

REQUEST FOR PROPOSALS COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM (CCMEP)

RFP #SC02-20R

Issued by

THE HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

222 E. CENTRAL PARKWAY

CINCINNATI, OHIO 45202

January, 2020

RFP Conference: January 31, 2020, 1:30 p.m. – 3:30 p.m.

Location: Hamilton County Department of Job & Family Services

222 East Central Parkway

Cincinnati, OH 45202

6th Floor - Room 6SE601

Deadline for Proposal Registration: February 7, 2020 no later than noon EST

Due Date for Proposal Submission: February 28, 2020 no later than 11:00 a.m. EST

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REQUEST FOR PROPOSAL (RFP)
FOR
COMPREHENSIVE CASE MANAGEMENT AND
EMPLOYMENT PROGRAM (CCMEP)

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 Hamilton County Department of Job & Family Services (HCJFS) is seeking proposals for the purchase of Services for Comprehensive Case Management and Employment Program (CCMEP) as described in Section 1.2.

The selected Provider(s) will work on behalf of HCJFS but will be expected to coordinate efforts with the local Workforce Investment Board, Southwest Ohio Region Workforce Investment Board (SWORWIB). The Board of County Commissioners (BOCC), Hamilton County, Ohio reserves the right to award Contracts for these services to several different 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 ("Initial Term") with three (3) one (1) year renewal options ("Optional Renewal Terms") at the sole discretion of HCJFS. Providers who do not submit pricing for the renewal options will not be disqualified; however, a Contract cannot be awarded for any term where Provider has not submitted a budget. Providers are encouraged to submit budgets for the renewal options where possible. The purpose of the total four (4) year period is to minimize the cost of the process for Providers and for Hamilton County.

If at any time during the Initial Term or any Optional Renewal Term HCJFS determines that service capacity needs to be expanded, HCJFS may re-release this RFP. Any contracts awarded from a re-issued RFP(s) will expire at the same time as the contracts awarded under the initial RFP.

All proposals submitted as a part of a re-released RFP will be subject to and evaluated based upon the same criteria set forth in the initial RFP (plus any addenda issued as a part of the initial RFP).

1.2 Scope of Service

Background:

On June 30, 2015, Governor Kasich signed House Bill 64, the state's biennial budget, into law. Section 305.190 of the bill establishes a framework to transform the network of human service and workforce programs to find a new way to work for low-income Ohioans. This framework starts first with 14 to 24-year-olds, where early intervention can have the greatest impact. The state is pushing traditional program boundaries by integrating components of the Temporary Assistance for Needy Families (TANF) program with the Workforce Innovation and Opportunity Act (WIOA) Youth Program to create a better-coordinated, person-centered case management system.

Effective July 1, 2016, Comprehensive Case Management and Employment Program (CCMEP) became the statewide operational framework used to deliver integrated, comprehensive case management and employment services across Ohio's 88 counties. CCMEP takes a coordinated, holistic approach to stabilizing individuals and families by addressing the myriad of factors that may be contributing to poverty and unemployment, including health, housing, education, transportation and child care. In conjunction with supportive services, the program will provide access to employment and training services, including career counseling, job placement and services to facilitate job retention.

By leveraging the strengths of both the workforce and human services systems, CCMEP seeks to improve employment and education outcomes for low-income youth and young adults by helping recipients overcome barriers to employment and develop the skills local employers seek.

The centerpiece of CCMEP is ensuring customers have access to staff who are qualified and trained to conduct interviews, use assessment tools and work with customers as they make progress toward their plan objectives.

Staff should engage individuals in a dynamic conversation about their current situation, aspirations and barriers, and collaborate with them to develop an individual opportunity plan with meaningful goals and objectives. The goals of the plan should be oriented towards CCMEP primary outcome measures including employment, job retention, earnings growth and credential attainment.

CCMEP services overlap with existing OWF and WIOA services and populations significantly. The winning bid for this service will distinguish itself by its ability to leverage and ensure little or no redundancy with the services delivered under:

- WIOA Youth Services;
- WIOA Adult Services;
- Summer Youth Employment Services; and
- Any subsequently awarded workforce funding in Hamilton County.

CCMEP is intended to provide enhanced services under TANF, WIOA Adult, and WIOA Youth Services. WIOA Youth are distinguished for a few reasons listed below.

1. The performance and reporting responsibilities of WIOA Youth Providers align with CCMEP requirements. All resulting outputs, outcomes, and performance results are subject to quarterly reporting to the SWORWIB.
2. All SWORWIB WIOA Youth Providers in Area 13 were competitively procured in July of 2018. Each contract accommodates CCMEP mandates and TANF dollars.

Contracts are held by the three parties listed below:

- Cincinnati Youth Collaborative/Jobs for Cincinnati Graduates;
 - Santa Maria/Literacy Center West; and
 - ResCare “My Life”.
3. These contracts are managed by HCJFS and the SWORWIB. The CCMEP Provider(s) will not touch or flow WIOA youth dollars. The CCMEP Provider(s) will provide

services that enhance existing TANF/WIOA services to fill gaps, add coordination, support co-enrollment, and to serve volunteers, as appropriate. The primary CCMEP Provider(s) will be fully accountable for ensuring that no redundant services are approved, delivered, or paid for under the umbrella of CCMEP.

The CCMEP Provider(s) may supplement WIOA, TANF, Summer Youth, or other workforce services, but will do so with properly procured services delivered in close coordination with existing service plans. The Provider(s) will not transfer CCMEP dollars directly to WIOA or TANF contractors previously procured by HCJFS or the SWORWIB.

Each CCMEP participant will be enrolled with a specific TANF goal identified suitable to their needs.

Hamilton County, the lead agency, will procure for primary CCMEP services with expectations that the Provider and all subcontracts will result to ensure comprehensive and timely services. Proposals that include robust community-based subcontract agreements will be awarded higher scores in rating of these proposals. We expect the selected Provider to have an active presence in high need areas where the poverty rate exceeds 35%: such as Winton Terrace (45232), St. Bernard/Elmwood Place (45232), the West End (45214), Fairmount (45214), CUF (45219), Avondale (45229), Price Hill (45205), Evanston (45207), Northside (45207), South Fairmount and Sedamsville (45204). HCJFS will have a presence in zip code area 45225 and serve as the principal CCMEP provider to this community. The selected Provider is expected to work collaboratively with and provide support to this team and this area as appropriate.

Primary CCMEP Provider(s) will be responsible for assuring CCMEP mandates and measures under the supervision of HCJFS.

HCJFS will provide this oversight in collaboration and communication with the SWORWIB; including quarterly reports at the SWORWIB Board meetings.

Any party that receives a contract as a result of this procurement will be responsible for:

1. Contracting with HCJFS and complying with all terms and conditions of that contract for the delivery of services.
2. Oversight and monitoring of all program activities, including collaborative partners.
3. Administering and reporting all funds paid as a result of the program.
4. Assisting in the collection of eligibility documentation, reviewing and entering appropriate service information into the Ohio Workforce Case Management System (OWCMS) and other data collection system(s) determined by HCJFS, and submitting all performance documentation to HCJFS.
5. Collaborating with community organizations and government entities, including, but not limited to: local education agencies, social service agencies, public housing agencies, TANF/OWF, foster care, youth service Providers and other related programs, businesses and industry sectors, and workforce service system and its partners.
6. Coordinating with partners in program design, implementation and capacity building/staff development and ensuring that the program meets performance outcomes.
7. Conducting customer satisfaction surveys of participants and using the results to develop and implement a continuous improvement plan.
8. Disallowed costs – As described in Section 2.3 E, and costs in excess of the project budget, incurred outside of the Contract scope or timeframe, and prohibited costs will be the responsibility of the Contract holder.

CCMEP rules, forms and other resources are posted on the Ohio Department of Job and Family Services (ODJFS) Office of Workforce Development website at:

<http://ifs.ohio.gov/owd/CCMEP/index.stm>

Responding bidders will be expected to accept modifications in any subsequent contracts and budgets to comply with any changes in legislation, regulations or emerging guidance provided by state or federal entities.

1.2.1 Population

Data is provided on Attachments H and I for planning purposes only. HCJFS does not guarantee that the current service level will increase, decrease or remain the same.

Beginning July 1, 2020, lead agencies will serve youth and young adults ages 14 - 24 in the CCMEP program in accordance with the following:

1. Required CCMEP participants:

- A. Participants in the Ohio Works First (OWF) program who have been determined to be work-eligible.
- B. Participants in the Ohio Works First (OWF) program who have been determined to be work-eligible and are co-enrolled in CCMEP WIOA.

2. Volunteer CCMEP participants:

- A. OWF participants determined not to be work-eligible.
- B. Individuals receiving benefits and services through the Prevention, Retention and Contingency (PRC) program.

Priority populations will include the following:

- Individuals referred from or co-enrolled with any CCMEP partner agencies with shared performance measures. This may include the following:
 - Transition-age foster youth;
 - Homeless youth;
 - Veterans;
 - School dropouts;
 - Basic skills-deficient youth;
 - English language learners;
 - Ex-Offenders;
 - Pregnant or parenting youth;
 - Individuals with disabilities; and
 - Individuals requiring additional assistance to enter or complete an educational program or to secure or hold employment.

The selected Provider will be expected to serve required populations with all outlined service components and to achieve high performance outcomes. The selected Provider must demonstrate the capacity to solicit and serve a meaningful volume of CCMEP volunteers. Our highest priority for this volunteer population is youth between 14 and 17 years of age.

1.2.2 Service Components

(This section is for information purposes only. You do not need to address this section in your proposal)

The selected Provider will deliver or ensure all of the following are available for volunteer and required participants without creating redundancy:

1. Appropriate means of transportation of consumers to and from assigned activity sites. This may include bus passes, fuel cards, cash allowances or vehicles operated by the Provider or subcontractor, etc.
2. Management of the transition of customers to employment or work activities, as well as monitoring, tracking and documenting attendance, and providing prompt and accurate return of work participation reports to HCJFS.
 - A. Work participation reports must be submitted to HCJFS at least monthly by the 7th business day of the month for the previous month.
 - B. Individual Opportunity Plans created for TANF Work Eligible CCMEP customers must be translated into work participation language daily and submitted to HCJFS by 6am the next business day.
 - C. Continuous and timely reporting of data and or documentation that may impact the customer's benefit eligibility. This includes but is not limited to employment verifications, sanction requests, good cause, sanction compliance, Domestic Violence, and corrections to attendance reports.
3. Appropriate level of case management based on the needs of the individual consumer. This includes outreach and follow-up to: ensure participation, identify and address barriers, and develop working relationships. Multiple touches are required with this population in the form of meetings, letters, phone calls, site visits, etc.
4. Maintenance of adequate case records. Provider case records shall include at a minimum:

- A. JFS 03002 – WIOA Youth and Young Adult Program Eligibility Application;
- B. JFS 03003 – Comprehensive Case Management Employment Program (CCMEP) Comprehensive Assessment;
- C. Basic Skills Assessment – TABE Test and/or Locator results;
- D. JFS 03004 – Comprehensive Case Management Employment Program (CCMEP) Individual Opportunity Plan; and
- E. Case notes or hard copy information documenting:
 - 1) Administrative support provided regarding transportation issues;
 - 2) How identified personal and situational barriers were addressed;
 - 3) Any outcomes gleaned from assessment tools utilized in addition the JFS 03003;
 - 4) Child care needs were addressed;
 - 5) Actual participation, failure and good cause hours for each month;
 - 6) Outreach/follow-along efforts;
 - 7) Intervention plan for unsuccessful customers;
 - 8) How failures were addressed (i.e., good cause or sanction); and
 - 9) Hard copy verification to support assignments and outcomes (i.e., employment verification, pay stubs, basic medical form, school schedules).

Note: Provider may be required to scan and index all hard copy documentation into state/county data warehouse (currently OnBase).

- 5. Assessment of Basic Skills;
- 6. Close coordination with WIOA Youth Service Providers;
- 7. Development of state mandated individual opportunity plans;
- 8. Demonstrated competent understanding of WIOA adult and youth eligibility, OWF work requirements, Summer Youth TANF eligibility, and documentation/monitoring requirements for each;
- 9. Collaborations of substance that can serve CCMEP service requirements through expedited access, well-coordinated services, and leveraged resources. Any such collaboration will be valued by HCJFS only in as much as it is clear the effort serves the outcome interests of this Contract;

10. Co-location between the CCMEP and OhioMeansJobs (OMJ);
11. Outreach;
12. The Provider will ensure that participating youth complete and submit appropriate application for TANF, WIOA, and/or CCMEP;
13. CCMEP Comprehensive Assessment using the form JFS 03003;
14. The Provider must provide an assurance that it makes available the 14 specific core WIOA youth elements listed below. Provide a brief description of how the lead agency will ensure these elements are made available to CCMEP participants:
 - Tutoring, study skills training, instruction and dropout prevention;
 - Alternative secondary school services or dropout recovery services;
 - Paid and unpaid work experience (with an academic and occupational education component);
 - Occupational skill training;
 - Education offered concurrently with workforce preparation activities;
 - Leadership development opportunities;
 - Supportive services;
 - Adult mentoring;
 - Follow-up services for not less than 12 months;
 - Comprehensive guidance and counseling;
 - Financial literacy education;
 - Entrepreneurial skills training;
 - Labor market and employment information; and
 - Activities to prepare for and transition to post-secondary education and training.
15. The Provider will deliver relatively more intensive services to participants who meet any of the criteria for or require any one or more of the services listed below:
 - Parenting class as part of a case plan with a Public Children Services Agency (PCSA);
 - Alcohol or drug addiction treatment;
 - Assistance in finding a home because the participant is homeless;
 - Assistance in obtaining services related to domestic violence issues;

- Assistance in reentering the workforce due to ex-offender status;
- Supplemental Security Income (SSI) case management needed;
- Mental health counseling needed;
- Dropout prevention and recovery service;
- Basic skills deficiency;
- Transitioning from foster care; and
- Other disclosed barrier(s).

16. Semi-annual TANF eligibility redetermination;

17. Follow-up job retention and other services will be provided for no less than 12 months to ensure a participant is successful in sustaining ongoing employment; and

18. Meet or exceed state performance measures related to Job Entry, Youth Placement, Credential Attainment, Median Earnings, and Job Retention for all CCMEP populations.

19. This procurement is intended to change local CCMEP operations to direct more and a higher proportion of funds toward participant incentive payments. The selected bidder and HCJFS shall agree upon funding levels and achievement milestones for participant incentive payments. Those incentive payments shall constitute no less than ten percent of the value of this contract. Incentives shall build upon each-other and increase in value toward economic independence.

- Participant incentives shall be limited to objective and verifiable outputs and outcomes, rather than process related benchmarks. Examples may include:
 - Employment
 - Employment retention
 - Wage gains
 - Diploma
 - Industry recognized certifications
 - Reliable attendance over time

20. The selected vendor shall actively coordinate any customer transfers with OWF 25+ work activity vendor(s) to ensure that participants are never accountable to multiple vendors.

21. HCJFS shall pay the contract holder an incentive-based sum ranging from \$0 to \$150,000. Within 60 days of the end of each contract year the vendor shall quantify and document success or failure in each of the four (4) measures. Each measure is new to this procurement. Details are in Attachment M.

1.2.3. Sub-Recipient

If awarded a contract through this RFP, the selected applicant(s) will be designated as a “sub-recipient” as referenced by ODJFS’ rule OAC 5101:9-1-88. A sub-recipient is defined as a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program but does not include an individual that is a beneficiary of such a program. A sub-recipient may also be a recipient of other federal awards directly from a federal awarding agency. The selected applicant will have some of the same restrictions and requirements as the federal, state, and local governments/organizations.

The auditing standards set forth in Office of Management and Budget (OMB) Circular A-133 (210) (b) budgeting protocols, and federal budget/cost guidelines are all applicable to the successful applicant.

Indications of a sub-recipient relationship include:

1. Provider determines who is eligible to receive federal financial assistance;
2. Provider has performance measured against whether the objectives of the federal program are met;
3. Provider has responsibility for programmatic decision making; and
4. Provider has responsibility for adherence to applicable federal program compliance requirements.

Provider uses the federal funds to carry out its own program as compared to providing goods or services for a program of the pass-through entity.

1.3. Employee Qualifications

1. Work history: All employees who are assigned to this project with HCJFS’s customers shall have information on job applications verified. Verification shall include references and work history information.

2. 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 Department) and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing services.
3. Central Registry Report: Provider warrants and represents it will secure a release for an annual Central Registry report from all individuals assigned to work with or transport Consumers. Instructions and guidance on how to obtain this clearance can be found at <https://jfs.ohio.gov/ocf/childprotectiveservices.stm>.
4. All completed and documented checks shall be in the employee file.
 - A. Provider shall ensure that every above described individual will sign a release of information, attached hereto and incorporated herein as Attachment F to allow inspection and audit of the above Central Registry report by HCJFS or anyone conducting compliance reviews on their behalf.
 - B. Provider shall not assign any individual to work, volunteer with or transport consumers until a Central Registry report has been obtained. A Central Registry report must be dated within six (6) months of the date an employee is hired.
5. Provider who have been convicted: Employees convicted of, or plead guilty to, any violations contained in ORC 5153.111 (B) (1) may not come into contact with HCJFS' Customers.

2.0 PROVIDER PROPOSAL

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

A. Hardcopy Requirements

- All proposal pages must be numbered sequentially from beginning to end, including attachments.
- Each proposal should not exceed a total of 300 pages.
- Each submission must have one signed original proposal and eight (8) copies.
- One of the eight (8) copies must be submitted as single-sided.
- Each proposal must be written in twelve (12) point font.

B. Electronic Requirements

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

C. Proposal Organization

Proposals must contain all the specified elements of information listed below **without exception, including all subsections therein:**

- Section 2.1 - Cover Sheet
- Section 2.2 - Service and Business Deliverables:
 - Section 2.2.1 – Program Components
- Section 2.3 – Budgets and Cost Considerations
- Section 2.4 - Customer References
- Section 2.5 - Personnel Qualifications
- Section 2.6 – Financial Documentation
- Section 2.7 - Declaration of Property Tax Delinquency
- Section 2.8 - Original Proposal Documents

2.1 Cover Sheet

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

The Cover Sheet must also include the proposed CCMEP program expenses, estimated number of participants and projected cost per participant Provider is proposing for contract years 1, 2, 3 and 4. The CCMEP program expenses, estimated number of participants, and projected cost per participant must be supported by the Budget, 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 2.2.1 Program Components and Section 2.8 (B) System and Fiscal Administration Components. Provider must also:

- D. Leverage the services of and ensure little or no redundancy with the services delivered under:
 - OWF work participation
 - WIOA youth services
 - WIOA adult services
 - Summer Youth Employment Services
 - Any subsequently awarded workforce funding in Hamilton County
- E. Describe existing capacity to support a complex and timely set of tracking and reporting requirements for CCMEP participants. The selected vendor will be required to perform data entry/updates into state and local databases. This will include both daily and monthly reports involving assignments, cooperation and participation.

- F. Describe how staff performance and outcomes will be monitored and how quality of service will be evaluated.
- G. Demonstrate an ability to meet goals and document achievement (skills gain attainment, diploma/credential attainment, placement, retention, and wage earnings) in the delivery of workforce services or comparable services.
- H. Demonstrate their experience in forming and sustaining partnerships, collaborations and employer networks.
- I. Describe administrative and funding capacity to operate a high dollar value contract in a cost reimbursement environment with a lag of 60-90 days between invoice and payment without using a factoring company or similar credit arrangement.

2.2.1 Program Components

(Providers are required to respond to the following, in narrative form, for all proposals submitted)

Providers must address each of the mandates described below. These items are longer than usual. Some responses may be limited to a confirmation of understanding and willing compliance. Others may be more involved.

Service Information

1. Describe your ability to meet the scope of services in Section 1.2. Include details of the population you serve, organizational history and experience. Provider should clearly state its competitive advantage and its ability to meet the terms, conditions and requirements defined in this RFP.
2. WIOA Youth Services are specifically included in CCMEP populations, reporting, and accountability. HCJFS will require any selected bidder to coordinate closely with existing WIOA Youth Service Providers. Briefly describe how this will be accomplished.
3. Assessment of Basic Skills - Measures the math and reading skill levels of youth. Youth who score below grade level (8.9 or lower) must receive basic skills remediation.

National Reporting System approved assessments include:

- Basic English Skills Test (BEST)
- Comprehensive Adult Student Assessment Systems (CASAS)

- General Assessment of Instructional Needs (GAIN)
 - Massachusetts Adult Proficiency Test (MAPT)
 - Tests of Adult Basic Education (TABE)
4. Development of an individual opportunity plan, which includes:
- Identification of each youth's employment and educational goals;
 - Identification and assignment of program elements utilized to achieve goals;
 - Identification of barriers through use of the comprehensive assessment;
 - Creation of a specific plan to overcome barriers and achieve the goal of self-sufficiency and employment; and
 - Anticipated dates of goal attainment and timeframes to review progress.
5. The selected Provider will demonstrate a competent understanding of WIOA adult and youth eligibility, OWF work requirements, Summer Youth TANF eligibility, and documentation/monitoring requirements for each.
6. HCJFS values proposals that demonstrate collaborations of substance that can serve CCMEP service requirements through expedited access, well-coordinated services, and leveraged resources. Examples of such collaborators may include:
- Adult Basic Literacy and Education (ABLE) Providers;
 - Alcohol, Drug, and Mental Health (ADAMH) Board;
 - Hamilton County Mental Health Board (MHB) and Alcohol and Drug Addiction Services Board (ADAS);
 - Local employers;
 - Career and Technical Education;
 - Children Services Agency;
 - Community Providers;
 - Cincinnati Metropolitan Housing Authority (CMHA)
 - Juvenile Court System;
 - Vocational Rehabilitation (OOD);
 - JobCorps;

- Re-entry services; and
- Social Service Providers with a demonstrated history of excellence delivering similar services.

Any such collaboration will be valued by HCJFS only in as much as it is clear the effort serves the outcome interests of this Contract.

7. Co-location:

CCMEP requires a full array of services to meet the needs of participants as they work toward their employment, education and/or training goals. This includes access to supportive services such as child care, transportation and housing in order to address barriers to employment. Co-location of services supports improved coordination and integration of TANF and WIOA services. By offering a common entry point, co-location makes it easier for individuals to access services without the confusion and burden of having to visit multiple addresses. In addition, when staff in different programs work in close proximity, they can more easily share knowledge and offer streamlined service delivery.

At a minimum, co-location must include coordination between the CCMEP and OhioMeansJobs (OMJ) center that serves the lead agency in order to increase youth access and connections to CCMEP services. Describe how this will be accomplished.

8. WIOA Youth and TANF Provider coordination:

CCMEP eligible WIOA youth will be enrolled by their current WIOA Youth Providers immediately upon local initiation of CCMEP. Ongoing enrollees will be co-enrolled simultaneously.

CCMEP eligible OWF participants will be immediately referred by HCJFS to selected CCMEP Provider. CCMEP participation is an OWF eligibility requirement.

Selected Provider will also ensure that CCMEP suitable volunteers are assessed and enrolled as required.

9. Seven-day timeliness standards will be monitored and documented in all customer records.

10. The Provider will ensure that participating youth complete and submit an appropriate application for TANF, WIOA, and/or CCMEP.
11. CCMEP Comprehensive Assessment using the form JFS 03003. The JFS 03003 may be completed by CCMEP Provider staff or contracted WIOA Youth Providers at application and/or recertification for services or benefits.
12. The Provider shall utilize the JFS 03004 "Comprehensive Case Management and Employment Program Individual Opportunity Plan" (3/2016). Information that must be included in the individual opportunity plan includes, but is not limited to:
 - The dates or timeframes the individual opportunity plan will be reviewed and/or revised;
 - The barriers to employment identified through the comprehensive assessment;
 - The program participant's plan to overcome barriers and achieve the goal of self-sufficiency and employment;
 - A requirement that the program participant register with the OhioMeansJobs website www.ohiomeansjobs.com. Provider must work with the participant to ensure they understand how to use their OMJ account, search for jobs, and become familiar with the career planning resources the site offers;
 - The services (including supportive services) the participant will receive; and
 - Based on the services provided, one or more activities in which the program participant will engage.
13. Provide a brief description of how the lead agency will ensure these elements are made available to CCMEP participants:
 - Tutoring, study skills training, instruction and dropout prevention;
 - Alternative secondary school services or dropout recovery services;
 - Paid and unpaid work experience (with an academic and occupational education component);
 - Occupational skill training;
 - Education offered concurrently with workforce preparation activities;
 - Leadership development opportunities;

- Supportive services;
- Adult mentoring;
- Follow-up services for not less than 12 months;
- Comprehensive guidance and counseling;
- Financial literacy education;
- Entrepreneurial skills training;
- Labor market and employment information; and
- Activities to prepare for and transition to post-secondary education and training;

14. Provider should briefly describe how they will deliver relatively more intensive services to participants who meet one or more of the criteria below:

- Parenting class as part of a case plan with a Public Children Services Agency;
- Alcohol or drug addiction treatment;
- Assistance in finding a home because the participant is homeless;
- Assistance in obtaining services related to domestic violence issues;
- Assistance in reentering the workforce due to ex-offender status;
- Supplemental Security Income (SSI) case management needed;
- Mental health counseling needed;
- Dropout prevention and recovery service;
- Basic skills deficiency; and
- Transitioning from foster care.

