



REQUEST FOR PROPOSALS

FOR

WORK PARTICIPATION SERVICES FOR
OHIO WORKS FIRST (OWF) CASH RECIPIENTS

RFP #SC04-15R

Issued by
THE HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
222 E. CENTRAL PARKWAY
CINCINNATI, OHIO 45202
(September, 2015)

RFP Conference: October 6, 2015, 1:00 p.m. – 3:00 p.m.

Location: Hamilton County Job & Family Services
222 East Central Parkway
6th Floor – 6SE601
Cincinnati, Ohio 45202

Deadline for Proposal Registration: October 13, 2015

Due Date for Proposal Submission: October 30, 2015

TABLE OF CONTENTS

1.0	REQUIREMENTS & SPECIFICATIONS.....	4
1.1	Introduction & Purpose of the Request for Proposal.....	4
1.2	Scope of Service.....	5
1.2.1	Population.....	7
1.2.2	Service Components.....	7
1.2.3	Sub-Recipient	9
2.0	PROVIDER PROPOSAL	11
2.1	Cover Sheet	12
2.2	Service and Business Deliverables	12
2.2.1	Program Components.....	14
2.2.2	System and Fiscal Administration Components	16
2.3	Budgets and Cost Considerations.....	17
2.4	Customer References	20
2.5	Personnel Qualifications	20
2.6	Financial Documentation.....	21
2.7	Declaration of Property Tax Delinquency.....	21
2.8	Original Proposal Documents	22
3.0	PROPOSAL GUIDELINES.....	23
3.1	Program Schedule.....	23
3.2	RFP Contact Person.....	23
3.3	Registration for the RFP Process	24
3.4	RFP Conference.....	24
3.5	Prohibited Contacts	25
3.6	Provider Disclosures.....	25
3.7	Provider Examination of the RFP	26

3.8	Addenda to RFP.....	26
3.9	Availability of Funds.....	27
4.0	SUBMISSION OF PROPOSAL.....	28
4.1	Preparation of Proposal.....	28
4.2	Cost of Developing Proposal.....	28
4.3	False or Misleading Statements	28
4.4	Delivery of Proposals	28
4.5	Acceptance & Rejection of Proposals	29
4.6	Evaluation & Award of Contract.....	29
4.7	Proposal Selection	31
4.8	Post-Proposal Meeting.....	32
4.9	Public Records	32
4.10	Provider Certification (Hamilton County Only)	33
4.11	Public Record Requests Regarding This RFP	33

Attachment A	Cover Sheet
Attachment B	Contract Sample
Attachment C	Budget and Instructions
Attachment C-1	Budget and Instructions
Attachment D	Provider Certification
Attachment E	Declaration of Property Tax Delinquency
Attachment F	Release of Personnel Records and Criminal Record Checks
Attachment G	RFP Registration Form
Attachment H	Work/Self-Sufficiency Activities Plan
Attachment I	Work Participation Data
Attachment J	Comprehensive Case Management and Employment Program

REQUEST FOR PROPOSALS (RFP) FOR WORK PARTICIPATION SERVICES FOR OHIO WORKS FIRST (OWF) CASH RECIPIENTS

MISSION STATEMENT

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

1.0 REQUIREMENTS & SPECIFICATIONS

1.1 Introduction & Purpose of the Request for Proposal

The Hamilton County Department of Job & Family Services (HCJFS) is seeking proposals for the purchase of Services aimed at providing self-sufficiency activity coordination and services for Ohio Works First (OWF) customers in the (HCJFS) caseload, (including those working or in school) except those with Learning Earning and Parenting (LEAP) assignments and child only recipients, in accordance with the Hamilton County Works/Self-Sufficiency Activities Plan (See Attachment H).

This contract is being funded by an Ohio Department of Job and Family Services (ODJFS) TANF block grant which contains Federal funds. In addition the contract may also utilize other federal, state or local funds.

Hamilton County, Ohio Board of County Commissioners (BOCC) reserves the right to award multiple contracts for these services to multiple Providers and to award contracts for any or all the services proposed. However, Hamilton County prefers to contract with one Provider or one lead Provider.

Provider must submit a proposal for an initial term of one (1) year and four (4) one (1) year optional renewal periods. Providers who do not submit pricing for the renewal options will not be disqualified; however, a contract cannot be awarded for any term where a Provider has not submitted a budget.

The purpose of the total five (5) year period is to minimize the cost of the procurement process for Providers and for the County.

1.2 Scope of Service

HCJFS seeks services designed to provide all necessary aspects of OWF self-sufficiency activity coordination. These services shall include a thorough vocational assessment, identification of barriers to employment, coordination of services for barrier removal, assignment to an appropriate work activity, and monitoring and reporting of participation. The Provider will work with the community to obtain the employment, training and barrier removal services needed to assist OWF participants in achieving self-sufficiency.

