

#### **REQUEST FOR PROPOSALS #KB04-22R**

**FOR** 

#### **Telephone Interpretation Services**

Issued by

# THE HAMILTON COUNTY BOARD OF COMMISSIONERS 222 East Central Parkway CINCINNATI, OHIO 45202 Date December, 2022

Deadline for RFP Registration 01/09/2023 RFP Conference Date 01/10/2023 2:00P.M.

This conference is being held virtually on Microsoft Teams (click here to join)

Deadline for Submission of Proposals 01/30/2023 1:00 P.M. EST

#### Contents

| 1.0 | REQUIREMENTS AND SPECIFICATIONS |  |    |  |
|-----|---------------------------------|--|----|--|
|     | 1.1                             | Introduction & Purpose of the Request for Proposal | 4  |  |
|     | 1.2                             | Scope of Service                                   | 5  |  |
|     | 1.2.1                           | Population   | 6  |  |
|     | 1.3.                            | Employee Qualifications                            | 6  |  |
| 2.0 | PRO\                            | VIDER PROPOSAL                                     | 7  |  |
|     | 2.1                             | Cover Sheet  | 8  |  |
|     | 2.2                             | Service and Business Deliverables                  | 8  |  |
|     | 2.2.1                           | Program Components                                 | 9  |  |
|     | 2.3                             | Price lists and Cost Considerations                | 10 |  |
|     | 2.4                             | Customer References                                | 12 |  |
|     | 2.5                             | Personnel Qualifications                           | 13 |  |
|     | 2.6                             | Financial Documentation                            | 14 |  |
|     | 2.7                             | Declaration of Property Tax Delinquency            | 14 |  |
|     | 2.8                             | Proposal Documents                                 | 15 |  |
| 3.0 | PROF                            | POSAL GUIDELINES                                   | 18 |  |
|     | 3.1                             | Program Schedule                                   | 18 |  |
|     | 3.2                             | RFP Contact Person                                 | 18 |  |
|     | 3.3                             | Registration for the RFP Process                   | 19 |  |
|     | 3.4                             | RFP Conference                                     | 19 |  |
|     | 3.5                             | Prohibited Contacts                                | 20 |  |
|     | 3.6                             | Provider Disclosures                               | 20 |  |
|     | 3.7                             | Provider Examination of the RFP                    | 21 |  |
|     | 3.8                             | Addenda to RFP                                     | 22 |  |

| 3.9 Availabilit |                        |                                | f Funds  | 22 |  |  |
|-----------------|------------------------|--------------------------------|--|----|--|--|
| 4.0             | SUBMISSION OF PROPOSAL |                                |  |    |  |  |
|                 | 4.1                    | Preparation of Proposal        |  |    |  |  |
|                 | 4.2                    | Cost of Developing Proposal    |  |    |  |  |
|                 | 4.3                    | False or Mislo                 | eading Statements                              | 23 |  |  |
|                 | 4.4                    | Delivery of Proposals          |  |    |  |  |
|                 | 4.5                    | Acceptance a                   | and Rejection of Proposals                     | 24 |  |  |
|                 | 4.6                    | Evaluation ar                  | nd Award of Contract                           | 24 |  |  |
|                 | 4.7                    | Proposal Selection             |  |    |  |  |
|                 | 4.8                    | Post-Proposal Meeting          |  |    |  |  |
|                 | 4.9                    | Public Records                 |  |    |  |  |
|                 | 4.10                   | Provider Certification Process |  |    |  |  |
|                 | 4.11                   | Public Recor                   | d Requests Regarding this RFP                  | 30 |  |  |
| Attac           | hment                  | s                              |  | 30 |  |  |
|                 | Attac                  | hment A                        | Cover Sheet                                    | 30 |  |  |
| Attachment A-1  |                        | hment A-1                      | Program Component Checklist                    | 30 |  |  |
|                 | Attachment B           |                                | Contract Sample                                |    |  |  |
|                 | Attachment C           |                                | Price List                                     |    |  |  |
|                 | Attachment D           |                                | Provider Certification                         |    |  |  |
|                 | Attachment E           |                                | Declaration of Property Tax Delinquency        |    |  |  |
|                 | Attac                  | hment F                        | Release of Personnel & Criminal Records Checks | 30 |  |  |
|                 | Attachment G           |                                | RFP Registration Form                          | 30 |  |  |

# REQUEST FOR PROPOSAL (RFP) Telephone Interpretation 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 AND SPECIFICATIONS

1.1 Introduction & Purpose of the Request for Proposal

The Board of County Commissioners, Hamilton County, Ohio (BOCC) reserves the right to award Contracts for these services to multiple Providers and to award Contracts for all or any portion of the services requested herein. The Contract(s) shall be for an initial term of One (1)\_year(s) ("Initial Term") with four (4) ("Optional Renewal Terms") at the sole discretion of HCJFS.

If at any time during the Initial Term or any Optional Renewal Term, HCJFS determines service capacity needs to be expanded, then 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 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 180 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.

The Board of County Commissioners of Hamilton County, Ohio on behalf of the Job and Family Services is accepting proposals for Telephone Interpretation. The purpose of this Request for Proposals (RFP) is to select a Bidder who submits the lowest and best proposal that can best meet the requirements of this RFP. The proposal selected from this RFP process shall provide Telephone Interpretation, as defined in **Section 4.0**, **Requirements and Specifications**.

#### 1.2 Scope of Service

Hamilton County Job & Family Services (HCJFS) is requesting proposals for multi-language telephonic interpretation services, for Limited English Proficient (LEP) consumers in Hamilton County, in order to enable HCJFS staff to effectively communicate with consumers. A Sample Contract is attached.

Telephonic interpretation services will be utilized for all HCJFS services. A list of HCJFS services are available on HCJFS website (http://www.hcjfs.org/)

#### A. Telephonic Interpretation Services

The selected Vendor must provide oral language interpretation in complex proceedings, visitation, hearings, interviews, and/or court-related events.

- 1. Non-Emergency Interpretation Services available from 7:30 a.m. through 4:30 p.m. Monday thru Friday, excluding major Holidays.
- Emergency Interpretation Services available from 4:31 p.m. through 7:29 a.m. Monday thru Friday, weekends, and HCJFS Holidays. HCJFS holidays are as follows: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans' Day, Thanksgiving, Day after Thanksgiving, after 12p.m. on Christmas Eve, and Christmas Day.

The selected Vendor must have personnel who have the following required knowledge, skills and abilities:

- 1. All interpreters have a minimum of two (2) years professional experience, within the last five (5) years, performing interpretation
- 2. A foreign language with demonstrated proficiency in proper regional fluent usage.
- 3. Provide oral language interpretation in simultaneous and consecutive modes during complex proceedings, hearings, interviews, related events.
- 4. Demonstrate continuous effort to improve and meet HCJFS' operational needs, minimize customer wait time, streamline work processes, and work cooperatively and jointly to provide quality seamless service to internal and external customers.

