement indicates that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the fiscal officer to the county treasurer within thirty days of the date it is submitted.

A copy of the statement shall also be incorporated into the Contract, and no payment shall be made with respect to any Contract to which this section applies unless such statement has been so incorporated as a part thereof.

## **2.9 Warranty Against An Unresolved Finding**

Provider shall complete Attachment E and submit with proposal Ohio Revised Code Section 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 who 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 that a finding for recovery has not been issued to Provider by the Ohio Auditor of State. Provider further warrants that Provider shall notify HCJFS within one (1) business day should a finding for recovery occur during the Contract term.

## **2.10 Proposal Documents**

A. The following items are to be attached only to the original proposal:

### **Ownership, Annual Report, and Licensure**

1. Agency/Company Ownership - Describe how the agency/company is owned (include the form of business entity -i.e., corporation, partnership or sole proprietorship) and financed.
2. Annual Report - A copy of Provider's most recent annual report.

B. The following items are to be attached to the original proposal and all copies:

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

1. Contact Information - Provide the address for the Provider's headquarters and service locations. Include a contact name, address, and phone number.
2. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.

3. 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.
  4. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company. In addition, please provide a list of all subsidiaries, affiliated companies, brother/sister companies and any other related companies as well as each company's major line of business.
- C. Job Descriptions - For all key clinical and business personnel who will be working with the program, to include: CFO, Clinical Director, Administrators, Case Managers and Case Management Supervisors. (Tailor these to meet the needs of services being purchased).
  - D. Daily Service/Attendance Form - Include a blank copy of the forms used to record services provided. Information must include: date of service, beginning and end time of service, names of all participants who received service, the type of service received, and name of the instructor or social worker. Also include forms used to record participant progress.
  - E. 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. QA manual need not be included.
  - F. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.
  - G. Federal Programs- Provide a description of the Agency's/Company's experience with federal programs.

## **2.11 Insurance**

Provider agrees to purchase 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.

Provider shall purchase the following coverage and minimum limits:

1. 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 Two Million Dollars (\$2,000,000.00) 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;
  7. Joint venture as named insured (if applicable); and
  8. Physical abuse and sexual molestation endorsement.
  
2. Comprehensive business auto liability insurance on any owned, hired and non-owned autos, vehicles, buses and other motor vehicles utilized in the performance of the contract for the direct delivery of transportation (such as, but not limited to "Consumers") with combined single loss limits based on the following:
  - A. Motor vehicle with capacity of six (6) or less occupants, including operator, including taxis and handicapped livery vehicles, as defined in City of Cincinnati Ordinance 407-29. Such motor vehicle shall have at least \$1,000,000 limit per accident.
  - B. Motor vehicle with capacity of greater than 6 occupants, including operator, including Class A Limousines and Class B Limousines, as defined in City of Cincinnati Ordinance 407-1-L1. Such motor vehicle shall have at least \$5,000,000 limit per accident.

Motor vehicle coverage shall include any owned, hired, non-owned autos, vehicles, buses and other motor vehicles utilized in the performance of services under the Contract for the direct delivery of transportation (such as, but not limited to

“Consumers”) and provide coverage for Provider’s liability to occupants and claimants.

If under the contract, provision of services is provided to Consumers through use of 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.

3. Umbrella and excess liability insurance policy with limits of at least Two Million Dollars (\$2,000,000.00) per occurrence and in the aggregate, above the commercial general and business auto primary policies and containing the following coverage:
  - a. Additional insured endorsement;
  - b. Pay on behalf of wording;
  - c. Concurrency of effective dates with primary;
  - d. Blanket contractual liability;
  - e. Punitive damages coverage (where not prohibited by law);
  - f. Aggregates: apply where applicable in primary;
  - g. Care, custody and control – follow form primary; and
  - h. Drop down feature.

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

4. Workers’ Compensation insurance at the statutory limits required by Ohio Revised Code.
5. The Provider further agrees with the following provisions:
  - a. All policies, except workers’ compensation and professional liability, will endorse

as additional insured the Board of County Commissioners Hamilton County, Ohio and its respective officials, employees, agents, and volunteers and the Hamilton County Department of Job & Family Services, and its respective officials, employees, agents, and volunteers. The additional insured endorsement shall be on an ACORD or ISO form.

- b. The certificate of insurance forms will be sent 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. The forms must state the following: "Board of County Commissioners, Hamilton County, Ohio and its respective officials, employees, agents, and volunteers Hamilton County Department of Job & Family Services, and its respective officials, employees, agents, and volunteers are endorsed as additional insured as required by the contract on the commercial general, business auto and umbrella/excess liability policies."
- c. 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.
- d. Provider shall provide original insurance certificates demonstrating coverage required by this clause prior to the commencement of this Contract. These original insurance certificates shall be delivered to the Hamilton County Risk Manager and HCJFS, at the locations specified above. Upon request, Provider shall make available certified copies of all required insurance policies, including endorsements and other documentation affecting the coverage required by these specifications.

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.

- e. Provider shall declare any self-insured retention in excess of \$10,000.00 to County pertaining to liability insurance. Provider shall provide a financial

guarantee satisfactory to County and HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses for any self-insured retention.

- f. 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 Board of County Commissioners on behalf of HCJFS.
- g. 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 County and HCJFS.
- h. Provider, at its expense, shall replenish all coverage limits immediately upon its insurer’s reductions in limits due to claims on the contract or any other agreement. Failure to do so may result in cancellation of the contract at HCJFS’ sole discretion. If Provider fails to renew, replace, or replenish the coverages required, the HCJFS may do so on the Provider’s behalf and deduct the cost from any amount due to Provider from HCJFS.
- i. Provider, 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.
- j. Provider’s insurance coverage shall be primary insurance with respect to County its respective officials, employees, agents, and volunteers and HCJFS and its 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.

## **2.12 Indemnification**

To the fullest extent permitted by and in compliance with applicable law, Provider 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 Provider, Provider's (s') employees and agents, assigns, and those designated by Provider to perform the work or services encompassed by the Contract. Provider 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, Provider 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 Provider. In the event Provider 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 Provider 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.

### 3.0 PROPOSAL GUIDELINES

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

#### 3.1 Program Schedule

ACTION ITEM	DELIVERY DATE
RFP Issued	<i>January 4, 2018</i>
RFP Conference	<i>January 18, 2018 @ 10a.m.</i>
Deadline for Registering for the RFP Process	<i>January 18, 2018</i>
Deadline for Receiving Final RFP Questions	<i>January 22, 2018</i>
Anticipated Deadline for Issuing Final RFP Answers	<i>January 26, 2018</i>
Deadline for Proposals Received by RFP Contact Person	<i>February 12, 2018 @ 2 p.m.</i>
Oral Presentation– if needed	<i>February 26, 2018</i>
Anticipated Proposal Review Completed	<i>February 28, 2018</i>
Anticipated Start Date	<i>July 1, 2018</i>

#### 3.2 RFP Contact Person

All questions and /or comments regarding this proposal must be presented in writing and may be mailed, e-mailed or faxed to the RFP Contact Person identified below is:

**Sheila Bass, Contract Services**  
 Hamilton County Department of Job & Family Services  
 222 East Central Parkway, 3rd floor  
 Cincinnati, Ohio 45202  
 E-mail: [HCJFS\\_RFP\\_Communications@jfs.hamilton-co.org](mailto:HCJFS_RFP_Communications@jfs.hamilton-co.org).  
 Fax: (513) 946-2384

### 3.3 Registration for the RFP Process

**EACH PROVIDER MUST REGISTER FOR AND RESPOND TO THIS RFP TO BE CONSIDERED. THE DEADLINE TO REGISTER FOR THE RFP IS LISTED ABOVE IN SECTION 3.1 PROGRAM SCHEDULE.**

All interested Providers must complete Registration Form (see Attachment D) and fax or e-mail the RFP Contact Person to register. The RFP Contact Person's fax number is (513) 946-2384, and their e-mail address is HCJFS\_RFP\_Communications@jfs.hamilton-co.org.

### 3.4 RFP Conference

The RFP Conference will take place at **the Hamilton County Job & Family Services, Cincinnati, Ohio 45202, 6 Floor, Room 201, on the date listed in Section 3.1, Program Schedule.**

All registered Providers may also submit written questions regarding the RFP or the RFP Process. All communications being mailed, faxed or e-mailed are to be sent only to the RFP Contact Person listed in Section 3.2.

- A. Prior to the RFP Conference, questions may be faxed or e-mailed regarding the RFP or proposal process to the RFP Contact Person. The questions and answers will be posted on Hamilton County Job & Family Services website <https://www.hcjfs.org/about/request-for-proposals/> in an addendum.
- B. After the RFP Conference, questions may be faxed or e-mailed regarding the RFP or the RFP Process to the RFP Contact Person.
- C. No questions will be accepted after the date listed in Section 3.1 Program Schedule.
- D. The answers issued in response to such Provider questions become part of the RFP.