Any one or more of the barriers listed above may result in a referral for intensive case management. However, the decision to make that referral will be determined on a case by case basis. Considerations may include: underlying circumstances, whether or not the participant is already in receipt of services needed to address the barrier and for how long, the severity of the situation, and the participants attitude and willingness to accept/receive help.

15. HCJFS expects case managers to work in collaboration with their customers to develop meaningful individual opportunity plans oriented toward the CCMEP performance goals of employment, job retention, earnings growth and credential attainment. Briefly describe how this will be accomplished.
16. HCJFS recommends that CCMEP case managers review the goals and activities outlined in the individual opportunity plans with their customers at least every 30 days. This is necessary in order to revise the plans as individuals make progress toward their goals or experience changes in life circumstances or events. Briefly describe how this will be accomplished.
17. HCJFS expects staff to engage with program participants at least once every 14 days if the participant is receiving intensive case management, or once every 30 days if the participant is not receiving intensive case management. Briefly describe how this will be accomplished.
18. CCMEP participants must commit to participating in CCMEP for a minimum of 20 hours per week. Based on the participant's individual opportunity plan, the Provider may consider including in these hours such things as time spent in work, training or education activities, job search, case management, and homework and travel time. OWF work-eligible CCMEP participants must adhere to the minimum 20-hour requirement or the hour requirement set forth in Ohio Administrative Code rule 5101:1-3-01, whichever is higher. Good cause reasons for not meeting the 20-hour requirement may include illness, court-ordered appearances and lack of child care. Briefly describe how this will be accomplished.
19. Semi-annual TANF eligibility redetermination must be completed by Provider(s) as appropriate.
20. Twelve (12) months of follow-up services are required for every participant who exits the program as described in paragraph (E)(9) of rule 5101:14-1-02 of the Administrative Code. Briefly describe how this will be accomplished.
21. Caseload:

In order to effectively and regularly engage with customers, case managers must have manageable caseloads. Caseload sizes may vary based on customer needs and level of services required. The Provider should identify planned (and subsequently, actual) caseload sizes for both general and intensive CCMEP service populations.

HCJFS will value proposals that place a relatively high proportion of funded staff into direct management as opposed to supervisory, support, or back-office activities.

Briefly describe how this will be accomplished.

22. Monitoring:

The selected Provider will be able to assure a robust and timely CCMEP participation/activity tracking protocol. The tracking must clearly support Contract reporting requirement as well as participation and outcome reporting needed to support local mandates related to OWF work participation, WIOA performance measures, Youth Employment billings, eOMJ registration and similar.

23. Satisfaction:

HCJFS requires that Provider has a mechanism in place to solicit and collect feedback from CCMEP participants to better understand their experiences in the program and implement program improvements where needed. Provide a plan to complete universal satisfaction surveys at least annually.

HCJFS also requires that the Provider has a mechanism in place to solicit and collect feedback from CCMEP case managers to better understand their experiences in the program and implement program improvements where needed. Provide a plan to complete universal feedback surveys at least quarterly.

24. Close cases properly:

The Provider may propose to end CCMEP eligibility for a program participant when:

- A. The program participant has successfully entered post-secondary education, military enlistment or deployment, and/or unsubsidized employment and no longer needs CCMEP services.
- B. The program participant has been awarded Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) by the Social Security Administration and has made application for services with opportunities for Ohioans with disabilities.
- C. The program participant has failed to utilize CCMEP services on multiple occasions without good cause and the lead agency has made reasonable efforts to provide services and make contact with the program participant.

CCMEP services and follow-up services must stop immediately if the participant is determined to be no longer eligible for WIOA or TANF (PRC).

25. Primary measures for CCMEP mirror those prescribed in WIOA for the youth program. These include job entry, youth placement, credential attainment, median earnings and job retention. Briefly describe how this will be accomplished.

There are six primary performance measures for each lead agency:

- 1) **Education, training or employment at exit:** the percentage of program participants that are in unsubsidized employment, education, or
- 2) **Education, training or employment 2nd quarter after exit:** the percentage of program participants that are in unsubsidized employment, education, or training activities during the second quarter after exit.
- 3) **Education, training or employment 4th quarter after exit:** the percentage of program participants that are in unsubsidized employment, education, or training activities during the fourth quarter after exit.
- 4) **Median earnings 2nd quarter after exit:** the median earnings of program participants who are in unsubsidized employment during the second quarter after exit.
- 5) **Credential attainment rate:** the percentage of program participants that were in an education or training program while enrolled in CCMEP who obtain a recognized post-secondary credential, or a secondary school diploma or its recognized equivalent during participation in or within one year after exit from CCMEP. A program participant who has attained a secondary school diploma or its recognized equivalent can only be included in this measure if the program participant is also employed or is enrolled in an education or training program leading to a recognized postsecondary credential within one year after exit from the program.
- 6) **Measurable skill gains:** the percentage of program participants who, during a program year, are in an education or training program that leads to a High School Diploma or its Equivalency, a recognized postsecondary credential or employment and who are achieving documented academic, technical, occupational, or other forms of progress, towards such a credential or employment. Gains will be based on attainment of one of the following: 1) gain in at least one educational functioning level; 2) High School Diploma or its Equivalency; 3) secondary/postsecondary transcript/report card showing that the participant is achieving the state unit's policies for academic standards; 4) satisfactory or better progress report towards

established milestones from the employer/training provider who is providing training; or 5) successful completion of an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade related benchmarks such as knowledge-based exams.

The Provider will collect data through OBWP, the Work Number and other employment verification sources, and various education attainment resources to support the measures above.

The Provider will verify and store in the case record any supplemental data that is included in performance measures.

26. Any selected vendor shall identify, for JFS, any funds spent by the vendor from other sources on behalf of these CCMEP participants.
27. The selected vendor(s) shall be expected to offer reasonable collaboration and referral services for and with local fatherhood, summer youth, and similar service opportunities.
28. Bidding vendors should anticipate, plan around, and describe methods to support a requirement that initial intake participant work activity assignments shall include child care search, financial literacy, resume writing, and job search instruction for example.
29. Assessment and case management delivery methods under this contract shall follow the lead of ODJFS as we transition from current required CCMEP tools toward "Goal4It!".

Licensure, Administration and Training

1. 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. Describe training, supervision, and support provided to staff.

2.3 Budgets and Cost Considerations

- A. HCJFS anticipates services will begin approximately July 1, 2020. Provider must submit a budget and budget narrative of the CCMEP program expenses, estimated number of participants, and projected cost per participant for the initial Contract term. 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 budget and describe in detail the reasons for increased costs/expenses. Budgets and CCMEP program expenses, estimated number of participants, and projected cost per participant must be submitted in the form provided. Contracts will be written for the initial term of one (1) year with three (3) one (1) year options for renewal.
- B. Provider must warrant and represent the Budget is based upon current financial information and programs.

The *Cost Reimbursement* for each service proposed for the span of the contract 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:
1. cost of equipment or facilities procured under a lease-purchase arrangement unless it is applicable to the cost of ownership such as depreciation, utilities, maintenance and repair;
 2. bad debt or losses arising from uncorrectable accounts and other claims and related costs;
 3. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;
 4. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;

5. entertainment costs for amusements, social activities and related costs for staff only;
6. costs of alcoholic beverages;
7. goods or services for personal use;
8. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
9. gains and losses on disposition or impairment of depreciable or capital assets;
10. cost of depreciation on idle facilities, except when necessary to meet Contract demands;
11. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in OAC 5101:2-47-25(n);
12. losses on other Contracts';
13. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
14. costs related to legal and other proceedings;
15. goodwill;
16. asset valuations resulting from business combinations;
17. legislative lobbying costs;
18. cost of organized fund raising;
19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
20. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
21. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
22. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
23. major losses incurred through the lack of available insurance coverage; and
24. cost of prohibited activities from section 501(c)(3) of the Internal Revenue Code.

2.3.1 Funding

CCMEP TANF funding for this contract will begin July 1, 2020.

Note: Please see the notes below. They acknowledge the complexity of funding any program with both WIOA and TANF dollars.

Administrative activities and dollars in the Provider budget:

A major difference between TANF and WIOA administration definition is that TANF guidelines include eligibility determination as an administrative expense. Additionally, TANF guidelines dictate administrative activities remain an administrative expense, even if performed by a sub-recipient/contractor. Under WIOA, all costs incurred by a sub-recipient/contractor are program expenses, unless the sub-recipient/contractor is solely providing administrative support.

Further detailed information can be found here:

TANF Administrative Definition: OAC 5101:9-6-08, Temporary Assistance for Needy Families (TANF) Administration Allocation.

WIOA Administrative Definition: Draft Notice of Proposed Rule-Making, Section 683.215.

CCMEP WIOA Youth funds will be allocated in July of each state fiscal year and will remain available to the local area for two state fiscal years, plus a 90-day liquidation period. CCMEP TANF Youth funds will be allocated in October of each federal fiscal year and will remain available for one state fiscal year, plus a 90-day liquidation period.

2.4 Customer References

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

- A. Company name;
- B. Address;
- C. Phone number;
- D. Fax number;
- E. Contact person;

F. Nature of relationship and service performed; and,

G. Time period during which services were performed.

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

2.5 Personnel Qualifications

Please submit resumes with the below following information for key clinical and business personnel who will be working with the program. These positions are Agency Director, CFO, Clinical Director:

- 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 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 budget.

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

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

2.8 Proposal Documents

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

Ownership, Annual Report, and Licensure

- A. 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.
- B. Annual Report - A copy of Provider's most recent annual report.

It is the responsibility of the Provider to redact tax identification numbers from all documents prior to submission to HCJFS.

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

System and Fiscal Administration Components

- A. Contact Information - Provide the address for the Provider's headquarters and service locations. Include a contact name, address, and phone number.
- B. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.
- C. Subcontracts - Submit a letter of intent from each subcontractor 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.
- D. Agency's/Company Primary Business - State the agency's/company's primary line of business, the date established, the number of years of relevant experience, and the number of employees.
- E. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company. 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.
- F. 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 the HCJFS Contract Specialist, 222 E. Central Parkway Cincinnati, Ohio 45202 and the Hamilton County Risk Manager, Room 707, 138 East Court Street Cincinnati, OH 45202 Fax: 513-946-4720.

- G. 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.
- H. 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.
- I. 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.

- J. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.
- K. Federal Programs- Provide a description of the Agency's/Company's experience with federal programs.
- L. Demonstrate an ability to subcontract, or otherwise engage an inclusive and community-based set of community partners, work sites, and service Providers. The contract holder shall be responsible for monitoring, reporting, oversight, billing, payment, record-keeping, site visits and compliance assurance related to all services delivered either directly or through one of those community settings/partners/subcontractors. In all cases, the contract holder shall ensure compliance with all terms and conditions of this contract for self and subcontractors.

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	January 17, 2019
RFP Conference	January 31, 2020
Deadline for Receiving Final RFP Questions	February 7, 2020, noon
Deadline for Issuing Final RFP Answers	February 14, 2020
Deadline for Registering for the RFP Process	February 7, 2020, noon
Deadline for Proposals Received by RFP Contact Person	On or before February 28, 2020, no later than 11:00 a.m.
Anticipated Proposal Review Completed	Week of March 9, 2020
Anticipated Start Date	July 1, 2020

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:

Sandra Carson, Contract Services
Hamilton County Department of Job & Family Services
222 East Central Parkway, 3rd floor
Cincinnati, Ohio 45202
carsos01@jfs.hamilton-co.org
Fax: (513) 946-2384

3.3 Registration for the RFP Process

EACH PROVIDER MUST REGISTER FOR AND RESPOND TO THIS RFP TO BE CONSIDERED. THE DEADLINE TO REGISTER FOR THE RFP IS FEBRUARY 7, 2020 NO LATER THAN NOON.

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 fax number is (513) 946-2384, and their e-mail address is carsos01@jfs.hamilton-co.org.

3.4 RFP Conference

The RFP Conference will take place on January 31, 2020, 1:30 p.m. – 3:30 p.m. at Hamilton County Department of Job & Family Services, 222 East Central Parkway, Cincinnati, Ohio 45202 6th Floor, Room 6SE601.

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

- A. Prior to the RFP Conference, questions may be faxed or e-mailed regarding the RFP or proposal process to the RFP Contact Person. The questions and answers will be 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 February 7, 2020, noon. The final responses will be faxed or e-mailed no later than February 14, 2020 by the close of business.
- D. Only Providers who register for the RFP Process will receive electronic, unlocked budget, 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 February 7, 2020, noon.

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 February 7, 2020, noon of such error in writing and request clarification or modification of the document. Modifications shall be made by addenda issued pursuant to Section 3.8, Addenda to RFP. Clarification shall be given by fax or e-mail to all parties who registered for the RFP, Section 3.3, without divulging the source of the request for same.

If a Provider fails to notify HCJFS prior to February 7, 2020, noon of an error in the RFP known to the Provider, or of an error which reasonably should have been known to the Provider, the Provider shall submit its proposal at the Provider's own risk. If awarded the Contract, the Provider shall not be entitled to additional compensation or time by reason of the error or its later correction.

3.8 Addenda to RFP

HCJFS may modify this RFP by issuance of one or more addenda to all parties who registered for the RFP, Section 3.3. In the event modifications, clarifications, or additions to the RFP become necessary, all Providers who registered for the RFP Conference will be notified and will receive the addenda via fax or e-mail. In the unlikely event emergency addenda by telephone are necessary, the RFP Contact Person, or designee, will be responsible for contacting only those Providers who registered for the RFP Conference. All addenda to the RFP will be posted to <http://www.hcjfs.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. Expensive binding, colored displays, promotional materials, etc. are not necessary. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, completeness, and clarity of content. The proposal must include all costs relating to the services offered.

4.2 Cost of Developing Proposal

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

4.3 False or Misleading Statements

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

4.4 Delivery of Proposals

Proposals must be received by the RFP Contact Person, Sandra Carson on or before February 28, 2020 no later than 11:00 a.m. at 222 East Central Parkway, Cincinnati, Ohio 45202, 3rd Floor.

Proposals received after this date and time will not be considered. If Provider is not submitting the proposal in person, Provider should use certified or registered mail, UPS, or Federal Express with return receipt requested and email the RFP Contact Person the method of delivery. A receipt will be issued for all proposals received. No e-mail, facsimile, or telephone proposals will be accepted.

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

4.5 Acceptance and Rejection of Proposals

HCJFS reserves the right to:

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

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

4.6 Evaluation and Award of Contract

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

Stage 1. Preliminary Review

A preliminary review of all proposals submitted on or before February 28, 2020 no later than 11:00 a.m. 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 222 East Central Parkway, Cincinnati, Ohio 45202, 3rd Floor on or before February 28, 2020 no later than 11:00 a.m. EST 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 2.2.1;
- E. Completed Budgets, Section 2.3;
- F. Responses to System and Fiscal Administration Components, Section 2.8.

Stage 2. Evaluation Committee Review

All Qualified proposals shall be reviewed, evaluated, and rated by the Review Committee.

Review Committee shall be comprised of HCJFS staff and other individuals designated by HCJFS.

Review Committee shall evaluate each Provider's proposal using criteria developed by HCJFS.

Ratings will be compiled using a Review Committee Rating Sheet. Responses to each question will be evaluated and ranked using the following scale:

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

Stage 3 Other Materials

Review Committee members will determine what other information is required to complete the review process. All information obtained during Stage 3 will be evaluated using the scale set forth in Stage 2 Review and incorporated into the overall rating for the proposal. Review Committee may request information from sources other than the

written proposal to evaluate Provider's programs or clarify Provider's proposal. Other sources of information may include but are not limited to the following:

- A. Written responses from Provider to clarify questions posed by Review Committee. Such information requests by Review Committee and Provider's responses must always be in writing;
- B. Oral presentations. If HCJFS determines oral presentations are necessary, the presentations will be focused to ensure all of HCJFS' interests or concerns are adequately addressed. The primary presentation must include Provider's key program personnel. HCJFS reserves the right to video tape the presentations.
- 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 2.2.1 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 Budget are worth 20% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.8 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 2.2.1 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 Budget are worth 20% of the total evaluation score.

- E. System and Fiscal Administration Evaluation including responses to Section 2.8 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 responsible agency/company(s) whose proposal(s) is (are) most advantageous to the program, with price and other factors considered.
- C. HCJFS will work with selected Provider to finalize details of the Contract using Attachment B, Contract Sample, to be executed between the BOCC on behalf of HCJFS and Provider.
- D. If HCJFS and selected Provider are able to successfully agree with the Contract terms, the BOCC has final authority to approve and award Contracts. The Contract is not final until the BOCC has approved the document through public review and resolution through quorum vote.
- E. If HCJFS and successful Provider are unable to come to terms regarding the Contract, in a timely manner as determined by HCJFS, HCJFS will terminate the Contract discussions with Provider. In such event, HCJFS reserves the right to select another Provider from the RFP process, cancel the RFP or reissue the RFP as deemed necessary.
- F. If a proposal is selected with a Provider who has not yet received its licensure from the appropriate Board, the proposal will be disqualified unless the Provider receives its licensure within 60 days of acceptance of the proposal.

4.8 Post-Proposal Meeting

The post-proposal meeting process may be utilized only by Providers who submitted Qualified Proposals, who wish to obtain clarifying information regarding their non-selection. If a Provider wishes to discuss the selection process, the request for an informal meeting and the explanation for it must be submitted in writing and received by HCJFS within fourteen (14) business days after the date of notification of the decision. All requests must be signed by an individual authorized to represent the Provider and be addressed to the RFP Contact Person at the address listed in Section 3.2. Certified or registered mail must be used unless the request is delivered in person, in which case the Provider should obtain a delivery receipt. A meeting will be scheduled within 21 calendar days of receipt of the request and will be for the purpose of discussing a Provider's non-selection.

4.9 Public Records

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

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

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

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

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

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

If HCJFS is requested by a third party to disclose those documents which are identified and marked as Trade Secret or Otherwise Exempted from disclosure, HCJFS will notify Provider of that fact. Provider shall promptly notify HCJFS, in writing, that either a) HCJFS is permitted to release these documents, or b) Provider intends to take immediate legal action to prevent its release to a third party. A failure of Provider to respond within five (5) business days shall be deemed permission for HCJFS to release such documents.

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

4.10 Provider Certification

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.

ATTACHMENT A

Cover Sheet for Comprehensive Case Management and Employment Program (includes checklist)

ATTACHMENT A
PROPOSAL COVER SHEET FOR
Comprehensive Case Management and Employment Plan (CCMEP) RFP
RFP #SC02-20R

Name of Provider : _____

Provider Address: _____
Include city, state and zip code

Contact Person : _____
(Please Print or type name) *Title*

Phone Number: _____ Fax Number: _____ E-Mail: _____

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

Person(s) authorized to negotiate with HCJFS:

(1) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number: _____ E-Mail: _____

(2) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number: _____ E-Mail: _____

Initial Term for 1 st Twelve (12) Months 7/1/20 - 06/30/2021	Renewal Year 1 for 2 nd Twelve (12) Months 7/1/21 - 06/30/22	Renewal Year 2 For 3 rd Twelve (12) Months 7/1/22 - 06/30/23	Renewal Year 3 for 4 th Twelve (12) Months 7/1/23 - 06/30/24
CCMEP Program Expenses: \$ _____ Estimated # of Participants: _____ Projected Cost per Participant: \$ _____	CCMEP Program Expenses: \$ _____ Estimated # of Participants: _____ Projected Cost per Participant: \$ _____	CCMEP Program Expenses: \$ _____ Estimated # of Participants: _____ Projected Cost per Participant: \$ _____	CCMEP Program Expenses: \$ _____ Estimated # of Participants: _____ Projected Cost per Participant: \$ _____

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

Signature - Authorized Representative

Title

Date

Signature – Financial Officer

Title

Date

++Please see back of form for checklist to verify everything required to be submitted is included.

RFP Submission Checklist

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

Action Required	RFP Section	Included
Did you register for the RFP process?	3.3	
Will your Proposal be submitted by 11:00 a.m. on February 28, 2020?	4.4	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the CCMEP Program Expenses and the Projected cost per Participant for the Initial Term on the Cover Sheet?	2.1	
Did you include the CCMEP Program Expense and the Projected cost per Participant for the First, Second, and Third Renewal Terms on the Cover Sheet?	2.1	
Did you sign the Cover Sheet?	2.1	
Is a response to each Program Component included?	2.2.1	
Is a response to each System and Fiscal Administration Component included?	2.8	

ATTACHMENT A-1

Program Component Checklist

RFP# SC02-20R - Comprehensive Case Management and Employment Program (CCMEP) RFP

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.

Program Components	YES	PAGE #(s)	NO	REASON FOR NOT RESPONDING
Question 1				
Question 2				
Question 3				
Question 4				
Question 5				
Question 6				
Question 7				
Question 8				
Question 9				
Question 10				
Question 11				
Question 12				
Question 13				
Question 14				
Question 15				
Question 16				
Question 17				
Question 18				
Question 19				
Question 20				
Question 21				
Question 22				
Question 23				
Question 24 (A-C)				
Question 25				
Question 26				
Question 27				
Question 28				
Question 29				
Licensure, Administration and Training				
Question 1				
Question 2				
Question 3				

ATTACHMENT B

Contract Sample

**HAMILTON COUNTY DEPARTMENT OF JOB
AND FAMILY SERVICES
PURCHASE OF SERVICE SUBRECIPIENT AGREEMENT**

This Agreement is entered into on _____ between the Board of County Commissioners of Hamilton County, Ohio (Hereinafter “County”) through the Hamilton County Department of Job & Family Services (Hereinafter “HCJFS”) and **Provider Name**, (Hereinafter “Provider”), with an office at **Address, City and Zip**, whose telephone number is **(xxx) xxx-xxxx**, for the purchase of **Comprehensive Case Management and Employment Program (CCMEP) services**.

1. TERM

This Agreement will be effective from **July 1, 2020** through **June 30, 2021** inclusive (“Initial Agreement Term”), unless otherwise terminated or extended by formal amendment.

The total amount of the Agreement cannot exceed **\$Agreement value** for the Initial Agreement Term.

In addition to the terms set forth above, this Agreement may be renewed, at the option of HCJFS for three (3) additional one (1) year term (“The Renewal Period”). The total amount of this Renewal Period cannot exceed **\$insert value of renewal** over the life of the Renewal Period. This Renewal Period is subject to funds availability, satisfactory performance by the Provider, and submission of all necessary paperwork required by HCJFS to implement an Agreement.