HCJFS anticipates that the selected Provider(s) will provide comprehensive welfare to work assessments and services for all work required OWF applicants and recipients in Hamilton County. Current practices, law, and policy drive the scope defined in this RFP. HCJFS will work closely with any selected Provider(s) to amend this agreement as needed to reflect changes in state or federal rule or policy if applicable to the population identified above. For example, HCJFS and Providers' accountability may be increasingly tied to our ability to positively impact our participants intermediate (reduction in barriers, literacy and numeracy gains, new hires) and long term successes (employment, wage gains, job retention, obtainment of credentials) in addition to meeting work participation rates.

We anticipate substantial changes associated with the Comprehensive Case Management and Employment Program (CCMEP – See Attachment J), as well as changes driven by TANF re-authorization. For example, varied levels of case management may be required for different subset populations. We intend to accommodate those changes through contract and budget amendments rather than through re-procurement.

Provider(s) may be responsible for other state programming that is similarly enmeshed in OWF work participation activities. Any additional programming, such as CCMEP, may be added to the scope of this contract through mutual agreement of the parties and a formal contract amendment.

The selected Provider(s) will be responsible for providing services directly to customers and for partnering with others to ensure adequate work assignment opportunities exist for all work required participants. Provider(s) may assign any and all customers to employers and/or sites within the community to complete their work participation hours. However, the sites managed directly by the current Provider have been, and may continue to be critical, to HCJFS's high work participation rate. These involve job search/job readiness, work experience and vocational education (computer based learning in a series of labs) opportunities provided at their main location and a co-location at the local WIOA one stop, Ohio Means Jobs (OMJ). Internal sites allow for immediate work activity assignment, opportunities to make-up missed participation hours and early participation reporting. Our goal is to provide more structured outcome based activities and to move away from using unstructured assignments. However, assignment hours may include traditional and nontraditional hours based on an individual's need.

While TANF reauthorization and federal or state initiatives with this target population, such as CCMEP, may change aspects of the scope, HCJFS does expect the following constants:

1. Collaborate effectively with HCJFS.
2. Work to meet Federal and State mandates regarding OWF or its successor.
3. Work within state and federal work participation definitions, policies and performance requirements and adapt to associated changes.
4. Changes regarding rules, systems, and outcome measures may occur, however, the essence of this work will remain constant, helping OWF participants become self-sufficient.
5. Anticipate and deliver some level of intensive case management.
6. Provide a robust job readiness program.
7. Provide person-centered case management services.
8. Work within multiple systems (CRISE, OWCMS, OBWP, CCIDS, and OnBase) and expect additions and enhancements.

HCJFS' goal is to work with Provider(s) who are able to deliver this entire continuum of services. However, the BOCC reserves the right to award contracts to successful Providers for all or some of the services proposed.

1.2.1 Population

The following data is provided for planning purposes only. HCJFS does not guarantee that the current service level will increase, decrease or remain the same. It is anticipated that HCJFS will procure services for approximately 9,000 distinct OWF participants in 2016. HCJFS Work Participation Monitoring for Ohio Works First (OWF) Cash Recipients will serve at any point in time a monthly average of 3,500 OWF consumers. This population may grow or shrink depending on community, policy and economic changes.

1.2.2 Service Components

The selected Provider will deliver:

- A. Self-sufficiency assignments consistent with the Hamilton County Self-Sufficiency Plan (Attachment H).
- B. Employment, work experience, community service, job readiness training, education, alternative activities and barrier removal efforts. The Provider will recruit and/or develop and maintain sufficient and appropriate sites to accommodate the assigned customers (one site may be located at HCJFS 222 E. Central Parkway Cincinnati, OH 45202 location).
- C. Professional and appropriate decisions about self-sufficiency activities and case plans based on the needs/circumstances of each customer, including linkage to day care and referrals to other Providers.
- D. Appropriate means of transportation for customers to travel to and from assigned activity sites. This may include bus passes, fuel cards, cash allowances or vehicles operated by the Provider or subcontractor, etc.
- E. Management of the transition of customers to employment or work activities, as well as monitoring attendance and providing prompt and accurate return of work participation reports to HCJFS. Provide appropriate level of case management based on the needs of the individual customer 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.

