



**Board of Commissioners:**

Dennis Deters, Chris Monzel, Todd Portune  
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County Administrator

**Director:** Moira Weir

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May 17, 2016

**HCJFS REQUEST FOR PROPOSAL  
GROUP HOME SERVICES**

**ADDENDUM 5**

- **Attachment A of the RFP – Cover Sheet has been revised. Remove Attachment A from Group Home RFP SC02-16R and replace with Attachment A that is included as part of Addendum 5.**
- **Attachment C of the RFP – Budget has been revised. Remove Attachment C from Group Home RFP SC02-16R and replace with Excel Budget that is included as part of Addendum 5.**



**ATTACHMENT A**  
**Cover Sheet Group Home Proposals**  
**Bid No: SC02-16R**

Name of Provider \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

*(Please Print or type)*

Phone Number: \_\_\_\_\_ (ext) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**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: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please Complete Rate Grid located on page 2 of this form.**

Service/Year	Proposed Unit Rates	IV-E Admin Ceiling	IV-E Maintenance Ceiling	For years 2, 3 and 4 only, please list % increase from previous year
RGH/Year 1				
RGH/Year 2				
RGH/Year 3				
RGH/Year 4				
RGH-SN/Year 1				
RGH-SN/Year 2				
RGH-SN/Year 3				
RGH-SN/Year 4				
Other/Year 1				
Other/Year 2				
Other/Year 3				
Other/Year 4				
*** Individual Aide/ Year 1	\$ 21.50 /hour			
*** Individual Aide/ Year 2	TBD			
*** Individual Aide/ Year 3	TBD			
*** Individual Aide/ Year 4	TBD			

\*\*\* The Individual Aide rate is an hourly rate set by HCJFS. Please indicate if your agency is capable and willing to provide individual aide services if needed. Yes \_\_\_\_\_ No \_\_\_\_\_

**Certification:** I hereby certify the information and data contained in this proposal are true and correct. The Provider’s governing body has authorized this application and document, and the Provider will comply with the attached representation if the contract is awarded.

\_\_\_\_\_  
Signature - Authorized Representative                      Title                      Date

By signing and submitting this proposal Cover Sheet, Provider certifies the proposal and pricing will remain in effect for 180 days after the proposal submission date.

***Please complete the back of this form containing a checklist to verify that everything required to be submitted as part of your proposal is included.***

## 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 by May 3, 2016, 2016?	3.3	
Will your Proposal be submitted by 11:00 a.m. on May 31, 2016?	4.4	
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 the First, Second and Third Renewal Terms 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	
Are three (3) Customer Reference Letters enclosed or is there a written explanation why a reference(s) is not included?	2.4	
Are required Personnel Qualifications enclosed?	2.5	
Is a response to each System and Fiscal Administration Component included?	2.8	