The anticipated expenditure for the period July 1, 2020 to December 31, 2020 is \$XX, 000.00 and for the period January 1, 2021 to June 30, 2021 is \$XX, XXX.00

2. SCOPE OF SERVICE

A. EXHIBITS

Subject to terms and conditions set forth in this Agreement and the attached exhibits (such exhibits are deemed to be a part of this Agreement as fully as if set forth herein), Provider agrees to perform the identified service and population referred by HCJFS (the “Consumer”) as more particularly described in Exhibit I, Request for Proposal (SC02-20R), Exhibit II, Provider’s Proposal and Exhibit III, Provider’s Budget. The following exhibits are incorporated in this Agreement:

1. Exhibit I – Request for Proposal (SC02-20R), including addendums 1-3;
2. Exhibit II – Provider’s Proposal;
3. Exhibit III – Provider’s Budget; and
4. Exhibit IV – Budget Adjustment Protocol (if applicable)

B. ORDER OF PRECEDENCE

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

1. Exhibit I – Request for Proposal (SC02-20R), including addendums (list addendums);
2. Exhibit II – Provider’s Proposal;
3. Exhibit III – Provider’s Budget; and
4. Exhibit IV – Budget Adjustment Protocol

C. PROVIDER RESPONSIBILITY

1. This Agreement utilizes OWF funding and as such will the Hamilton County Self-Sufficiency Plan.
2. Should new referrals increase to the point where they are unmanageable, both parties agree they will meet to discuss possible modifications to the Agreement Scope of Service as described in The Request for Proposal (Exhibit I) and Provider’s Proposal (Exhibit II).
3. Any program description intended for internal or external use shall mention referrals and funding are provided by the Hamilton County Department of Job and Family Services.
4. Required Documentation and Reporting: Records of all service provided to all Consumers in the contracted program(s) (whether reimbursed by this Agreement or not) and all the expenses incurred in the operation of the programs must be maintained. Service and expenses for which there is no proper documentation will not be reimbursed, or will be recovered through the audit process. .
5. Provider is required to submit a final performance deliverable report no later than ninety (90) days following the end date of service for each calendar year. Performance deliverables are defined in Section x.x of Exhibit I, The Request for Proposal.
6. HCJFS reserves the right to request additional reports at any time during the Agreement period. It is the responsibility of Provider to furnish HCJFS with reports as requested. HCJFS may exercise this right without an Agreement amendment. HCJFS reserves the right to withhold payment until such time as the requested and/or required reports are received.

7. The compensation amount in section 3, **BILLING AND PAYMENT** is the full payment for Consumer service. No fees or additional cost shall be charged to any Consumer for the Agreement service without expressed HCJFS approval. Such approval must be made by way of an Agreement amendment.
8. Provider warrants that all other sources of revenue have been actively pursued prior to billing HCJFS for services. Possible revenue sources include, but are not limited to, 3rd party insurance, Medicaid, and any other source of local, state or federal revenue. All revenue sources currently accessed by Provider and available to serve the Consumers identified in the Scope of Service shall be listed in the budget and utilized, where permissible, to reduce the cost of the contracted service to HCJFS.
9. Provider is to ensure that all Agreement requirements contained within are also part of the requirements placed on all subcontracts providing service for this project. HCJFS reserves the right to audit and/or test Agreement requirements for the above mentioned subcontracts at any time during the term of this Agreement and up to three (3) years thereafter.
10. OWF Funding dictates the following: Provider is required to follow Federal, State, and County laws regarding work participation. This includes but is not limited to information found in the County Self Sufficiency Plan (SSP) and the TANF Reauthorization provisions of the Deficit Reduction Act of 2005.

D. **HCJFS RESPONSIBILITY** (the individual programmatic and funding requirements for HCJFS as specified in the RFP plus any and all addenda will be listed here)

3. BILLING AND PAYMENT

- A. *Rates of Payment* – HCJFS agrees to reimburse Provider for actual expenses incurred, documented and invoiced during each month of service of the Agreement period. Provider acknowledges that it will be reimbursed for its actual expenses and not for the expense amounts set forth on any budget or projection. This rate of payment was established and supported by the attached program budget, Exhibit III.

Any potential incentive based payments will be negotiated with winning proposal(s) and input in this section.

Provider reserves the right, and HCJFS agrees that Provider may move or adjust from any line item, contained on Provider's Budget, Exhibit III, by an amount less than Ten Percent (10%), without prior approval of HCJFS, given that the adjustment does not impact the provider's overall budget amount and unit rate. Any line item adjustment that is 10% or greater will require Provider to follow the guidelines defined in exhibit IV, HCJFS Budget Adjustment Protocol.

- B. *Billing and Payment* – Original invoices for actual expenses, signed by Provider, will be sent each month to HCJFS within thirty (30) days of the end of the service month. Provider shall make all reasonable efforts to include all service provided during the service month on the

invoice. Original invoices for incentive payments, with all required supporting documentation, and signed by Provider, will be sent no later than sixty (60) days from the end of the Contract term.

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

1. HCJFS will not make payment for any service, either an initial invoice or a supplemental invoice, which is submitted to HCJFS more than thirty (30) calendar days from the end of the service month. The HCJFS Fiscal Department has the final authority in determining if an invoice is received timely and accurately. For invoices which are received timely but are not accurate, there will be no extension of the time limitations.
 2. For accurate invoices which are received timely, HCJFS will make reasonable efforts to affect payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of this Agreement.
 3. The monthly Agreement program financial report shall be submitted to the HCJFS Agreement Services Section no later than forty-five (45) days after the end of the service month. HCJFS reserves the right to withhold payment until such time as the report is received.
- C. Provider will indicate the vendor number on all invoices submitted for payment.
- D. Provider warrants that the following unallowable costs were not included in determining the rate of payment and that these costs will not be included in any invoice submitted for payment. For this project, unallowable costs are:
1. bad debt or losses arising from uncollectible accounts and other claims and related costs;
 2. bonding costs;
 3. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;
 4. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
 5. entertainment costs for amusements, social activities and related costs;
 6. costs of alcoholic beverages;
 7. goods or services for personal use;
 8. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
 9. gains and losses on disposition or impairment of depreciable or capital assets;
 10. cost of depreciation on idle facilities, except when necessary to meet Agreement demands;
 11. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in rule 5101:2-47-26.2 of the Administrative Code;
 12. losses on other Agreements;
 13. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;

14. costs related to legal and other proceedings;
 15. goodwill;
 16. asset valuations resulting from business combinations;
 17. legislative lobbying costs;
 18. cost of organized fund raising;
 19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
 20. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
 21. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
 22. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
 23. major losses incurred through the lack of available insurance coverage; and
 24. cost of prohibited activities from section 501(C) (3) of the Internal Revenue Code.
- E. Provider warrants that a separate General Ledger account has been established and will be maintained for the revenue and expenses of this Agreement program.
- F. Provider warrants that claims made to HCJFS for payment for services provided shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Provider to other sources of funding for the same service.

4. ELIGIBILITY FOR SERVICES

Service is to be provided only for CCMEP eligible Consumers.

1. Required CCMEP participants:
 - A. Participants in the Ohio Works First (OWF) program who have been determined to be work-eligible.
 - B. Participants in the Ohio Works First (OWF) program who have been determined to be work-eligible and are co-enrolled in CCMEP WIOA.
2. Volunteer CCMEP participants:
 - A. OWF participants determined not to be work-eligible.
 - B. Individuals receiving benefits and services through the Prevention, Retention and Contingency (PRC) program.

5. AVAILABILITY AND RETENTION OF RECORDS

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

1. All records relating to costs, work performed and supporting documentation for invoices submitted to HCJFS by Provider.
 2. Copies of all deliverables submitted to HCJFS pursuant to this Agreement, will be retained and made available by the Provider for inspection and audit by HCJFS, or other relevant governmental entities including, but not limited to the Hamilton County Prosecuting Attorney, Ohio Department of Job and Family Services (ODJFS), the Auditor of the State of Ohio, the Inspector General of Ohio or any duly appointed law enforcement officials and the United States Department of Health and Human Services for a minimum of three (3) years after reimbursement for services rendered under this Agreement.
 3. If an audit, litigation or other action is initiated during the time period of the Agreement, the Provider shall retain such records until the action is concluded and all issues resolved or the three (3) years have expired, whichever is later.
- B. Provider agrees that it will not use any information, systems or records made available to it for any purpose other than to fulfill the contractual duties specified herein, without permission of HCJFS. Provider further agrees to maintain the confidentiality of all Consumers and families served. No information on Consumers served will be released for research or other publication without the express written consent of the HCJFS Director.
- C. Provider agrees to keep all financial records in a manner consistent with generally accepted accounting principles.
- D. Provider agrees that each financial transaction shall be fully supported by appropriate documentation. Provider further agrees that such documentation shall be available for examination.

6. NO ASSURANCES

Provider acknowledges that, by entering into this Agreement, HCJFS is not making any guarantees or other assurances as to the extent, if any, that HCJFS will utilize Provider's services or purchase its goods. In this same regard, this Agreement in no way precludes, prevents, or restricts Provider from obtaining and working under additional contractual arrangement(s) with other parties, assuming the contractual work in no way impedes Provider's ability to perform the services required under this Agreement. Provider warrants that at the time of entering into this Agreement, it has no interest in nor shall it acquire any interest, direct or indirect, in any Agreement that will impede its ability to provide the goods or perform the services under this Agreement.

7. NON-EXCLUSIVE

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

8. CONFLICT OF INTEREST

Provider warrants that at the time of entering into this Agreement, it has no interest in nor shall it acquire any interest, direct or indirect, in any Agreement that will impede its ability to perform the services under this Agreement.

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

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

9. ASSIGNMENT AND SUBCONTRACTING

The parties expressly agree that this Agreement shall not be assigned by the Provider without the prior written approval of HCJFS. Provider may not subcontract any of the services agreed to in this Agreement without the express written consent of the HCJFS. At the time of Agreement signing, Provider warrants that Provider has a signed Agreement with all approved subcontractors or will execute a signed Agreement with all approved subcontractors within thirty (30) days of execution of Provider's Agreement with HCJFS.

All subcontracts are subject to the same terms, conditions, and covenants contained within this Agreement, including the insurance requirement in which Hamilton County, the BOCC, HCJFS and the Provider are listed as additional insured. Provider agrees it will remain primarily liable for the provision of all deliverables under this Agreement and it will monitor any approved subcontractors to assure all requirements under this Agreement are being met.

HCJFS acknowledges and agrees that the following subcontractors may perform services in relation to this Agreement: (identify any subcontractors anticipated to do work via the Agreement):

- 1.

Notwithstanding any other provisions of this Agreement that would afford Provider an opportunity to cure a breach, Provider agrees the assignment of any portion of this Agreement or use of any subcontractor, without HCJFS prior written consent, is grounds for HCJFS to terminate this Agreement with one (1) day prior written notice.

Provider must notify HCJFS within one (1) business day when Provider knows or should have known that the subcontractor is out of compliance or unable to meet Agreement requirements. Should this occur, Provider will immediately implement a process whereby subcontractor is immediately brought into compliance or the subcontractor's Agreement with Provider is terminated.

Provider shall provide HCJFS with written documentation regarding how compliance will be achieved. Under such circumstances, Provider shall notify HCJFS of subcontractor's termination and shall make recommendations to HCJFS of a replacement subcontractor. All replacement subcontractors are subject to the prior written consent of HCJFS. Provider is responsible for making direct payment to all subcontractors for any and all services provided by such subcontractor.

10. GOVERNING LAW

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

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

12. SEVERABILITY

If any term or provision of this Agreement or the application thereof to any person or circumstance shall, to any extent be held invalid or unenforceable, the remainder of this Agreement 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 Agreement shall be valid and enforced to the fullest extent permitted by law.

13. TERMINATION

A. Termination for Convenience

This Contract may be terminated by HCJFS upon notice, in writing, delivered upon Provider thirty (30) calendar days prior to the effective date of termination.

B. Termination for Cause by HCJFS

If Provider fails to provide the Services as provided in this Contract for any reason other than Force Majeure, or if Provider otherwise materially breaches this Contract, HCJFS may consider Provider in default. HCJFS agrees to give Provider thirty (30) days written notice specifying the nature of the default. Provider shall have seven (7) calendar days from receipt of such notice to provide a written plan of action to HCJFS to cure such

default. HCJFS is required to approve or disapprove such plan within five (5) calendar days of receipt. In the event Provider fails to submit such plan or HCJFS disapproves such plan, HCJFS has the option to immediately terminate this Contract upon written notice to Provider.

If Provider fails to cure the default in accordance with an approved plan, then HCJFS may terminate this Contract at the end of the thirty (30) day notice period. Any extension of the time periods set forth above shall not be construed as a waiver of any rights or remedies that 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 Agreement and which, by itself or together with one or more other breaches, has a negative effect on, or thwarts the purpose of the Agreement as stated herein. A material breach shall not include an act or omission, which has a trivial or negligible effect on the quality, quantity, or delivery of the goods and services to be provided under the Contract.

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

C. Effect of Termination

1. Upon any termination of this Contract, Provider shall be compensated for (i) any outstanding invoices that have been issued in accordance with this Contract; and (ii) services satisfactorily performed in accordance with the terms and conditions of this Contract up to the date of termination. In addition, HCJFS shall receive credit for reimbursement made, as of the date of termination, when determining any amount owed to Provider.
2. Provider, upon receipt of notice of termination, shall take all necessary or appropriate steps to limit disbursements and minimize costs and furnish a report, as of the date of receipt of notice of termination, describing the status of all work under this Contract, including without limitation, results accomplished, conclusions resulting therefrom and any other matters as HCJFS may require.

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

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

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

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

15. COMPLIANCE

Provider certifies that Provider and all subcontractors who provide direct or indirect services under this Agreement will comply with all requirements of federal laws and regulations, applicable Code of Federal Regulations cites including, but not limited to 2CFR Part 215 (OMB A-110), 2CFR Part 225 (OMB A-87), 2CFR Part 230 (OMB A-122), and 2CFR Part 220 (OMB A-21), state statutes and Ohio Administrative Code rules in the conduct of work hereunder. The Provider accepts full responsibility for payment of any and all unemployment compensation premiums, all income tax deductions, pension deductions, and any and all other taxes or payroll deductions required for the performance of the work by the Provider's employees.

16. NON-DISCRIMINATION

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

During the performance of this Agreement, Provider will not discriminate against any employee, Agreement worker, or applicant for employment because of race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. Provider will take affirmative action to ensure that during employment, all employees are treated without regard to race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. These provisions apply also to Agreement workers. Such action

shall include, but is not limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff, or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Provider agrees to post in conspicuous places, available to employees and applicants for employment, notices stating the Provider complies with all applicable federal and state non-discrimination laws.

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

16. NON-DISCRIMINATION IN THE PERFORMANCE OF SERVICES

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

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.

17. PROVIDER SOLICITATION OF HCJFS EMPLOYEES

Provider warrants that for one (1) calendar year from the beginning date of this Agreement with HCJFS, Provider will not solicit or hire HCJFS employees to work for Provider. The term "Provider" includes all Provider staff.

18. RELATIONSHIP

Nothing in this Agreement is intended to, nor shall it be deemed to constitute a partnership, association or joint venture with Provider in the conduct of the provisions of this Agreement. Provider shall at all times have the status of an independent subcontractor without the right or authority to impose tort, subcontractual or any other liability on HCJFS or the County.

19. DISCLOSURE

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

20. WAIVER

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

21. NO ADDITIONAL WAIVER IMPLIED

If HCJFS or Provider fails to perform any obligations under this Agreement 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

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

23. AUDIT RESPONSIBILITY

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

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. If errors are found, the error rate of the sample period will be applied to the entire audit period.

Provider agrees to repay HCJFS the full amount of payment received for duplicate billings, erroneous billings, or false or deceptive claims. Provider recognizes and agrees that HCJFS may withhold any money due and recover through any appropriate method any money erroneously paid under this Agreement if evidence exists of less than full compliance with this Agreement. When an overpayment is identified and the overpayment cannot be repaid in one month, Provider will be asked to sign a REPAYMENT OF FUNDS AGREEMENT (the "Repayment Agreement"). If payments are not made according to the agreed upon terms, future checks may be held until the repayment of funds is current. Checks held more than sixty (60) days will be cancelled and will not be re-issued.

HCJFS also reserves the right to not increase the rate(s) of payment or the overall Agreement amount for services purchased under this Agreement if there is any outstanding or unresolved issue related to an audit finding.

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

- B. Provider shall cause to be conducted an annual independent audit report. Within fifteen (15) days of receipt, Provider agrees to give HCJFS a copy of Provider's most recent annual report, most recent annual independent audit report and any report associated management letters.
- C. HCJFS reserves the right to evaluate programs of contracted providers. Evaluation activities may include, but are not limited to reviewing records, observing programs, and interviewing program employees and consumers. Such evaluations will be deemed at Provider's own time and expense.
- D. Provider will cause a single or program-specific audit in accordance with OMB Circular A-133, depending upon the total amount of Federal funds received by Provider, including but not exclusively received from HCJFS or solely for the services delivered in this Agreement. Provider should submit a copy of the above described completed audit report to HCJFS within forty-five (45) days after receipt from the accounting firm performing such audit.

24. WARRANTIES AND REPRESENTATION

Provider warrants and represents that its services shall be performed in a professional and work like manner in accordance with applicable professional standards.

Provider warrants and represents that at all times during the contract term, Provider shall maintain in good standing, any license or certification required for Provider's performance in carrying out the terms of this Contract. Additionally, Provider shall immediately notify HCJFS of any action, modification or issue relating to said licensure or certification.

Provider warrants that separate books and records, including, but not limited to the general ledger account journals and profit/loss statements have been established and will be maintained for the revenue and expenses of this program.

Provider warrants and represents that they have followed the procurement and bidding practices set forth in the Administrative Procedure Manual ("APM"), Chapter 4000, Ohio Administrative Code Sections 5101:9-4-01, 5101:9-4-02, 5101:9-4-04, 5101:9-4-06, 5101:9-4-07, and 45 CFR part 92.

25. AVAILABILITY OF FUNDS

This Agreement is conditioned upon the availability of federal, state, or local funds that are appropriated or allocated for payment of this Agreement. If funds are not allocated and available

for the continuance of the function performed by the Provider hereunder, the products or services directly involved in the performance of that function might be terminated by HCJFS at the end of the period for which funds are available.

HCJFS will notify the Provider at the earliest possible time of any products or services that will or may be affected by a shortage of funds. No penalty shall accrue to HCJFS in the event this provision is exercised, and 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 Agreement, the parties shall not be deemed in default during the continuance of such inability provided, however, that Provider shall only be entitled to the benefit of this paragraph for fourteen (14) days if the event of force majeure does not affect HCJFS' property or employees which are necessary to Provider's ability to perform.

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

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

27. COORDINATION

Provider will advise HCJFS of any significant fund raising campaigns contemplated by the Provider within Cincinnati and Hamilton County for supplementary operating or capital funds during the term of this Agreement so that the same may be coordinated with any planned promotion of public or private funds by HCJFS for the benefit of this and other agencies within the community.

28. LEGAL ACTION

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

29. PUBLIC RECORDS

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

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

30. DRUG-FREE WORKPLACE

Provider certifies and affirms that Provider will comply with all applicable state and federal laws regarding a drug-free workplace as outlined in 45 CFR Part 76, Subpart F. Provider will make a good faith effort to ensure that all employees performing duties or responsibilities under this Agreement, 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.

31. PUBLIC ASSISTANCE WORK PROGRAM PARTICIPANTS

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

32. MEDIA RELATIONS, PUBLIC INFORMATION, AND OUTREACH

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

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

33. AMENDMENTS

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

however, it is agreed by Provider and HCJFS that any amendments to laws or regulations cited herein will result in the correlative modification of this Agreement, without the necessity for executing written amendments.

The impact of any applicable law, statute, or regulation not cited herein and enacted after the date of execution of this Agreement will be incorporated into this Agreement by written amendment signed by Provider and HCJFS and effective as of the date of enactment of the law, statute, or regulation. Any other written amendment to this Agreement is prospective in nature.

33. INSURANCE

Provider agrees to procure and maintain for the term of this Agreement 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 Agreement contemplates the transportation of the users of Hamilton County services (such as but not limited to HCJFS consumers) "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. Aggregates: apply where applicable in primary;
6. Care, custody and control – follow form primary; and
7. 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 Bidder 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 Hamilton County Department of Job & Family Services, and their respective officials, employees, agents, and volunteers. The additional insured endorsement shall be on an ACORD or ISO form.
2. The insurance endorsement forms and the certificate of insurance forms will be sent to: Risk Manager, Hamilton County, Room 707, 138 East Court Street, Cincinnati, Ohio 45202, Fax number (513) 946- 4720; and to HCJFS, Contract Services, 3rd floor, 222 East Central Parkway, Cincinnati, Ohio 45202. The forms must state the following: "Board of County Commissioners, Hamilton County, Ohio and Hamilton County Department of Job & Family Services, and their respective officials, employees, agents, and volunteers are endorsed as additional insured as required by Contract on the commercial general, business auto and umbrella/excess liability policies."
3. Each policy required by this clause shall be endorsed to state that coverage shall not be canceled or materially changed except after thirty (30) days prior written notice given to: Risk Manager, Hamilton County, Room 707, 138 East Court Street, Cincinnati, Ohio 45202; and to HCJFS, Contract Services, 3rd floor, 222 East Central Parkway, Cincinnati, Ohio 45202.
4. Provider shall furnish the Hamilton County Risk Manager and HCJFS with original certificates and amendatory endorsements effecting coverage required by this clause. All certificates and endorsements are to be received by Hamilton County before the Agreement commences. Hamilton County reserves the right at any time to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications.

- Failure of HCJFS to demand such certificate or other evidence of full compliance with these insurance requirements or failure of HCJFS to identify a deficiency from evidence provided shall not be construed as a waiver of Provider's obligation to maintain such insurance.
5. Provider shall declare any self-insured retention to Hamilton County pertaining to liability insurance. Provider shall provide a financial guarantee satisfactory to Hamilton County and HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses for any self-insured retention.
 6. If Provider provides insurance coverage under a "claims-made" basis, Provider shall provide evidence of either of the following for each type of insurance which is provided on a claims-made basis: unlimited extended reporting period coverage which allows for an unlimited period of time to report claims from incidents that occurred after the policy's retroactive date and before the end of the policy period (tail coverage), or; continuous coverage from the original retroactive date of coverage. The original retroactive date of coverage means original effective date of the first claim-made policy issued for a similar coverage while Provider was under Agreement with the County on behalf of HCJFS.
 7. Provider will require all insurance policies in any way related to the work and secured and maintained by Provider to include endorsements stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against the County and HCJFS. Provider will require of subcontractors, by appropriate written Agreements, similar waivers each in favor of all parties enumerated in this section.
 - 8.
 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 Agreement 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, Provider agrees to protect, defend, indemnify and hold harmless the County, HCJFS and their respective members, 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's (of any party involved in the subject of this Agreement),

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, performance of the terms of this Agreement including, without limitation, by Provider, its subcontractor(s), Provider's or its subcontractor's (s') employees and agents, assigns, and those designated by Provider to perform the work or services encompassed by the Agreement. Provider agrees to pay all damages, costs and expenses of the Indemnified Parties in defending any action arising out of the aforementioned acts or omissions.

35. SCREENING AND SELECTION

A. 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 Consumers. Provider will obtain a statewide conviction record check through the Bureau of Criminal Identification and Investigation ("BCII") and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing Services.

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

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

B. Bureau of Motor Vehicle transcript:

Any individual transporting Consumers shall possess the following qualifications:

1. a satisfactory Bureau of Motor Vehicle ("BMV") transcript from the State of Ohio;
2. a satisfactory BMV transcript from the individual's state of residence; and
3. a current and valid driver's license.

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

1. the individual who has a condition which would affect safe operation of a motor vehicle;
2. the individual has five (5) or more points on his/her driver's license; or

3. the individual has been convicted of driving while under the influence of alcohol or drugs.

C. Verification of Job or Volunteer Application:

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

36. LOBBYING RESTRICTIONS

- A. Provider affirms that no federal funds paid to Provider by HCJFS through this Contract or any other agreement has been or will be used to influence, attempt to influence, or otherwise lobby Congress or any federal agency in connection with any contract, grant, cooperative agreement, or loan. Provider further certifies compliance with all lobbying restrictions, including Title 13, Section 1352 of the United States Code (USC), 2 USC 1601, 29 CFR 93, and any other federal law or rule pertaining to lobbying.
- B. Provider certifies compliance with the Ohio executive agency lobbying restrictions contained in ORC 121.60 to 121.69.