- F. An intervention response which ascertains “good cause” (as defined in the Hamilton County Self-Sufficiency Plan (Attachment H) and documentation of all efforts to re-engage customers not complying with their individual case plans.
- G. Information and/or recommendations to HCJFS regarding the level of cooperation with customers’ case plans (including attendance at state hearings as necessary to support said recommendations), good cause for any failure and information required to make hardship decisions regarding the extension of time-limited OWF benefits.
- H. Maintenance of adequate case records. Provider case records shall include, at a minimum:
 - 1. The case plan and all subsequent case plan amendments, documenting*;
 - a. Customer’s name, social security number and recipient identification number;
 - b. Case activity type (regular, alternative barrier removal);
 - c. Number of hours customer is required to participate and how those hours will be met (i.e., ten (10) hours employment and twenty (20) hours at the work site);
 - d. The assigned site (i.e., name, address, contact person, phone number, begin date and days/hours to attend); and
 - e. Signature of the customer and a Provider representative, and date of the agreement.

* HCJFS expects new and revised state and federal mandates associated with reauthorization and state initiatives. Each of these is likely to affect required forms, documentation and reporting.

- 2. Case notes or *hard copy information documenting:
 - a. Administrative support provided regarding transportation issues;
 - b. How identified personal and situational barriers were addressed;
 - c. Child care needs were addressed;
 - d. Actual participation, failure and good cause hours for each month;
 - e. Outreach/follow-along efforts;
 - f. Intervention plan for non-compliant customers;
 - g. How failures were addressed (i.e., good cause or sanction); and
 - h. Hard copy verification to support assignments (i.e., employment verification, pay stubs, basic medical form, school schedules).

*Provider(s) will scan and index all hard copy documentation into state/county data warehouse (currently OnBase).

The selected Provider(s) will conduct appraisal interview/vocational assessments on all customers referred by HCJFS and ensure the placement of customers in jobs or work assignments. The interview/assessment will include:

- A. triage/screening for substance abuse, mental and physical health issues, domestic violence, learning difficulties and other serious impediments to the ability to function in a work environment; and
- B. Administrative support and intervention/guidance to remove situational barriers such as child care and transportation.

An estimated 10% of customers will require a more intensive follow up for more serious impediments, such as but not limited to; domestic violence, chemical dependency, learning disabilities, etc. Referrals for the appropriate services to address the barrier must be provided at the point of the barrier(s) identification. The Provider will monitor document and report participation results to HCJFS.

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:

- a. Provider determines who is eligible to receive federal financial assistance;
- b. Provider has performance measured against whether the objectives of the federal program are met;
- c. Provider has responsibility for programmatic decision making;
- d. Provider has responsibility for adherence to applicable federal program compliance requirements; and
- e. 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.

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 CD or flash drive in a pdf format and the pages must be numbered

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 2.2.2 – System and Fiscal Administration Components
- Section 2.3 – Budgets and Cost Considerations
- Section 2.4 - Customer References
- Section 2.5 - Personnel Qualifications
- Section 2.6 Reserved
- 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 total cost the Provider is proposing for Contract Years 1, 2, 3, 4 and 5. The total cost must be supported by the Budget.

2.2 Service and Business Deliverables

Provider should clearly state its competitive advantage and its ability to meet the terms, conditions, and requirements as defined in this RFP in responding to this section. Provider must describe in detail all information set forth in Section 2.2.1 Program Components and Section 2.2.2 System and Fiscal Administration Components:

The selected Provider's performance shall be measured by the following five (5) outcome measures.

1. Ensure participation reports are returned to HCJFS accurately, timely and complete. Work activity will be monitored and documented no less frequently than federally mandated.

Measurement: Participation reports for all consumers will be prepared by the provider and returned to the HCJFS Workforce Development Manager accurately, timely and complete. Participation reports must be provided for all clients regardless of the type of assignment.

Accurately: Quality assurance is completed by Provider to ensure participation outcome (pass, fail and good cause hours) reported is correct.

Timely: All Family Participation Report will be submitted to HCJFS by 5:00 p.m. on or before the 8th working day of the month for the previous month's participation. The Two Parent Participation Report will be submitted no later than the last day of adverse action in CRISE.

Complete: Report is submitted, signed and dated, with Pass or Fail noted, and lists attended, failed, and good cause hours for each assigned hour of participation.

2. 95% of all customers are correctly assigned to an activity as required by the County Self-Sufficiency Plan.

Measurement: Using the GWP103RA Full Month Assignment Issue Data Report provided by the State, HCJFS will conduct a review in order to ascertain the rate at which customers are being appropriately assigned to activities under the requirements of the Hamilton County Works/Self-Sufficiency Activities Plan (Attachment H).

3. Schedule assessment appointments to be conducted within five (5) business days from the date the OWF consumer completes (re)application interview with the HCJFS Eligibility Worker.

Measurement: Provider will maintain and provide a monthly report on "days out" scheduling to HCJFS.

4. Ensure that there are site opportunities for each consumer. 100% of OWF consumers who are required to participate in a work activity shall have at least one activity option identified for them by the provider.