### 3.5 Prohibited Contacts

The integrity of the RFP process is very important to HCJFS in the administration of our business affairs, in our responsibility to the residents of Hamilton County, and to the Providers who participate in the process in good faith. Behavior by Providers which

violates or attempts to manipulate the RFP process in any way is taken very seriously. Neither Provider nor their representatives should communicate with individuals associated with the RFP process. If an interested Provider or anyone associated with an interested Provider attempts any unauthorized communication, Provider's proposal is subject to rejection.

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

- A. Public officials; including but not limited to the Hamilton County Commissioners; and
- B. Any HCJFS employees, except for the RFP Contact Person listed in Section 3.2.

Examples of unauthorized communications prior to the award of the contract, except to the RFP Contact Person listed in Section 3.2, including but are not limited to:

- A. Telephone calls;
- B. Letters, emails, social media contacts and faxes regarding the RFP process, anything related to the RFP or the RFP process; and
- C. Visits in person or through a third party attempting to obtain information regarding the RFP, anything related to the RFP or the RFP process.

Notwithstanding the above, there shall be no contact with anyone, including the RFP Contact Person after January 22, 2017 at 1p.m.

### **3.6 Provider Disclosures**

Provider must disclose any pending or threatened court actions and claims brought by or against the Provider, its parent company or its subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding the information may be cause for rejection of the proposal.

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

Providers shall 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 Providers discover any ambiguity, conflict, discrepancy, omission or other error in this RFP, they shall immediately notify the RFP Contact Person no later than January than January 22, 2018 of such error in writing and request clarification or modification of the document. Modifications shall be made by addenda issued pursuant to Section 3.8, Addenda to RFP. Clarification shall be given by fax or e-mail to all parties who registered for the RFP, Section 3.3, without divulging the source of the request for same.

If a Provider fails to notify HCJFS prior to the **Deadline for Receiving Final RFP Questions** as listed in Section 3.1 Program Schedule, of an error in the RFP known to the Provider, or of an error which reasonably should have been known to the Provider, the Provider shall submit its proposal at the Provider's own risk. If awarded the Contract, the Provider shall not be entitled to additional compensation or time by reason of the error or its later correction.

### **3.8 Addenda to RFP**

HCJFS may modify this RFP by issuance of one or more addenda to all parties who registered for the RFP, Section 3.3. In the event modifications, clarifications, or additions to the RFP become necessary, all Providers who registered for the RFP Conference will be notified and will receive the addenda via fax or e-mail. In the unlikely event emergency addenda by telephone are necessary, the RFP Contact Person, or designee, will be responsible for contacting only those Providers who registered for the RFP Conference. All addenda to the RFP will be posted to <http://www.hcjfs.hamilton-co.org>.

### **3.9 Availability of Funds**

Contract awards are conditioned upon the availability of federal, state, or local funds appropriated or allocated for payment for services provided. By sole determination of HCJFS, if funds are not sufficiently allocated or available for the provision of the services performed by Provider, HCJFS reserves the right to exercise one of the following alternatives:

- a. Reduce the utilization of the services provided under the 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 will accrue to HCJFS in the event either provision is exercised. HCJFS will not be obligated or liable for any future payments due or for any damages as a result of termination.

## 4.0 SUBMISSION OF PROPOSAL

Provider must certify the proposal and pricing will remain in effect for 180 calendar days after the proposal submission date.

### 4.1 Preparation of Proposal

Proposals must provide a straightforward, concise delineation of 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 all costs relating to the services offered.

### 4.2 Cost of Developing Proposal

The cost of developing proposals is entirely the responsibility of the Provider and shall not be chargeable to HCJFS under any circumstances. All materials submitted in response to the RFP will become the property of HCJFS and may be returned only at HCJFS' option and at Provider's expense.

### 4.3 False or Misleading Statements

If, in the opinion of HCJFS, information included within Provider's proposal was intended to mislead the County in its evaluation of the proposal, the proposal will be rejected.

### 4.4 Delivery of Proposals

Proposals must be received by the RFP Contact Person at the address listed in Section 3.2, RFP Contact Person, no later than the deadline listed in Section 3.1 Program Schedule. ***Proposals received after this date and time will not be considered.*** If Provider is not submitting the proposal in person, Provider should use certified or registered mail, UPS, or Federal Express with return receipt requested and email the RFP Contact Person the method of delivery. A receipt will be issued for all proposals received. No e-mail, facsimile, or telephone proposals will be accepted.

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

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

HCJFS reserves the right to:

- A. award a Contract for one or more of the proposed services;
- B. award a Contract for the entire list of proposed services;
- C. reject any proposal, or any part thereof; and
- D. waive any informality in the proposals.

The recommendation of HCJFS staff and the approval by the HCJFS Director shall be final. Waiver of an immaterial defect in the proposal shall in no way modify the RFP documents or excuse the Provider from full compliance with its specifications if Provider is awarded the Contract.

## **4.6 Evaluation and Award of Contract**

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

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

A preliminary review of all proposals submitted by the deadline listed in Section 3.1 Program Schedule will be performed to ensure the proposal materials adhere to the Mandatory Requirements specified in the RFP. Proposals which meet the Mandatory Requirements will be deemed Qualified. Those which do not, shall be deemed Non-Qualified. Non-Qualified proposals will be rejected. Qualified proposals in response to the RFP must contain the following Mandatory Requirements:

- A. Registry for RFP
- B. Timely Submission – The proposal is received at the address designated in Section 3.2 no later than the deadline listed in Section 3.1 Program Schedule and according to instructions. Proposals mailed but not received at the designated location by the specified date shall be deemed Non-Qualified and shall be rejected.

- C. Signed and Completed Cover Sheet, Section 2.1;
- D. Responses, order and format to Program Components, Section 2.2.1;
- E. Completed Budgets, Section 2.3;
- F. Responses to System and Fiscal Administration Components, Section 2.10.

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

All Qualified proposals shall be reviewed, evaluated, and rated by the Review Committee. Review Committee shall be comprised of HCJFS staff and other individuals designated by HCJFS. Review Committee shall evaluate each Provider's proposal using criteria developed by HCJFS. Ratings will be compiled using a Review 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 Provider's proposal.
Partially Meets Requirement	Provider's proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt falls below an acceptable level.
Meets Requirement	Provider's proposal fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation.
Exceeds Requirement	Provider's proposal fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of HCJFS expectations.

## **Stage 3 Other Materials**

Review Committee members will determine what other information is required to complete the review process. All information obtained during Stage 3 will be evaluated using the scale set forth in Stage 2 Review and incorporated into the overall rating for the proposal. Review Committee may request information from sources other than the written proposal to evaluate Provider's programs or clarify Provider's proposal. Other sources of information may include but are not limited to the following:

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

#### **Stage 4      Evaluation Scoring**

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

- A. Program Evaluation including responses to Section 2.2.1 Questions, Order, and format, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 50% of the total evaluation score.
- B. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 25% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.10 Questions are worth 20% of the total evaluation score.
- D. Section 4.6, Stage 3, Other Materials considered are worth 5% of the total evaluation score.

If HCJFS determines that it is not necessary to conduct a Stage 3 review, the evaluation percentages assigned to each section are:

- A. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 50% of the total evaluation score.
- B. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 25% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.10 Questions are worth 25% of the total evaluation score.

## **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 & Award of Contract. The Review Committee's evaluations will be scored and sent through administrative review for final approval.
- B. Based upon the results of the evaluation, HCJFS will select Provider(s) for the services who 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.
- C. HCJFS will work with selected Provider to finalize details of the Contract using Attachment B, Contract Sample, to be executed between the BOCC on behalf of HCJFS and Provider.
- D. If HCJFS and selected Provider are able to successfully agree with the Contract terms, the BOCC has final authority to approve and award Contracts. The Contract is not final until the BOCC has approved the document through public review and resolution through quorum vote.
- E. If HCJFS and successful Provider are unable to come to terms regarding the Contract, in a timely manner as determined by HCJFS, HCJFS will terminate the Contract discussions with Provider. In such event, HCJFS reserves the right to select another Provider from the RFP process, cancel the RFP or reissue the RFP as deemed necessary.
- F. If a proposal is selected with a Provider who has not yet received its licensure from the appropriate Board, the proposal will be disqualified unless the Provider receives its licensure within 60 days of acceptance of the proposal.

## **4.8 Post-Proposal Meeting**

The post-proposal meeting process may be utilized only by Providers who submitted Qualified Proposals, who wish to obtain clarifying information regarding their 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 HCJFS within fourteen (14) business days after the date of notification of the decision. All requests must be signed by an individual authorized to represent the Provider and be addressed to the

RFP Contact Person at the address listed in Section 3.2. Certified or registered mail must be used unless the request is delivered in person, in which case the Provider should obtain a delivery receipt. A meeting will be scheduled within 21 calendar days of receipt of the request and will be for the purpose of discussing a Provider's non-selection.