Provider further warrants that Provider shall disclose any lobbying with any non-Federal funds that takes place in connection with obtaining any Federal award. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of this Contract. If Provider fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

37. DEBARMENT AND SUSPENSION

- A. Provider certifies that neither Provider nor any of its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in covered transactions by any Federal department or agency, as set forth in 29 CFR Part 98. Provider also affirms that within three (3) years preceding this agreement neither Provider nor any of its principals:
 1. Have been convicted of, or had a civil judgment rendered against them for commission of fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; for violation of federal or state antitrust statutes; for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements; or for receiving stolen property;
 2. Are presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) for the commission of any of the offenses listed in this Section and have not had any public transactions (Federal, State, or local) terminated for cause or default.

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

38. MAINTENANCE OF SERVICE

Provider certifies the services being reimbursed are not available from the Provider on a non-reimbursable basis or for less than the unit cost and that the level of service existing prior to the Agreement shall be maintained. Provider further certifies that Federal funds will not be used to supplant non-federal funds for the same service.

39. GRIEVANCE PROCESS

Provider will notify HCJFS in writing on a monthly basis of all grievances initiated by Consumers that involve the services provided through this Agreement. Provider shall submit any and all facts pertaining to the grievance and the resolution of the grievance. The monthly report will be submitted to the assigned Agreement Manager.

Provider will post the grievance policy and procedure in a public or common area at each contracted site so all participants are aware of the process.

40. PROPERTY OF HAMILTON COUNTY

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

The Deliverable(s) and any item(s) provided or produced pursuant to this Agreement (collectively "Deliverables") shall be considered "works made for hire" within the meaning of copyright laws of the United States of America and the State of Ohio. HCJFS is and shall be deemed the sole author of the Deliverable(s) and sole owner of all rights therein. If any portion of the Deliverable(s) is/are deemed not to be a "work made for hire," or if there are any rights in the Deliverable(s) not so conveyed to HCJFS, then Provider agrees to and by executing this Agreement hereby does assign to HCJFS all worldwide rights, title, and interest in and to the Deliverables. HCJFS acknowledges that its sole ownership of the Deliverable(s) under this Agreement 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 Agreement or that are generally known and available.

41. FAITH BASED ORGANIZATIONS

Provider agrees that it will perform the duties under this Agreement 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 Consumers is not diminished and that it will not discriminate against any Consumer based on religion, religious belief, or refusal to participate in a religious activity. No funds provided under this Agreement will be used to promote the religious character and activities of Provider. If any Consumer objects to the religious character of the organization, Provider will immediately refer the individual back to HCJFS for an alternative Provider.

42. CHILD SUPPORT ENFORCEMENT

Provider agrees to cooperate with HCJFS, ODJFS and any other Child Support Enforcement Agency in ensuring that Provider's employees meet child support obligations established under state law. Further, by executing this Agreement, Provider certifies present and future compliance with any order for the withholding of support that is issued pursuant to sections 3113.21 and 3113.214 of the Ohio Revised Code.

43. HCJFS AGENCY BADGES

Badges supplied by HCJFS to temporary or contracted employees must be returned to the HCJFS Agreement Liaison within 10 days of Agreement termination or contractor employee termination. Failure to return the badges may result in the withholding from Provider's final payment of a \$10.00 charge for each badge not returned.

44. DEFAULT BY PROVIDER

In the event of a Material Breach of this Agreement by Provider, HCJFS may terminate this Agreement, upon thirty (30) day prior written notice to Provider specifying the nature of the breach; provided that Provider shall have the opportunity to cure such breach within the thirty (30) day notice period. HCJFS reserves the right to invoke immediate termination as defined in Section 14, Termination.

MATERIAL BREACH shall mean an act or omission by a party which violates or contravenes an obligation required of the party under this Agreement and which, by itself or together with one or more other breach (es), has a substantial negative effect on, or thwarts, the purpose of this Agreement. Material Breach shall not include an act or omission which is merely a technical or immaterial variation from the form of the Agreement, or which has a trivial or negligible effect on quality, quantity, or delivery of the goods or services to be provided under this Agreement, to the extent that in the opinion on the non-breaching party such technical or non-material variation does not rise to the level of a Material Breach when viewed in light of the breaching party's overall conduct under this Agreement. Any extension of time to cure any breach given to Provider by HCJFS shall be in writing and will not operate to preclude the future exercise of any rights HCJFS may have under this Agreement.

45. CONTACT INFORMATION**HCJFS**

NAME & EMAIL	PHONE #	DEPARTMENT	RESPONSIBILITY
Contract Manager	946-xxxx	Contract Services	Contract changes, Contract language, Contract budget, audits
Accounts Payable	946-xxxx	Fiscal	billing and payment
Workforce Investment Board President	579-xxxx	Area #13 Workforce Investment Board	Oversight of all work & staff of the SWORWIB.
Program Manager	946-xxxx	Workforce Development	Scope of service, service eligibility, program outcomes

Provider

NAME	PHONE #	DEPARTMENT	RESPONSIBILITY
Business Contact			Contract changes, Contract language, Contract budget, audits
Budget and Finance			billing and payment
Program Manager			Scope of service, service eligibility, program outcomes

46. CLEAN AIR AND FEDERAL WATER POLLUTION CONTROL ACT

Provider agrees to comply with all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1386), Executive Order 11738, and environmental protection agency regulation (40 C.F.R. Part 30). Provider understands that violations of all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C.7401), section 508 of the Clean Water Act (33 U.S.C. 1386), Executive Order 11738, and environmental protection agency regulation (40 C.F.R. Part 30) must be reported to the Federal awarding agency and the Regional Office of Environmental Protection Agency (EPA).

47. ENERGY POLICY AND CONSERVATION ACT

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

48. AGREEMENT CLOSEOUT

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

49. SUBRECIPIENT

Provider is designated as a “subrecipient” as referenced by OAC 5101:9-1-88. A subrecipient is defined as a non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program.

Provider will have some of the same restrictions and requirements as the federal, state, and local governments/organizations, such as the auditing standards set forth in Office of Management and Budget (OMB) Circular A-133 (210) (b) budgeting protocols, and federal budget/cost guidelines are all applicable to the Provider.

50. RETENTION OF PROCUREMENT RECORDS

Financial, programmatic, statistical, recipient records and supporting documents must be retained by the Provider for a minimum of three (3) years after the ODJFS acceptance of the final closeout expenditure report, or as otherwise provided by any minimum retention requirements specified by applicable state or federal law.

If any litigation, claim, negotiation, audit or other action involving the records has started before the expiration of the three (3) year period, the records must be retained until the completion of the action and resolution of all issues that arise for it or until the end of the regular three (3) year period, whichever is later.

51. REPORTING

Provider agrees to comply with all applicable standards; orders or regulation issued relating to awarding agency requirements pertaining to reporting (O.A.C. 5101:9-4-07(K) (8) and (C.F.R. 92.36(i) (7)).

52. NON-DISCRIMINATION IN THE PERFORMANCE OF SERVICES

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

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.

53. PATENT RIGHTS

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

54. COPYRIGHTS AND RIGHTS IN DATA

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

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

SIGNATURES

In witness whereof, the parties have hereunto set their hands on this ____ day of ____, 20yy.

Provider:

By: _____

Title: _____ Date: _____

Board of County Commissioners,
Hamilton County, Ohio:

By: _____ Date: _____

Recommended By:

Maira Weir, Director
Hamilton County Department of Job & Family Services

Date: _____

Approved as to form:

By: _____ Date: _____

Prosecutor's Office
Hamilton County, Ohio

Prepared By: _____

Checked By: _____

Approved By: _____

ATTACHMENT C

Budget and Instructions

CONTRACT BUDGET INSTRUCTIONS

When contracting with the Hamilton County Department of Job & Family Services (HCJFS), it is required that a budget be completed for each program/service being proposed. In order to facilitate the process, HCJFS requests that the attached budget be used.

These instructions are designed to assist in the completion the budget. Should you have any questions, please submit them to the HCJFS Contact Person in one of the following ways:

- 1) Fax:

Fax: (513) 946-2384

- 2) E-mail:

HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org

- 3) Mail:

Contract Services
Hamilton County Department of Job & Family Services
222 East Central Parkway, 3rd Floor
Cincinnati, OH 45202

PAGE 1 - SUMMARY PAGE

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

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

Mgmt Indirect Cost

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

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

HCJFS CONTRACT BUDGET

AGENCY: (Enter legal name of your agency)

BUDGET PREPARED FOR PERIOD

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

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

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

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

1

**ESTIMATED TOTAL UNITS OF SERVICE TO BE PROVIDED:

**TOTAL PROGRAM EXPENSES / TOTAL UNITS OF SERVICE = UNIT RATE:

\$ _____ \$ _____ \$ _____

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

**If the proposed service is Cost Reimbursement, do not complete.

TOTAL REVENUE*						
----------------	--	--	--	--	--	--

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

Instructions:

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

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

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

2

Instructions:

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

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

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

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

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

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

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

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

PAGE 3 – SECTION B – EMPLOYEE PAYROLL TAXES & BENEFITS

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

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

3

Instructions:

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

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

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

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

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

PAGE 3 - SECTION C – PROFESSIONAL FEES & CONTRACTED SERVICES

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

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

3

Instructions:

Column 1: List all professional fees and contracted services.

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

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

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

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

PAGE 4 - SECTION D – CONSUMABLE SUPPLIES

This section is used to enter costs for items that will be directly used or consumed in the proposed service. These items must be used or consumed within one (1) Consumable supplies that are more of a general supply used within your agency should be entered in the "Mgmt Indirect" column. Examples of some of these costs are janitorial supplies (cleaning supplies, paper towels, floor cleaner, mops, brooms, etc.).

Program supplies such as pamphlets, text books, and computer software directly related to the proposed service should be entered in this section as well.

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

4

Instructions:

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

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

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

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

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

PAGE 4 - SECTION E – OCCUPANCY COSTS

This section is used to enter occupancy costs that will be associated with the proposed service. If your agency is renting the entire building and using all of the space for the proposed service, enter the total rental amount for the building. If your agency is renting the entire building and not using all of the space for the proposed service, the rental cost for the proposed service is calculated by multiplying the Cost per Square

Foot by the total Square Footage of the space used for the proposed service. The remaining rental cost should be entered under “Other Direct Ser”.

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

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

4

Instructions:

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

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

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

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

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

Other – List separately any other costs associated with occupancy.

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

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

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

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

PAGE 5 - SECTION F – TRAVEL COSTS

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

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

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

5

Instructions:

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

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

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

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

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

PAGE 5 - SECTION G – INSURANCE COSTS

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

(1) (2) (3) (4) (5) (6) (7)

EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS						
LIABILITY						
PROPERTY						
ACCIDENT						
OTHER						
TOTAL INSURANCE COSTS						

5

Instructions:

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

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

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

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

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

PAGE 6 - SECTION H – EQUIPMENT COSTS

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

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

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

6

Instructions:

Column 1: List of equipment costs by expense type.

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

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

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

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

PAGE 7 - LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, e.g. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any items of equipment used by the Management Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C, etc.

(1) (2) (3) (4) (5) (6) (7)

EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS						
TOTAL MISCELLANEOUS COSTS						

8

Instructions:

Column 1: List miscellaneous costs separately.

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

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

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

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

PAGE 8 – SECTION J - PROFIT MARGIN

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

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

J. PROFIT MARGIN (For profit entities only- indicate the amount)						
--	--	--	--	--	--	--

8

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

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

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

8

PAGE 9 – REVENUE BY PROGRAM SERVICES

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

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

REVENUE PREPARED FOR PERIOD
(Enter Begin Date of Budget) **TO** (Enter End Date of Budget)

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

9

Instructions:

Column 1: List funding sources.

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

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

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

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

PAGE 10 – RENEWAL YEAR ESTIMATED COST SHEET

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

BCCS CONTRACT BUDGET
HCJFS CONTRACT BUDGET

RENEWAL YEAR ESTIMATED COST SHEET

(1)

(2)

(3)

(4)

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

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

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

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

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

EXHIBIT II

AGENCY:

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM:

_____ TO _____

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

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

ESTIMATED NUMBER OF PARTICIPANTS
TO BE SERVED:

TOTAL _____

TOTAL CCMEP PROGRAM COSTS
COST PER PARTICIPANT

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

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

EXHIBIT II

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

[illegible]

Salaries Narrative. Describe how each position relates to the service proposed.
Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
B.PAYROLL TAXES						
FICA %						0.00
WORKER'S COMP. %						0.00
UNEMPLOYMENT %						0.00
BENEFITS						
RETIREMENT						0.00
HOSPITAL CARE						0.00
OTHER (SPECIFY)						0.00
						0.00
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00	0.00

Employee Payroll Taxes & Benefits Narrative.

Please type narrative here.

NOTE: You must list the percentage amount on the FICA, Worker's Comp and Unemployment lines. Remember - Unemployment Taxes are based ONLY on the first \$7,000 of the employees salary.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
						0.00
						0.00
						0.00
						0.00
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00	0.00

Professional Fees & Contracted Services Narrative

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES						
OFFICE						0.00
CLEANING						0.00
PROGRAM						0.00
OTHER (SPECIFY)						0.00
						0.00
						0.00
TOTAL CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00	0.00

Consumable Supplies Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
E. OCCUPANCY COSTS						
RENTAL @ PER SQ. FT.						0.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						0.00
MAINTENANCE & REPAIRS						0.00
UTILITIES (MAY BE INCLUDED IN RENT)						
HEAT & ELECTRICITY WATER						0.00
TELEPHONE						0.00
OTHER (SPECIFY)						0.00
						0.00
						0.00
TOTAL OCCUPANCY COSTS	0.00	0.00	0.00	0.00	0.00	0.00

Occupancy Costs Narrative

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						0.00
VEHICLE REPAIR						0.00
VEHICLE LICENSE						0.00
VEHICLE INSURANCE						0.00
OTHER (PARKING)						0.00
MILEAGE REIMBURSE.@ _____ PER MILE						0.00
CONFERENCES & MEETINGS, ETC.						0.00
PURCHASED TRANSPORTATION						0.00
TOTAL TRAVEL COSTS	0.00	0.00	0.00	0.00	0.00	0.00

Travel Costs Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS						
LIABILITY						0.00
PROPERTY						0.00
ACCIDENT						0.00
OTHER						0.00
TOTAL INSURANCE COSTS	0.00	0.00	0.00	0.00	0.00	0.00

Insurance Costs Narrative

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
H.EQUIPMENT COSTS						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						
						0.00
						0.00
						0.00
TOTAL SMALL EQUIPMENT COSTS	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						0.00
						0.00
						0.00
						0.00
TOTAL EQUIPMENT & REPAIR	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT LEASE COSTS (DETAIL)						
						0.00
						0.00
						0.00
TOTAL LEASE COSTS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EQUIPMENT COSTS	0.00	0.00	0.00	0.00	0.00	0.00

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

Please type narrative here.

EXHIBIT II

LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, I.e. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the agency's books prior to the beginning date of the contract may not be used as a basis for determining costs of the program proposed for a contract, even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.

ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	*PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM
			0.00	0.00	0.00	0	0.00	100.00%	0.00	
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
Total			0.00		0.00		0.00		0.00	

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS						
						0.00
						0.00
						0.00
						0.00
						0.00
TOTAL MISCELLANEOUS COSTS	0.00	0.00	0.00	0.00	0.00	0.00
J. PROFIT MARGIN (For profit entities only)						0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00	0.00

Miscellaneous Costs Narrative.

Please type narrative here.

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

Mgmt/Indirect Cost Narrative.

Please type narrative here.

Profit Margin Narrative (for profit entities only).

Please type narrative here.

EXHIBIT II

REVENUES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)						
						0.00
						0.00
						0.00
B. OTHER FUNDING						
FEES FROM CLIENTS						0.00
CONTRIBUTIONS						0.00
						0.00
						0.00
						0.00
						0.00
AWARDS & GRANTS						0.00
						0.00
OTHER (specify)						0.00
						0.00
TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00	0.00

Revenue Narrative

Please type narrative here.

EXHIBIT II**RENEWAL YEAR ESTIMATED COST SHEET**

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

PROGRAM	RENEWAL YEAR 2 EXPENSE2	RENEWAL YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1, 2 and 3
PROGRAM 1			
PROGRAM 2			
PROGRAM 3			
PROGRAM 4			

ATTACHMENT C-1

Sample Budget

ATTACHMENT C-1

HCJFS CONTRACT SAMPLE BUDGET

(for reference purposes only)

AGENCY: Acme Foster Care

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM: Traditional & Therapeutic Foster Care

January 1, 2017 TO December 31, 2017

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	154,750.00	218,750.00	0.00	44,350.00	359,400.00	777,250.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	38,355.38	54,225.38	0.00	10,830.59	89,055.54	192,466.88
C. PROFESSIONAL & CONTRACTED SERVICES	167,900.00	164,250.00	0.00	15,900.00	32,100.00	380,150.00
D. CONSUMABLE SUPPLIES	500.00	1,200.00	0.00	4,500.00	10,600.00	16,800.00
E. OCCUPANCY	13,400.00	20,100.00	0.00	0.00	90,500.00	124,000.00
F. TRAVEL	29,625.00	29,625.00	0.00	0.00	23,250.00	82,500.00
G. INSURANCE	2,790.00	1,860.00	0.00	500.00	3,150.00	8,300.00
H. EQUIPMENT	1,900.00	1,900.00	0.00	0.00	1,900.00	5,700.00
I. MISCELLANEOUS	7,750.00	5,300.00	0.00	500.00	3,750.00	17,300.00
J. PROFIT MARGIN	0.00	0.00	0.00	0.00	0.00	0.00
SUB-TOTAL OF EACH COLUMN	416,970.38	497,210.38	0.00	76,580.59	613,705.54	1,604,466.88
ALLOCATION OF MGT/INDIRECT COSTS	20,632.02	13,645.48		-45,484.94	11,207.44	0.00
TOTAL PROGRAM EXPENSES	437,602.40	510,855.86	0.00	31,095.65	624,912.98	1,604,466.88

ESTIMATED TOTAL UNITS OF SERVICE
TO BE PROVIDED:

8,395.00

5,475.00

UNIT = 1 day

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

\$52.13\$93.31 _____

TOTAL REVENUE	438,000.00	511,000.00	0.00	29,000.00	627,000.00	1,605,000.00
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ATTACHMENT C-1

A. STAFF SALARIES - Attach Extra Pages for Staff,

POSITION TITLE	# STAFF	HRS WK	Annual Cost	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SERVICE	TOTAL EXPENSE
Program Director	1.00	40.0	56,000.00	14,000.00	14,000.00			28,000.00	56,000.00
Case Manager	10.00	400.0	320,000.00	128,000.00	192,000.00				320,000.00
Clerical Specialist	1.00	40.0	25,500.00	12,750.00	12,750.00				25,500.00
Clerical Specialist	1.00	40.0	25,500.00					25,500.00	25,500.00
Other Personnel			195,250.00					195,250.00	195,250.00
Executive Director	1.00	10.0	85,000.00				21,250.00	63,750.00	85,000.00
Human Resource Director	1.00	13.2	70,000.00				23,100.00	46,900.00	70,000.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
TOTAL SALARIES	15.00	543.2	777,250.00	154,750.00	218,750.00	0.00	44,350.00	359,400.00	777,250.00

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

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

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

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

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

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

1 Executive Director
25% allocated to Foster Care Program

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

ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
B.PAYROLL TAXES						
FICA 7.65 %	11,838.38	16,734.38		3,392.78	27,494.10	59,459.63
WORKER'S COMP. 1.9%	2,940.25	4,156.25		842.65	6,828.60	14,767.75
UNEMPLOYMENT 2.3 %	983.25	1,397.25		120.06	2,260.44	4,761.00
BENEFITS						
RETIREMENT 1%	1,547.50	2,187.50		443.50	3,594.00	7,772.50
HOSPITAL CARE 13%	20,117.50	28,437.50		5,765.50	46,722.00	101,042.50
OTHER Life/Disability .6%	928.50	1,312.50		266.10	2,156.40	4,663.50
						0.00
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS	38,355.38	54,225.38	0.00	10,830.59	89,055.54	192,466.88

Employee Payroll Taxes & Benefits Narrative.

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

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

Professional Fees & Contracted Services Narrative

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

ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES						
OFFICE		900.00			4,500.00	5,400.00
CLEANING						0.00
PROGRAM	500.00	300.00			600.00	1,400.00
OTHER - Food					10,000.00	10,000.00
						0.00
						0.00
TOTAL CONSUMABLE SUPPLIES	500.00	1,200.00	0.00	4,500.00	10,600.00	16,800.00

Consumable Supplies Narrative

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

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

Occupancy Costs Narrative

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

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

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

Utilities are included in the rent.

ATTACHMENT C-1

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

Travel Costs Narrative

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

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

Insurance Costs Narrative

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

ATTACHMENT C-1

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

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

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

ATTACHMENT C-1

LARGE EQUIPMENT DEPRECIATION CO

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, i.e. hard drive,

If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the

agency's books prior to the beginning date of the contract may not be used as a bas

even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency

for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.

ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	*PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM
Computer system	N	3/3/2008	15,000.00	0.00	15,000.00	5	3,000.00	100.00%	3,000.00	1/3 to Trad,TFC3, RT
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
			0.00	0.00	0.00	0	0.00			
Total			15,000.00		15,000.00		3,000.00		3,000.00	

* Enter as a decimal.

ATTACHMENT C-1

EXPENSES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I.MISCELLANEOUS COSTS						
Postage	1,000.00	800.00			500.00	2,300.00
Dues/Subscriptions	2,000.00	1,000.00			1,000.00	4,000.00
Background checks	2,250.00	1,500.00			1,250.00	5,000.00
Recruitment	2,500.00	2,000.00			1,500.00	6,000.00
						0.00
TOTAL MISCELLANEOUS COSTS	7,750.00	5,300.00	0.00	500.00	3,750.00	17,300.00
J. PROFIT MARGIN (For profit entities only)						0.00
TOTAL OF ALL EXPENSES	416,970.38	497,210.38	0.00	76,580.59	613,705.54	#####

Miscellaneous Costs Narrative.

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

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included.

Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

Mgmt/Indirect Cost Narrative.

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

Profit Margin Narrative (for profit entities only).

Please type narrative here.

N/A.

ATTACHMENT C-1

REVENUES BY PROGRAM SERVICES	Traditional Foster Care	Therapeutic Foster Care 3		MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)						
Hamilton County Job & Family Services	375,000.00	455,000.00			620,000.00	1,450,000.00
Butler County Job & Family Services	58,000.00	51,000.00				109,000.00
						0.00
B. OTHER FUNDING						0.00
FEES FROM CLIENTS						0.00
CONTRIBUTIONS -						0.00
donations				6,000.00		6,000.00
endowment				23,000.00		23,000.00
						0.00
						0.00
AWARDS & GRANTS						0.00
						0.00
OTHER (specify)						0.00
Fundraising	5,000.00	5,000.00			7,000.00	17,000.00
TOTAL REVENUE	438,000.00	511,000.00	0.00	29,000.00	627,000.00	1,605,000.00

Revenue Narrative

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

EXHIBIT II

RENEWAL YEAR ESTIMATED COST SHEET

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

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

ATTACHMENT D

Provider Certification

Hamilton County Department of Job and Family Services

Provider Certification Process

RFP Page 119

(Revised 5/10)

I. Overview

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

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

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

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

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

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

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

1. program staff training plan;
2. staff policy and procedure manual;
3. quality assurance plan/activities.

Refer to detailed instructions for completing the certification document.