#### B. Personnel Knowledge

The Vendor must have personnel who can provide the following essential functions:

1. A foreign language with demonstrated proficiency in proper regional fluent usage.

#### C. Requirements

- 1. Vendor, and Vendor's employees and independent / contracted telephone interpreters must maintain strict confidentiality for all records, papers, and discussions. Vendor and Vendor's employees must not give any legal advice or interject personal opinions not related to language expertise. Vendor must comply with Federal, State, and local rules and regulation including, but not limit to HIPAA.
- 2. Vendor and the Vendor's employees and sub-contractor(s) must always remain neutral parties, and uphold the standards and ethics as any employee of HCJFS. The Vendor and the Vendor's employees and sub-contractor(s) must not serve as the interpreter if they are acquainted to or related to the party, or have any monetary interest or other interest in the outcome of the case.

#### 1.2.1 Population

Limited English Proficient (LEP) consumers in Hamilton County, in order to enable HCJFS staff to effectively communicate with consumers.

#### 1.3. Employee Qualifications

- A. Education and training: Staff will have education and licensure commensurate with responsibilities and programmatic licensing criteria.
- B. Work history: All employees who are assigned to this project to work with HCJFS's customers shall have information on job applications verified. Verification shall include references and work history information.
- C. HCJFS reserves the right to interview, approve or veto the hire for the role.
- D. 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, volunteer with or transport customers. Provider will obtain a statewide conviction record check through the Bureau of Criminal Identification and Investigation

("BCII"), and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office (or your local Police and Sheriff's Departments) and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing services.

#### 2.0 PROVIDER PROPOSAL

HCJFS will only accept proposals via e-mail. Please note the maximum file size for proposals being submitted is 24MB. Proposals should be sent to the RFP Contact Person at: Hamil ContractServicesProcurementbullock@jfs.ohio.gov

#### A. Requirements

- All proposal pages must be numbered sequentially from beginning to end, including attachments.
- Each proposal should not exceed a total of 300 pages.
- Proposal in a pdf format and the pages must be numbered from 1 ???.
- Each proposal must be written in twelve (12) point font.
- Price list in unlocked Excel format.

#### B. Proposal Organization

Proposals must contain all the specified elements of information listed below <u>without exception</u>, <u>including all subsections therein</u>:

- Section 2.1 Cover Sheet
- Section 2.2 Service and Business Deliverables
- Section 2.2.1- Scope of Service Questions
- Section 2.3 –Cost Considerations
- Section 2.4 Customer References
- Section 2.5 Personnel Qualifications

#### • Section 2.8 – Proposal Documents

The following will need to be submitted if proposal is accepted and prior to contract negotiations:

- Section 2.6 Financial Documentation
- Section 2.7 Declaration of Property Tax Delinquency

#### 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 may be rejected.

The Cover Sheet must also include the proposed Unit Rate(s) for each service Provider is proposing for Contract Years 1, 2, 3, and 4. Provider is to make sure to include the request for all rates for the original Contract period (year 1), and the 3 subsequent renewal period options (years 2, 3 and 4). These Unit Rates must be supported by the Price List, Attachment C.

#### 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 1.2.2 Program Components and Business Deliverables Section 2.8. System and Fiscal Administration Components:

#### A. Licensure, Administration and Training

 Identify any actions against your organization through ODJFS, ODMHAS or any other licensing body over the past 2 years that included Corrective Action Plans, Temporary License or Revocation. For the past 10 years, provide outcome of any action that resulted in a revocation.

- 2. Provide a description of your organization's employee screening and clearance policy.
- 3. Provide copies of any relevant licenses and certifications.
- 4. Identify if your organization is a Small Business Enterprise (SBE), Minority Business Enterprise (MBE) or a Women Business Enterprise (WBE), and provide certification of such designations. If your organization is a non-profit and is not certified as a SBE, MBE or WBE, and your organization is Women or Minority owned, please share this information, as HCJFS is tracking our equity and inclusion efforts with businesses who deliver our services to families and individuals we serve.
- 5. Describe training, supervision, and support provided to staff.

#### 2.2.1 Scope of Service Questions

## Please answer the following questions and give example of how you will provide the following:

- 1: Are your interpreters culturally knowledgeable?
- 2: How are interpreters evaluated, tested or vetted to ensure they are qualified to translate?
- 3: What are the training requirements for your employed interpreters?
- 4: Is the rates listed in your price list for all languages, or is the cost different for different languages?
- 5. How many interpreters do you have for each language that you provide?
- 6. What are your confidentiality guidelines for your interpreters? Do they work in an in office or telework environment?

#### 2.3 Cost Considerations

A. HCJFS anticipates services will begin approximately 03/01/2022. Provider must submit a Price list and a calculation of the Unit Rate and Cost Reimbursement for the initial Contract term that Provider understands will be used to compensate Provider for services provided. In addition, if Provider is requesting an increase in costs for renewal years 1, 2 and 3, you must complete the data sheet in the price list that lists each price list line item with an estimated expense amount and percentage increase from the prior year. Price lists and Unit Rates and Cost Reimbursement must be submitted in the form provided as Attachment list correct attachment letter. Contracts will be written for the initial term of one (1) year with the options for four (4) renewals.

For renewal years, any increases in Unit Rates will be at the sole discretion of HCJFS, subject to funding availability and Contract performance, and will be limited to no more than 3% of the Rates of the prior term. HCJFS does not guarantee the Rates will be increased from one Contract term to the next. Nothing in the RFP shall be construed to be a guarantee of any Unit Rate increase.

B. Provider must warrant and represent the Price list is based upon current financial information and programs, and includes all costs relating to, but not limited by, the following: telephone interpretation.

All revenue sources available to Provider to serve Hamilton County Customers identified in the Scope of Service shall be listed in the Price list, and utilized where permissible, to reduce the *Unit Rate/Cost Reimbursement*. All costs must be specified for the various parts of the program. Cost must be broken down by type of work as well as classifications for staff, i.e. senior program manager vs. lower level position.

The *Unit Rate/Cost Reimbursement* for each service proposed for <u>each Contract year</u> must be listed on the Cover Sheet, Attachment A.

- C. Provider must submit a detailed narrative demonstrating 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:
  - 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;
  - bad debt or losses arising from uncorrectable accounts and other claims and related costs;
  - 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;
  - 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;
  - 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 fundraising;
- 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.

#### 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 information for key clinical and business personnel who will be working with the program. These positions are Agency Director, CFO, Director and Administrators:

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

Provider's program manager must have a minimum of two years' 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 price list.

#### 2.6 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.

#### 2.7 Declaration of Property Tax Delinquency

After award of a Contract, and prior to the time a Contract is entered into, the successful bidder shall submit a statement in accordance with ORC Section 5719.042. Such statement shall affirm under oath that the Provider 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 Provider 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.

#### 2.8 Proposal Documents

The following items are to be attached to the proposal:

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.