Measurement: Using State reports (GWP103RA and GWP510RA), Workforce Development Manager will conduct a review to determine reason case is unassigned or is assigned to alternative activity. Reason for alternative or lack of assignment should not be due to insufficient sites. Throughout this document, all cited local, state, and federal reporting tools are subject to change.

5. Maintain work participation rate as high as or higher than other metropolitan counties in the state of Ohio. The minimum Federal All Family Work Participation Rate is 50%. The minimum Federal Two Parent Work Participation Rate is 90%.

Measurement: Using state reported data (GWP510ra); the HCJFS All Family Rate will be compared with other Ohio metros on a monthly basis.

2.2.1 Program Components

Providers are required to respond to the following for all proposals submitted:

- A. Describe how you will comply with the expectations enumerated in the Scope of Service and Services and Business Deliverables sections of this RFP.
- B. Describe a person centered case management system you will create to minimize the number of times a typical customer must see different personnel to have their case fully processed or maintained. HCJFS is specifically interested in providing our customers with a work program where the case management builds strong relationships that help to guide and move the participant to employment and self-sufficiency.
- C. Submit work samples of your case management records.
- D. Hand holding vs. personal responsibility. What are your thoughts on this? How do you plan to meet people where they are and move them towards self-sufficiency? Specify how you plan to use goal setting to help each customer move towards self-sufficiency.
- E. Job retention is often a greater challenge than job acquisition. How do you plan to tackle this challenge?
- F. A robust (on or off site) job readiness program is needed for the customers. Describe how you plan to meet this need. Provide an outline of the curriculum.
- G. Developing effective Work Experience Program sites is one of the selected Provider's responsibilities. Describe how you will do this and who you will target?
- H. Describe the community partnerships you would utilize to effectively serve the OWF population.

- I. Describe how you plan to work in collaboration with Ohio Means Jobs one stop service site to leverage those services to provide the customer with training and employment opportunities.
- J. ODJFS and HCJFS utilize many applications to determine eligibility for benefits and services and to track information. Providers typically have view only access to these systems. How will you create, track and monitor information and data? For example, case plans, case notes and participation hours. How will this information be made available to HCJFS in order to update required applications?
- K. Describe how you will verify hours participated in work activities, ensure accuracy of the work participation data reported to the Department of Health and Human Services (HHS) and maintain participation data.
- L. TANF Re-Authorization rules (Section 3107 of the Ohio Revised Code and Section 5101 of the Ohio Administration Code; (<http://codes.ohio.gov>), state that participation requirements begin the day that an OWF application is received at HCJFS. To earn participation credit for the initial application month same day service is a must. Describe how you will meet this challenge.
- M. Describe your experience with the target population for this service in respect to:
 - a. screening for issues such as mental health, substance abuse and domestic violence;
 - b. removal of barriers to work participation; and
 - c. assessment and placement in appropriate work activities.
- N. Describe how you anticipate this project increasing its effectiveness and enhancing service over the next three (3) years:
 - 1. for customers;
 - 2. for HCJFS; and
 - 3. for OWF caseload reduction.
- O. Identify the specific best practices that your organization will use to achieve and maintain a 50% work participation rate while also moving OWF families toward economic self-sufficiency and sustaining employment income. Provide information related to prior experience with this or similar work.

2.2.2 System and Fiscal Administration Components

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

- A. Contact Information - Provide the address for the 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 their 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 as the Agency/Company.
- D. Agency's/Company Primary Business - State the agency's/company's primary line of business, the date established, the number of years of relevant experience, and the number of employees.
- E. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company.
- F. Insurance and Worker's Compensation - A current certificate of insurance, current endorsements and Worker's Compensation certificate.

Proposer 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

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 positions in the program budget.
- H. Program Quality Documents - Attach documents which describe and support program quality. Such documents might be the forms used for monitoring and evaluation or copies of awards received for excellent program quality. QA manual need not be included.
- I. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.
- J. Federal Programs- Provide a description of the Agency's/Company's experience with federal programs.

2.3 Budgets and Cost Considerations

- A. HCJFS anticipates services will begin no later than January 1, 2016. One hundred percent (100%) of the total potential value of all contracts awarded as a result of this solicitation will be on a cost reimbursement agreement. The contract reimburses the Provider(s) for actual costs, such as but not limited to; salaries, supplies, space, etc. Provider(s) must submit five (5) budgets, one for the initial term and one (1) each for projected optional renewal years, which Provider understands will be used to compensate Provider for services provided. Budgets must be submitted in the form provided as Attachment C.
Contracts will be written for the initial term of one (1) year with four (4) one year options for renewal.
- B. Provider must warrant and represent the Budget is based upon current financial information and programs, and includes all costs relating to but not limited by the following:
 - 1. Location;
 - 2. Transportation; and

3. Other direct and indirect services needed to accurately calculate the total cost of a cost reimbursement contract, e.g. translation / interpreter, supportive services, administration.