## 4.9 Public Records

All proposals submitted shall become the property of HCJFS to use or, at its option, return such proposals. All proposals and associated documents will be considered to be public information and will be open for inspection to interested parties after the award of a contract unless identified as a trade secret or otherwise exempted from disclosure under the Ohio Public Records Act.

Trade secrets or otherwise exempted information must be clearly identified and marked as such in the proposal. Each page containing such material must:

1. Be placed in a sealed envelope;
2. Must have the basis for non-disclosure status stamped or written in the upper right hand corner of the page and the envelope; and
3. Be placed in the required order of the response format.

**For example** if Pages 1-5 are not trade secrets or otherwise exempted from disclosure and Page 6 contains a trade secret then

- the word "Trade Secret" would be stamped in the corner of Page 6;
- Page 6 would be placed in an envelope; and
- The envelope is stamped as containing a "Trade Secret" is placed after page 5.

**DO NOT MARK EVERY PAGE OF YOUR PROPOSAL AS TRADE SECRET  
OR OTHERWISE EXEMPTED FROM DISCLOSURE OR YOUR PROPOSAL  
MAY BE REJECTED**

If HCJFS is requested by a third party to disclose those documents which are identified and marked as Trade Secret or Otherwise Exempted from disclosure, HCJFS will notify Provider of that fact. Provider shall promptly notify HCJFS, in writing, that either a) HCJFS

is permitted to release these documents, or b) Provider intends to take immediate legal action to prevent its release to a third party. A failure of Provider to respond within five (5) business days shall be deemed permission for HCJFS to release such documents.

It is Provider's sole responsibility to legally defend the actions of HCJFS for withholding Provider's documents as trade secrets or otherwise exempted information if the issue is challenged.

#### **4.10 Public Record Requests Regarding This RFP**

Per ORC 307.862 (C), in order to ensure fair and impartial evaluation, proposals and any documents or other records related to a subsequent negotiation for a final Contract that would otherwise be available for public inspection and copying under section 149.43 of the Revised Code, shall not be available until after the award of the Contract(s). Award is defined as when the Contract is fully executed by all parties.



# ATTACHMENT A

## Cover Sheet

**PROPOSAL COVER SHEET FOR  
TRANSPORTATION FOR FAMILY & CHILDREN'S SERVICES  
Bid No: RFP SB01-18R**

HCJFS does not guarantee that the service level set forth below will increase, decrease, or remain the same. Provider understands that neither HCJFS nor the County is making any guarantees as to the amount of Family & Children's Services Transportation that it will purchase pursuant to this RFP.

**Name of Fiscal Agent:** \_\_\_\_\_

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

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

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

**Authorized Representative:** \_\_\_\_\_  
(Please Print)

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

**Authorized Representative Signature:** \_\_\_\_\_

**Additional Names:** Provider must include the names of individuals authorized to negotiate with HCJFS.

**Person(s) authorized to negotiate with HCJFS:**

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

**Phone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

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

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

Initial Term Unit Rate for Two Years: July 1, 2018 – June 30, 2020	Renewal 1 Term Unit Rate for Two Years: July 1, 2020 – June 30, 2022	Renewal 2 Term Unit Rate for Two Years: July 1, 2022 – June 30, 2024
\$ _____	\$ _____	\$ _____

**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**

**PROPOSAL COVER SHEET FOR  
TRANSPORTATION FOR FAMILY & CHILDREN'S SERVICES  
Bid No: RFP SB01-18R**

HCJFS does not guarantee that the service level set forth below will increase, decrease, or remain the same. Provider understands that neither HCJFS nor the County is making any guarantees as to the amount of Family & Children's Services Transportation that it will purchase pursuant to this RFP.

**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.

<b>Action Required</b>	<b>RFP Section</b>	<b>Included</b>
Did you register for the RFP process?	3.3	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the Unit Rate for the Initial Term on the Cover Sheet?	2.1	
Did you include the Unit Rate for each Renewal Term 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 and each Renewal Term completed along with the calculation of the unit cost?	2.3	

# ATTACHMENT B

## Sample Contract

Contract # \_\_\_\_\_

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

This Contract is entered into on \_\_\_\_\_ by and between the Board of County Commissioners, Hamilton County, Ohio (Hereinafter “County”) on behalf of the Hamilton County Department of Job and Family Services (Hereinafter “HCJFS”) and Name of Company or Agency, (Hereinafter “Vendor”) doing business as enter only if different name, with an office at Name and Street address, Cincinnati, Ohio, 45202, whose telephone number is (513) xxx-xxxx, for the purchase of Family & Children’s Services Transportation Services.

**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 shall not exceed (\$000,000.00) over the life of this Contract including the Renewal.

In addition to the terms set forth above, Contract may be renewed, at the County’s option for two (2) additional two (2) year terms at the prices set forth below, unless County gives the Vendor written notice of its intent not to renew the Contract at least one hundred twenty (120) days prior to the expiration of the term then in effect.

The anticipated expenditure for the following periods:

Initial Term:

July 1, 2018 to December 31, 2018 is \$\$\$\$\$, and for the period January 1, 2019 to December 31, 2019 is \$\$\$\$\$, and January 1, 2020 to June 30, 2020 is \$\$\$\$\$.

Renewal 1

July 1, 2020 to December 31, 2020 is \$\$\$\$\$, and for January 1, 2021 to December 31, 2021 is \$\$\$\$\$, and January 1, 2022 to June 30 2022 is \$\$\$\$\$.

Renewal 2

July 1, 2022 to December 31, 2022 is \$\$\$\$\$, and for January 1, 2023 to December 31, 2023 is \$\$\$\$\$, and January 1, 2024 to June 30 2024 is \$\$\$\$\$.

**2. SCOPE OF SERVICE**

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), the Provider agrees to provide transportation services to Consumers (Family & Children’s Services will be known as the “Services”), as more particularly described in Exhibit I – Request for Proposals for Transportation for Family & Children’s Services RFP#SB01-

18R and all addendum thereto (the “Request for Proposals”) and Exhibit II- Provider’s Proposal for Transportation for Family & Children’s Services dated MMDDYYYY ( the “Provider’s Proposal”).

For purposes of this Contract, a “Consumer” shall mean an individual served under this contract.

### 3. ORDER OF PRECEDENCE

This Contract and all exhibits are intended to supplement and complement each other and shall, where possible, be so interpreted. However, if any provision of this Contract irreconcilably conflicts 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:

- A. Exhibit I – The Request for Proposal
- B. Exhibit II – Provider’s Bid
- C. Exhibit III – Budget;

### 4. BILLING AND PAYMENT

- A. Rates of Payment – County agrees to compensate the Vendor in the amount of \$00.00 per \_\_\_\_ for the services performed by the Vendor.

(DELETE IF THE UNIT OF SERVICE IS NOT AN HOUR)

**NOTE:** If an invoiced unit of service is not a full hour, portions of a unit should be billed as follows:

0 – 7 minutes = 0  
 8 – 22 minutes = .25 hour  
 23 – 37 minutes = .50 hour  
 38 – 52 minutes = .75 hour  
 53 – 60 minutes = 1.0 hour

- B. Billing and Payment - Original invoices, signed by the Vendor, will be sent each month to ***Program/Service Area, Hamilton County Dept. of Job and Family Services, Location, Cincinnati, Ohio 45202*** within thirty (30) days of the end of the service month. Provider shall make all reasonable efforts to include all service provided during the service month on the invoice. Under no circumstances will HCJFS make payment for any services invoiced after two (2) months after the end of the service month. County will use its best efforts to make payment within thirty (60) days after receipt of the invoice, for all invoices received in accordance with the terms of this Contract.
- C. Provider will indicate purchase order number and vendor number on all invoices submitted for payment.

- D. The Vendor warrants that claims made to HCJFS for payment for services provided shall be for actual services rendered and do not duplicate claims made by the Provider to other sources of public funds for the same service.

## **5. AVAILABILITY AND RETENTION OF RECORDS**

Provider agrees that all records, documents, writing or other information, including, but not limited to, financial records, census records, consumer records and documentation of compliance with Ohio Administrative Code rules, produced by Provider under this Contract, and all records, documents, writings or other information, including, but not limited to financial, census and consumer records used by Provider in the performance of this Contract are treated according to the following terms:

- A. 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 the Provider for inspection and audit by HCJFS, or other relevant governmental entities including, but not limited to the Hamilton County Prosecuting Attorney, Ohio Department of Job and Family Services (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, the 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 that 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. Provider further agrees to maintain the confidentiality of all consumers and families served. No information on consumers served will be released for research or other publication without the express written consent of the HCJFS Director.
- C. Provider agrees to keep all financial records in a manner consistent with generally accepted accounting principles.
- D. Provider agrees that each financial transaction shall be fully supported by appropriate documentation. Provider further agrees that such documentation shall be available for examination.