- 1. Annual Report A copy of Provider's most recent annual report.
- Licensure A copy of appropriate licensure from ODJFS, ODMHAS or other licensing agencies. If Provider does not have a finalized license by the end of the proposal selection process, Provider will be granted 60 days from the date of acceptance of the proposal to finalize its license or Provider's proposal will be disqualified.
- 3. Contact Information Provide the address for the Provider's headquarters and service locations. Include a contact name, address, and phone number.
- 4. Agency/Company History Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.
- 5. Subcontracts Submit a letter of intent from each subcontractor indicating its commitment, the service(s) to be provided and three (3) references. All subcontractors must be approved by HCJFS and will be held to the same Contract standards and obligations as the Agency/Company.
- 6. 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.
- 7. 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.

**8.** Insurance and Worker's Compensation - A current certificate of insurance, current endorsements and Worker's Compensation certificate.

Provider must note that as a Contract requirement the following conditions must be met:

During the Contract and for such additional time as may be required, Provider shall provide, pay for, and maintain in full force and effect the insurance specified in the attached sample Contract, for coverage at not less than the prescribed minimum limits covering Provider's activities, those activities of any and all subcontractors or those activities anyone directly or indirectly employed by Provider or subcontractor or by anyone for whose acts any of them may be liable.

#### Certificates of Insurance

As a matter of proof of insurance, prior to the effective date of the Contract, Provider shall give the County and HCJFS the certificate(s) of insurance completed by Provider's duly authorized insurance representative, with effective dates of coverage at, or prior to, the effective date of the Contract, certifying that at least the minimum coverage required is in effect; specifying the form that the liability coverage's are written on; and, confirming liability coverage's shall not be cancelled, non-renewed, or materially changed by endorsement or through issuance of other policy(ies) of issuance without thirty (30) days advance written notice. Waiver of subrogation shall be maintained by Provider for all insurance policies applicable to this Contract, as required by ORC 2744.05. Certificates are to be sent to Hamil\_ContractServicesCommunication@JFS.Ohio.gov and the Hamilton County Risk Manager at COl@hamilton-co.org.

- **9.** Job Descriptions For all key clinical and business personnel who will be working with the program, to include: CFO, Clinical Director, Administrators, staff and Supervisors.
- **10.** If needed: 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.
- **11.** 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.
- **12.** Agency's/Company's Brochures A copy of the Agency's/Company's brochures which describe the services being proposed.
- **13.** Federal Programs- Provide a description of the Agency's/Company's experience with federal programs.

#### 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  | 12/21/2022               |
|---|--------------------------|
| RFP Conference  | 1/10/2023                |
|   | 2:00 P.M. EST            |
| Deadline for Receiving Final RFP Questions            | 01/17/2023 1P.M. EST     |
| Deadline for Issuing Final RFP Answers                | 01/23/2023               |
| Deadline for Registering for the RFP Process          | 01/09/2023 4:00 P.M. EST |
| Deadline for Proposals Received by RFP Contact Person | 01/30/2023 1:00 P.M. EST |
| Oral Presentation/Site Visits – if needed             | TBD                      |
| Anticipated Proposal Review Completed                 | 02/13/2023               |
| Anticipated Start Date                                | 03/01/2023               |

#### 3.2 RFP Contact Person

RFP Contact Person and mailing address for questions about the proposal process, technical issues, the Scope of Service or to send a request for a post-proposal meeting is:

Kris Bullock, Contract Services
Hamilton County Department of Job & Family Services
222 East Central Parkway, 3rd floor
Cincinnati, Ohio 45202
Hamil ContractServicesProcurementbullock@jfs.ohio.gov

#### 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 G) and fax or e-mail the RFP Contact Person to register, leaving their name, company name, email address, fax number and phone number. The RFP Contact Person's e-mail address is Hamil ContractServicesProcurementbullock@jfs.ohio.gov

#### 3.4 RFP Conference

Virtual RFP Conferences will be held using Microsoft Teams. Invitations will be sent to all organizations registered for this RFP.

All registered Providers may also submit written questions regarding the RFP or the RFP Process. All communications being 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 distributed at the RFP Conference and by e-mail to Providers who have registered for the RFP Process but are unable to attend the RFP Conference.
- 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.The final responses will be faxed or e-mailed no later than the date listed in Section 3.1 Program Schedule by the close of business.
- D. Only Providers who register for the RFP Process will receive electronic, unlocked price list, attachments and addenda.
- E. 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 01/27/2023.

#### 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

THIS RFP AND THE REQUIREMENTS HEREIN HAVE BEEN MODIFIED SINCE THE PREVIOUS RFP PROCESS. PLEASE REVIEW ALL REQUIREMENTS AND THE PROPOSAL TO ENSURE ACCURACY. ATTENDANCE AT THE RFP CONFERENCE IS HIGHLY ENCOURAGED.

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 01/17/2023 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 sent by 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, 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 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 365 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. 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 at the email address listed in <u>Section 3.2</u>, no later than the deadline listed in Section 3.1 Program Schedule. *Proposals received after this date and time will not be considered*. An email confirmation for receipt of proposals will be issued.

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 email 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 to Program Components, Section 1.2.2;
- E. Completed Price lists, Section 2.3;
- F. Responses to System and Fiscal Administration Components, Section 2.8,B

#### 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. Provider past performance can be referenced or influence the evaluation if well documented, in writing, and previously shared with Provider. This could include but be limited to Performance Improvement Plans, Referral Holds, or contract terminations for non-performance.

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.
- C. Site visits may be conducted with Providers as HCJFS deems necessary. Site visits will be held at the location where the services are to be provided.

#### 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 1.2.2 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 60% of the total evaluation score.
- B. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Price list are worth 20% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.8.B Questions are worth 10% of the total evaluation score.

D. Section 4.6, Stage 3, Other Materials considered are worth 10% 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 1.2.2 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 70% of the total evaluation score.
- B. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Price list are worth 20% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.8.B Questions are worth 10% 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 most responsive and 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 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 HCJFS deems 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 emailed to the RFP Contact Person at the address listed in Section 3.2. Certified or registered mail must be emailed to the contact person listed in Section 3. 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 clearly identified within the proposal;
- Must have the basis for non-disclosure status provided in narrative on a separate page and have "Trade Secret" typed on the upper righthand 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 typed on the right-hand corner of pages 1 through 5 of the proposal.

### 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 Provider Certification Process

HCJFS reserves the right to complete the Provider Certification process for selected Providers. The purpose of the process is to provide some assurance to HCJFS that Provider has the administrative capability to effectively and efficiently manage the Contract. The process covers

three (3) key areas: Section A - basic identifying information; Section B - financial and administrative information; and Section C - quality assurance information. The process may be abbreviated for Providers already certified through another process, such as Medicaid, JCAHO, COA, CARF, etc.