All revenue sources available to Provider to serve customers identified in the Scope of Service shall be listed in the Budget, and utilized, where permissible, to reduce the total cost of an agreement. All costs must be specified for the various parts of the program. Cost must be broken down by type of work as well as classifications for staff, i.e. senior program manager vs. lower level position.

The total cost proposed for each contract year must be listed on the Cover Sheet, Attachment A.

- C. Provider must submit a detailed narrative which demonstrates how costs are related to the service(s) presented in the proposal.
- D. Provider must take note that “profit” will be a separately negotiated element of price pursuant to OAC 5101:9-4-07, if Provider is a for-profit organization.
- E. For the purposes of this RFP, “unallowable” program costs include:
 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.

If there is a dispute regarding whether a certain item of cost is allowable, HCJFS' decision is final.

2.4 Customer References

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

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

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

2.5 Personnel Qualifications

Please submit resumes with the below following information for key personnel who will be working with the program.

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

Provider's program manager must have a minimum of three (3) 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 ,must be submitted. 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 Original Proposal Documents

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

- 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.

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	September 24, 2015
RFP Conference	October 6, 2015 1:00 p.m. – 3:00 p.m.
Deadline for Receiving Final RFP Questions	October 13, 2015
Deadline for Issuing Final RFP Answers	October 16, 2015
Deadline for Registering for the RFP Process	October 13, 2015 no later than 12:00 p.m.
Deadline for Proposals Received by RFP Contact Person	October 30, 2015 no later than 11:00 a.m.
Oral Presentation/Site Visits – if needed	November 4, 2015
Anticipated Proposal Review Completed	November 4, 2015
Anticipated Start Date	January 1, 2016

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 OCTOBER 13, 2015 NO LATER THAN 12:00 P.M.

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 at **the Hamilton County Job & Family Services, 222 E. Central Parkway, Cincinnati, Ohio 45231, 6th Floor, Room 6SE601 on October 6, 2015, 1:00 p.m. – 3:00 p.m.**

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 12:00 p.m. on October 13, 2015. The final responses will be faxed or e-mailed no later October 16, 2015 by the close of business.
- D. Only Providers who register for the RFP Process will receive copies of questions and answers.
- E. The answers issued in response to such Provider questions become part of the RFP.

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 the Provider attempts any unauthorized communication, Provider's proposal is subject to rejection.

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

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

Examples of unauthorized communications are:

- A. Telephone calls;
- B. Prior to the award being made, telephone calls, letters and faxes regarding the RFP process, interested Proposers, the program or its evaluation made to anyone other than the RFP Contact Person as listed in Section 3.2;
- C. There shall be no contact with anyone, including the RFP Contact Person after 12:00 p.m. on October 13, 2015.
- D. Visits in person or through a third party attempting to obtain information regarding the RFP; and
- E. E-mail except to the RFP Contact Person, as listed in Section 3.2.

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 12:00 p.m. on October 13, 2015 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 12:00 p.m. on October 13, 2015 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. In the event modifications, clarifications, or additions to the RFP become necessary, all Providers who registered for the RFP Conference will be notified and will receive the addenda via fax or e-mail. In the unlikely event emergency addenda by telephone are necessary, the RFP Contact Person, or designee, will be responsible for contacting only those Providers who registered for the RFP Conference. All addenda to the RFP will be posted to <http://www.hcjfs.hamilton-co.org>

3.9 Availability of Funds

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

1. Reduce the utilization of the services provided under the Contract, without change to the terms and conditions of the Contract; or
2. Issue a notice of intent to terminate the Contract.

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

4.0 SUBMISSION OF PROPOSAL

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

4.1 Preparation of Proposal

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

4.2 Cost of Developing Proposal

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

4.3 False or Misleading Statements

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

4.4 Delivery of Proposals

Proposals must be received by the RFP Contact Person at the address listed in Section 3.2, RFP Contact Person, by October 30, 2015 no later than 11:00 a.m. ***Proposals received after this date and time will not be considered.*** If Provider is not submitting the proposal in person, Provider should use certified or registered mail, UPS, or Federal Express with return receipt requested and email the RFP Contact Person the method of delivery. A receipt will be issued for all proposals received. No e-mail, facsimile, or telephone proposals will be accepted.

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

4.5 Acceptance and Rejection of Proposals

HCJFS reserves the right to:

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

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

4.6 Evaluation and Award of Contract

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

Stage 1. Preliminary Review

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

- A. Registry for RFP;
- B. Timely Submission – The proposal is received at the address designated in Section 3.2 no later than October 30, 2015 by 11:00 a.m. 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. Responses to System and Fiscal Administration Components, Section 2.2.2;
- F. Completed Budgets, Section 2.3.