**6. 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.

**7. CONFLICT OF INTEREST**

This Contract in no way precludes, prevents, or restricts the Provider from obtaining and working under an additional contractual arrangement(s) with other parties aside from HCJFS, assuming that the contractual work in no way impedes the Provider's ability to perform the services required under this Contract. The 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 perform the services under this Contract.

The Provider further agrees that there is no financial interest involved on the part of any HCJFS officers, Board of County Commissioners or employees of the county involved in the development of the specifications or the negotiation of this Contract. The Provider has no knowledge of any situation that would be a conflict of interest. It is understood that a conflict of interest occurs when a HCJFS employee will gain financially or receive personal favors as a result of the signing or implementation of this Contract. The Provider will report the discovery of any potential conflict of interest to HCJFS. Should a conflict of interest be discovered during the term of this Contract, HCJFS may exercise any right under the Contract including termination of this Contract.

Provider further agrees to comply with Ohio ethics laws as listed in the Ohio Revised Code Chapters 102 and 2921 and the Ohio Administrative Code Chapter 5101. By signing this Contract, Provider certifies to be in compliance with these provisions.

**8. ASSIGNMENT**

The parties expressly agree that this Contract shall not be assigned by the Provider without the prior written approval of HCJFS. The Provider may not subcontract any of the services agreed to in this Contract.

**9. GOVERNING LAW**

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

**10. INTEGRATION AND MODIFICATION**

This instrument including Exhibits I & II embodies the entire Contract of the parties. There are no promises, terms, conditions or obligations other than those contained herein. 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.

The Provider acknowledges and agrees that only staff from the Contract Services Section of HCJFS may initiate contract changes with the approval of the County. In no event will an oral contract with HCJFS be recognized as a legal and binding change to the Contract.

## **11. 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.

## **12. TERMINATION**

### **A. Termination for Convenience**

#### **1. By HCJFS:**

This Contract may be terminated by HCJFS upon notice, in writing, delivered upon Provider One Hundred Twenty (120) 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 One Hundred Twenty (120) 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 may consider Provider in default. HCJFS agrees to give Provider thirty (30) days written notice specifying the nature of the default. 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 or 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 (i) any outstanding invoices that have been issued in accordance with this Contract; and (ii) 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, shall 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.

### 13. COMPLIANCE

Provider certifies that Provider and all subcontractors who provide direct or indirect services under this Contract will comply with all requirements of federal laws and regulations, applicable Code of Federal Regulations cites including, but not limited to 2CFR Part 215 (OMB A-110), 2CFR Part 225 (OMB A-87), 2CFR Part 230 (OMB A-

122), and 2CFR Part 220 (OMB A-21), state statutes and Ohio Administrative Code rules in the conduct of work hereunder. The Provider accepts full responsibility for payment of any and all unemployment compensation premiums, all income tax deductions, pension deductions, and any and all other taxes or payroll deductions required for the performance of the work by the Provider's employees.

#### **14. 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 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 the Provider complies with all applicable federal and state non-discrimination laws.

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.

#### **15. 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 there under. 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, religion, 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 individuals through the use of an oral or written translator or interpretation services, in compliance with this requirement, individuals shall not be required to pay for such assistance.

#### **16. PROVIDER SOLICITATION OF HCJFS EMPLOYEES**

Provider warrants that for one (1) calendar year from the beginning date of this Contract with HCJFS, Provider will not solicit HCJFS employees to work for Provider.

#### **17. RELATIONSHIP**

Nothing in this Contract is intended to, or shall be deemed to constitute a partnership, association or joint venture with the Provider in the conduct of the provisions of this Contract. The 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 or the County.

#### **18. DISCLOSURE**

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

#### **19. 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.

#### **20. NO ADDITIONAL WAIVER**

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.

#### **21. CONFIDENTIALITY**

The Provider agrees to comply with all federal and state laws applicable to HCJFS and/or consumers of HCJFS concerning the confidentiality of HCJFS consumers. The Provider understands that any access to the identities of any HCJFS consumers shall only be as

necessary for the purpose of performing its responsibilities under this Contract. The 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.

## **22. AUDIT RESPONSIBILITY**

- A. Provider agrees to accept responsibility for receiving, replying to and/or complying with any audit exception by appropriate federal, state or local audit directly related to the provision of this Contract.

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.

Provider agrees to repay HCJFS the full amount of payment received for duplicate billings, erroneous billings, or false or deceptive claims. Provider recognizes and agrees that 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. When an overpayment is identified and the overpayment cannot be repaid in one (1) month, Provider will be asked to sign a REPAYMENT OF FUNDS AGREEMENT (the “Repayment Agreement”). If payments 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 will be cancelled and will not be re-issued. HCJFS also reserves the right to not increase the rate(s) of payment or the overall Contract amount for services purchased under this Contract if there is any outstanding or unresolved issue related to an audit finding.

HCJFS may allow a change in the terms of the Repayment Agreement. Any change will require a formal amendment to the Repayment Agreement that will be signed by all parties. An amendment to the Repayment Agreement may also be processed if any additional changes or issues develop or need to be addressed.

- B. Provider shall cause to be conducted an annual independent audit report. Within fifteen (15) days of receipt, Provider agrees to give HCJFS a copy of Provider’s most recent annual report and most recent annual independent audit report.
- C. HCJFS reserves the right to evaluate programs of the Provider and all subcontractors. Evaluation activities may include, but are not limited to reviewing records, observing programs, and interviewing program employees and Consumers. Such evaluations will be conducted at Provider’s own time and expense.
- 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.

### **23. WARRANTY**

The Provider warrants that its services and/or goods shall be performed and/or provided in a professional and work like manner in accordance with applicable professional standards.

### **24. 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, 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:

1. Reduce the utilization of the services provided under this Contract, without change to the terms and conditions of the Contract; or
2. 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.

### **25. 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 provided, however, that 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' 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; lightening; 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 that prevents Provider from carrying out its obligations contained herein.

**26. LEGAL ACTION**

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

**27. PUBLIC RECORDS**

This Contract is a matter of public record under the laws of the State of Ohio. Provider agrees to make copies of this Contract promptly available to any requesting party. Upon request made pursuant to Ohio law, HCJFS shall make available the Contract and all public records generated as a result of this Contract.

By entering into this Contract, Provider acknowledges and understands that records maintained by Provider pursuant to this Contract may be deemed public record and subject to disclosure under Ohio law. Provider shall comply with the Ohio public records law.

**28. DRUG-FREE WORKPLACE**

Provider certifies and affirms that Provider will comply with all applicable state and federal laws regarding a drug-free workplace. Provider will make a good faith effort to ensure that 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.

**29. PUBLIC ASSISTANCE WORK PROGRAM PARTICIPANTS**

Pursuant to Chapter 5107 of the Ohio Revised Code and Prevention, Retention, and Contingency Program established under Chapter 5108 of the Revised Code, Provider agrees to not discriminate in hiring and promoting against applicants for and participants for the Ohio Works 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.

**30. 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, the 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 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.

### **31. AMENDMENTS**

This writing constitutes the entire agreement between Provider and HCJFS with respect to all matters herein. This Contract may be amended only in writing and signed by Provider and HCJFS.

### **32. LOBBYING**

Provider warrants that during the life of this Contract, 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, officer 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 that Provider will disclose any lobbying with any non-Federal funds that takes place in connection in 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 the Contract.

### **33. DEBARMENT AND SUSPENSION**

HCJFS may not contract with Providers on the non-procurement portion of the General Services Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs: (hereinafter known as List) in accordance with Executive Order 12549 and 12689. By signing this Contract, Provider warrants that Provider is excluded from the List and will immediately notify HCJFS if Provider is added to the List at any time during the life of this Contract. 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 the Contract.

### **34. FAITH BASED ORGANIZATIONS**

If Provider is a faith based organization, Provider agrees that it will perform the duties under this Contract in compliance with section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and in a manner that will ensure that the religious freedom of program participants is not diminished and that it will not discriminate against any participant based on 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 the Provider. If any participant objects to the religious character of the organization, the Provider will immediately refer the individual to HCJFS for an alternate Provider.

### **35. CHILD SUPPORT**

Provider agrees to cooperate with ODJFS and any Ohio Child Support Enforcement Agency ("CSEA") in ensuring Provider or the employees of Provider meets 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 Chapters 3119, 3121, 3123, and 3125 of the Ohio Revised Code.

### **36. DEBT CHECK PROVISION**

Ohio Revised Code Section 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 who 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 that a finding for recovery has not been issued to Provider by the Ohio Auditor of State. Provider further warrants that Provider shall notify HCJFS within one (1) business day should a finding for recovery occur during the Contract term.