#### 4.11 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.

#### **Attachments**

Attachment A Cover Sheet

Attachment A-1 Program Component Checklist

Attachment B Contract Sample

Attachment C Price list and Instructions
Attachment D Provider Certification

Attachment E Declaration of Property Tax Delinquency

Attachment F Release of Personnel & Criminal Records Checks

Attachment G RFP Registration Form

# Attachment A Cover Sheet

#### **ATTACHMENT A Cover Sheet Telephone Interpretation**

RFP No: KB04-22R

| Provider Address:   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| elephone Number:  | Fax Number:                           |                                       |
| Contact Person:   |                                       |                                       |
| (Pleas  | se Print or type)                     |                                       |
| Phone Number:(ex  | ct)E-Mail Address:                    |                                       |
| dditional Names: Provider must inclu  | ude the names of individuals autho    | rized to negotiate with HCJFS.        |
| Person(s) authorized to negoti  | iate with HCJFS:                      |                                       |
| .,  |                                       |                                       |
| lame:<br>( <i>Please Print)</i>   | Title:                                |                                       |
| Phone Number:   | Fax Number:                           | _E-Mail:                              |
| lame:   | Title:                                |                                       |
| Phone Number:   | Fax Number:                           | E-Mail:                               |
| (Unit Rate for Initial Term)  | Unit Rate 1 <sup>st</sup> for Renewal | Unit Rate for 2 <sup>nd</sup> Renewal |
| \$_See attached Price List  | \$_See attached Price List            | \$_See attached Price List            |
| (Unit Rate 3 <sup>rd</sup> Renewal)   | Unit Rate 4th Renewal                 |                                       |
| \$_See attached Price List  | \$_See attached Price List            | \$                                    |
| Certification: I hereby certify the nd correct. The Provider's governor the Provider will comply with | erning body has authorized th         | nis application and documen           |
|   |                                       |                                       |

06/09/2010

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

06/09/2010 2

#### **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.

|   | RFP     |          |
|---|---------|----------|
| Action Required   | Section | Included |
| Did you register for the RFP process by January 9, 2023?  | 3.3     |          |
| Will your Proposal be submitted by 4:00 p.m. on or before January 30, 2023?                             | 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, Third and Fourth 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   |          |
| Is a response to each Proposal Document included?   | 2.8     |          |

06/09/2010 3

# Attachment **A-1** Program Component Checklist

#### RFP# KB04-22R Telephone Interpretation

#### Program Component Checklist

Please ensure all questions in Section 2.2.1 are answered and page numbers are listed by using checklist below.

**Proper Answer:** If YES - list page number where response can be found. If NO - list reason for not responding.

| QUESTION #                                   | YES | PAGE #(s) | NO | REASON FOR NOT RESPONDING |
|--|-----|-----------|----|---------------------------|
| Service Components and Business Deliverables |     |           |    |                           |
| Question 1                                   |     |           |    |                           |
| Question 2                                   |     |           |    |                           |
| Question 3                                   |     |           |    |                           |
| Question 4                                   |     |           |    |                           |
| Question 5                                   |     |           |    |                           |
| Question 6                                   |     |           |    |                           |

## Attachment B Contract Sample

| 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 (he         | ereinafter "HCJFS") and ?????   |
| (hereinafter "Vendor"), with an office at ??????, whose telephone | e number is telephone ????? for |
| the purchase of telephonic interpretation services.               |                                 |

### 1. TERM

This Contract will be effective from March 1, 2023 through February 28, 2025 inclusive, regardless of execution date, unless otherwise terminated or extended by formal amendment.

The total amount of the Contract shall not exceed (\$\$\$,\$\$\$.00) over the Initial Term.

In addition to the terms set forth above, Contract may be renewed, at the County's option for one (1) 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.

Renewal March 1, 2026 – February 21, 2027 \$\$\$\$\$\$

### 2. SCOPE OF SERVICE

Subject to terms, conditions, and specifications 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 Vendor agrees to perform the telephonic interpretation services described in Exhibit I, Request for Proposal KB04 - 22 (RFP) and Exhibit II, Vendor's Proposal ("Services").

### 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 Request for Proposal (RFP) KB04 22(RFP); then
- B. Exhibit II Request for Proposal (RFP) KB04 -22 (RFP)
- C. Exhibit III Cost

### 4. BILLING AND PAYMENT

A. County agrees to compensate the Vendor at the hourly rates as set forth in Exhibit II, Vendor will be contacted by HCJFS staff as services are needed. The time that Vendor will be compensated by County will begin at the time Vendor answers the call.

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

```
0-7 \text{ minutes} = 0
```

8 - 22 minutes = .25 hour

23 - 37 minutes = .50 hour

38 - 52 minutes = .75 hour

53 - 60 minutes = 1.0 hour

### B. Invoice and Payment Procedure

Billing and Payment – An original invoice, signed by the Vendor, must be submitted each month to Section Chief, Hamilton County Dept. of Job and Family Services, 222 East Central Parkway, Cincinnati, Ohio 45202 within thirty (30) days of the end of the service month. Vendor 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 (30) days after receipt of the invoice, for all invoices received in accordance with the terms of this Contract.

C. Invoice Detail - the following information must be set forth on every invoice:

- 1. Vendor's name, address, telephone number, fax number, and vendor number;
- 2. The number of minutes supplied by Vendor multiplied by the rate of pay for such Service; and
- 3. Purchase order number.
- D. Detail Report in Excel format the following must be provided to HCJFS on a monthly basis:
  - 1. Date of service;
  - 2. HCJFS Employee's Name (Requester);
  - 3. HCJFS Employee's (Requester) Telephone Number
  - 4. Consumer's Name:
  - 5. Start Time;
  - 6. End Time;

- 7. Total Minutes;
- 8. Dial Out fee per Call;
- 9. Amount Charged per Call; and
- 10. Non-Emergency Call;
- 11. Emergency Call; and
- 12. Total amount billed.
- E. Vendor will indicate purchase order number and vendor number on all invoices submitted for payment.
- F. 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 Vendor to other sources of public funds for the same service.

### 5. AVAILABILITY AND RETENTION OF RECORDS

Vendor 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 Vendor under this Contract, and all records, documents, writings or other information, including, but not limited to financial, census and consumer records used by Vendor 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 Vendor, along with copies of all deliverables submitted to HCJFS pursuant to this Contract, will be retained and made available by the Vendor 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 Vendor shall retain such records until the action is concluded and all issues resolved or the three (3) years have expired, whichever is later.
- B. Vendor 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. Vendor 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. Vendor agrees to keep all financial records in a manner consistent with generally accepted accounting principles.

D. Vendor agrees that each financial transaction shall be fully supported by appropriate documentation. Vendor 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 Vendors at any time during the term of this Contract.

### 7. CONFLICT OF INTEREST

This Contract in no way precludes, prevents, or restricts the Vendor 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 Vendor's ability to perform the services required under this Contract. The Vendor 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 Vendor 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 Vendor 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 Vendor 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.

Vendor 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, Vendor certifies to be in compliance with these provisions.