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 proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt falls below an acceptable level.
Meets Requirement	Provider proposal fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation.
Exceeds Requirement	Provider's proposal fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of HCJFS expectations.

Stage 3 Other Materials

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

- A. Written responses from Provider to clarify questions posed by Review Committee. Such information requests by Review Committee and Provider's responses must always be in writing;

- B. Oral presentations. If HCJFS determines oral presentations are necessary, the presentations will be focused to ensure all of HCJFS' interests or concerns are adequately addressed. The primary presentation must include Provider's key program personnel. HCJFS reserves the right to video tape the presentations.

Stage 4 Evaluation Scoring

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

- A. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 45% of the total evaluation score.
- B. System Evaluation including responses to Section 2.2.2 Questions are worth 25% of the total evaluation score.
- C. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 25% of the total evaluation score.
- D. Section 4.6, Stage 3, Other Materials considered are worth 5% of the total evaluation score.

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

- A. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 50% of the total evaluation score.
- B. System Evaluation including responses to Section 2.2.2 Questions are worth 25% of the total evaluation score.
- C. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 25% of the total evaluation score.

4.7 Proposal Selection

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

- A. All proposals will be evaluated in accordance with Section 4.6 Evaluation & Award of Contract. The Review Committee's evaluations will be scored and sent through administrative review for final approval.

- B. Based upon the results of the evaluation, HCJFS will select Provider(s) for the services who it determines to be the responsible agency/company(s) whose proposal(s) is (are) most advantageous to the program, with price and other factors considered.
- C. HCJFS will work with selected Provider to finalize details of the Contract using Attachment B, Contract Sample, to be executed between the BOCC on behalf of HCJFS and Provider.
- D. If HCJFS and selected Provider are able to successfully agree with the Contract terms, the BOCC has final authority to approve and award Contracts. The Contract is not final until the BOCC has approved the document through public review and resolution through quorum vote.
- E. If HCJFS and successful Provider are unable to come to terms regarding the Contract, in a timely manner as determined by HCJFS, HCJFS will terminate the Contract discussions with Provider. In such event, HCJFS reserves the right to select another Provider from the RFP process, cancel the RFP or reissue the RFP as deemed necessary.

4.8 Post-Proposal Meeting

The post-proposal meeting process may be utilized only by Qualified Providers passing the preliminary Stage 1 Review, 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

Hamilton County is a governmental agency required to comply with the Ohio Public Records Act as set forth in ORC 149.43.

In the event Provider's proposal to Hamilton County includes any material or information which Provider deems to be subject to exemption under the Ohio Public Records Act, Provider is to clearly identify and mark such documents accordingly before submitting them to Hamilton County. If Hamilton County is requested by a third party to disclose those documents which are identified and marked as exempt for disclosure under Ohio law, Hamilton County will notify Provider of that fact. Provider shall promptly notify Hamilton County, in writing, that either a) Hamilton County 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 Hamilton County to release such documents.

4.10 Provider Certification Process

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

The process covers three (3) key areas: Section A - basic identifying information; Section B - financial and administrative information; and Section C - quality assurance information.

The process may be abbreviated for Providers already certified through another process, such as Medicaid, JCAHO, COA, CARF, etc.

4.11 Public Record Requests Regarding this RFP

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

ATTACHMENT A

Cover Sheet

ATTACHMENT A
Cover Sheet for Work Participation Services for
Ohio Works First (OWF) Cash Recipients
Bid No: RFP SC04-15R

Name of Provider: _____

Provider Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

(Please Print or type)

Phone Number: _____ E-Mail Address: _____

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

Person(s) authorized to negotiate with HCJFS:

Name: _____ Title: _____

(Please Print)

Phone Number: _____ (ext) _____ Fax Number: _____ E-Mail: _____

Name: _____ Title: _____

(Please Print)

Phone Number: _____ (ext) _____ Fax Number: _____ E-Mail: _____

Total Cost requested for Initial Term of 1 st 12 Months 1/1/16 – 12/31/16	Total Cost requested for 1 st Renewal Term of 12 Months 1/1/17 – 12/31/17	Total Cost requested for 2nd Renewal Term of 12 Months 1/1/18 – 12/31/18	Total Cost requested for 3rd Renewal Term of 12 Months 1/1/19 – 12/31/19	Total Cost requested for 4th Renewal Term of 12 Months 1/1/20 – 12/31/20
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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

Signature - Authorized Representative

Title

Date

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

RFP Submission Checklist

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

Action Required	RFP Section	Included
Did you register for the RFP process by October 13, 2015?	3.3	
Will your Proposal be submitted by 11:00 a.m. on October 30, 2015?	4.4	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the Total Cost for the Initial Term on the Cover Sheet?	2.1	
Did you include the Total Cost for the First, Second, Third and Forth 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?	2.2.2	

ATTACHMENT B

Contract Sample

Attachment B
SAMPLE CONTRACT

Contract #

**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 **(nnn) nnn-nnnn**, for the purchase of **identify purchased service and funding source agency (i.e., HHS) and CFDA #(s)**.