### **37. 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).

### 38. ENERGY POLICY AND CONSERVATION ACT

Provider agrees to comply with all applicable standards, orders or regulations issued relating to energy efficiency which 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).

### 39. TRANSITION LANGUAGE

A Transition Plan is to be used in the event of termination. The goals of the Transition Plan are to: a) ensure continuity of Transportation Services; and b) not disrupt Transportation Services unnecessarily. The parties agree that each shall provide the other reasonable cooperation in the transitioning of responsibilities to any other entity selected by HCJFS to assume administration of such responsibilities. To ensure continuity of services to HCJFS consumers, the transition Plan, at a minimum includes the following schedule:

A. ????

B. ????

C. ????

### 40. CONTRACT CLOSEOUT

At the discretion and initiation of HCJFS, a contract closeout procedure may commence within ninety (90) days after the termination or expiration of this Contract to ensure at a minimum that all required forms, reports and deliverables were submitted to and accepted by HCJFS in accordance with this Contract.

### 41. CONTRACT CONTACTS

#### A. HCJFS Contacts

Provider should contact the following HCJFS staff with questions:

Name	Phone #	Department	Responsibility
	946-	Contract Services	contract changes, contract language
	946-	Fiscal	billing & payment

#### B. Provider Contacts

HCJFS should contact the following Vendor staff with any questions:

Name	Phone #	Department	Responsibility

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

### SIGNATURES

Board of County Commissioners,  
Hamilton County, Ohio

(Complete Vendor Name)

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print)

Name: \_\_\_\_\_  
(Print)

Title: \_\_\_\_\_  
(Print)

Title \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Recommended By:

\_\_\_\_\_  
Moir Weir, Director  
Hamilton County Department of Job & Family Services  
Hamilton County, Ohio

Date: \_\_\_\_\_

Approved as to form:

By: \_\_\_\_\_.  
Assistant Prosecuting Attorney  
Hamilton County, Ohio

ATTACHMENT  
C  
Budget Instruction  
&  
Sample Budget

TERM JULY 1, 2020 - JUNE 30, 2022

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

## HCJFS CONTRACT BUDGET

AGENCY:

TO \_\_\_\_\_

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	0.00	0.00	0.00	0.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00
C. PROFESSIONAL & CONTRACTED SERVICES	0.00	0.00	0.00	0.00
D. CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00
E. OCCUPANCY	0.00	0.00	0.00	0.00
F. TRAVEL	0.00	0.00	0.00	0.00
G. INSURANCE		0.00	0.00	0.00
H. EQUIPMENT	0.00	0.00	0.00	0.00
I. MISCELLANEOUS	0.00	0.00	0.00	0.00
J. PROFIT MARGIN	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
ALLOCATION OF MGT/INDIRECT COSTS				0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00

ESTIMATED TOTAL UNITS OF SERVICE  
TO BE PROVIDED:

		UNIT =
--	--	--------

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

#DIV/0!	#REF!
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TOTAL REVENUE	0.00	#REF!	0.00	0.00	0.00
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TERM JULY 1, 2020 - JUNE 30, 2022

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

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

[illegible]

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

Please type narrative here.

TERM JULY 1, 2020- JUNE 30, 2022

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Employee Payroll Taxes & Benefits Narrative.**

Please type narrative here.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and		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

**Professional Fees & Contracted Services Narrative**

Please type narrative here.

TERM JULY 1, 2020 - JUNE 30, 2022

NAME OF CONTRACT PROGRAM:FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Consumable Supplies Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES		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 COST				0.00
MAINTENANCE & REPAIRS				0.00
UTILITIES (MAY BE INCLUDED IN RENT)				
HEAT & ELECTRICITY WATER				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

**Occupancy Costs Narrative**

Please type narrative here.

TERM JULY 1, 2020 - JUNE 30, 2022

**NAME OF CONTRACT PROGRAM: FAMILY & CHILDREN'S SERVICES**

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Travel Costs Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES		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

**Insurance Costs Narrative**

Please type narrative here.

TERM JULY 1, 2018 - JUNE 30, 2020

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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
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
EQUIPMENT LEASE COSTS (DETAIL)				
				0.00
				0.00
				0.00
<b>TOTAL LEASE COSTS</b>	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
<b>TOTAL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00
<b>Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance &amp; Repair, Equipment Lease, Equipment Depreciation)</b>				

Please type narrative here.

TERM JULY 1, 2018 - JUNE 30, 2020

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

## 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.

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	

TERM JULY 1, 2018 - JUNE 30, 2020

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS				
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL MISCELLANEOUS COSTS	0.00	0.00	0.00	0.00
J. PROFIT MARGIN (For profit entities only)				0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	#VALUE!	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.

TERM JULY 1, 2018 - JUNE 30, 2020

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

REVENUES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
<b>A. GOVERNMENTAL AGENCY FUNDING (specify agency &amp; type)</b>				
				0.00
				0.00
				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
				0.00
<b>TOTAL REVENUE</b>	0.00	0.00	0.00	0.00

**Revenue Narrative**

Please type narrative here.

TERM JULY 1, 2020 - JUNE 30, 2022

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

## HCJFS CONTRACT BUDGET

AGENCY:

TO \_\_\_\_\_

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	0.00	0.00	0.00	0.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00
C. PROFESSIONAL & CONTRACTED SERVICES	0.00	0.00	0.00	0.00
D. CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00
E. OCCUPANCY	0.00	0.00	0.00	0.00
F. TRAVEL	0.00	0.00	0.00	0.00
G. INSURANCE		0.00	0.00	0.00
H. EQUIPMENT	0.00	0.00	0.00	0.00
I. MISCELLANEOUS	0.00	0.00	0.00	0.00
J. PROFIT MARGIN	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
ALLOCATION OF MGT/INDIRECT COSTS				0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00

ESTIMATED TOTAL UNITS OF SERVICE  
TO BE PROVIDED:

		UNIT =
--	--	--------

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

#DIV/0!	#REF!
---------	-------

TOTAL REVENUE	0.00	#REF!	0.00	0.00	0.00
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TERM JULY 1, 2020 - JUNE 30, 2022

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

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

[illegible]

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

Please type narrative here.

TERM JULY 1, 2020- JUNE 30, 2022

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Employee Payroll Taxes & Benefits Narrative.**

Please type narrative here.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and		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

**Professional Fees & Contracted Services Narrative**

Please type narrative here.

TERM JULY 1, 2020 - JUNE 30, 2022

NAME OF CONTRACT PROGRAM:FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Consumable Supplies Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES		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 COST				0.00
MAINTENANCE & REPAIRS				0.00
UTILITIES (MAY BE INCLUDED IN RENT)				
HEAT & ELECTRICITY WATER				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

**Occupancy Costs Narrative**

Please type narrative here.

TERM JULY 1, 2020 - JUNE 30, 2022

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Travel Costs Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES		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

**Insurance Costs Narrative**

Please type narrative here.

TERM JULY 1, 2020 - JUNE 30, 2022

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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
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
EQUIPMENT LEASE COSTS (DETAIL)				
				0.00
				0.00
				0.00
<b>TOTAL LEASE COSTS</b>	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
<b>TOTAL EQUIPMENT COSTS</b>	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.

TERM JULY 1, 2020 - JUNE 30, 2022

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

## 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	

TERM JULY 1, 2020 - JUNE 30, 2022

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS				
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL MISCELLANEOUS COSTS	0.00	0.00	0.00	0.00
J. PROFIT MARGIN (For profit entities only)				0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	#VALUE!	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.

TERM JULY 1, 2020 - JUNE 30, 2022

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

REVENUES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
<b>A. GOVERNMENTAL AGENCY FUNDING (specify agency &amp; type)</b>				
				0.00
				0.00
				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
				0.00
<b>TOTAL REVENUE</b>	0.00	0.00	0.00	0.00

**Revenue Narrative**

Please type narrative here.

TERM JULY 1, 2022 - JUNE 30, 2024

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

## HCJFS CONTRACT BUDGET

AGENCY:

TO \_\_\_\_\_

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	0.00	0.00	0.00	0.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00
C. PROFESSIONAL & CONTRACTED SERVICES	0.00	0.00	0.00	0.00
D. CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00
E. OCCUPANCY	0.00	0.00	0.00	0.00
F. TRAVEL	0.00	0.00	0.00	0.00
G. INSURANCE		0.00	0.00	0.00
H. EQUIPMENT	0.00	0.00	0.00	0.00
I. MISCELLANEOUS	0.00	0.00	0.00	0.00
J. PROFIT MARGIN	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
ALLOCATION OF MGT/INDIRECT COSTS				0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00

ESTIMATED TOTAL UNITS OF SERVICE  
TO BE PROVIDED:

		UNIT =
--	--	--------

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

#DIV/0!	#REF!
---------	-------

TOTAL REVENUE	0.00	#REF!	0.00	0.00	0.00
---------------	------	-------	------	------	------

TERM JULY 1, 2022 - JUNE 30, 2024

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

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

POSITION TITLE	# STAFF	HRS WK	ANNUAL COST	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SERVICE	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
<b>TOTAL SALARIES</b>			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.