### 8. ASSIGNMENT AND SUBCONTRACTING

The parties expressly agree that this Contract shall not be assigned by the Vendor without the prior written approval of HCJFS. The Vendor may not subcontract any of the services agreed to in this Contract without the express written consent of the HCJFS. All subcontracts are subject to the same terms, conditions, and covenants contained within this Contract. Vendor agrees it will remain primarily liable for the provision of all deliverables under this Contract and it will monitor any approved subcontractors to assure all requirements under this Contract are being met. HCJFS acknowledges and agrees that the following subcontractors may perform services in relation to this Contract:

9. Notwithstanding any other provisions of this Contract that would afford Vendor an opportunity to cure a breach, Vendor agrees the assignment of any portion of this

Contract or use of any subcontractor, without HCJFS' prior written consent, is grounds for HCJFS to terminate this Contract with one (1) day written notice. Vendor must notify HCJFS within one (1) business day when Vendor knows or should have known that the subcontractor is out of compliance or unable to meet Contract or licensing requirements. Should this occur, Vendor will immediately implement a process whereby subcontractor is immediately brought into compliance or the subcontractor's contract with Vendor is terminated. Vendor shall provide HCJFS with written documentation regarding how compliance will be achieved. Under such circumstances, Vendor shall notify HCJFS of subcontractor's termination and shall make recommendations to HCJFS of a replacement subcontractor. All replacement subcontractors are subject to the prior written consent of HCJFS. Vendor is responsible for making direct payment to all subcontractors for any and all services provided by such contractor.

### 10. GOVERNING LAW

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

### 11. INTEGRATION AND MODIFICATION

This instrument, including Exhibits I II & III 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 Vendor 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.

### 12. 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.

### 13. TERMINATION

### A. Termination for Convenience

### 1. By HCJFS:

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

### 2. By Vendor:

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

### B. Termination for Cause by HCJFS

If Vendor fails to provide the Services as provided in this Contract for any reason other than Force Majeure, or if Vendor otherwise Materially Breaches this Contract, HCJFS may consider Vendor in default. HCJFS agrees to give Vendor thirty (30) days written notice specifying the nature of the default. Vendor 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 Vendor fails to submit such plan or HCJFS disapproves such plan, HCJFS has the option to immediately terminate this Contract upon written notice to Vendor.

If Vendor 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 Vendor.

### C. Effect of Termination

1. Upon any termination of this Contract, Vendor 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 Vendor.

- 2. Vendor, 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. Vendor shall not be relieved of liability to HCJFS for damages sustained by HCJFS by virtue of any breach of the Contract by Vendor. HCJFS may withhold any compensation to Vendor for the purpose of off-set until such time as the amount of damages due HCJFS from Vendor is agreed upon or otherwise determined.

### 14. COMPLIANCE

Vendor certifies that Vendor 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 Vendor 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 Vendor's employees.

- **A.** Prohibitions for Purchases of Telecommunication & Video Surveillance from Selected Vendors Vendors must not award contracts, renew contracts or expend any federal grant funds to purchase or obtain equipment or services that use telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system which are produced by Huawei Technologies or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - 1. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - **2.** Telecommunications or video surveillance services provided by such entities or using such equipment.
  - **3.** Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity

owned or controlled by, or otherwise connected to, the government of a covered foreign country.

### 15. NON-DISCRIMINATION IN EMPLOYMENT

Vendor 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, Vendor 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. Vendor 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. Vendor agrees to post in conspicuous places, available to employees and applicants for employment, notices stating the Vendor complies with all applicable federal and state non-discrimination laws.

Vendor, or any person claiming through the Vendor, 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 Vendor.

### 16. NON-DISCRIMINATION IN THE PERFORMANCE OF SERVICES

Provider agrees to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131 et seq.); all provisions required by the implementing regulations of the Department of Agriculture and Department of Health and Human Services; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and Department of Agriculture, Food and Nutrition Services (FNS) directives and guidelines to the effect that, no person shall on the grounds of race, color, national origin, sex, age, disability or political beliefs or association, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS.

Additionally, Title VI of the Civil Rights Act of 1964 requires recipients of federal funds to take reasonable steps to ensure their programs, services, and activities are

meaningfully accessible by persons with limited English proficiency (LEP). To the extent Vendor provides assistance to LEP individuals through the use of an oral or written translator or interpretation services, in compliance with this requirement, Consumers shall not be required to pay for such assistance.

B. Provide shall post the most recent version of the AD- 475A and/or AD-475B "And Justice for All" poster.

### 17. VENDOR SOLICITATION OF HCJFS EMPLOYEES

Vendor warrants that for the duration of the contract and all amendments or renewals, the Vendor will not solicit Hamilton County employees to work for Vendor.

### 18. RELATIONSHIP

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

### 19. DISCLOSURE

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

### 20. 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.

### 21. NO ADDITIONAL WAIVER

If HCJFS or Vendor 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.

### 22. CONFIDENTIALITY

The Vendor agrees to comply with all federal and state laws applicable to HCJFS and consumers of HCJFS concerning the confidentiality of HCJFS consumers. The Vendor 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 Vendor 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. Vendor will ensure all Consumer documentation is protected and maintained in a secure and safe manner. Vendor 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.

### 23. AUDIT RESPONSIBILITY

A. Vendor 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.

Vendor agrees to repay HCJFS the full amount of payment received for duplicate billings, erroneous billings, or false or deceptive claims. Vendor 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, Vendor 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 may 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.

- B. Vendor shall cause to be conducted an annual independent audit report. Within fifteen (15) days of receipt, Vendor agrees to give HCJFS a copy of Vendor's most recent annual report and most recent annual independent audit report.
- C. HCJFS reserves the right to evaluate programs of the Vendor and 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 Vendor's own time and expense.
- D. To the extent applicable, Vendor will cause a single or program-specific audit to be conducted in accordance with OMB Circular A-133. Vendor 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.

### 24. WARRANTY

The Vendor 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.

### 25. 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 Vendor hereunder, HCJFS reserves the right to exercise one of the following alternatives:

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

HCJFS will notify Vendor 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.

### 26. 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 Vendor 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 Vendor'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.

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

### 27. 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.

### 28. PUBLIC RECORDS

This Contract is a matter of public record under the laws of the State of Ohio. Vendor 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, Vendor acknowledges and understands that records maintained by Vendor pursuant to this Contract may be deemed public record and subject to disclosure under Ohio law. Vendor shall comply with the Ohio public records law.

### 29. DRUG-FREE WORKPLACE

Vendor certifies and affirms that Vendor will comply with all applicable state and federal laws regarding a drug-free workplace. Vendor 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.

### 30. 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, Vendor agrees to not discriminate in hiring and promoting against applicants for and participants for the Ohio Works Program.

Vendor 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.

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

Although information about and generated under this Contract may fall within the public domain, Vendor 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 Vendor 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 Vendor's performance under the Contract. Except where HCJFS approval has been granted in advance, the Vendor 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 Vendor 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, Vendor agrees to notify the HCJFS Communications Director in lieu of responding immediately to media queries. Nothing in this section is meant to restrict Vendor from using Contract information and results to market to specific consumers or prospects.