II. INSTRUCTIONS FOR THE PROVIDER CERTIFICATION PROCESS

Section A. Program Identifying Information

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

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

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

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

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

<p>9. Interior - Public Areas</p> <ul style="list-style-type: none"> 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 has been issued by the fire department. 	<p>Purchased services are to be provided in an appropriate setting and accessible to all referred clients. This area is subjective and open to interpretation. The question to ask yourself is if you'd feel comfortable referring a client to this location. The fire department only issues a report when there are building safety issues. Ask to see any negative safety report and, if any, ask for proof of compliance - repair invoices, etc. Calls can be made to the fire department if the status is in doubt.</p>
<p>10. Contract Management Plan - review provider's written plan for contract management.</p> <ul style="list-style-type: none"> 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? 	<p>The purpose of the plan is to ensure the provider is fully aware of the contractual obligations and has a pro-active plan for managing the various contract components. At a minimum, the provider's written plan must address these seven (7) areas.</p>

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

APP Page 425

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

Hamilton County Department of Job and Family Services

Provider Certification Document

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

1. Reviewer's Name and Title	
2. Initiation of Certification Process (Date)	
3. Completion of Certification Process (Date)	
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	RFP Page 127
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 Rec'd.	Date Complete
1. Other Provider certifications, i.e., Medicaid, JACHO, COA, etc.			
2. Reviewed and accepted:			
a. most recent annual indep. audit or comparable financial documents;.			
b. audit management letters, is applicable;			
c. SAS61 (auditor's communication to the board's audit committee), if applicable;			
d. most recent 990 and Schedule A;			
e. most recent federal income tax return;			
f. written internal financial controls. For assistance in developing internal financial controls, providers can consult the standards issued by the General Accounting Office (GAO) in the booklet titled <i>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'l. insureds listed; Expiration Date:			

d. Worker's Compensation insurance;			RFP Page 129
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?			
b. cash or accrual system;			
c. revenue source during start-up period;			
d. ability to issue accurate and timely reports			
e. maintenance of client service records .			
1) method for documenting client service;			
2) method for compiling data for reports;			
3) method for tracking performance indicators;			
f. how will provider manage cash flow during the first 3 months of the contract?			
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;			
c. proof of car insurance;			

d. police/BCII check completed w/in last 12 mons.			RFP Page 130
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;			
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?			RFP Page 131
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 Rec'd.	Date 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;		RFP	Page 133
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:

ATTACHMENT E

Declaration of Property Tax Delinquency

Declaration of Property Tax Delinquency
(ORC 5719.042)

I, _____, hereby affirm that the Proposing Organization herein, _____, is ____ / is not ____ (**check one**) at the time of submitting this proposal charged with delinquent property taxes on the general tax list of personal property within the County of Hamilton. If the Proposing Organization is delinquent in the payment of property tax, the amount of such due and unpaid delinquent tax and any due and unpaid interest is \$_____.

Print Name _____ Date _____

Signature _____

State of Ohio - County of Hamilton Notary

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

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

Notary Public

ATTACHMENT F

Release of Personnel Records & Criminal Records Checks



222 East Central Parkway • Cincinnati, Ohio 45202-1225

General Information: (513) 946-1000

General Information TDD: (513) 946-1295

FAX: (513) 946-2250

www.hcjfs.org

www.hcadopt.org

www.hcfoster.org

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

RELEASE OF PERSONNEL RECORDS AND CRIMINAL RECORD CHECKS

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

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

NOW THEREFORE

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

Signature _____ Date _____

A. Criminal Record Check

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

ATTACHMENT G

RFP Registration Form

REGISTRATION FORM**RFP: SC02-20R, COMPREHENSIVE CASE MANAGEMENT
AND EMPLOYMENT PROGRAM (CCMEP)****January, 2020****All inquiries regarding this RFP are to be in writing and are to be mailed, e-mailed or faxed to:**

Sandra Carson
Hamilton County Job and Family Services
222 E. Central Parkway Contract Services, 3rd Floor
Cincinnati, OH 45202
Fax#: (513) 946-2384
Email: carsos01@jfs.hamilton-co.org

The Hamilton County Job and Family Services (HCJFS) will not entertain any oral questions regarding this RFP. *Other than to the above specified person, no bidder may contact any HCJFS employee, county official, 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 rejection of the Providers Proposal, including attempts to influence the RFP process, evaluation process or the award process by Providers who have submitted bids or by others on their behalf.**

By faxing this completed page to the HCJFS Contract Services Department, you will be registering your company's interest in this RFP, attendance at the RFP Conference and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page. Due date for Registration Form is **February 7, 2020 no later than noon.**

DATE:	
COMPANY NAME:	
ADDRESS (including city, state, zip code):	
REPRESENTATIVE'S NAME	
TELEPHONE NUMBER	
FACSIMILE NUMBER:	
EMAIL ADDRESS:	
NUMBER OF PEOPLE ATTENDING RFP CONFERENCE:	
SIGNATURE:	

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

**Please fax this completed page to HCJFS Contract Services at (513) 946-2384,
or e-mail to carsos01@jfs.hamilton-co.org**

ATTACHMENT H

Work Participation Data

ATTACHMENT H

Work Participation: Overview of Consumer Demographics

Total Number of OWF Participants Served by Vendor

Unduplicated count of OWF consumers served during the calendar year.

Year	# of OWF Consumers
2012	10,407
2013	8,741
2014	7,665
2015	6,856
2016	5154
2017	4345
2018	4535
2019 (Jan – Nov)	3882

Unduplicated count of OWF consumers served within a calendar month.

Active Consumers by Month and Age			
Report Month	Total SSN Count	18-24 yrs	25 yrs and Older
12/2018	2178	537	1641
01/2019	2018	528	1490
02/2019	1916	519	1397
03/2019	1821	501	1320
04/2019	1697	481	1216
05/2019	1661	484	1177
06/2019	1670	509	1161
07/2019	1732	542	1190
08/2019	1796	565	1231
09/2019	1821	590	1231
10/2019	1909	620	1289
11/2019	1776	591	1185

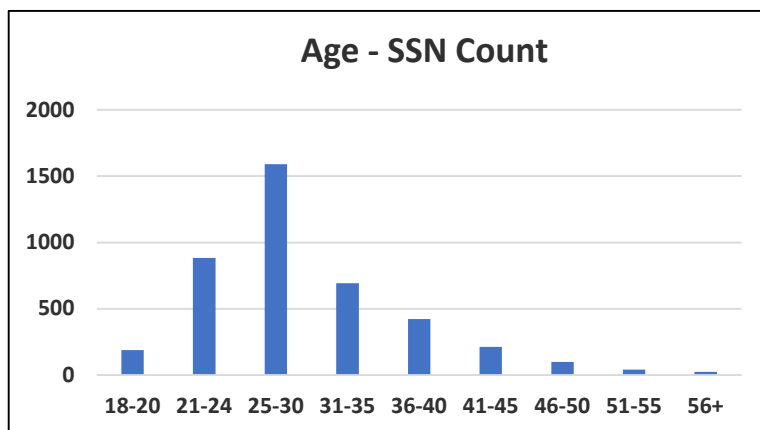
OWF Work Participation Consumers

Demographic data is based on 4,154 OWF consumers served during the twelve-month period of 12/2018 – 11/2019.

GENDER

Gender	SSN Count	18-24	25 and Older
Female	3779	1057	2722
Male	375	16	359

AGE GROUP



Age	SSN Count
18-20	189
21-24	884
25-30	1590
31-35	693
36-40	421
41-45	213
46-50	99
51-55	40
56+	25

MARITAL STATUS



Marital Status	SSN Count
Single	3477
Married	323
Separated	155
Divorced	141
Unknown	47
Widow/er	11

ETHNICITY

Ethnicity	SSN Count	18-24	25+
African-American	2896	807	2089
Caucasian	885	139	746
Asian	107	5	102
Biracial	88	23	65
Other	93	7	86
Hispanic	58	13	45
Unknown	27	12	15

EDUCATION

Educational Range	18-24 Yrs. of Age	25+ Yrs of Age
8th Grade or Lower	12	93
9th or 10th Grade	75	202
11th or 12th grade	311	387
High School Grad/GED	537	1302
1 -4 years College no Bachelors	74	561
College Degree or Higher	8	262
Unknown	27	30

ZIP CODES - AREAS WITH 100 OR MORE OWF ASSISTANCE GROUPS

ZIP	SSN Count	Residential Community
45225	350	N. Fairmount, Millvale, Camp Washington, S. Cumminsville, Westwood
45211	314	Western Hills, Cheviot, Monfort Heights, Bridgetown
45231	250	Finneytown, Mt Healthy, North College Hill, White Oak
45232	208	St. Bernard, Winton Place, Winton Hills, Carthage
45229	202	Avondale, North Avondale, Corryville, Paddock Hills
45238	202	West Price Hill, Westwood, Delhi
45205	188	Price Hill
45239	186	Groesbeck, North College Hill, White Oak
45237	177	Roselawn, Bond Hill
45206	176	Walnut Hills, East Walnut Hills, Woodburn
45214	169	Fairmount, West End
45223	164	Cumminsville, Mt Airy, Northside
45240	150	Forest Park, Winton Woods
45215	137	Woodlawn, Reading, Lockland, Arlington Heights, Lincoln Heights,
45202	106	Over-The-Rhine, Mt Adams, Pendleton, Mt Auburn, Hyde Park, Corryville, East End, Columbia-Tusculum, East Walnut Hills
45224	101	College Hill, Carthage, Hartwell, Mt Airy, Winton Hills, Winton Place

ATTACHMENT I

CCMEP PY2018 Unadjusted Annual Performance Report Data

**Ohio's Comprehensive Case Management
and Employment Program
(CCMEP)**

**Performance Report:
Program Year 2018 UNADJUSTED Annual**

CCMEP Report:

Program Year 2018 UNADJUSTED Annual

The Comprehensive Case Management Employment Program (CCMEP) Performance Report is produced by the Ohio Department of Job and Family Services' Office of Workforce Development for distribution to Local Workforce Area directors, County Department Job and Family Services directors, CCMEP Lead Agency contacts and CCMEP performance contacts and stakeholders. The report contains participant and program data for Program Year 2018 (PY 2018) from Ohio's Workforce Case Management System (OWCMS). PY 2018 runs from July 1, 2018 through June 30, 2019.

The report organized is by statewide, WIOA Local Workforce Area, and CCMEP Lead Agency. Each section contains summary performance data and participant demographic data. Additional information and definitions of performance measures, their evaluation, and performance cohorts is in the beginning of this document for reference. A glossary of terms used throughout the report is at the end of this document.

NOTE: For the PY 2018 Annual, it is the first time the negotiated standard will be adjusted according to the Statistical Adjustment Model, which accounts for changes in the characteristics of the participants served and economic factors in the CCMEP Lead Agencies. This "UNADJUSTED" Annual Report includes the final numerator, denominator, and outcome for each measure for PY 2018 and contains "TBD" for "To Be Determined" for the columns "Adjusted Lead Agency Standard" and "Lead Agency Results". The "ADJUSTED" Annual Report will be released in December 2019 or January 2020 and will include the final numerator, denominator, outcome AND the "Adjusted Lead Agency Standard" AND the evaluation (e.g., meets, exceeds, or fails) for "Lead Agency Results" for each measure not in baseline.

For additional information regarding CCMEP performance and reporting, please refer to the program performance website:
<http://jfs.ohio.gov/owd/WIOA/Performance/index.stm>.

If you have any questions or comments about this report, please contact Daniel Rizo-Patron at 614-466-9881 or Daniel.Rizo-Patron@jfs.ohio.gov or Roxanne Clark at 614-466-9951 or Roxanne.Clark@jfs.ohio.gov. If you have any questions or comments about CCMEP, please contact the CCMEP QNA Help Desk at CCMEPQNA@jfs.ohio.gov.

WIOA Local Workforce Area 13

County	CCMEP Lead Agency
Hamilton	Hamilton CDJFS

Hamilton CDJFS	UNADJUSTED Annual CCMEP Performance Report PY 2018	RFP Page 148
Unadjusted Annual PY 2018 7/1/2018 - 6/30/2019		

Performance Measures	Lead Agency Numerator	Lead Agency Denominator	Lead Agency Rate	Statewide Rate	Negotiated Lead Agency Standard	Adjusted Lead Agency Standard	Unadjusted "Meets" Level	Unadjusted "Exceeds" Level	Lead Agency Results*
Education, Training or Employment at Exit <i>Cohort Period: 4/1/2018-3/31/2019</i>	426	743	57.3%	54.0%	Baseline	Baseline	Baseline	Baseline	Baseline
Education, Training or Employment 2nd Quarter after Exit <i>Cohort Period: 7/1/2017-6/30/2018</i>	282	359	78.6%	74.8%	69.0%	TBD	55.2%	72.5%	TBD
Education, Training or Employment 4th Quarter after Exit <i>Cohort Period: 1/1/2017-12/31/2017</i>	265	329	80.5%	75.1%	67.2%	TBD	53.8%	70.6%	TBD
Median Earnings 2nd Quarter after Exit <i>Cohort Period: 7/1/2017-6/30/2018</i>		267	\$2,500	\$2,244	Baseline	Baseline	Baseline	Baseline	Baseline
Credential Attainment <i>Cohort Period: 1/1/2017-12/31/2017</i>	136	213	63.8%	27.3%	51.0%	TBD	40.8%	53.6%	TBD
Measurable Skill Gains † <i>Cohort Period: 7/1/2018-6/30/2019</i>	262	1,040	25.2%	37.4%	Baseline	Baseline	Baseline	Baseline	Baseline

* For definitions of terms used in this report, see glossary starting on page 231.

† The Measurable Skill Gains rate represents the percentage of program participants who, during a program year, are in an education or training program that leads to a recognized postsecondary credential or employment and who are achieving measurable skill gains toward such a credential or employment. IMPORTANT NOTE: participants in this measure have until the end of the program year (i.e., June 30, 2019) to show a skill gain.

Program Participants	Count	Percentage
Total Participants Served	2,896	
Total Participants Exited <i>Cohort Period: 4/1/2018-3/31/2019</i>	743	
Excluded from Performance Measures	8	1.0%

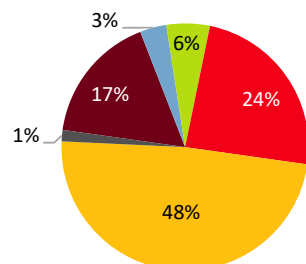
Program Funding	Count	Percentage
TANF Funded Participants	2,038	70.4%
WIOA Funded Participants	265	9.2%
TANF and WIOA Co-Funded Participants	593	20.5%

Unadjusted Annual PY 2018
7/1/2018 - 6/30/2019

UNADJUSTED Annual CCMEP Performance Report PY 2018

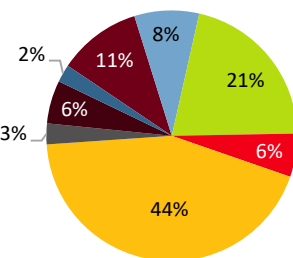
Participant Demographics	Count	Percentage
Total Participants Served	2,896	
Out of School Youth Adjustment Factor		16.7%
Participants' Gender		
Female	2,447	84.5%
Male	434	15.0%
Did not Disclose	15	0.5%
Participants' Current Age		
14-15	53	1.8%
16-18	368	12.7%
19-20	487	16.8%
21-22	623	21.5%
23-24	805	27.8%
25 and Older	560	19.3%
Participants' Ethnicity/Race		
Hispanic/Latino	62	2.1%
American Indian/Alaskan Native	5	0.2%
Asian	12	0.4%
Black/African American	2,304	79.6%
Native Hawaiian/Pacific Islander	0	0.0%
White	393	13.6%
More than One Race	33	1.1%
Program Characteristics		
TANF Benefit Recipient	2,163	74.7%
OWF Work Eligible	1,705	58.9%
OWF Volunteer	25	0.9%
PRC Volunteer	159	5.5%

Education Status at Enrollment



- In-school (High school or less)
- In-school (Alternative)
- In-school (Post-Secondary)
- Not attending school (High school dropout)
- Not attending school (High school graduate)
- Not attending school (School age)

Education Level at Enrollment



- 9th Grade or Below
- 10th Grade
- 11th Grade
- 12th Grade
- High School Diploma
- High School Equivalency
- Some College
- Post-Secondary Credential

Participant Demographics	Count	Percentage
Education Status at Enrollment		
In-school (High school or less)	489	16.9%
In-school (Alternative)	100	3.5%
In-school (Post-Secondary)	165	5.7%
Not attending school (High school dropout)	695	24.0%
Not attending school (High school graduate)	1,404	48.5%
Not attending school (School age)	43	1.5%
Education Level at Enrollment		
9 th Grade or Below	311	10.7%
10 th Grade	242	8.4%
11 th Grade	613	21.2%
12 th Grade	162	5.6%
High School Diploma	1,263	43.6%
High School Equivalency	78	2.7%
Some College	160	5.5%
Post-Secondary Credential	67	2.3%
Participants with Barrier to Employment		
Individual with a Disability	913	31.5%
Pregnant or Parenting	2,090	72.2%
Single Parent	1,713	59.2%
Basic Skills Deficient	2,007	69.3%
Foster Youth	170	5.9%
Homeless Individuals / Runaway Youth	179	6.2%
Lack Transportation	799	27.6%
Substance Abuse	308	10.6%
Ex-Offender	811	28.0%

ATTACHMENT J

Individual Opportunity Plan



Ohio Department of Job and Family Services
COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM (CCMEP)
INDIVIDUAL OPPORTUNITY PLAN

CCMEP provides employment, training and supportive services to mandatory and voluntary program participants based on a comprehensive assessment of each individual's employment and training needs using the CCMEP Comprehensive Assessment (OWCMS, JFS 03003, and/or JFS 03006).

Name		Last four digits of SSN or Case Number	
Case Manager Name		Date	
What are my long-term goals for self-sufficiency?		Link to a CCMEP performance goal (check at least one)	
Career Goal (Career Pathway)		<input type="checkbox"/> Obtain employment (full or part-time) <input type="checkbox"/> Obtain a recognized post-secondary credential <input type="checkbox"/> Obtain a secondary school diploma or its recognized equivalent <input type="checkbox"/> Complete training or certification <input type="checkbox"/> Increase earnings	
Training and/or Education Goal			
Goals, Services, and Activities			
Goal 1:		Goal 2:	
Type		Type	
In-Demand Jobs		In-Demand Jobs	
Is this goal for an in-demand field? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this goal for an in-demand field? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service		Service	
Activity/Action Step(s)		Activity/Action Step(s)	
Location		Location	
Schedule/Frequency		Schedule/Frequency	
Start Date		Start Date	
Planned End Date		Planned End Date	
Supportive Services		Supportive Services	
Follow-Up Services		Follow-Up Services	
Additional Instructions		Additional Instructions	
ADA Modifications		ADA Modifications	

Goal 3:	Type	Goal 4:	Type
In-Demand Jobs		In-Demand Jobs	
Is this goal for an in-demand field? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this goal for an in-demand field? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service		Service	
Activity/Action Step(s)		Activity/Action Step(s)	
Location		Location	
Schedule/Frequency		Schedule/Frequency	
Start Date	Planned End Date	Start Date	Planned End Date
Supportive Services		Supportive Services	
Follow-Up Services		Follow-Up Services	
Additional Instructions		Additional Instructions	
ADA Modifications		ADA Modifications	

How often will my plan be changed?

I understand that my case manager will check-in with me at least every 30 days to assess and discuss my progress. I am responsible for responding to my case manager and providing information as requested. Based on my progress and ongoing discussions with my case manager, this plan will be changed as needed.

What are my rights and responsibilities?

- I agree that the only way to achieve my goals and successfully complete this program is by fulfilling my commitment to this plan.
- I understand that this plan can be changed if something in my situation changes and that any changes will be in writing and signed by me and my caseworker.
- I have the right to receive assistance and services needed to help me find and keep employment or to become self-sufficient.
- I have the right to request to be referred to an alternative provider or worksite if I object to a faith-based provider or worksite. I understand that the alternative provider or worksite must be reasonably accessible and be able to provide comparable services. I understand that the provider or worksite and services will reasonably meet timeliness, capacity, accessibility and equivalency requirements.

How will my case manager help me to achieve my goals?

My case manager will:

- Treat me with courtesy, dignity, respect and without discrimination.
- Provide me with a full, complete and appropriate assessment of employability and barriers to employment.
- Help devise a plan that allows participation in activities even though I may have a disability.
- Provide an accurate and complete assessment of my language needs and provide free and competent translation services if my primary language is not English or if I am hearing-impaired. My case manager will provide vital documents in my primary language or someone will be provided to translate the information on the documents into my primary language.
- Consider my disabilities when developing my plan and make reasonable accommodations to provide for equal access to the benefits of CCMEP and all other benefits and services for which I am eligible.
- Provide me with a free copy of my plan, including any future amendment(s).

<ul style="list-style-type: none"> • Provide for a grievance process if I feel that my assignment is wrong because I am replacing a person who was laid off or involved in a dispute between a labor organization and the employer. 	<p>What if I receive Ohio Works First benefits? - NOTE: This section applies ONLY to Ohio Works First Recipients.</p> <p>If I receive a monthly cash benefit as part of the Ohio Works First (OWF) program, I understand that:</p> <ul style="list-style-type: none"> • This is my plan to become self-sufficient and this plan is my self-sufficiency contract. • If I fail or refuse without good cause to comply in full with any provision of this plan, my entire assistance group will not receive a cash benefit for: <ul style="list-style-type: none"> ○ If it is my first failure/refusal: One (1) month or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP benefits. ○ If it is my second failure/refusal: Three (3) months or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP benefits but I will not lose Medicaid coverage. ○ If it is my third (or more) failure: Six (6) months or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP and, I may lose my Medicaid coverage (but may regain Medicaid coverage at any time (even before the 6 months is up) if I begin to comply again with the CCMEP/work activity). <p>A sanction of my OWF benefits will not necessarily end my eligibility for this program as long as I work with my case manager during the sanction period.</p> <ul style="list-style-type: none"> • I understand that if I voluntarily terminate employment without "just cause", I will not receive cash assistance for my entire family for six months and I may receive less SNAP benefits. "Just cause" for voluntarily terminating employment includes, but is not limited to the following: <ul style="list-style-type: none"> ○ Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs or national origin; ○ Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule; ○ Employment that has become unsuitable due to any of the following: <ul style="list-style-type: none"> ▪ The wage is less than the federal minimum wage; ▪ The work is at a site subject to a strike or lockout; ▪ The documented degree of risk to my health and safety is unreasonable; ▪ I am physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources. ○ Documented illness for myself or another assistance group member that requires my presence; ○ A documented household emergency; ○ Lack of adequate child care for my child(ren) who are under six years of age; ○ Other reasons as determined by my case manager. • I agree to cooperate with the Child Support Enforcement Agency (CSEA) in establishing paternity and establishing, modifying, and enforcing a support order. While on OWF, I will assign support rights to the CSEA, if required. Cooperation includes, but is not limited to, the following: <ul style="list-style-type: none"> ○ Identifying the parent(s) of my child(ren) and telling everything I know about him/her; ○ Assisting the CSEA in establishing paternity (fatherhood) for each child; ○ Attending required meetings; ○ Repaying any child support money that I received but was not eligible to receive; ○ Assisting the CSEA in getting support payments and any other payments and property for which my child(ren) are eligible; and ○ Other <p>I may not have to cooperate if I believe cooperation may reasonably result in physical or emotional harm to myself or my child; or if my child was conceived as a result of incest or rape; or if legal proceedings for adoption are pending before a court; or if I am currently being assisted by an agency to decide whether to keep my child or give my child up for adoption. I understand that the CSEA will need documents to show that I have "good cause" and will let me know if I have to cooperate or if I have "good cause."</p> <ul style="list-style-type: none"> • I understand that under state law, there is an initial 36-month time limit for getting OWF payments, and the 36 months do not have to run continuously. After I have received OWF for 36 months, I cannot get any more OWF payments unless I qualify under the CDJFS's rules for "extensions." There are three kinds of extensions: (1) "hardship" (2) "good cause" and (3) "domestic violence waiver." The CDJFS will discuss extensions with me before my initial 36-month time limit expires. I understand that I have received _____ (enter number of state months used) months of OWF).
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<ul style="list-style-type: none"> • I understand that I can request a county conference and/or state hearing with the Ohio Department of Job and Family Services (ODJFS) if I do not agree with any action taken on my case, including but not limited to activities in my self-sufficiency contract and plan, CCMEP/work activities and supportive services. • I have the responsibility to meet my commitments in this plan and I may fail to meet my commitments only when I have good cause. If I fail to meet my commitments on multiple occasions I may lose my services in the program. I understand that it is my responsibility to notify my case manager within of when I am unable to report for an assignment. It is my responsibility to provide written documentation to my case manager within of the first missed/failed hour of participation of each assigned day missed/failed in order to verify my claim of good cause. • I understand that good cause is limited to: <ul style="list-style-type: none"> ○ If I am ill; if it was necessary for me to take care of an ill family member that is related by blood, marriage or adoption and living in my household. ○ If I or a family member living in my household, have a previously scheduled appointment necessary for medical, dental, or vision care. ○ I have a previously scheduled job interview, including any subsequent interviews and/or testing requirements. ○ I have a court ordered appearances. ○ I have an appointment with another social service agency or program. ○ I have a death in my family. I understand that my case manager will work with me to determine the length of absence and that "family" includes a spouse, domestic partner (domestic partner is defined as one who stands in place of a spouse and who resides with the program participant), child, grandchild, parents, grandparents, siblings, stepchild, stepparent, step-siblings, great-grandparents, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, or legal guardian or other person who stands in the place of a parent. ○ The school, place of work or worksite was closed the day I was supposed to go. ○ I am a single custodial parent caring for a minor child under age six and did not have child care. I understand that my case manager will work with me to determine if my lack of child care was due to the unavailability or unsuitability of: <ul style="list-style-type: none"> ○ A licensed or certified child care provider within a reasonable distance of my home or work site. ○ Informal child care by a relative or other arrangements. ○ Appropriate and affordable formal child care arrangements. ○ A failure by my case manager to provide me with all information necessary about the assignment. ○ Circumstances involving domestic violence that make it difficult for me to comply in full with a provision of this plan. ○ Other circumstances determined on a case-by-case basis by my case manager. 	
<p>I agree to follow this plan and understand that the plan can be changed if something in my circumstances change. Any plan changes will be in writing and signed by myself and my case manager. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to successfully achieving the goals and objectives outlined in this plan.</p>	
Participant Signature	Date
Parent or Guardian Signature (If applicant is under age 18)	Date
<p>I understand that this plan can be changed if something in the participant's situation changes. Any plan changes will be in writing and signed by myself (or another case manager) and the participant. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to assisting the participant to successfully achieve the goals and objectives outlined in this plan.</p>	
Case Manager Signature	Date

ATTACHMENT K

County CCMEP Plan



Ohio Department of Job and Family Services
**COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM
(CCMEP) PLAN**

for

County or Counties: Hamilton

Effective Date: 07/01/2018

Plan Submission

Each Lead Agency is required to adopt and submit a CCMEP Program Plan to the Ohio Department of Job and Family Services (ODJFS) each fiscal biennial period. The CCMEP plan must be submitted **no later than October 1st each biennium.**

The plan may be amended by the Lead Agency as needed. An amended plan must be submitted to ODJFS no later than 10 calendar days after the amended program plan becomes effective. For each amendment, the submission must contain one version that clearly indicates what was added or stricken from the prior effective plan and one version that reflects the final plan with all amendments included.