TERM JULY 1, 2022- JUNE 30, 2024

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Employee Payroll Taxes & Benefits Narrative.**

Please type narrative here.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and		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

**Professional Fees & Contracted Services Narrative**

Please type narrative here.

TERM JULY 1, 2022 - JUNE 30, 2024

NAME OF CONTRACT PROGRAM:FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Consumable Supplies Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES		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 COST				0.00
MAINTENANCE & REPAIRS				0.00
UTILITIES (MAY BE INCLUDED IN RENT)				
HEAT & ELECTRICITY WATER				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

**Occupancy Costs Narrative**

Please type narrative here.

TERM JULY 1, 2022 - JUNE 30, 2024

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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

**Travel Costs Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES		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

**Insurance Costs Narrative**

Please type narrative here.

TERM JULY 1, 2022 - JUNE 30, 2024

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	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
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
EQUIPMENT LEASE COSTS (DETAIL)				
				0.00
				0.00
				0.00
<b>TOTAL LEASE COSTS</b>	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
<b>TOTAL EQUIPMENT COSTS</b>	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.

TERM JULY 1, 2022 - JUNE 30, 2024

## NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

## 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	

TERM JULY 1, 2022 - JUNE 30, 2024

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

EXPENSES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS				
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL MISCELLANEOUS COSTS	0.00	0.00	0.00	0.00
J. PROFIT MARGIN (For profit entities only)				0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	#VALUE!	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.

TERM JULY 1, 2022 - JUNE 30, 2024

NAME OF CONTRACT PROGRAM: FAMILY &amp; CHILDREN'S SERVICES

REVENUES BY PROGRAM SERVICES	FAMILY & CHILDREN'S SERVICES	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
<b>A. GOVERNMENTAL AGENCY FUNDING (specify agency &amp; type)</b>				
				0.00
				0.00
				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
				0.00
<b>TOTAL REVENUE</b>	0.00	0.00	0.00	0.00

**Revenue Narrative**

Please type narrative here.

# ATTACHMENT D

## Provider Registration Form

**REQUEST FOR PROPOSAL REGISTRATION FORM**  
**RFP: SB01-18R for Family & Children's Services Transportation Services**

All inquiries regarding this RFP are to be in writing and are to be mailed, email or faxed to:

Sheila Bass  
 Hamilton County Job and Family Services  
 222 E. Central Parkway Contract Services, 3<sup>rd</sup> Floor  
 Cincinnati, OH 45202  
 Fax#: (513) 946-2384  
 Email: HCJFS\_RFP\_COMMUNICATIONS@jfs.hamilton-co.org

The Hamilton County Job and Family Services (HCJFS) will not entertain any oral questions regarding this RFP. *Other than to the above specified person, no bidder may contact any HCJFS, county official, employee, project team member or evaluation team member.* Providers are not to schedule appointments or have contact with any of the individuals connected to or having decision-making authority regarding the award of this RFP. **Inappropriate contact may result in the rejection of the Provider's Proposal. This includes attempts to influence the RFP process, evaluation process or the award process by Providers who have submitted bids or by others on their behalf.**

By faxing this completed page to the HCJFS Contract Services you will be registering your company's interest in this RFP, attendance at the pre-proposal conference 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>COMPANY NAME:</b>	
<b>ADDRESS:</b>	
<b>REPRESENTATIVE'S NAME</b>	
<b>TELEPHONE NUMBER</b>	
<b>FACSIMILE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NUMBER OF PEOPLE ATTENDING PRE-PROPOSAL CONFERENCE. RSVP IS APPRECIATED, BUT NOT REQUIRED:</b>	
<b>SIGNATURE:</b>	

Registration helps ensure that Providers will receive any addenda or correspondence regarding this RFP in a timely manner. HCJFS will not be responsible for the timeliness of delivery via the U.S. Mail.

**\*RFP Registration Forms are due: 1/18/2018**

**Only Providers registering for the RFP will be considered for a contract. All other Providers will be disqualified.**

**Please fax this completed page to HCJFS Contract Services at (513) 946- 2384.**

# PROVIDER REGISTRATION RSVP FORM

RFP: SB01-18R for Family & Children's Services Transportation Services

[illegible]

# ATTACHMENT E

## Warranty Against An Unresolved Finding

**WARRANTY AGAINST AN UNRESOLVED FINDING FOR RECOVERY**

(Formerly State of Ohio Debt)

**Suppliers Note:** This document must be notarized and included in your Proposals.

In accordance with Section 9.24 of the Ohio Revised Code, I hereby certify that the company I represent does not owe any money to the State of Ohio.

.

---

 SIGNATURE

---

 PRINT NAME

---

 TITLE
**TO BE COMPLETED BY NOTARY PUBLIC**

On \_\_\_\_\_, there appeared before me

**DATE**

\_\_\_\_\_, saying that he/she is

**PRINT NAME**

\_\_\_\_\_ of,

**PRINT TITLE**

---

**PRINT NAME OF COMPANY**

and that he/she understands all of the implications of the above statement and has signed in good faith.

---

 SIGNATURE OF NOTARY PUBLIC

# ATTACHMENT F

## Declaration of Property Tax Delinquency

## Declaration of Property Tax Delinquency

(ORC 5719.042)

I, \_\_\_\_\_, hereby affirm that the Proposing Organization herein, \_\_\_\_\_, is \_\_\_\_ / is not \_\_\_\_ (**check one**) at the time of submitting this proposal charged with delinquent property taxes on the general tax list of personal property within 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 \$\_\_\_\_\_.

Print Name\_\_\_\_\_ Date\_\_\_\_\_

Signature \_\_\_\_\_

**State of Ohio - County of \_\_\_\_\_ Notary**

Before me, a notary public in and for said County, personally appeared \_\_\_\_\_, authorized signatory for the Proposing Organization, who acknowledges that he/she has read the foregoing and that the information provided therein is true to the best of his/her knowledge and belief.

IN TESTIMONY WHEREOF, I have affixed my hand and seal of my office at \_\_\_\_\_, Ohio this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

# ATTACHMENT G

## Release of Personnel Record



222 East Central Parkway • Cincinnati, Ohio 45202-1225

**General Information:** (513) 946-1000

**General Information TDD:** (513) 946-1295

**FAX:** (513) 946-2250

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

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

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

Employer Name:			
Employee Name:			
Employee Address:			
Authorization Date:		Expiration Date:	

#### RELEASE OF PERSONNEL RECORDS AND CRIMINAL RECORD CHECKS

Whereas O.R.C. 2151.86 requires the Hamilton County Department of Job and Family Services (HCJFS) to obtain a criminal records check on each employee and volunteer of a HCJFS Provider who is responsible for a consumer's care during service delivery, and

Whereas HCJFS, and HCJFS' funding organizations, may be required to audit the records of Providers to ensure compliance with provisions relating to criminal record checks of Providers' employees who are responsible for a consumer's care during service delivery, and

#### NOW THEREFORE

I authorize HCJFS, and those entitled to audit its records, to review my personnel records, including, but not limited to, criminal records checks. This authorization is valid for this, and the three subsequent fiscal years of HCJFS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### A. Criminal Record Check

Provider shall comply with O.R.C. Sections 2151.86 and 5153.111. Generally these require that every employee or volunteer of Provider who has contact with a Consumer have an effective criminal record check. Notwithstanding the aforesaid, an employee or volunteer, without an effective criminal record check, may have contact with a Consumer if he/she is accompanied by an employee with an effective criminal record check. As used in this section an "effective criminal record check" is a criminal record check performed by the Ohio Bureau of Criminal Identification and Investigation, done in compliance with ORC 2151.86, which demonstrates that the employee or volunteer has not been convicted of any offense listed in R.C. Section 2151.86(C).

# ATTACHMENT H

## Transportation Incident Reports/Behavioral Suspensions

# TRANSPORTATION SERVICES PROCEDURAL MEMO

TSPM #:	002-D	OAC Reference:	None
Effective Date:	Immediate	COA Reference:	None
Approved By:	Judy Leonard	Cross Reference:	<u>TSPM 011; County Transportation Plan</u>
Approval Date:	12/27/17	Obsoletes:	TSPM 002-C; TSPM 010

## Transportation Incident Reports/Behavioral Suspensions

### Purpose

This memo establishes guidelines for the documentation and review of Incident Reports received from the contracted vendor, or any of its assigned subcontractors, as outlined in the contract. All reports utilize the HCJFS 3303 – Transportation Incident Report. Subcontractors are to submit Incident Reports via the vendor.