### 32. AMENDMENTS

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

### 33. INSURANCE

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

- A. Commercial general liability insurance policy with coverage contained in the most current Insurance Services Office Occurrence Form CG 00 01 or equivalent with limits of at least One Million Dollars (\$1,000,000.00) per occurrence and One Million Dollars (\$1,000,000.00) in the aggregate and at least One Hundred Thousand Dollars (\$100,000.00) coverage in legal liability fire damage. Coverage will include:
  - 1. Additional insured endorsement;
  - 2. Product liability;
  - 3. Blanket contractual liability;
  - 4. Broad form property damage;
  - 5. Severability of interests;
  - 6. Personal injury; and
  - 7. Joint venture as named insured (if applicable).

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

occurrence and Three Hundred Thousand Dollars (\$300,000.00) in the aggregate.

B. Business auto liability insurance of at least One Million Dollars (\$1,000,000.00) combined single limit, on all owned, non-owned, leased and hired automobiles. If the Contract contemplates the transportation of the users of Hamilton County services (such as, but not limited to HCJFS Consumers) and Provider provides this service through the use of its employees' privately owned vehicles "POV", then the Provider's Business Auto Liability insurance shall sit excess to the employees "POV" insurance and provide coverage above its employee's "POV" coverage.

Provider agrees the business auto liability policy will be endorsed to provide this coverage.

- C. Professional liability (errors and omission) insurance of at least One Million Dollars (\$1,000,000.00) per claim and in the aggregate.
- D. Umbrella and excess liability insurance policy with limits of at least One Million Dollars (\$1,000,000.00) per occurrence and in the aggregate, above the commercial general and business auto primary policies and containing the following coverage:
  - 1. Additional insured endorsement;
  - 2. Pay on behalf of wording;
  - 3. Concurrency of effective dates with primary;
  - 4. Blanket contractual liability;
  - 5. Punitive damages coverage (where not prohibited by law);
  - 6. Aggregates: apply where applicable in primary;
  - 7. Care, custody and control follow form primary; and
  - 8. Drop down feature.

The amounts of insurance required in this section for General Liability, Business Auto Liability and Umbrella/Excess Liability may be satisfied by Provider purchasing coverage for the limits specified or by any combination of underlying

and umbrella limits, so long as the total amount of insurance is not less than the limits specified in General Liability, Business Auto Liability and Umbrella/Excess Liability when added together.

- E. Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.
- F. The Provider further agrees with the following provisions:
  - 1. All policies, except workers' compensation and professional liability, will endorse as additional insured the Board of County Commissioners Hamilton County, Ohio and its officials, employees, agents and volunteers and the Hamilton County Department of Job & Family Services, and its officials, employees, agents, and volunteers. The additional insured endorsement shall be on an ACORD or ISO form.
  - 2. The insurance endorsement forms and the certificate of insurance forms will be emailed to the Hamilton County Risk Manager at COI@hamiltonco.org and to Agency at HAMIL\_ContractServicesCommunication@jfs.Ohio.gov. The forms must state the following: "Board of County Commissioners Hamilton County, Ohio and its officials, employees, agents, and volunteers and the Hamilton County Department of Job & Family Services, and its officials, employees, agents, and volunteers are endorsed as additional insured as required by Agreement on the commercial general, business auto and umbrella/excess liability policies."
  - 3. Each policy required by this clause shall be endorsed to state that coverage shall not be canceled or materially changed except after thirty (30) days prior written notice given to: Hamilton County Risk Manager at <a href="COI@hamilton-co.org">COI@hamilton-co.org</a> and to Agency at <a href="HAMIL\_ContractServicesCommunication@jfs.Ohio.gov">HAMIL\_ContractServicesCommunication@jfs.Ohio.gov</a>.
  - 4. Provider shall furnish the Hamilton County Risk Manager and HCJFS with original certificates and amendatory endorsements effecting coverage

required by this clause.

5. Hamilton County reserves the right at any time to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications.

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.

- 6. Provider shall declare any self-insured retention to Hamilton County pertaining to liability insurance. Provider shall provide a financial guarantee satisfactory to Hamilton County and HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses for any self-insured retention.
- 7. If Provider provides insurance coverage under a "claims-made" basis, Provider shall provide evidence of either of the following for each type of insurance which is provided on a claims-made basis: unlimited extended reporting period coverage which allows for an unlimited period of time to report claims from incidents that occurred after the policy's retroactive date and before the end of the policy period (tail coverage), or; continuous coverage from the original retroactive date of coverage. The original retroactive date of coverage means original effective date of the first claim-made policy issued for a similar coverage while Provider was under Contract with the County on behalf of HCJFS.
- 8. Provider will require all insurance policies in any way related to the work and secured and maintained by Provider to include endorsements stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against the County and HCJFS. Provider will require of subcontractors, by appropriate written contracts, similar waivers each in favor of all parties enumerated in this section.

- 9. Provider, the County, and HCJFS agree to fully cooperate, participate, and comply with all reasonable requirements and recommendations of the insurers and insurance brokers issuing or arranging for issuance of the policies required here, in all areas of safety, insurance program administration, claim reporting and investigating and audit procedures.
- 10. Provider's insurance coverage shall be primary insurance with respect to the County, HCJFS, their respective officials, employees, agents, and volunteers. Any insurance maintained by the County or HCJFS shall be excess of Provider's insurance and shall not contribute to it.
- 11. If any of the work or Services contemplated by this Contract is subcontracted, Provider will ensure that any subcontractors comply with all insurance requirements contained herein.

### 34. INDEMNIFICATION & HOLD HARMLESS

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

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

### 35. LOBBYING

Vendor warrants that during the life of this Contract, Vendor 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. Vendor further warrants that Vendor 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 Vendor fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

### 36. PROPERTY OF HAMILTON COUNTY

The deliverable(s) and any item(s) provided or produced pursuant to this Contract (collectively "Deliverables") shall be considered "works made for hire" within the meaning of copyright laws of the United States of America and the State of Ohio. BOCC is and shall be deemed the sole author of the Deliverables and the sole owner of all rights therein. If any portion of the Deliverables are deemed not to be a "work made for hire," or if there are any rights in the Deliverables not so conveyed to BOCC, then Provider agrees to and by executing this Contract hereby does assign to BOCC all worldwide rights, title, and interest in and to the Deliverables. BOCC acknowledges that its sole ownership of the Deliverables under this Contract does not affect Provider's right to use general concepts, algorithms, programming techniques, methodologies, or technology that have been developed by Provider prior to or as a result of this Contract or that are generally known and available.