If a board of county commissioners redesignates the Lead Agency during a fiscal biennial period, the new Lead Agency shall prepare and submit to ODJFS a new CCMEP plan not later than sixty calendar days after the redesignation takes effect.

The plan review process will be used to ensure that Lead Agencies meet program requirements. If ODJFS determines that a CCMEP plan is not consistent with the requirements of program rules, the plan will be returned to the Lead Agency for amendment.

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1. Lead Agency and Coordination with Partners

Each board of county commissioners is required to choose a single Lead Agency, either the CDJFS or workforce development agency that serves the county, to administer CCMEP. A single Lead Agency is necessary to ensure accountability for program performance and results.

1.1 Identify the Lead Agency designated to administer the CCMEP program.

Lead Agency Name Hamilton County Job & Family Services			
Lead Agency Address 222 E. Central Parkway		City Cincinnati	State Ohio
Zip Code 45202			
First Name of Lead Agency Official Maira	Last Name of Lead Agency Official Weir	Title of Lead Agency Official Director	
Phone Number (513) 946-2111		Email Address weirm@jfs.hamilton-co.org	

Program Contact Person Timothy McCartney		Phone Number (513) 946-1732
Phone Number (513) 946-1732	Email Address mccart04@jfs.hamilton-co.org	

Fiscal Contact Person Mike Hiles	
Phone Number (513) 946-1854	Email Address HILESM@jfs.hamilton-co.org

1.2 Identify the other local participating agency (i.e., CDJFS or workforce development agency that serves the county).

Agency Name Southwest Ohio Regional Workforce Investment Board (SWORWIB)			
Agency Address 100 Scarlet Oaks Drive		City Cincinnati	State Ohio
Zip Code 45241			
First Name of Lead Agency Official Sherry	Last Name of Lead Agency Official Kelley-Marshall	Title of Lead Agency Official President/CEO	
Phone Number (513) 612-3643		Email Address smarshall@sworwib.org	

1.3 Identify the workforce development board and area for the county.

Workforce Development Area #13-Cincinnati & Hamilton County, served by the SWORWIB	
Workforce Development Board Chair Name Brad Brezinski	
Workforce Development Board Director Name Sherry Kelley Marshall	
Phone Number (513) 612-3643	Email Address smarshall@sworwib.org

1.4 Identify the implementation manager for the Lead Agency.

First Name of Implementation Manager Bonita	Last Name of Implementation Manager Wood	Title of Implementation Manager CCMEP Program Manager
Phone Number (513) 946-7282		Email Address woodb@jfs.hamilton-co.org

1.5 Lead Agency's performance and data management contact:

Contact Person April Barker	
Phone Number (513) 946-1068	Email Address barkea@jfs.hamilton-co.org

1.6 How does the Lead Agency partner with the other local participating agency (CDJFS or workforce development agency) to implement CCMEP?

<p>Describe:</p> <p>HCJFS has a strong working relationship with the local Workforce Development Board, SWORWIB. As the lead agency, HCJFS will work in conjunction with the Southwest Ohio Region Workforce Investment Board to align CCMEP with area priorities for workforce development, in-demand jobs and business engagement, particularly for the youth and young adult populations served by CCMEP.</p> <p>The SWORWIB has facilitated a series of meetings with all entities identified as WIOA performance partners; other CCMEP partners will include all MOU members as well as current and future TANF, WIOA, and CCMEP vendors. We meet monthly and formally with each of these groups. Hamilton County Job and Family Services and the SWORWIB will collaborate to maintain these meetings for the life of CCMEP. Their members drive the content and delivery of results from this local plan. Local procedures have been written and refined for:</p> <ul style="list-style-type: none"> • Referral to resolution • Scheduled and regular cross training • Shared policy reviews • Leveraged funding, co-enrollment, preferential enrollment, and service priorities • Performance measure reviews <p>As the Lead Agency, HCJFS ensures accountability for program performance and results. HCJFS and the SWORWIB collaborated in creating this plan for administration of CCMEP. Activities and services are coordinated with local participating agencies to determine eligibility for WIOA youth and ensure that TANF funds are expended for allowable purposes. We communicate our processes and rules via frequent meetings, written documents and regular monitoring with data gathering and progress reports. HCJFS will report progress and results to the full SWORWIB board at their quarterly meetings.</p> <p>CCMEP policy is subject to SWORWIB review and approval. All meetings are shared; many are co-facilitated by HCJFS and the SWORWIB. PRC funds, TANF dollars, and CCMEP dollars are leveraged to make the most of WIOA investments. CCMEP TANF dollars have been added to and flow directly through current contracted WIOA youth vendors; 33% of contract values are comprised of TANF funding.</p>

1.7 How does the Lead Agency plan to partner and actively collaborate with the local workforce development board including but not limited to *(Please attach any relevant policies to this plan.)*:

- Frequency of meetings
- Engagement of local businesses
- Engagement of community partners
- Develop policies for work experience and incentives

<p>Describe:</p> <p>The lead agency, Hamilton County Job and Family Services, worked in concert with the local workforce development board, the Southwest Ohio Regional Workforce Investment Board, to procure the current local WIOA youth agencies in July 2015. Those agencies (as well as all agencies who bid) were made aware of their future expanded role within CCMEP youth services. Contracted agencies willingly expanded their WIOA services to</p>
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implement CCMEP requirements and are critical service providers. During this time, policy adoption and development also occurred, in particular to the work experience policy. The WIOA work experience policy was adopted for TANF funding in CCMEP. However, the TANF funding will not be used for stipends for work experience.

HCJFS expanded the budgets (TANF), performance, and reporting responsibilities of these vendors to align them with CCMEP requirements. All resulting outputs, outcomes, and performance results will be subject to quarterly reporting to the SWORWIB, as indicated by the SWORWIB Board action dated 2/11/16. In the short term, we will work closely together to ensure 14 and 15 year old youth receive appropriate services. Hamilton County will review TANF eligibility for all WIOA Youth as determined by providers. Each CCMEP youth will be enrolled with a specific TANF goal identified suitable to their needs. CCMEP services delivered to WIOA youth will be managed so that WIOA youth enrolled with income in excess of TANF income standards (5%) are accounted for separately to ensure they are 100% WIOA funded.

WIOA contracts are held by:

1. Cincinnati Youth Collaborative/Jobs for Cincinnati Graduates
2. Santa Maria/Literacy Center West
3. ResCare "My Life"

Monitoring of these contracts and ongoing quality assurance is provided by:

1. Hamilton County Job and Family Services (HCJFS)
2. The Southwest Ohio Workforce Investment Board (SWORWIB)

In WIOA youth contracts, there is a separation between the entities delivering services and the entities setting policy, monitoring providers, and reviewing, recommending and procuring providers.

Among low income WIOA adult populations, a potential local conflict has been specifically avoided.

How the local participating agencies and workforce development board will ensure there is no conflict of interest when the services of the CDJFS may be procured by the local workforce development board.

HCJFS has been designated as the WIOA Fiscal Agent for Cincinnati and Hamilton County. HCJFS has been selected by the Workforce Board, through competitive procurement, to serve as the local OhioMeansJobs operator. Under the leadership of the Workforce Board and at their selection, HCJFS procures, contracts with and monitors the compliance of WIOA youth service providers. Appropriately, the SWORWIB has procured independent third-party monitoring of the OMJ operator. The OMJ operator role by HCJFS is specified in a formal One Stop Operator contract between the Workforce Board and HCJFS, developed by and contractually initiated by the Workforce Board. Procurement of this OMJ operator role was completed by the SWORWIB with an outside law firm and with no procurement or selection role played by HCJFS or other county personnel.

The OMJ Center operator and the Fiscal agent are tied to the same organization. These two parties report in different chains of command (CFO vs. COO). Conflicts related to conducting procurement for the One Stop Operator/OMJ Center, contracting with the One Stop Operator/OMJ Center and monitoring the One Stop Operator/OMJ Center are resolved by the Workforce Board assuming these responsibilities.

The operator is submissive to the Fiscal Agent on all topics related to creating obligations, purchase orders, budgets, and payments. Spending and obligations are monitored and reported on at least monthly by the Fiscal agent. The operator can't act to procure services, incur costs, or pay bills without the prior formal and documented consent from the Fiscal agent. Fiscal monitoring is ongoing and more thorough than is typical with vendor relations.

Both the OMJ operator and HCJFS, as fiscal agent, provide monthly reports to the SWORWIB which are reviewed quarterly by the full board and monthly by the officers. In addition to reports, HCJFS and contracted CCMEP WIOA/TANF providers regularly attend monthly and quarterly meetings with the SWORWIB and their community and business partners.

The OhioMeansJobs Business Services Unit is a physically and functionally integrated team including State and operator staff responsible for Trade, apprenticeship, Rapid Response, WIOA and Veteran services. This team regularly works with local economic development staff. They collaborate with niche service providers regularly including, for example, Community Link, Mature Services, City Link, CAA, and OOD. They have quarterly meetings with HCD and are in close touch with representatives from the City of Cincinnati, especially the Small Business Group.

Funding priority is assigned to collaborations with these partners in general and to economic development collaborative in particular. The St. Bernard Soap effort or the Economic Development Rapid Response letter of collaboration are evidence of that development priority.

Business Services functions are inclusive of the bulk of activities completed at OhioMeansJobs. Those include:

- Job posting services (approximately 200 per month)

- Hiring events for barrier or entry level positions (average of 8 per month)
 - On-the-Job training funds for advanced skill positions
 - Tuition assistance in in-demand fields to provide a pipeline of skilled job seekers in in-demand fields.
 - Regularly scheduled employer workshops in timely topics
 - Regularly schedule job-seeker workshops designed to provide employers with job-ready applicants (bi-weekly workshops on interviewing, job search and resume writing skills)
 - We collaborate with partners to provide employers with non-traditional hiring options such as disability services, summer youth services, veteran services, older workers, and graduating high school students.
- OMJ works closely with REDI. They have implemented a process to quickly act on referrals and report activity to the SWORWIB director. They have Bi-monthly meeting with HCDC, and maintain close contact with the City of Cincinnati Economic Development and Small Business Inclusion Department.

A dozen high performing local schools rely on OMJ for tuition assistance (ITA's) for vocational certifications. Scores of local employers rely on OMJ for funding to support their on-the-job training of new hires. OMJ is a partner in a number of local employer-trainer collaborations such as Per-Scholas. A steady stream of employers draw on OMJ to host, staff, and advertise hiring events for current, open positions. These efforts are not completed in isolation, but are part of a broader strategy that includes regular collaboration with local economic development professionals.

Rapid Response is initiated by a state representative, who is also a participating member of the Business Service Team. This allows for seamless communication when trying to quickly place dislocated workers into new positions. REDI, or HCDC may provide first notice of a local lay off, or they may be included in our efforts to place dislocated workers that result from a mass lay off.

OhioMeansJobs Cincinnati/Hamilton County has worked with St. Bernard Soap Company since October of 2017. We worked with their management team to post jobs and solicit applications. We provided \$100,000 in funding to support training for new-hires and to retain this employer in the region.

The center hosts quarterly employer trainings in topics ranging from second chance hiring and drug free workplace policies to Social Media for recruiting. These are well attended.

The Business Services Unit (BSU) has a series of flyers and hand-outs advertising their services. These are complimented by similar hand-outs available through the SWORWIB. The BSU produces a funding and services availability summary bi-monthly to update employers regarding services available as these vary depending on the relative availability of formula funds and supplemental grants

Our typical BSU services (hiring events, OJT's, work supports, job postings) are supported by an eagerness to be flexible to meet the needs of employers. A number of employers have taken advantage of our space and staff for unusual and ad-hoc support. Examples include Sam Adams union negotiation, Delta screening, hiring, and training, Census screening, hiring, and training, Ineos NCRC testing, Waffle House on-boarding, etc.

2017 Business Services Unit primary outputs are below.

1. The OMJ center hosted 116 hiring events in 2017 with 1,152 attending job seekers.
2. In PY16 the Hamilton County RR team served 16 companies and 659 employees
3. OhioMeansJobs invested \$765,000 in these 149 jobs to support robust in-house training with wages averaging \$15.56 per hour.

These outputs are supported by strong customer service data, employer workshop attendance, OMJ.com job posting activities, community and economic development collaborations, as well as shared efforts with OMJ partners.

The OhioMeansJobs BSU unit is necessarily a partner collaborative through its inclusion of WIOA, Trade, Rapid Response, Apprenticeship, and Veteran Rep staff. They also collaborate with other partners on shared employer and hiring event activities.

- In early 2018 the OMJ center entered into a collaborative agreement with HCDC and REDI economic Development staff to mutually support laid off workers and their employers.
- In 2017 OMJ actively supported an IKRON survey of local employers regarding drug-free workplace practices.
- In 2018 the OMJ staff are coordinating focus groups of youth and employers regarding workplace safety practices, curriculum and training in support of a NIOSH initiative.

- OMJ will staff and host an OOD 'Job Developer Bootcamp and Professional Networking Day' on Wednesday, August 29, 2018 at OMJ.
- Each year OMJ hosts employer hiring events for employers and job seekers associated with the TANF summer youth employment program on evenings and weekends.

1.8 List policies developed by the local workforce board relevant to the administration of CCMEP, including but not limited to *(Please attach any relevant policies to this plan.):*

- Select basic skills assessment(s);
- Ensure determination of eligibility for the Workforce Innovation and Opportunity Act (WIOA) youth program;
- Report and collect data;
- Monitor contracts and ensure compliance;
- Supportive services;
- Follow up services;
- "Needs additional assistance" policy; and
- Disclosure of relationship.

Describe:

The SWORWIB will be an integral part and equal partner with the lead agency in developing the local plan and establish guidelines for uniform administration of CCMEP;

- In collaboration with the SWORWIB, HCJFS identified the Test of Adult Basic Education (TABE) as our basic skills assessment. Additional tests may be used including WorkKeys and the National Career Readiness Credential if plans indicate training. The SWORWIB partners with HCJFS to monitor and conduct regular case audits and site reviews of each of our WIOA youth providers, to ensure that eligibility is properly determined. We also collaborate on all related state and federal monitoring reviews of WIOA youth services.
- HCJFS is responsible for providing the SWORWIB with regular reports and updates on all current WIOA youth and adult services. That remains true and has expanded into fuller CCMEP data. That reporting is regularly expanded or refined to address needs identified by the SWORWIB.
- HCJFS and the SWORWIB currently collaborate in monitoring of WIOA youth contracts. The SWORWIB has contracted with a third party monitor to regularly review HCJFS, as OMJ operator, compliance. Those will continue, and the SWORWIB has been added to HCJFS monitoring activities of any CCMEP vendors.

The Southwest Ohio Regional Workforce Investment Board passed several WIOA youth policies to ensure a smooth transition from WIA to WIOA. These policies included guidance for Work Experience, Youth Program Eligibility, Selective Services, documentation for WIOA Eligibility, Determination of Dependent Status, Youth Program Services and Monitoring. The SWORWIB, in conjunction with the CCMEP lead agency HCJFS, will continue to develop policies for the items listed above.

The WIOA supportive services policy was adopted for CCMEP TANF. However, the TANF funding will not be used for medical services besides pre-pregnancy family planning services. The TANF funding provided will meet TANF nonassistance regulations as defined in 45 C.F.R 260.31.

Rule 5101:14-1-04 was used for guidance when developing policies to address the above bulleted items. Please see attached policies in folder: CCMEP Attachments for Question 1.8

1.9 What other partners/providers are the Lead Agency collaborating with to implement CCMEP? Please provide name(s) and services to be provided. Check all that apply.

☒ Adult Basic Literacy and Education (ABLE) Providers

Adult Education/Aspire program (formerly called ABLE) is a partner at the OhioMeansJobs Center of Cincinnati. They are part of our regular monthly operations and Board meetings. They have been involved with the development of the local plan and continue to be a primary referral partner for CCMEP youth.

☒ Alcohol, Drug and Mental Health (ADAMH) Board

Hamilton County Mental Health Board (MHB) and Alcohol and Drug Addiction Services Board (ADAS) are both deeply involved in our existing welfare to work contracts. Our current referral to resolution work (WIOA) has made these relationships stronger.

☒ Businesses

Example: Multiple business partnerships currently exist between HCJFS (via OMJ) and the local business community. OMJ provided more than one service to 166 employers from July 2016 to June 2017. Our CY 2016 summer youth services placed 810 youth at local employers investing 1.091 million dollars in wages paid to our youth. 600 OWF recipients were working and had employment included as an assigned activity in their January 2016 case plan.

New to summer employment was the addition of the Ohio Youth Works Program (OYWP) which served youth ages 14-15 years. The OYWP summer youth services placed 126 youth at community businesses investing in \$166,974.83 in wages paid to these youth. The success of the OYWP is partly credited to dividing the 8 week program into 3 phases; Phase 1: Job Readiness Training (JRT); Phase 2: Specialized Classroom Training; Phase 3: Employer Placement. This process created an opportunity to provide youth with additional training which Our SWORWIB board includes 33 local employers. These relationships will remain a vital part of our service model under CCMEP.

☒ Career and Technical Education

Example: Great Oaks Career and Technical school is an active partner, local approved training provider, and offers on-site healthcare training at the OMJ center.

☒ Child Care Providers

Example: HCJFS acts as the OMJ operator and the local agency responsible for certifying local approved child care providers as well as determining eligibility for child care subsidies. OMJ center job seekers can get and submit a child care application while at the OMJ center.

☒ Child Support Enforcement Agency

Example: HCJFS acts as the OMJ operator and the local agency responsible for Child Support Enforcement. The OMJ Center offers a resource room, workshops and employment opportunity leads and activities as tools available to child support obligors.

☒ Children Services Agency

Example: HCJFS acts as the OMJ operator and the local agency responsible for Children Services activities. Children Services staff regularly refers caseload participants to OMJ for job seeking activities. That relationship is particularly close with regard to emancipating youth.

☒ Community College(s)

Example: Cincinnati State is an active partner, local approved training provider, and offers off-site healthcare training. Cincinnati State also promotes other large federal grant training programs routinely during orientation and other events.

☒ Community Action Agency

Example: Cincinnati/Hamilton County CAA is an off-site partner to the OhioMeansJobs Center of Cincinnati. We regularly collaborate on contracts, grants, customer education, and mutual referrals. Cincinnati/Hamilton County CAA is also sub-contracted to provide direct services to CCMEP TANF youth as well as being an approved training vendor.

☒ County Family Service Planning Committee

Example: The Hamilton County Job and Family Services Planning Committee is regularly attended by the COO with oversight responsibility over the OMJ operator. That body drives policy related to the PRC services that OMJ offers.

☒ Family and Children First Council

Example: Family and Children First Council has a relationship with Hamilton County Job and Family Services through the Children's Services Division.

☒ Juvenile Court System

Example: Hamilton County Juvenile Court System is a priority partner and active supporter of Summer Youth Activities offered by HCJFS with substantial presence at the OMJ center. Note: Hamilton County specifically prohibits CCMEP and TANF funds from being used for any Juvenile court service. It is likely that our proper and generally available TANF services will serve some youth who have co-occurring contact with Juvenile justice, however, that overlap will be incidental. No unique services will be created for Juvenile Justice participants. No TANF funds will be used to supplant funds or activities that would otherwise be the obligation of Juvenile courts to provide.

☒ Local Healthier Buckeye Council

Example: This is a budding collaboration that may grow in the coming months as resources become available.

☒ Local School District(s)

HCJFS collaborates with and refers youth and young adults to Cincinnati Public Schools to obtain a high school diploma or GED. HCJFS has a contracted in-school provider, Cincinnati Youth Collaborative, who serve 142+ youth at 5 different Cincinnati Public Schools.

☒ Vocational Rehabilitation (Opportunities for Ohioans with Disabilities (OOD))

Example: OOD is an on-site partner at the OMJ-Cincinnati Center, an active participant in operations meeting, and a provider of Windmills training for OMJ staff members.

☒ Other

Example: OMJ has active and vital ongoing and on-site partnerships with ODJFS vet rep, UI, and Rapid Response staff, with Job Corps, OWF work participation vendors, Summer Youth vendors, OWIP vendors, SWORWIB staff, the University of Cincinnati, and Volunteers of America. OMJ hosts United Way volunteers on Saturdays between February and April to prepare taxes for local residents. OMJ has negotiated a shared and mutual release form that covers the core partners listed below. In the context of all referrals to resolution, OMJ will share a completed OMJ registration form with the organization that our referrals are made to. As we identify opportunities we will add data elements to the registration form that are generally needed for intake purposes by the bulk of partners.

Mature Services (Older Americans Act of 1965)
 Great Oaks and Cincinnati State (Carl D. Perkins Career and Technical Education Act) ODJFS
 (Trade Act)
 Vet Rep Staff (ODJFS VA)
 CAA (Community Services Block Grant Act) CMHA (Housing and Urban Development)
 ODJFS UI (State unemployment compensation)
 Hamilton County Office of Reentry (Second Chance Act).
 United Way (Bold Goals - Financial stability)

We continue to build on these relationships in the context of CCMEP to assure the following:

- Mutual releases of information
- Preferential co-enrollment - collegial and non-binding
- Protocol for referral to resolution with each other
- Shared assessment information
- Monthly contact (phone or face to face) to align individual case plans for co-enrolled customers
- Monthly data match to identify unknown shared customers
- Monthly data match to identify outcomes, exits, etc. for shared customers
- Formal, scheduled, and regular cross-training of staff - particularly new staff - re services, and referrals
- Co-location when possible
- Regular and ongoing manager one-on one meetings
- Regular and ongoing shared partner meetings

2. Population Served

Lead Agencies must serve individuals in the CCMEP program in compliance with the following:

- Individuals **required** to participate: 1) work-eligible participants in the Ohio Works First (OWF) program; and 2) individuals who are in-school youth or out-of-school youth as a condition of enrollment in workforce development activities funded by WIOA.
- Individuals who may **volunteer** to participate: 1) OWF participants determined not to be work eligible; and 2) individuals receiving benefits and services through the Prevention, Retention and Contingency (PRC) program.