The **mode** of service offered may be impacted by the consumer's failure to comply with NET rules (HCJFS 3547). Transportation by cab/van services may not be provided to consumers acting in a manner which could cause harm to the driver/monitor or other passengers.

The contracted transportation services vendor will be referred to as the "vendor" for the balance of the memo.

### Critical Incidents

For most purposes, **critical incidents** are defined as:

- No responsible adult at home when dropping off minor child; possible transport to 241-KIDS
- Vehicle accident (involving passengers)
- Medical emergency/injury
- Any incident involving law enforcement or other emergency personnel
- Unauthorized exit from the vehicle
- Possession of a weapon
- Behavioral incident which results in **serious** injury

The following are also **critical incidents**, reported through the HCJFS 3303, which may be utilized as a cover sheet for a more detailed report:

- Information related to any lawsuit filed against the vendor or its subcontractors, specific to HCJFS transportation services
- Allegations of misconduct by employees of vendor, including subcontracted employees

When HCJFS receives a **critical incident**, which involves **child abuse and/or neglect** allegations, the incident report **must be forwarded by HCJFS Transportation Services as a priority email** to the:

- Children Services Intake Supervisor and Section Chief(s)

#### Deadlines for critical incidents:

- The **vendor** must contact the Transportation Services Supervisor/Section Chief and designated DT/PH site contact (if applicable), **by phone**, within **one hour** of the incident.
- The vendor must also complete an incident report within **twenty-four (24) hours of the actual incident** and send, as an attachment, by **priority email**, to TransportationServices@jfs.hamilton-co.org.
- If it is a media sensitive incident, including death, trauma, abuse or neglect, the HCJFS Communications Department must also be contacted, at 513-470-3320.

## Behavioral Incidents

Behavioral incidents may be defined as behavior, threatening or dangerous, which jeopardizes the safety and/or well-being of other passengers and/or the driver/monitor. **The majority of behavioral incidents are considered non-critical incidents to be addressed at the discretion of HCJFS Transportation Services.**

Examples include, but are not limited to:

- possession or use of objects as a weapon
- possession of drugs
- tampering with safety restraints (door mechanism, seat belts, etc.)
- attempting to exit a moving vehicle
- physical violence/fighting with other riders
- physical aggression toward monitors/drivers during transport
- destruction of property

Behavioral incidents are addressed based on the **age** of the individual, the provider of the Medicaid billable service and the **severity** of the behavioral incident.

Behavioral incidents involving **adults** will be addressed by HCJFS Transportation Services with any conditions (i.e., a monitor) on future transports noted in writing to the vendor.

## Incidents Specific to DT/PH

Incidents involving **Day Treatment/Partial Hospitalization (DT/PH) consumers** will be addressed in the following manner:

- Each DT/PH site is to identify a **single point of contact** for receipt of Incident Reports. This person must have management level authority, coordinate internal efforts with therapeutic staff and speak on behalf of the site's management.
- The vendor will provide electronic copies of the Incident Report to the **identified contact** for the DT/PH site.
- Upon receipt of the Incident Report, the identified contact is to transmit the report to appropriate site staff.
- Transportation Services will review Incident Reports and **expect** the site to address the behavior within their program.
  - The goal is to address the behavior without imposition of a suspension of cab/van services by HCJFS. The sites have more flexibility to address minor behavioral incidents, an established relationship with the parent/guardian/custodian/child and tools within therapeutic intervention. They must **advise HCJFS of their actions with a response on the HCJFS 3303 – Transportation Incident Report** returned to: [TransportationServices@jfs.hamilton-co.org](mailto:TransportationServices@jfs.hamilton-co.org).
  - If at any point, HCJFS does not see sufficient progress with a child (recurring behavior, etc.) HCJFS reserves the right to impose a suspension of transportation.
- Sites are to review the NET Rules and the terms of the **HCJFS 3305 – Consent Form** with the parents/guardian of the child both at the point of intake and through any on-going conferences.
- When children present with behaviors which have not de-escalated prior to transport, no transport will occur and the program site will notify the parent or guardian that the child will remain at the site until arrangements are made for pickup of the child.

## HCJFS Right to Impose Suspension

**HCJFS always reserves the right to impose a suspension of cab/van services based on the severity of the behavioral incident or an ongoing history of incidents.**

- HCJFS will notify the site and the vendor in writing and set an effective date for the suspension.
- Reinstatement of cab/van services will be based on a signed letter (on agency letterhead) from a licensed professional which indicates: therapeutic interventions utilized, potential remedies to prevent a reoccurrence of the behavior and a statement that the child is ready to return to group transport at that particular time.

## Non-Critical Incidents

The contracted transportation services vendor must forward (via email) all non-critical incident reports within **twenty-four (24) hours of the incident** to: [TransportationServices@jfs.hamilton-co.org](mailto:TransportationServices@jfs.hamilton-co.org). The report must detail what occurred, the driver/monitor reporting the incident, and information regarding outcome/resolution. Reports that are purely informational, and do not require intervention or follow-up, should be labeled "FYI". Reports considered "FYI" involve minor behavior and inappropriate language towards the driver/monitor and other passengers.

**Alternative  
Forms of  
Transportation**

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If the suspended rider is eligible to use public transportation, the customer may be provided one ride bus tickets or a bus pass, depending on the transportation needs. Customers who are not capable of using public transportation due to physical/geographical limitations will need to secure alternate means of transportation. Parents or guardians of minors may receive mileage reimbursement for the period of the suspension.

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**Record  
Maintenance**

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All incident reports are virtually printed into OnBase with the case and client information listed.

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# ATTACHMENT I

## Transportation Incident Report



## Transportation Incident Report

E-mail to: [TransportationServices@JFS.Hamilton-co.org](mailto:TransportationServices@JFS.Hamilton-co.org) within 24 hours of incident.

Incident Detail:		Consumer Information:		Reporter Information:	
Date of Report:		Name:			Name:
Date of Incident:		Address:			Signature:
Incident Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	City:	State:	Zip Code:	Van/Bus #:	Check: <input type="checkbox"/> RR driver <input type="checkbox"/> Other: (specify)
Incident Location:	Check: <input type="checkbox"/> Child <input type="checkbox"/> Adult	Age:	Report sent to facility listed below:		
<input type="checkbox"/> No Responsible Adult at Home per Procedure Memo 011 – Program is to provide response indicating parent/guardian is informed of consequences of continued reports. This is a critical incident tracked separately.					
<input type="checkbox"/> Vehicle accident (involving passengers) – Critical incident reported by RR – No response required by program site					
<b>Critical Incident</b> <input type="checkbox"/> Report of abuse/neglect <input type="checkbox"/> Medical emergency/injury <input type="checkbox"/> Police involvement <input type="checkbox"/> Unauthorized exit from vehicle <input type="checkbox"/> Possession of weapon/drugs <input type="checkbox"/> Behavioral w/ serious injury <input type="checkbox"/> Damage/destruction/theft of property			<b>Behavioral Incident</b> <input type="checkbox"/> Physical fighting/violence <input type="checkbox"/> Overt threats/aggression directed at a child <input type="checkbox"/> Threats/aggression directed at monitor/driver <input type="checkbox"/> Threatening behavior by parent/guardian <input type="checkbox"/> Tampering w/ or refusal to use safety restraints <input type="checkbox"/> Attempting to exit vehicle without permission <input type="checkbox"/> Sexualized behaviors <input type="checkbox"/> Use of object as a weapon <input type="checkbox"/> Child could not be transported and remained at program site		
Additional Description of Incident and Driver/Monitor Resolution of Incident: (use additional paper if necessary)					
Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transport for Treatment: <input type="checkbox"/> Vendor <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: (specify)	Medical Treatment provided at: <input type="checkbox"/> Hospital: (specify) <input type="checkbox"/> Other: (specify)		Medical Services Provided:	
Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency:	Date of Police Report:		Time of Police Report: <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>DT/PH Site Response:</b>					
Received by:				Date Received:	
Program response to report: <input type="checkbox"/> Conference with child & parent/guardian <input type="checkbox"/> Removal of program privileges <input type="checkbox"/> Rewards and incentives for good behavior <input type="checkbox"/> Therapeutic interventions specific to van behavior <input type="checkbox"/> Program suspension for ____ days <input type="checkbox"/> Other: (describe)					

# ATTACHMENT J

No Responsible  
Party at Home

# TRANSPORTATION SERVICES PROCEDURAL MEMO

TSPM #:	011-C	OAC Reference:	5160-15-11
Effective Date:	Immediately	COA Reference:	None
Approved By:	Judy Leonard	Cross Reference:	TS Procedural Memo #002, 007, County Transportation Plan
Approval Date:	12/27/17	Obsoletes:	NET Policy Memo 011-A, TSPM 011-B

## No Responsible Party at Home

### Background

This memo establishes guidelines for instances in which a minor child using NET/Non-NET transport is unable to be dropped off at home, as a responsible adult is not present to receive the child. A responsible adult is defined through the consent and requisition process. The consent is completed by the parent/guardian and, when applicable, by the Children's Services caseworker.