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

### 37. TRANSITION PLAN

The Transition Plan to be used in the event of termination or expiration of this Contract is attached to and incorporated into this Contract as Exhibit n. The goals of the Transition Plan are to: a) ensure continuity of services; and b) not disrupt services unnecessarily. The parties agree that each shall provide reasonable cooperation in the transitioning of responsibilities to any other person or entity selected by HCJFS to assume administration of such responsibilities. To ensure continuity of services, the Transition Plan, at a minimum, includes the following schedule:

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

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

### 38. DEBARMENT AND SUSPENSION

HCJFS may not contract with Vendors on the non-procurement portion of the General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs: ("List") in accordance with Executive Order 12549 and 12689. By signing this Contract, Vendor warrants that Vendor is excluded from the List and will immediately notify HCJFS if Vendor 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 Vendor fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

### 39. FAITH BASED ORGANIZATIONS

If Vendor is a faith-based organization, Vendor 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 Consumer 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 Vendor. If any Consumers objects to the religious character of the organization, Vendor will immediately notify HCJFS.

### 40. CHILD SUPPORT

Vendor agrees to cooperate with ODJFS and any Ohio Child Support Enforcement Agency ("CSEA") in ensuring Vendor or the employees of Vendor meets child support obligations established under state or federal law. Further, by executing this Contract Vendor 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.

### 41. 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, Vendor warrants that a finding for recovery has not been issued to Vendor

by the Ohio Auditor of State. Vendor further warrants that Vendor shall notify HCJFS within one (1) business day should a finding for recovery occur during the Contract term.

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

Vendor 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. Vendor 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).

### 43. ENERGY POLICY AND CONSERVATION ACT

Vendor 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).

### 44. 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.

### 45. DOCUMENTATION AND REPORTING

HCJFS reserves the right to request reports at any time during the Contract period. Vendor will endeavor to provide such additional reports requested by HCJFS within ten (10) days of receipt of the request, but that HCJFS shall not withhold payment to Vendor pending receipt of any additional, non-standard reports.

HCJFS shall have access to HCJFS data on contained in Vendor's application for, including but not limited to, viewing data, generating reports and downloading data.

### **46. CONTRACT CONTACTS**

### A. HCJFS Contacts

Vendor should contact the following HCJFS staff with questions:

| Name | Phone # | Department                 | Responsibility                      |
|------|---------|----------------------------|-------------------------------------|
|      |         | Contract Services          | contract changes, contract language |
|      |         | Performance<br>Improvement | Program changes                     |

### B. Vendor Contacts

HCJFS should contact the following Vendor staff with any questions:

| Name | Phone # | Department | Responsibility       |
|------|---------|------------|----------------------|
|      |         |            | Program and Contract |

### Attachment C Price List

| laneus es                   | Non-Emergency<br>Monday-Friday<br>7:30 A.M. to 4:3- P.M. | Non-Emergency<br>Monday - Friday<br>4:31 p.m 7:29 a.m.<br>Per Minute |            | Emergency Weekends andHolidays | List all other costs (including minumum |
|-----------------------------|--|--|------------|--------------------------------|---|
| anguages                    | Per Minute   | T GI WIII GIG  | Per Minute | Per Minute                     | hour requirements)                      |
| KAN                         |  |  |            |                                |   |
| LBANIAN<br>MHARIC           |  |  |            |                                |   |
| RABIC                       |  |  |            |                                |   |
| SSYRIAN                     |  |  |            |                                |   |
| AMBARA<br>ASQUE             |  |  |            |                                |   |
| OSNIAN                      |  |  |            |                                |   |
| URMESE                      |  |  |            |                                |   |
| CANTONESE                   |  |  |            |                                |   |
| CATALAN<br>CHICHEWA         |  |  |            |                                |   |
| REOLE                       |  |  |            |                                |   |
| CROATIAN<br>CZECH           |  |  |            |                                |   |
| )ANISH<br>)ARI              |  |  |            |                                |   |
| DUTCH                       |  |  |            |                                |   |
| STONIAN                     |  |  |            |                                |   |
| ANTA                        |  |  |            |                                |   |
| ARSI<br>IJIAN               |  |  |            |                                |   |
| INNISH                      |  |  |            |                                |   |
| LEMISH<br>RENCH             | +  |  |            |                                |   |
| UKIENESE                    |  |  |            |                                |   |
| GAELIC                      |  |  |            |                                |   |
| GERMAN                      |  |  |            |                                |   |
| GREEK<br>GUJARATI           |  |  |            |                                |   |
| IAITIAN CREOLE<br>IEBREW    |  |  |            |                                |   |
| HINDI                       |  |  |            |                                |   |
| HMONG<br>HUNGARIAN          |  |  |            |                                |   |
| GBO                         |  |  |            |                                |   |
| CELANDIC<br>LOCANO          |  |  |            |                                |   |
| NDONESIAN                   |  |  |            |                                |   |
| TALIAN<br>APANESE           |  |  |            |                                |   |
| HMER                        |  |  |            |                                |   |
| (OREAN<br>(URDISH           |  |  |            |                                |   |
| (URUNDI                     |  |  |            |                                |   |
| AOTIAN                      |  |  |            |                                |   |
| ATVIAN                      |  |  |            |                                |   |
| ITHUANIAN<br>MACEDONIAN     |  |  |            |                                |   |
| MALAYALAM<br>MANDARIN       |  |  |            |                                |   |
| MANDINGO                    |  |  |            |                                |   |
| MIEN<br>MON                 |  |  |            |                                |   |
| MONGOLIAN                   |  |  |            |                                |   |
| NAVAJO<br>NEPALI            |  |  |            |                                |   |
| NORWEGIAN                   |  |  |            |                                |   |
| PASHTO                      |  |  |            |                                |   |
| OLISH                       |  |  |            |                                |   |
| ORTUGESE<br>ORTUGESE CREOLE |  |  |            |                                |   |
| ULAR                        |  |  |            |                                |   |
| UNJABI<br>OMANIAN           |  |  |            |                                |   |
| USSIAN<br>ANGO              |  |  |            |                                |   |
| AMOAN                       |  |  |            |                                |   |
| ERBIAN<br>ERBO CROATION     |  |  |            |                                |   |
| HANGHAI                     |  |  |            |                                |   |
| INHALESE<br>LOVAK           |  |  |            |                                |   |
| LOVENIAN                    |  |  |            |                                |   |
| OMALI<br>ONEIKE             |  |  |            |                                |   |
| PANISH                      |  |  |            |                                |   |
| WAHILI<br>WEDISH            |  |  |            |                                |   |
| AGALOG<br>AIWANESE          |  |  |            |                                |   |
| AISHANESE                   |  |  |            |                                |   |
| AMIL<br>HAI                 |  |  |            |                                |   |
| IGRINYA                     |  |  |            |                                |   |
| ONGAN<br>URKISH             |  |  |            |                                |   |
| WI                          |  |  |            |                                |   |
| JDO<br>JKANIAN              |  |  |            |                                |   |
| JRDU                        |  |  |            |                                |   |
| TETNAMESE<br>VOLOF          |  |  |            |                                |   |
| IDDISH                      |  |  |            |                                |   |
| ORUBA<br>'UGOSLAVIAN        |  |  |            |                                |   |
| ULU                         |  |  |            |                                |   |
| OTHER LANGUAGES             |  |  |            |                                |   |
|                             |  |  |            |                                |   |
|                             | isted above your company                                 | daaa aat ay aa aat   |            | I                              | 1                                       |