1. TERM

This Agreement will be effective from **January 1, 2016** through **December 31, 2016** 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.

(Renewal options are defined and set in the RFP) In addition to the terms set forth above, this Agreement may be renewed, at the option of HCJFS for one (1) 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.

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 identify service and population referred by HCJFS (the “Consumer”) as more particularly described in Exhibit I, Request for Proposal (RFP number), 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 (list RFP number), 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)
5. Exhibit V – Transition Plan

Attachment B
SAMPLE CONTRACT

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 (RFP number), 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. In accordance with the Hamilton County Self-Sufficiency Plan, Provider agrees to become a single point of contact to provide self-sufficiency activity coordination and services, for all OWF Consumers, (including those working or in school) with the exception of those with 1) Learning, Earning and Parenting (LEAP) assignments or 2) child only recipients.
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. 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 a Agreement amendment. HCJFS reserves the right to withhold payment until such time as the requested and/or required reports are received.
6. 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

Attachment B
SAMPLE CONTRACT

any Consumer for the Agreement service without expressed HCJFS approval. Such approval must be made by way of a Agreement amendment.

7. 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.
8. 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.
9. **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

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.

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. 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, 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.

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

Attachment B
SAMPLE CONTRACT

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;

Attachment B
SAMPLE CONTRACT

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 referrals made to the Provider by HCJFS on behalf of a Consumer. The Consumer is eligible if 1) the Consumer is receiving OWF cash assistance and 2) the Consumer is assigned to the Provider in the CRIS-E system or in any system replacing CRIS-E.

HCJFS maintains responsibility for eligibility determination of each Consumer. HCJFS also has the decision making authority related to the strategies and interventions used to meet Federal work participation goals and will administer the Agreement from award to closeout.

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

Attachment B
SAMPLE CONTRACT

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.

Attachment B
SAMPLE CONTRACT

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

Attachment B
SAMPLE CONTRACT

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

Attachment B
SAMPLE CONTRACT

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

Attachment B
SAMPLE CONTRACT

- 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.

17. 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

Attachment B
SAMPLE CONTRACT

agrees that it shall not exclude from participation in, deny the benefits of, or otherwise subject to discrimination any HCJFS consumer in its performance of this Contract on the basis of race, color, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief, or place of birth.

Provider further agrees to comply with OAC 5151:9-02-01 and OAC 5101:9-02-05, as applicable, which require that contractors and sub-grantees receiving federal funds must assure that persons with limited English proficiency (LEP) can meaningfully access services. To the extent Provider provides assistance to LEP individuals through the use of an oral or written translator or interpretation services, in compliance with this requirement, Consumers shall not be required to pay for such assistance.

18. 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.

19. 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.

20. 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.

21. 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.

22. 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.

23. 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.

24. 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.

Attachment B
SAMPLE CONTRACT

- 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.

25. 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.

26. 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

Attachment B
SAMPLE CONTRACT

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.

27. 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.

28. 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.

29. 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.

30. 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.

31. DRUG-FREE WORKPLACE

Attachment B
SAMPLE CONTRACT

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.

32. 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.

33. 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.

34. 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.

Attachment B
SAMPLE CONTRACT

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.

35. 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

Attachment B
SAMPLE CONTRACT

business auto primary policies and containing the following coverage:

1. Additional insured endorsement;
2. Pay on behalf of wording;
3. Concurrency of effective dates with primary;
4. Blanket contractual liability;
5. Punitive damages coverage (where not prohibited by law);
6. Aggregates: apply where applicable in primary;
7. Care, custody and control – follow form primary; and
8. Drop down feature.

The amounts of insurance required in this section for General Liability, Business Auto Liability and Umbrella/Excess Liability may be satisfied by 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.

Attachment B
SAMPLE CONTRACT

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

36. 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

Attachment B
SAMPLE CONTRACT

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.

37. 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;

Attachment B
SAMPLE CONTRACT

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.

38. 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.

39. 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;

Attachment B
SAMPLE CONTRACT

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.

40. 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.

41. 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.

42. 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

Attachment B
SAMPLE CONTRACT

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.

43. 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.

44. 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.

45. 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.

46. 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

Attachment B
SAMPLE CONTRACT

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.