### Consent, Requisition and Alternative Drop Offs

Prior to authorizing Non-Emergency Transportation (NET) and Non-NET Transportation Services for minor children, the parent/guardian or Children's Services worker (on custody cases) must:

- Complete and sign an H CJFS 3305 – Transportation Services Consent Form to:
  - Authorize the use of transport; and
  - Confirm the parent or guardian understands the transportation rules and the procedures to be followed by the driver if a responsible adult is not home at the time of the drop off.

The consent form provides multiple options for listing alternative drop off names, addresses and phone #'s for those times that the parent/guardian cannot be at home for the drop off. All individuals listed on the consent must be 18 or older. The expectation is that all are made aware they are listed on the consent and agree to serve as an alternative drop off.

The alternative drop off cannot be a library, recreation center, etc. in which there is no party available to complete a legal transfer of custody. We do not transport to the parent/guardian's place of work.

Ongoing **planned** alternative drop off names and locations are provided through the requisition for services. As well, the caseworker (in custody cases) lists pre-authorized individuals on the requisition.

### No Responsible Adult to Receive Child

If no responsible party is available at the time of the child's drop-off, the transportation provider will attempt to reach the following parties in the order listed below :

- Parent/guardian by phone
- All alternate phone numbers listed for the parent/guardian or other caregivers authorized to receive the child in lieu of the parent/guardian
- Emergency contact for the site, if this is a Day Treatment (DT)/Partial Hospitalization (PH) transport
- 241-KIDS and the NET Supervisor or Section Chief (within one hour as a critical incident)

The transportation provider will advise the parent/guardian of the steps taken and the drop off location of the child. An H CJFS 3303 – Transportation Incident Report will be submitted within 24 hours to Transportation Services and the DT/PH facility.

**Suspension  
and/or  
Termination of  
Contracted  
Services**

Cab/van transportation may be suspended if there are **three** occasions within a school year in which no responsible party is home for the return of the child. In the case of suspended cab/van service, Transportation Services will request that the caseworker and/or the DT/PH site staff develop workable solutions with the parent/guardian to restore service. Additional infractions, occurring after restoration of services, may result in termination of cab/van services.

Transportation Services may:

- Suspend the child from cab/van transportation (until the parties named above provide a workable solution to have a responsible party present upon the child's arrival);
- Assess eligibility for mileage reimbursement or bus tokens/passes (for both child and adult) for subsequent transportation needs

Prior to suspending cab/van service, the Transportation Services Supervisor will notify the Children's Services worker/supervisor of the proposed suspension and change in transportation mode for any children in HCJFS custody.

**Waiver for 13-17  
Year Old Youth**

A parent/legal guardian may request waiver of the drop off which would allow the contracted vendor to drop off youth, ages 13-17, at home with no adult present. The waiver is initiated by the parent/legal guardian who must complete the waiver in the presence of a staff member of the DT/PH location requesting transportation for the child. The staff member must also sign the waiver as a witness to the signature. If the youth is in the custody of HCJFS, no witness signature is required at the DT/PH location. The signature of the caseworker will be obtained internally.

The waiver is sent to [TransportationServices@jfs.hamilton-co.org](mailto:TransportationServices@jfs.hamilton-co.org). The waiver is scanned to the OnBase document imaging system and emailed to the contracted vendor with notification of an effective date no later than five days from the date of receipt.

This waiver applies only to the child in question. This does not apply to siblings under the age of thirteen (13). A minor child cannot serve as the responsible adult for the siblings.

The HCJFS 3305 – Transportation Services Consent Form is still required for the child, as the consent also includes emergency contacts and signature of the parent/legal guardian indicate acceptance of the terms of behavior on van transport.

# ATTACHMENT K

## Complaint Process

# TRANSPORTATION SERVICES PROCEDURAL MEMO

TSPM #:	016-J	OAC Reference:	
Effective Date:	Immediate	COA Reference:	
Approved By:	Judy Leonard	Cross Reference:	
Approval Date:	9/21/17	Obsoletes:	016-I

## NET Complaint Process

<b>Purpose</b>	Complaints are strictly for <b>contracted vendor performance issues</b> , based on the contractual agreement between HCJFS and the vendor.
<b>Definition</b>	Common examples of complaints are late vans, late pick-ups, absent monitors (assigned to a route or child), lack of adherence to proper use of child safety seats, improper transfer of custody and driver/monitor behavior.
<b>Process</b>	Complaints received via the Call Center may be transferred to the _____ line monitored _____. When a complaint is submitted via email, the protocol is to submit an email to all of the following individuals:

Cony in:

Updates to the list are sent via email to NET staff and external partners such as DT/PH locations, dialysis clinics, visitation programs, etc.

Once a complaint is received, \_\_\_\_\_ Complaints acknowledges receipt and assigns a unique identifier based on the specific trip identification number and client's last name.

All complaints are ultimately resolved through the complaint process even when there is early intervention by Ride Right or HCJFS. This is necessary to provide full and accurate documentation of complaints. Throughout any email chain on the complaint, please "reply all", so that all parties can follow the course of the resolution.

Monthly Quality reports are submitted to NET by \_\_\_\_\_. Complaints. These reports are submitted after the 10<sup>th</sup> of the month for the previous month. By agreement, weekly resolution reports and monthly quality reports are also sent by \_\_\_\_\_. Complaints to the identified site contacts for external requestors of cab/van services.

### General Guidelines

To properly identify and track complaints through resolution, all parties (internal and external) must:

- Keep each email to one type of complaint and one event (multiple kids can be part of one complaint if it is one event, such as a late van).
- Provide the name of the child involved in the complaint and the date of the incident.
- Submit a new complaint; don't add to a complaint which is already in the response/resolution process.

**Scheduling  
Questions**

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If a problem is believed to have originated in **NET scheduling**, all parties should:

- Program - Verify the information on the **monthly spreadsheet** sent by NET.
  - Program/NET - Review the requisition submitted by the requesting party.
  - NET - Review the Transportation Services database.
  - NET - Managerial review, if required, of the file transfer process
  - All - Resolve any discrepancies and correct for future appointments.
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# ATTACHMENT L

## Monthly Billing Detail

The monthly invoice shall be sent to the STFP site by the vendor in an ASCII File as outlined

- TRIP\_ID (key)
- TRIP\_LEG\_ID (key)
- Final Status Of Trip (3=NO SHOW, 2=CANCELED, 9=COMPLETED)
- Charge for Trip (\$9999.99)

Current our daily ASCII File structure is outlined as:

TRIP CATEGORY	Varchar2(15) Not Null	Derived from Purpose (PRS, PRS CS, MEDICAL, DAY TREATMENT, NET
TRIP_PURPOSE	Varchar2(61) Not Null	Purpose of Client's Trip
TRIP_DATE	Date(10)	Not Null MM/DD/YYYY Trip date
LAST_NAME	Varchar2 (26) Not Null	Client's Last Name
FIRST_NAME	Varchar2 (26) Not Null	Client's First Name
APPT_TIME	Varchar2(10)	HH:MM AM Time of Client's appointment.
TRIP_ID	Number(11) Not Null	Trip ID
TRIP_LEG_ID	Number(11) Not Null	Trip Leg ID
TRIP_STATUS	Varchar2 (61) Not Null	Status of trip.
SSN	Varchar2(10) Not Null	Client's SSN
CLIENT_PHONE_NO.	Varchar2(11)	Client's Phone Number
PICKUP_ADDRESS	Varchar2 (99) Not Null	Address where client is being picked up. May be Client or Provider address
PICKUP_PROVIDER	Varchar2 (61)	Pickup Provider Name if Applicable
DROPOFF_ADDRESS	Varchar2 (99) ) Not Null	Address of where client is being dropped off. May be Provider or Client address
DROPOFF_PROVIDER	Varchar2 (61)	Drop Off Provider's Name if Applicable
RETURN_TIME	Varchar2(9)	HH:MM AM Time the client returned from trip.
MOBILITY_AIDE	Varchar2(40)	Client's Mobility Aide
NO_RIDERS		Number (5) Not Null Number of riders for trip. Number of riders for trip.
WORKER_NAME	Varchar2(41) Not Null	HCJFS Workers first/last name
MONITOR	Varchar2(7)	NEEDED, MALE or FEMALE (null = no monitor)
AUTH_LAST_NAME	Varchar2(26)	authorized representative Last Name
AUTH_FIRST_NAME	Varchar2(26)	authorized representative First Name
COMMENTS	Varchar2 (201)	Comments regarding trip.
LAST_UPDATE_DATE	date/time Not Null	MM/DD/YYYY HH:MM:SS PM