## Attachment D Provider Certification

### **Hamilton County Department of Job and Family Services Provider Certification Document**

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

| anu | should not be seen as an official accredit        | ation, needsting of endorsement of a provider program of agency. |
|-----|---|--|
| 1.  | Reviewer's Name and Title                         |  |
| 2.  | <b>Initiation of Certification Process (Date)</b> |  |
| 3.  | <b>Completion of Certification Process (Date)</b> |  |
| 4.  | Certification Status                              |  |
| 5.  | Tax I.D. #  |  |
| 6.  | Oracle Contract #                                 |  |
| 7.  | Agency Name                                       |  |
| 8.  | Agency Address                                    |  |
| 9.  | Phone #   |  |
| 10. | Fax #   |  |
| 11. | Program Name                                      |  |
| 12. | Service Name                                      |  |
| 13. | Program Address, if different                     |  |
| 14. | Program Phone #, if different                     |  |
| 15. | Program Fax #, if different                       |  |

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

**NOTES:** 

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

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

| d. Worker's Compensation insurance;                  |   |   |
|--|---|---|
| e. table of organization including advisory boards   |   |   |
| &  |   |   |
| committees;  |   |   |
| f. service/attendance form, sign-in sheet, etc.      |   |   |
| g. copy of the contract service contingency plan, if |   |   |
| applicable for this service.                         |   |   |
| 5. Reviewed 3 of the last 12 months board minutes    |   |   |
| 6. Reviewed accounting/record keeping system:        |   |   |
| a. financial record keeping method                   |   |   |
| 1) is a separate account set up for our program?     |   |   |
|  |   |   |
| 2) are invoices filed for easy reference?            |   |   |
| 1 1 1  |   |   |
| b. cash or accrual system;                           |   |   |
| c. revenue source during start-up period;            |   |   |
|  |   |   |
| d. ability to issue accurate and timely reports      |   |   |
| e. maintenance of client service records.            |   |   |
| 1) method for documenting client service;            |   |   |
|  |   |   |
| 2) method for compiling data for reports;            |   |   |
| 2) 4 16 4 1' 6 ' 1' 4                                |   |   |
| 3) method for tracking performance indicators;       |   |   |
| f. how will provider manage cash flow during the     |   |   |
| first 3 months of the contract?                      |   |   |
| 7. When applicable, reviewed personnel files for     |   |   |
| proof of required documentation including, but       |   |   |
| not limited to:                                      |   |   |
| a. current professional license/certification;       |   |   |
| b. driver's license with < 5 points;                 |   |   |
| a much of con insurance:                             |   |   |
| c. proof of car insurance;                           |   |   |
|  | ] | 1 |

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

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

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

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

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

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

### Additional comments/notes for Section C:

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

# Attachment E Declaration of Property Tax Delinquency

### **Declaration of Property Tax Delinquency** (ORC 5719.042)

| I,                                    | , hereby affirm that the Proposing Organizati |              |              | ion herein,   |              |
|---------------------------------------|---|--------------|--------------|---------------|--------------|
|                                       |   | , is         | _ / is not _ | (check        | one) at the  |
| time of submitting this proposal c    | harged with                                   | delinquent   | property ta  | axes on the   | general tax  |
| list of personal property within the  | ne County of                                  | f Hamilton.  | If the Pro   | posing Orga   | ınization is |
| delinquent in the payment of prope    | erty tax, the a                               | amount of si | uch due and  | d unpaid deli | inquent tax  |
| and any due and unpaid interest is    | \$  |              | _•           |               |              |
| D. L. M.                              |   |              |              |               |              |
| Print Name                            |   |              | L            | <b>D</b> ate  |              |
| Signature                             |   |              |              |               |              |
| State of Ohio - County of Hamil       | ton Notary                                    |              |              |               |              |
| Before me, a notary public            |   |              | •            | -             |              |
|                                       |   | _            | -            |               | _            |
| who acknowledges that he/she ha       | as read the f                                 | foregoing a  | nd that the  | e information | n provided   |
| therein is true to the best of his/he | knowledge                                     | and belief.  |              |               |              |
| IN TESTIMONY WHEREOF, I h             | ave affixed i                                 | my hand and  | d seal of m  | y office at   |              |
|                                       | Ohio this                                     | day of       |              | _ 20          |              |
|                                       |   |              |              |               |              |
|                                       |   | Nota:        | ry Public    |               |              |
|                                       |   | 1 1014       | .,           |               |              |

### Attachment F Release of Personnel Records & Criminal Records Checks



 $\begin{tabular}{ll} \textbf{General Information:} & (513)\ 946\text{-}1000 \\ \textbf{General Information TDD:} & (513)\ 946\text{-}1295 \\ \end{tabular}$ 

FAX: (513) 946-2250 www.hcjfs.org www.hcadopt.org www.hcfoster.org

| Employer Name:                                  |   |
|---|---|
| Employee Name:                                  |   |
| Employee Address:                               |   |
|   |   |
| RELEASE OF PERS                                 | ONNEL RECORDS AND CRIMINAL RECORDS AND FINGERPRINT-BASED CHECKS   |
| with respect to any p                           | ections 2151.86 and 5153.111 require criminal records and fingerprint-based checks erson who is responsible for telephone interpretation services. Hamilton County d Family Services requires certain of those checks to be performed on an annual  |
|   | ing organizations, may be required to audit the records of Providers to th provisions relating to criminal record and fingerprint-based checks.   |
| _   |   |
| not limited to, crimin<br>Authorization Date un | and those entitled to audit its records, to review my personnel records, including, but nal records and fingerprint-based checks. This authorization is valid from the ntil one year after the termination of the contract between HCJFS and Provider that records and/or fingerprint-based checks. |
| Signature:                                      |   |
| Authorization Date: _                           |   |

# Attachment G RFP Registration Form

### REQUEST FOR PROPOSAL REGISTRATION FORM

### **RFP KB04-22R**

for

### **Telephone Interpretation**

### All inquiries regarding this RFP are to be in writing and are to be emailed to: Kris Bullock

**Email:** <u>Hamil ContractServicesProcurementbullock@ifs.ohio.gov</u>

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.

| DATE:   |  |
|---|--|
| COMPANY NAME:                                       |  |
| ADDRESS:  |  |
| REPRESENTATIVE'S NAME                               |  |
| TELEPHONE NUMBER                                    |  |
| FACSIMILE NUMBER:                                   |  |
| EMAIL ADDRESS:                                      |  |
| NUMBER OF PEOPLE ATTENDING PRE-PROPOSAL CONFERENCE: |  |
| SIGNATURE:  |  |

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

\*RFP Registration Forms are due: 1/09/2023

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

Please email this completed page to HCJFS Contract Services at:

Hamil ContractServicesProcurementbullock@ifs.ohio.gov