2.1 How many CCMEP **required** participants will the Lead Agency serve annually?

Please provide the anticipated number of required individuals the Lead Agency will serve annually in CCMEP: There are approximately 1,200 customers currently enrolled in the program who are required to participate. However, that number is expected grow over the next year.

2.2 How many CCMEP **volunteer** participants will the Lead Agency serve annually?

Please provide the anticipated number of volunteers the Lead Agency will serve annually in CCMEP: Since July 1, 2016, Hamilton County has served 236 volunteer customers in CCMEP. The vast majority of these customers were a direct result of interest in summer employment.

That number is expected to increase over the next year with the enrollment of summer employment customers into CCMEP. We continue to invest resources in basic services, system protocols, and manageable caseloads for required participants. Currently our first priority volunteers are those associated with partner referrals, particularly ASPIRE participants. Our TANF population may decline as the OWF denominator drops for this subset. To the extent that it does, we will continue to increase volumes served from other populations listed above.

2.3 How many CCMEP participants do you expect to be eligible for both TANF and WIOA funding?

Please provide the anticipated number of co-funded participants the Lead Agency will serve annually in CCMEP: There are approximately 300 participants served who are co-funded by both CCMEP WIOA and CCMEP TANF.

3. Coordination of Services

Coordination of services supports improved organization and integration of TANF and WIOA funded services. A Lead Agency can co-locate their staff with the other local participating agency at one location to help individuals access services easier and more efficiently.

3.1 How is the Lead Agency meeting the needs of and engaging local businesses to provide employment and learning opportunities for program participants using the expertise of the Lead Agency, the local participating agency, and subcontractors as described in rule 5101:14-1-03 of the Administrative Code?

Describe:

Many partners are on-site including WIOA youth services, Job Corps, OOD, TANF, PRC, Perkins and vocational training, Wagner Peyser and UI compliance, ODJFS veteran services, the Federal Education Opportunity Center staff, and Volunteers of America. Aspire is located within two blocks of the center. Resource room services, workshops, veteran services, and general inquiries are available to the general public without an appointment. All on-site partners do offer appointments for visits. Off-site partners are available by phone or internet at OMJ to schedule a future appointment. Those include Community Action Agency, Mature Services, and HUD/CMHA E&T.

CCMEP resulted in revised WIOA youth services and a more vigorous co-location including assessment, intake, and comprehensive service referral. Linkages to the job market and employers include multiple on-site employer sponsored hiring events monthly, eOMJ as the home page on all resource room computers, posted high-profile job openings that are rotated weekly, employer trainings delivered quarterly on-site, and regular scheduled trainings in job seeking, resume writing, and interview skills.

TANF work participation staff (13), services, and adults are hosted currently at OMJ. That presence will expand under CCMEP. OWIP staff are on site as well.

Hamilton County Job and Family Services, as the lead agency, coordinates the services between the WIOA youth, CCMEP and the Cincinnati/Hamilton County OhioMeansJobs (OMJ) center. Hamilton County Job and Family Services, as the lead agency ensures that all youth activities occur through each WIOA youth provider. The youth are provided linkages to the job market and employers, via the local OMJ center. The WIOA youth providers offers access to CCMEP for each eligible youth as well as ensuring services for non-eligible youth. There will be CCMEP staff as well as WIOA youth vendor staff located at the local OMJ center. Contracted CCMEP TANF vendor and subcontractors hold and facilitate and refer participants to hiring events. They actively work with and build relationships with employers and training providers. Example: On a biweekly basis, local training providers present to CCMEP customers at alternate CCMEP provider locations.

3.2 How does the Lead Agency communicate and streamline processes between the Lead Agency, the local participating agency, and any subcontractors (e.g. summer employment services)?

Describe:

The lead agency meets on a weekly basis with contracted CCMEP providers to create and review policy, forms and workflows. An SFTP is currently utilized to house all meeting minutes, written policies, procedures, personnel directories, CCMEP orientation calendars and other valuable resources.

Additional efforts made included sending CCMEP customers flyers, emails, texts and received phone calls informing them of the summer employment opportunities. They were given a timeframe to come in to fill out paperwork and get scheduled for preliminary job readiness sessions to prepare for summer jobs. This includes career exploration field trips and classroom workshops on Effective Communication, Workplace Behavior, Virtual Backpack e-OMJ, Resume Development and the FIT & Talent Assessment.

Youth who were not CCMEP customers attended Information Sessions to hear about CCMEP's year-round program. If they were interested in CCMEP, they completed a JFS PRC application during the Information Session to see if they met eligibility requirements. JFS determined eligibility under TANF PRC guidelines and communicated to CCMEP the names of all PRC applicants who were approved. Once approved, the youth were scheduled to complete CCMEP Intake Process.

All youth (current and new) who completed the Intake process were scheduled to complete preliminary job readiness activities. Those who completed were invited to a Hiring Event where they met and interviewed with local employers. Instead of just placing youth, the employers were given the opportunity to review interviewees and note who they would be interested in working with. Youth selected by employers were told which employers expressed an interest in them. Final placement decision was made by the youth with guidance from CCMEP summer job coaches. All youth wages will be paid by Talbert House (lead agency for CCMEP contract who is the employer of record for Hamilton County).

4. Outreach, Referral, and Eligibility

4.1 What outreach activities are being conducted to identify individuals potentially eligible for CCMEP? Check all that apply.

- ☒ Social media (e.g., Facebook, Twitter, Snapchat, Instagram, YouTube, Secret, & Whisper)
- ☒ Brochures, posters, flyers
- ☒ OhioMeansJobs.com
- ☐ Digital banners
- ☒ Special events
- ☐ Radio
- ☒ Promotion through partners (e.g., schools, community centers, etc.)
- ☒ Other: Public Libraries of Hamilton County

4.2 What is the referral process between the local participating agency and the Lead Agency?

The Lead Agency is responsible for developing an agreed upon referral process that takes place no later than 7 calendar days from when the determination is made that the individual is required or may volunteer to participate. A mandatory OWF participant shall be referred to CCMEP as described in paragraph (B)(2) of rule 5101:1-2-01 of the Administrative Code. This process should include confirmed contact(s) between each agency.

Describe:

Our WIOA providers transitioned a combined total of 438 CCMEP eligible WIOA Youth into CCMEP on 7/1 2016. Each provider serves all new youth upon applications; thus a referral is not required.

Upon the implementation of CCMEP on 7/1/16, all OWF intake customers were referred to CCMEP as part of their IOP. See attached written policy and procedure regarding mandatory OWF customers. Customers in receipt of OWF (ongoing) were enrolled at reapplication or were scheduled in to ensure compliance with the 12/31/16 deadline.

CCMEP volunteers will be assessed and enrolled by the OMJ operator immediately upon application. OMJ Case Managers will maintain these cases and provide all required CCMEP services to this youth. Seven day timeliness standards will be monitored and documented in all cases.

Written procedures for WIOA & TANF have been developed, disseminated, trained on and frequently reviewed and updated as warranted. When the customer applies for cash, the JFS ET schedules a CL/CCMEP orientation appointment through the Community Link Database. CLDB highlights customers 7200 application date and the 30th day. There is also a 30th day report in CLDB that list customers who are nearing the 30th day and notification to the JFS ET has not been sent.

When the customer attends CL/CCMEP Orientation, the customer completes the CL registration form, signs a PRA and receives an intake appointment with a CCMEP provider within the next 5 days. The customer and the CL worker signs the appointment letter and the customer receives a copy the letter. The customer is given an Orientation completion certificate and transportation in the form of bus tickets or gas card. The TANF funded gas cards will follow FAL #103.

Customers who do not attend the scheduled orientation are contacted by the CL worker to reschedule another appointment. All efforts to contact customers are documented in the Community Link Database. After two unsuccessful attempts to reschedule customers to CL/CCMEP Orientation, CL will send notification to JFS that the customer is not in compliance.

Once the customer attends the CCMEP intake appointment and signs the IOP, CCMEP sends a list of completed IOPs daily to CL. CL imports the IOPs into CLDB and notifies the JFS ET that the customer is in compliance with Community Link. Customers who do not attend the CCMEP Intake appointment are contacted by the CCMEP worker to reschedule the appointment. The CCMEP worker notifies the CL worker that the customer did not attend and the CL worker will reach out to the customer also.

After 2 unsuccessful attempts to contact the customer, CL will send notification to JFS that the customer is not in compliance with Community Link. Upon completion of the IOP, the IOP is entered into Salesforce by CCMEP. CCMEP sends a daily report to Community Link listing the IOPs that have been completed and signed. CL completes a case plan in CLDB and locks it then notifies the JFS ET that the customer is in compliance with community link. CL scans the signed IOP into OnBase.

The lead agency has and will continue to provide regular reporting to support ongoing collaboration and strategic/tactical planning with the SWORWIB. There are regularly scheduled training sessions and bi-weekly meetings between the lead agency and partner agencies to build on strengths and identify challenges.

4.3 Confirm that the Lead Agency has a process for working with the other local participating agency and/or any subcontractors to ensure the following:

- ☒ The Lead Agency has a process to share the number of months a program participant has participated in OWF that were subject to the time limit described in rule 5101:1-23-01 of the Administrative Code for inclusion in the IOP.

Describe:

Our contracted CCMEP TANF vendor (Mandatory/Volunteer) has view only access to CRIS-E. The provider has been trained and is able to retrieve this data as needed. In the case where a youth is both enrolled in WIOA and is a mandatory OWF participant, the CCMEP provider will work alongside the WIOA vendor and share information as appropriate.

Please see attached policies in folder: CCMEP Attachments for Question 4.3

- ☒ The Lead Agency has a process to screen, refer, and communicate about a program participant who is determined to be a victim of domestic violence, including modified hours of participation, waivers from requirements, referrals to counseling and other appropriate community resources, and protecting personal information.

Describe:

Domestic violence barriers are now and will continue to be documented at regular intervals from eligibility documentation through hardship determination. Confidentiality is maintained consistently and services are provided to address this work barrier. Additional protocol and procedures have been developed and implemented in the communication and capture of the CCMEP cases where Domestic Violence is a concern.

If customer reports current DV, they can ask to waive participation requirement. JFS Domestic Violence form can be completed and sent to JFS Workforce Development Manager to indicate waiver in CRISE. Customer still has input into work assignment and may choose to still participate. Hamilton County can code such customer activities with the prefix "ViAP" along with the assignment. Although participation hours vary between 20-55 hours/week, Hamilton County is flexible to provide appropriate assignments and customize plans. CCMEP Hamilton County refers DV customers to Women Helping Women, the YWCA and any other entity that can help them address this situation.

Please see the attached procedure and document used to address these sensitive cases.

- ☒ The Lead Agency has a process to communicate information regarding:
- CCMEP activities assigned for OWF work-eligible individuals;
 - OWF work-eligible individual's status changes, OWF recipient income information, FLSA hour maximums, good cause, OWF sanctions, compliance activity assignment and completion, hourly requirement updates (D3 status, exemptions, etc.), and other factors impacting CCMEP activity hours or OWF eligibility;
 - Verification and participation in CCMEP activities for OWF work-eligible participants;
 - Completion of the comprehensive assessment and IOP no later than 30 calendar days from the date of application for OWF;
 - Failure of an OWF work-eligible participant to comply with the terms of an IOP (within 10 calendar days of the failure);
 - OWF or Supplemental Nutrition Assistance Program recipients' information and acting upon it in accordance with rules 5101:1 and/or 5101:4 of the Administrative Code; and
 - Exiting an OWF work-eligible individual from CCMEP.

Describe:

Modifications were made to existing procedures for assigning OWF and WIOA customer in order to meet new CCMEP requirements. Quality assurance processes are in place to ensure assignments are appropriate and meet mandates.

A stand alone database was created and is used by the CCMEP vendor to input and share data noted in questions above. For example, a daily report is generated to share new and amended IOP's created the previous day as well as information on participant status changes, OWF recipient income information, FLSA hour maximums, good cause, OWF sanctions, hourly requirement updates, other factor's impacting CCMEP activity hours or OWF eligibility, completion of the comprehensive assessment and IOP within 30 days from the date of application for OWF, and OWF or SNAP recipients information and acting on it. A monthly report is generated by the provider and shared with the lead agency which provides detailed attendance/participation information. A daily report is created to communicate IOP failures.

See attached process for exiting OWF work eligible individuals in CCMEP

- ☒ The Lead Agency has a process of notifying the new Lead Agency within 10 calendar days when a program participant moves to another county and it is in the best interest of the program participant to be served in the new county. OWF recipients must be transferred to a new county within 10 calendar days of the move.

Describe:

There has been a process implemented to address county transfers for those customers who have moved out of Hamilton County. This process mimics that of the OWF/TANF process in which customers have 10 calendar days to report a change in address for their benefits. OWF recipients' cases will be transferred within 10 calendar days. Although it is challenging with CCMEP customers due to inconsistent contact, the CCMEP Case Manager works with the Work Participation Case Manager to obtain current address of customers. Upon receipt of knowledge that a customer, who is required to participate in the CCMEP Program, has moved out of county, the following process is implemented.

The new lead agency or the current/previous lead agency should contact the other lead agency to:

- Discuss the participants long and short term goals, based on the IOP, along with services and activities the lead agency provided while participating in the CCMEP program.
 - Determine if it is in the participant's best interest for the participant's case to be transferred to the new county if they are not an OWF recipient.
 - a. Is the participant an OWF recipient?
 - b. Where does the participant prefer to be served?
 - c. Can the participant continue to receive the same services in the new county?
 - d. Are there any known restrictions with the new lead agency that would prevent the participant from being successful in the program?
 - e. Is the new location convenient for the participant?
 - Determine how case documentation will be transferred to the new lead agency and when the transfer is likely to occur.
2. The previous/current lead agency must complete the following steps in OWCMS before transferring the case:
- For each service entered on the IOP in OWCMS, the current/previous lead agency must:
 - a. Select and Actual End Date.
 - b. Select the Service Outcome.
 - Enter case note about the transfer.
 - Select the new lead agency WIOA Office and WIOA staff on the Basic Intake General tab.
3. Send a follow-up email to the new case manager confirming the case transfer.

If the customer's needs are better served by our county, the CCMEP Case Manager will implement the outreach process to re-engage the customer. For cases in which the customer is moving into Hamilton County, the below process is followed:

The customer's case is assigned to a CCMEP Case Manager who will:

1. Contact the participant to set up an appointment to update their IOP. The IOP must be updated within 10 days of the case transfer.
2. During the appointment, discuss any updates that should be made to the IOP.
3. Amend the IOP with the participant.
4. Obtain the participant's signature and dates on the updated IOP.
5. Update OWCMS screens and add services as needed.

If a customer, who is not a recipient of OWF cash assistance and is no longer required to engage in the CCMEP program, moves out of county, the customer has the option to remain enrolled in our program and receive services from our county if this is in their best interest.

4.4 The Lead Agency must provide an assurance that it will comply with all requirements of the Americans with Disabilities Act (ADA) including that participants will have the right to request reasonable modification in CCMEP activities, including hours.

- ☒ The Lead Agency certifies compliance with ADA in accordance with rule 5101:9-2-02 of the Administrative Code and section 188 of WIOA.

4.5 Define how the Lead Agency forms a household based upon Title IV-A federal regulations and state law for income counting purposes for TANF funding eligibility for WIOA youth individuals and for the semi-annual process. (Please attach any related policies.)

Describe:

The lead agency utilizes the JFS 03002 to determine eligibility for WIOA and TANF funded services. The TANF rules are referenced to define a household as described in section 6112 of the PRC plan. The attached policy describes our semi-annual eligibility review process. Attached is the sample policy that has been adopted by our county to define a household for income counting purposes.

CCMEP Attachments for Question 4.5

4.6 Confirm that the Lead Agency forms a family for income counting purposes for WIOA funding eligibility based upon the definition in paragraph (A)(5) of rule 5101:10-3-01 of the Administrative Code.

- ☒ Yes, the Lead Agency is forming a family for income counting purposes for WIOA funding eligibility based upon the definition in paragraph (A)(5) of rule 5101:10-3-01 of the Administrative Code.

5. CCMEP Comprehensive Assessment and Individual Opportunity Plan (IOP)

5.1 Describe the Lead Agency's process for the CCMEP Comprehensive Assessment.

Describe:

The JFS 03003 can be completed by OMJ staff, contracted OWF providers and contracted WIOA Youth providers at application and/or recertification for services or benefits. Current TANF vendors are already using the CCMEP assessment tool which is built into their internal data bases. Although electronically completed, the JFS 03003 paper form may be used when appropriate. The existing HCJFS referral process will continue. WIOA Youth vendors has incorporated the JFS03003 assessment into their current WIOA assessment. All assessments are entered into OWCMS (upon developing or transferring from hard copy)

OWF applicants must complete CCMEP Intake within 30 days of their OWF application. CCMEP Intake includes the WIOA Application, Comprehensive Assessment, TABE and IOP. If possible, the entire Intake process may be completed at the first appointment. However, the duration of time for the TABE administration was challenging for the customers and affected their benefits application and CCMEP intake process. In an effort to remain compliant with the time frames associated with the customers approval/denial of their benefits application, the CCMEP Intake process was changed to include the administration of the TABE testing during the CCMEP Orientation appointment. upon the completion of the Orientation, the customer was scheduled to meet with their CCMEP Case Manager at which time the IOP is developed and signed. The CCMEP customers are scheduled for TABE administration by a contracted community vendor such as ASPIRE, Mercy Neighborhood Ministries as well as designated CCMEP service providers.

5.2 What basic skills assessment does the Lead Agency use?

- ☒ WorkKeys®
- ☐ Basic English Skills Test (BEST)
- ☐ Comprehensive Adult Student Assessment Systems (CASAS)
- ☐ General Assessment of Instructional Needs (GAIN)
- ☐ Massachusetts Adult Proficiency Test (MAPT)
- ☒ Test of Adult Basic Education (TABE®)
- ☐ Standardized tests – secondary school students only
- ☐ Other formalized testing instruments to measure skills-related gains (Specify below).

Describe:

The TABE Test is used to measure the educational baseline for the CCMEP customers. The TABE Test was chosen as it is the standard form of testing that is used by all partnered agencies throughout Hamilton County. WorkKeys may be utilized as a pre-requisite for training.

5.3 Confirm that the Lead Agency has a process to ensure IOPs are developed with participants based on their needs and revised with updates when necessary.

- ☒ The Lead Agency has a process to ensure IOPs are developed with program participants based on their needs and revised with updates when necessary.

5.4 Describe how the Lead Agency ensures that case managers engage with program participants at least once every 30 days and keep them engaged.

Describe:

Once one of the HCJFS partners has determined eligibility they will assess the customers and work with them to create an individual opportunities plan. Throughout the participants engagement in CCMEP, the case managers will continue to collaborate with the participant with any amendments needed for the individual opportunities plan.

Case managers are expected to create a methodology to ensure customers are contacted at least once every thirty days. This may be a tickler file, outlook calendar, etc.

To ensure compliance, CCMEP managers conduct monthly audits. Five files are reviewed from each case manager's caseload. Information is used to provide individual and all staff trainings; outcomes will be part of the case manager's yearly evaluations. HCJFS conducts a separate file review in which customer engagement is an element; goal is to review all new files created and a percentage of ongoing files. Data is maintained on a spreadsheet and outcomes are shared and corrections required when appropriate.

CCMEP staff utilize a variety of methods for engaging customers: Phone calls, texts, emails, letters, home/community visits. Staff are to connect with the customer not less than once per month. More frequent contact is encouraged, especially for customers addressing barriers or completing job readiness/search activities.

All attempts and successful contacts are to be documented in OWCMS and Salesforce. Staff are to use the aforementioned contact methods until they actually reach the customer and provide the case management service required at that time. There are times when customers are not able to come to CCMEP offices so staff meet them in their homes or a mutually agreed upon location in the community. Customers who prefer to come to staff office, but lack transportation can be sent an Uber to pick them up. Arrangements to return home will be discussed at the appointment.

6. Program Services

The Lead Agency, in collaboration with the local board, must ensure that the 14 CCMEP services are available to program participants.

6.1 Provide a brief description of how the CCMEP services are made available to program participants and indicate how each service is designed to reasonably meet a TANF purpose(s).

1. **TANF Purpose 1** - Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives
2. **TANF Purpose 2** - End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage
3. **TANF Purpose 3** - Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies
4. **TANF Purpose 4** - Encourage the formation and maintenance of two-parent families

1. Tutoring, study skills training, instruction and dropout prevention - TANF Purpose(s) 2

Describe:

The activities that are assigned to address the barriers within this element are provided through several community partners. The educational services of the Cincinnati Public School's ASPIRE program, YWCA and Mercy Neighborhood Ministries are utilized. These services will enable the customers to increase their educational skill set in an effort to obtain either their high school diploma or GED. This reasonably meets TANF Purpose 2 because the diploma or GED will assist with employment opportunities which may decrease the reliability of public assistance.

2. Alternative secondary school services/dropout recovery services - TANF Purpose(s) 2

Describe:

The alternative secondary school and dropout recovery services are provided through the DOHN Community

High School. The CCMEP customers who have not obtained their High School diploma prior to the age of 22, are offered the opportunity to enroll in the Dohn community High School's 22+ program and obtain their High School diploma. This addresses TANF Purpose 2 by This meets TANF purpose 2 in that it prepares the customer for job preparation. Most employer's basic requirement for employment is a minimum of a high school diploma or GED. So the additional services within this element will move the customer towards the obtainment of an educational degree to make them more marketable in the workforce

3. Paid and unpaid work experience (with an academic and occupational education component) - TANF Purpose(s) 2

Describe:

The paid and unpaid work activities that are assigned to CCMEP customers to fulfill this element are provided through the the Lead Agency HCJFS, Talbert House CCMEP, Easter Seals, Urban League and Community

Action Agency. Each agency has various paid and unpaid work experience programs/opportunities that are

suitable for the CCMEP customers. This meets TANF Purpose 2 as these experiences promote job preparation in a learning environment where customers obtain transferable skills that are common in the workplace.

4. Occupational skill training - TANF Purpose(s) 2

Describe:

The CCMEP customers are provided the opportunity to engage in an occupational skill training program. These programs are tied to an in demand field that leads to an industry recognized credential. These training programs

are provided by SWORWIB approved training vendors/providers that include the CCMEP training partners, Urban

League, Community Action Agency and Easter Seals. This service is designed to meet TANF Purpose 2 as it promotes job preparation that will yield an employment opportunity that produce sustainable wages.

5. Education offered concurrently with workforce preparation - TANF Purpose(s) 2

Describe:

Through our partnership and collaboration with community based agencies in Hamilton County, the CCMEP

customers are offered the opportunity to engage in workforce preparation concurrently with obtaining education for in-demand trades. Mercy Neighborhood Healthcare Readiness, YWCA First Course and Easter Seals Youthbuild programs provides educational training, employment education and stipend work experience. These programs focus on the Healthcare, Food Industry and Construction careers to name a few. These opportunities address TANF Purpose 2 in that all of these programs prepares customers in a specific trade that will result in livable wages earned. The customers are afforded the opportunity to learn from and trained by reputable employment recruiters with knowledge of current hiring trends in emerging employment/trades. This will decrease the need for the customers to rely upon government assistance as a means of income.

6. Leadership development opportunities - TANF Purpose(s) 2

Describe:

Urban League to name a few of the most popular ones. Dress for success not only provides professional interviewing attire but also provides job readiness programs. These programs include employer driven workshops that cover job search, mock interviewing with human resource representative, professional networking, peer and professional mentoring. Another popular leadership development program is offered through the Urban League. Their program is very diverse and includes but is not limited to, Urban Leadership Program, S.O.A.R. (Solid Opportunities for Advancement and Retention) program, Employment Connections (EC) & the Accelerated Customer Service Education Program (ACE). All of these programs enable the customer to obtain the necessary skill set needed in order to be successful in the obtainment of employment. These programs promote job preparation and work with a sufficient success rate.

7. Supportive services - TANF Purpose(s) 1,2

Describe:

The supportive services provided the customers have contributed to the stability of their situations. These services are addressing a variety of needs to meet TANF Purpose 1 and TANF Purpose 2. These supportive services allows children to remain in their home environment or that of a relative's home. Such services paid through client assistance dollars are used to cover rental and/or utility payments to avoid an eviction and disconnection of utilities, car repairs or transportation to promote prevention of barriers to employment and retention of employment. Also, the utilization of the local homeless shelter hotline, 381-SAFE, is accessed to find emergency shelter to families in need. All of these factor in determining whether or not children are able to remain in their home environment. Other supportive services include YWCA Domestic Violence Program and Legal Aid for customer advocacy. These services address TANF Purpose 2 in that they promote the support needed to maintain self-sufficiency of the customers. This will enable the customers to decrease their need for or dependency upon governmental assistance.

8. Adult mentoring - TANF Purpose(s) 2

Describe:

The adult mentoring services available to our customers includes but not exclusive to Dress for Success, Beech

Acres and Urban League. Each identified agency provides mentorship for our customers to professionally

navigate the job market and for personal development. Our customers are provided the guidance needed in order to learn how to better market themselves within the work industry, how to understand their weaknesses and strengths and how to use them as part of developing a career path. The adult mentoring will assist the customers to be successful as they learn about other opportunities that were otherwise unknown due to their knowledge.

This established relationship provides the customer with the encouragement, support and structured activities to develop the competence, character and confidence of the customer. This will catapult their success with self-sufficiency.

9. Follow-up services for not less than 12 months - TANF Purpose(s) 2

Describe:

The follow-up services provided to meet this element consist of maintaining contact with the customer through a variety of venues. Such methods used include, phone call, text messaging, social media, home visits and collateral contact. These efforts are made to monitor the customers' success during their transition to employment as well as provide further education to assist with their transition.

10. Comprehensive guidance and counseling - TANF Purpose(s) 1,2**Describe:**

To address this element, customers are assisted with making and implementing informed decisions pertaining to their education, occupation, and life choices. The customers are encouraged and assisted with making a dream

board that includes what they want their life to look like and the steps in order to achieve that goal. Some of the

short term goals include referrals to partner agencies for career and academic counseling, drug and alcohol counseling as well as mental health counseling through Talbert House, Greater Cincinnati Behavioral Health or IKRON. This is meeting TANF Purpose 1 as it will provide services to families who struggle with addiction or mental health that threatens their family stability. Referrals to community agencies that provide specific services to meet that need will enable the customer to learn about their barrier and how to overcome that barrier without disrupting their family life. This meets TANF Purpose 2 as well because the academic and career counseling will provide mentorship for the customer.

11. Financial literacy education - TANF Purpose(s) 2**Describe:**

The financial literacy education is an ongoing service provided to the CCMEP customers. This element focuses on educating the customers about finances, credit, understanding banking terminology, establish savings, debt, etc. The customers are referred to community based programs such as Smart Money, e-OMJ, Health Care Access Now (HCAN) and Trinity Debt Management. These programs offer a series of workshops to inform and educate customers on budgeting their finances to consistently remain self-sufficient. This meets TANF Purpose 2 because it promotes education needed to end dependence on governmental assistance. The financial literacy programs will teach the customers how to manage their money, establish a budget to live within their means, prioritize their needs and to be more fiscally responsible with their income.

12. Entrepreneurial skills training - TANF Purpose(s) 2**Describe:**

The entrepreneurial skills training element is provided through several partner agencies within Hamilton County. Agencies such as MORTAR, Greater Cincinnati Microenterprise Initiative (GCMI), Cincinnati State and Urban

League's Business Development and Entrepreneurship Program. Each of these agencies provides the basics of

starting and operating a small business. They provide supports and services that incubate and help CCMEP customers develop their own business model and provide them with experience in the day-to-day operations of a business. This meets TANF Purpose 2 by promoting job preparation and work which decreases the need for governmental assistance.

13. Labor market and employment information - TANF Purpose(s) 2

Describe:

To address this element, the CCMEP customer is assigned activities within e-OMJ, Hamilton County Public Library Workforce Development, Urban League to name a few frequently used. The customers are engaging in career exploration to obtain labor market and employment information about in-demand industries and occupations of interest. This provides career awareness of the career path that each customer has designated.

This activity is a learning opportunity for the customer to gain knowledge of the income range each in-demand industry offers upon obtaining a certified industry recognized credential. This element addresses TANF Purpose 2 as it promotes job readiness and work.

14. Post-secondary preparation and transition activities - TANF Purpose(s) 2

Describe:

The post-secondary preparation and transition activities are provided through SWORWIB approved entities such as Cincinnati State, Great Oaks and Cincinnati Public School-ASPIRE programs. Each of these programs provide educational preparation for the entrance exams into post-secondary educational programs. These courses promote job readiness and work as they provide additional education to develop the skill set to position customers to be more marketable. This will further provide an opportunity to obtain higher paying employment that are only accessible with advanced degrees.

6.2 The Lead Agency must provide an assurance that TANF or WIOA funds are not used to pay a program participant directly for subsidized employment by the local participating agency as either a Lead Agency or as a service provider.

- ☒ The Lead Agency certifies that it does not use TANF or WIOA funds to pay a program participant directly for subsidized employment by the local participating agency as either a Lead Agency or as a service provider. Provide a description of how participants will be compensated for subsidized employment:

Describe:

Participants are paid by the employer or a third party contracted vendor. HCJFS will reimburse the employer or vendor as appropriate.

6.3 Provide a description of the supportive services that the Lead Agency makes available to program participants and attach local policies on supportive services:

Describe:

In addition to services provided in 6.1, services are provided on a case by case basis to help participants to remain on track for self-sufficiency.

Services such as: transportation assistance, driver's education, Uber/Lyft, child care and school fees are provided. Follow up services include behavioral health, physical health, site visits, and employment retention. Funds may be used to incentivize vendors and participants for taking steps leading to positive CCMEP outcomes.

Hamilton County Department of Job and Family Services will use gift cards and vouchers sparingly. Any such issuance will be supported by a robust, and regularly audited reconciliation process in accordance with Family Assistance Letter #103.

Although the WIOA supportive services policy has been adapted for CCMEP TANF, the TANF Funding will not be used for medical services besides pre-pregnancy family planning services.

6.4 Provide a description of the follow-up services that the Lead Agency makes available to program participants including documentation requirements when a program participant cannot be located or contacted or requests to opt out or discontinue follow-up services:

Describe:

Case managers are dedicated to providing a continuity of services. There will be post-employment contact at 7,14,21,30 & 60 days. The Case Managers also will be conducting monthly outreach to our customers in follow-up status who have not declined follow-up services. Case Managers will work closely with the customer to identify potential barriers. We will utilize our partners and provide referrals to resolution to ensure retention.

When a customer is unable to be located, the assigned case manager is required to implement the outreach process. This process includes, phone call, text message, letter correspondence and home visit. The process is as follow:

1. Place a phone call and/or text message is sent to the customer using the most recent phone number.
2. If the initial call is unsuccessful, then a phone call to the customer's emergency contact is made.
3. An email message requesting contact is sent to the customer.
4. An appointment letter is mailed to the customer @ their last known address.
5. Phone call to the work participation case manager to cross check the CRISE database for pertinent information such as address, phone number, etc.
6. The CCMEP Case Manager will attempt a home visit @ the last known address for the customer.
7. If the customer is non-compliant but is receiving cash benefits, the CCMEP case manager will contact the work participation case manager to initiate the additional outreach attempts.
8. The work participation case manager will phone and/or text the customer at the last known phone number.
9. If that phone contact is unsuccessful, the work participation case manager will conduct a home visit at the last known address of the customer.
10. If all efforts are unsuccessful, a termination and/or sanction request of the customer's benefits is made to HCJFS.

This process will be done for 2 consecutive months. If the efforts are not successful, the case may be submitted for exit.

Please see attached policies in folder: CCMEP Attachments for Question 6.4

6.5 Describe the timeframes and documentation requirements the Lead Agency uses to determine good cause for OWF work-eligible CCMEP program participants.

Describe:

Participants are required to contact their case manager and the site supervisor each time (and no later than one (1) hour after the scheduled start time of any activity or appointment) to explain why he/she is not participating as scheduled. This reporting time may be extended if compelling circumstances prevented timely contact. Documentation must be provided to case manager within 10 calendar days. Documentation requirements for good cause depend on the specific reason for the absence. Requirements may include a doctor's statement, an obituary, school/work schedule, etc.

6.6 What is the process for providing a program participant with written notice of scheduled CCMEP appointments?

Describe:

Prescheduled appointments may be included in the participant's IOP, a written notice of scheduled appointment may be sent via mail or by various forms of electronic media.

6.7 For program participants without a high school diploma, how will the Lead Agency ensure those individuals are made aware of options to obtain their high school degree or its equivalent (e.g., ABLE referral, Adult Diploma option)?

More than 1 million adult Ohioans do not possess a high school diploma or equivalent. Addressing this issue is critical to Ohio's economic health and growth. Attainment of this credential is one of the primary measures for CCMEP and an important priority for the program.

Describe:

The SWORWIB coordinated a local team to collectively submit for and obtain an Adult 22+ grant from ODOE. That team is comprised of SWORWIB, OMJ, ASPIRE providers, CPS, CSTCC, Great Oaks. All committed to coordinating and marketing options for an alternative high school diploma to Hamilton County residents and is interested in working with the CCMEP team. All CCMEP individuals are made aware of multiple GED & Diploma options as a result of their CCMEP assessment.

6.8 Describe the Lead Agency's role in the design of the CCMEP services procured through the workforce development board including collaboration and co-funding.

Describe:

The lead agency and SWORWIB work hand in hand in all aspects of the creation of the RFP and selection of vendors.

6.9 Confirm that the Lead Agency is not utilizing Prevention, Retention, and Contingency (PRC) funding for CCMEP program participants.

☒ Yes, the Lead Agency is not utilizing PRC funding for CCMEP program participants.

7. Case Management

Case managers and their efforts to build relationships with program participants are the key to the success of CCMEP and program participants' outcomes.

7.1 What case management training has or will the Lead Agency require for CCMEP case managers?

Describe:

The case managers have been provided with state and contracted facilitated trainings that will continue throughout their engagement with CCMEP. Ongoing training in the form of webinars, roundtables, class instruction and hands on training are provided to existing and new case managers

7.2 What is the average caseload size for CCMEP case managers?

- | | |
|--|--|
| <input type="checkbox"/> 15 cases or less | <input checked="" type="checkbox"/> Between 50 and 100 cases |
| <input type="checkbox"/> Between 15 and 25 cases | <input type="checkbox"/> 100 cases or more |
| <input type="checkbox"/> Between 25 and 50 cases | <input type="checkbox"/> Other: |

7.3 What process does the Lead Agency use for program participant feedback and how will the Lead Agency utilize this information for ongoing improvements?

Describe:
CCMEP Providers are required to conduct at least annual satisfaction surveys. Also, a small amount of funds may be used for secret shoppers and qualitative interviews of customers.

7.4 What process does the Lead Agency use for case manager's feedback and how will the Lead Agency utilize this information for ongoing improvements?

Describe:
HCJFS/CCMEP contract manager meets with each CCMEP provider to solicit feedback and provide training. The information obtained is used to improve internal communication, modify policies and procedures to improve customer service/outcomes.

Also, the SWORWIB leadership (board and staff) are sometimes contacted with complaints, concerns and compliments from employers and customers and will advise the CCMEP team of feedback from any contacts.

8. Performance Measures

A key feature of CCMEP is strengthened accountability through the establishment of a single Lead Agency responsible for meeting common outcome measures and performance goals.

8.1 How will the Lead Agency collect and report any supplemental data to be included?

In addition, ODJFS also matches case records with data from various sources. Some post-exit program participant accomplishments (e.g., degree attainment) may not be captured this way.

Describe:
Data is collected through CRISE, the Work Number and other employment verification sources, and various education attainment resources.

Each quarter, OWD will pull WIOA enrolled participants from OWCMS who received services during the reference quarter or four previous quarters; combined with participants who exited the program during the reference quarter or four previous quarters. These participants will be matched against the Ohio Wage Record data identified in the Data Sharing and Confidentiality Agreement using the participant social security number. From the wage record file, the WDB POC will receive wages, number of weeks worked, year wages are reported, quarter wages are reported, NAICS six digit code, and NAICS title. In addition to the wage record data, the WDB POC will receive OWCMS seeker ID, office name and WDB area. The WDB POC will not receive participant social security number. On a monthly basis, the OWD POC will email a list of UI claimants who are participating in the RESEA or UCRS program to the WDB POC. Each county within the area will receive either the RESEA or UCRS report (but not both). On a monthly basis, OUIO will e-mail a report that lists UI claimants who are within four weeks of exhausting their UI benefits.

Additional supplemental data for employment, education and median wages is gathered as well. Our methods of obtaining supplemental data is through the Work Number database; through successful contact with the customers during post-exit follow-up; through OWCMS case notes that may obtain vital information that was not captured elsewhere. Incentives are often offered for successful gains for maintaining employment and advancing or graduating in the educational setting.

CCMEP Plan Certification

Please provide the name, title, and signature of the administrator, director or executive director of the CCMEP Lead Agency:

Name and Title	
Signature	Date

Please provide the name, title, and signature of the chairperson of the local workforce development board (or the chairperson's designee):

Name and Title	
Signature	Date

ATTACHMENT L

CCMEP QA Checklist

CCMEP QA Intake File Checklist

Final Score	0.00%
Total Points Available	0
Total Points Earned	0

Customer:

DOB:

Agency:

Case Manager:

Reviewer:

Review Date:

☐ Corrections Needed☐ Return File with Corrections

Corrections Due:

General Requirements (10 Points)		Score	Weight	Final Score
Program of enrollment: Check all that apply	<input type="checkbox"/> WIOA <input type="checkbox"/> OWF		1	0
CCMEP Enrollment date:			2	0
Mandatory or Volunteer Customer	<input type="checkbox"/> Mandatory <input type="checkbox"/> Volunteer		1	0
If Volunteer, eligibility documentation is in file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
Assessment/IOP appointment completed within 10 days of referral ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		1	0
Selective Service registration documentation is in file and OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
Complaint Rights Form signed and in file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
Release of Information in file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
WIOA Youth Program Eligibility Application-JFS 03002 (10 points)		Score	Weight	Final Score
Eligibility Application in file completed and signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		3	0
WIOA eligibility documentation is present?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
Educational Information on form matches OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0

If not, explain:				
Income on form matches OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
If not, explain:				
Meets co-enrollment eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
Eligibility determination date:			2	0
Comprehensive Assessment JFS 03003 or JFS 03033 (10 points)		Score	Weight	Final Score
Comprehensive Assessment in file completed and signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		4	0
What Needs & Barriers were identified on the Assessment:			1	0
What are the IMMEDIATE Needs & Barriers of the customer?			1	0
What Educational interest was identified on the Assessment?			1	0
What Employment interest was identified on the Assessment?			1	0
Goal4It! Tools Used			2	0
Individual Opportunity Plan (IOP) JFS 03004 or JFS 03044 (30 points)		Score	Weight	Final Score
IOP in file completed and signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		10	0
Were the IMMEDIATE needs & barriers addressed on the IOP?	<input type="checkbox"/> Yes <input type="checkbox"/> No		6	0
If not, which were not addressed?				

Do the Long-term goals listed reflect the Educational and/or Employment interest listed on the Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
In not, explain:				
Does each Long-term goal have a realistic Short-term goal(s), Service(S) and Activity listed which will help the customer achieve the long-term goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
In not, explain:				
Are 20 hours (or more if OWF recipient) of activities assigned per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No		6	0
In not, explain:				
Do the Services and Activities on the IOP match the Services/Activities in OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
In not, explain:				
Do the Service/Activity start and stop dates on the IOP match the Service/Activity start and stop dates in OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
In not, explain:				
Is a Monster seeker ID # listed on the OMJ Details screen in OWCMS indicating the customer has created an E-OMJ account?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0

If not, was account registration requested on the IOP?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
What frequency of service was determined?	<input type="checkbox"/> Intensive <input type="checkbox"/> Monthly		1	0
Was this determined correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
In not, explain:				
TABE/LOCATOR (10 points)		Score	Weight	Final Score
Was a TABE test/Locator completed within the last six months and documented in OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		5	0
In not, explain:				
Was a copy of the TABE test/Locator in the customer's file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		5	0
In not, explain:				
Case Actions and Related Notes (30 points)		Score	Weight	Final Score
Does the OWCMS case notes reflect the completion of the WIOA Application, CCMEP Assessment, Required Releases of Information and IOP?	<input type="checkbox"/> Yes <input type="checkbox"/> No		9	0
In not, explain:				

Were all Needs and Barriers that were identified on the Assessment reflected in the case notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		6	0
In not, explain:				
Is documentation of customers activity & participation listed in OWCMS case notes & in the file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		9	0
In not, explain:				
Were Supportive Services issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No		6	0
If so, explain:				

Revised: 12/2019

0

0

Final**0.00%**

CCMEP QA Ongoing Checklist

RFP Page 190

Customer:

DOB:

Final Score **0.00%**

Agency Name:

Case Manager:

Total Points Available **0**

Reviewer:

Review Date:

Total Points Earned **0**

Corrections Needed

☐ Yes ☐ No

Corrections Due Date:

TANF Eligibility Re-Determination/Outreach (20 points)		Score	Weight	Final Score
TANF Eligibility re-determined with in six months of last review?	<input type="checkbox"/> Yes <input type="checkbox"/> No		5	0
Eligibility re-determination date:				
Is TANF re-determination application uploaded in Salesforce or other data system as determined by HCJFS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
Date of Last Contact was within the last 30 days:	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
Date of last contact.				
Last Case Note was entered in OWCMS withn the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
Date Last Case Note was entered in OWCMS:				
Do case notes reflect progression of Customer? (Barrier removal; service outcome)	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
If not, please explain:				
If the customer is non-compliant, have required attempts been made to re-engage the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		3	0
What attempts were made to re-engage the customer? (Outreach Policy)	Phone Call Email Text Message Home Visit Mailed Correspondence			
Has customer re-engaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		1	0

CCMEP QA Ongoing Checklist

If no response, was Community Link contacted as a resource?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		1	0
What was the outcome of contact with Community Link, if contact was made with Community Link?			1	0
If the non-compliant customer is receiving OWF cash assistance, was a termination of benefits requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		1	0
If no, please explain why?				
Barriers/IOP (20 points)		Score	Weight	Final Score
Are there any existing or new barriers that warrant intensive services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		4	0
If so, what are those barriers?				
Frequency of service is being followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		4	0
Are the goals listed on the IOP current with appropriate service(s) and activities assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No		4	0
If no, please explain:				
Does the Service(s) and date(s) on the IOP match those listed in OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		4	0
If no, please explain				
Are the activity logs showing participation in the case file and Salesforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No		4	0

CCMEP QA Ongoing Checklist

If participation hours were not met, was good cause determined? Termination requested? Sanction Issued? (Highlight the one that applies)	Good Cause Termination Requested Sanction Issued N/A			
INDIVIDUAL TRAINING ACCOUNTS SECTION (10 points)		Score	Weight	Final Score
Is the customer currently engaging in an occupational skills training/ITA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
If yes, what is the training program?				
If yes, is the ITA participation reflected in the case notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
Did the customer successfully complete their ITA training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
If no, please explain why?				
If customer completed training, has the Certificate of Completion been obtained and placed in the case file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
Did the customer obtain employment in the field of the ITA training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
If yes, provide the details of employment? If no, what efforts are being made to obtain industry specific employment? (i.e. job developer/hiring events)				
Was the IOP updated to reflect the completion or incompleteness of the ITA? (Training service end dated; service outcome selected and credential attainment entered)	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
Supportive Services (10 points)		Score	Weight	Final Score
What barriers have been identified that require supportive services?			2	0

CCMEP QA Ongoing Checklist

What supportive services have been provided or are currently in place?			2	0
Were MOU services referred and/or provided? (Legal Aid/CPS Aspire/Mercy Neighborhood Ministries/YWCA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
If so, what was the referral? What was the outcome?				
Was the referral and outcome documented in OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		4	0
CUSTOMER RE-TABE INFORMATION (10 points)		Score	Weight	Final Score
Is customer required to be re-tested? (Must be at a minimum of 9th grade; otherwise, customer is to be re-taped)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, when was the re-tape administered?	Date of re-tape:		1	0
Were the results of the re-tape entered into OWCMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		1	0
Has the customers TABE expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what date did the TABE expire and has the customer been RE-TABED?			1	0
Measureable Skill Gains / Required Documentation (10 points)		Score	Weight	Final Score
Did the customer have a Measurable Skill Gain- Year 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
Did the customer have a Measurable Skill Gain- after year 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
If yes, please explain what the Skill Gain was and the date it was attained?				

CCMEP QA Ongoing Checklist

Are you providing follow up services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
If yes, please explain what follow up services are being provided?				
Are all Releases of Information and Client Complaint Rights current? (Expire 1 year from date on existing releases)	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0
Are the WIOA application, Assessment, IOP and Releases of Information signed by the Case Manager? Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		2	0

Comments:

Revised: 12/2019

Final 0 0
0.00%

Point	Definition
0	Did not meet expectation
0.5	Partially met expectation
1	Met expectation
NA	Not applicable (also removed from the denominator)

Weight
1
2
3
4
5
6
7
8
9
10

Points		
0	0.5	1
0	0.5	1
0	1	2
0	1.5	3
0	2	4
0	2.5	5
0	3	6
0	3.5	7
0	4	8
0	4.5	9
0	5	10

ATTACHMENT M

Incentive Payments

***Incentive Payments**

HCJFS shall pay the contract holder an incentive-based sum ranging from \$0 to \$150,000. Specific incentives are listed below. The selected vendor is expected to achieve each measure in each year of the contract. Within 60 days of the end of each contract year the vendor shall quantify and document success or failure in each of the four (4) measures. Each measure is new to this procurement. Each will require substantial program and administrative effort on the part of the selected vendor(s). For each measure that the vendor(s) meets or exceeds, HCJFS shall pay the contract holder a sum of money equal to \$30,000 (in three cases 1, 2, 3) and \$60,000 (in one case 4). The vendor has primary responsibility for documenting success in each performance measure.

The contract value, as recorded in HCJFS Fiscal/Contracting/Program shall include a separate budget line equal to \$150,000. If this procurement results in more than one vendor, the incentive payments above will be available in proportion to the percent of the CCMEP population that each vendor is responsible for serving.

Incentive #1:

- A. New Employment - 20% of all customers who secure new employment shall retain that employment for at least three (3) months. Employment must be 20 hours or more per week with earnings at or above \$10.50 per hour.
- B. Existing Employment – individuals employed at the start of the contract, July 1, 2020, are included in this measure. Their success is defined as a documented hourly wage increase of 10% or more at the same or any new job.

Incentive #2:

The vendor shall ensure that no fewer than fifty CCMEP participants secure an industry recognized certification in the contract year. In many, but not all, cases these will be funded Individual Training Agreements (ITA). HCJFS shall define “industry recognized certifications” drawing extensively from the resource below.

<http://education.ohio.gov/Topics/Ohio-s-Graduation-Requirements/Industry-Recognized-Credentials/Industry-Recognized-Credentials-by-Career-Field>

Incentive #3

Participants without a high school equivalency will obtain a GED/HS Diploma. The 4-year graduation rate for students enrolled in Cincinnati Public Schools (Class of 2018/entering 9th grade in 2014) is 77.9%. (Source: Ohio School Report Cards). Lowered outcome is to accommodate increase in teen volunteer CCMEP enrollments.

- 70% of all CCMEP participants who begin the contract year entering 12th grade will obtain a GED/HS Diploma.
- 15% of all CCMEP participants who begin the contract year (1) without a GED/HS Diploma AND (2) not enrolled in high school will earn a GED/HS Diploma.

Incentive #4:

HCJFS will review Intake and On-Going files and associated work for accuracy. Outcomes for each review will be scored and maintained on a QA checklist. To meet this incentive, ninety (90) percent of all files reviewed must achieve a score of 85% on the HCJFS QA Intake and On-Going Audit Checklist.

***Important note regarding incentive plan described above:**

- 1. Each incentive and associated outcome(s) are subject to negotiation at initial contract year and may be adjusted with each renewal year.**
- 2. Documents submitted by Provider must be verifiable in OWCMS.**
- 3. Provider is required to maintain a monthly report for each incentive.**
- 4. Incentives are contingent upon funding.**