47. CONTACT INFORMATION

HCJFS

NAME	PHONE #	DEPARTMENT	RESPONSIBILITY
Contract Manager	946-nnnn	Contract Services	Contract changes, Contract language, Contract budget, audits
Accounts Payable	946-nnnn	Fiscal	billing and payment
Program Manager	946-1840	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

48. 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).

49. ENERGY POLICY AND CONSERVATION ACT

Attachment B
SAMPLE CONTRACT

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).

50. 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.

51. 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.

52. 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.

53. 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)).

Attachment B
SAMPLE CONTRACT

54. 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)).

55. 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)).

Attachment B
SAMPLE CONTRACT

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:

Moir 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 & Instructions

HCJFS 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:

carsos01@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/COST PER YOUTH:**

\$ _____ \$ _____ \$ _____

****UNIT= Youth Enrolled (served)**

****Contract is a cost reimbursement contract, however JFS would still like to see the cost per youth served****

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.

PAGE 2 - SECTION A - STAFF SALARIES

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

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
POSITION TITLE	# STAFF	HRS WEEK	ANNUAL COST	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
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)
EXPENSES BY PROGRAM SERVICES	(Enter Name of Proposed Service)	(Enter Name of Add'l Proposed Service, if needed)	(Enter Name of Add'l Proposed Service, if needed)	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						
VEHICLE REPAIR						
VEHICLE LICENSE						
VEHICLE INSURANCE						
OTHER (PARKING)						
MILEAGE REIMBURSE. @ PER MILE						
CONFERENCES & MEETINGS, ETC.						
PURCHASED TRANSPORTATION						
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.

[illegible]

7

Instructions:

Column 1: Enter item to be depreciated.

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

Column 3: Enter date of purchase.

Column 4: Enter acquisition cost of item.

Column 5: Enter salvage value.

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

Column 7: Enter useful life per IRS guidelines.

- Column 8: Divide value in Column 6 by value in Column 7.
- Column 9: Enter percent item will be used in the service proposed.
- Column 10: Multiply value in Column 8 by percent in Column 9.
- Column 11: Enter name of service proposed.

PAGE 8 – SECTION I - MISCELLANEOUS COSTS

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

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

8

PAGE 9 – SECTION L through SECTION N – DIRECT CLIENT EXPENSES

This is the subtotal of Sections L, M, and N and the grand total of all Expenses for operating this program.

PAGE 10 – 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.

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 SERVICES	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

TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00	0.00
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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 SERVICES	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 \$9,000 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 SERVICES	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 SERVICES	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 SERVICES	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 SERVICES	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 SERVICES	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 SERVICES	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 SERVICES	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	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, 3 and 4.
PROGRAM 1		

PROGRAM	RENEWAL YEAR 2 EXPENSE	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, 3 and 4.
PROGRAM 1		

ATTACHMENT D

Provider Certification

Hamilton County Department of Job and Family Services

Provider Certification Process

Page 93

(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. 	This information is used to determine the financial status of an agency. Things to look for are: <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. page 19

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	Page 101
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;			Page 103
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.			Page 104
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?			Page 105
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;			Page 107
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

Personnel Records



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

Provider Registration Form

REGISTRATION FORM

RFP: SC04-15R, Work Participation Services for Ohio Works First (OWF) Cash Recipients, 2015

All inquiries regarding this RFP are to be in writing and are to be mailed, email 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 rejecting 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 **October 13, 2015**.

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. The HCJFS will not be responsible for the timeliness of delivery via the U.S. Mail.

E-mail or fax this completed page to HCJFS Contract Services at (513) 946-2384.

ATTACHMENT H

Work/ Self-Sufficiency Activities Plan

Hamilton County

Ohio Works First (OWF)

Work/Self-Sufficiency Activities Plan

1 May 2012

Effective Date

State and Federal laws and regulations and departmental policy govern the operation of the programs described in this plan. The Hamilton County Job and Family Services acknowledges its responsibility to adhere to OWF laws and regulations regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed in this plan are sometimes paraphrases, excerpts or incomplete quotations from the full text.

Hamilton County (HCJFS) Activities Plan Table of Contents

Section 3900	PURPOSE AND OPERATING PRINCIPLES	3 – 5
	3901 Goal	
	3902 Administration	
	3903 Administration of Time Limits for Receipt of Benefits	
	3904 Administration of the Hardship Exception	
	3904.1 Prioritization in the Continued Receipt of Assistance	
	3905 Administration of Good Cause for Restoration of Benefits	
	3905.1 Applicability of Hardship Provisions to Good Cause for Restoration of Benefits	
Section 3910	CUSTOMER TARGETING AND PROCESSING	5 – 10
	3911 Target Population	
	3912 Customer Flow and Appraisal/Assessment Process	
	3913 Assessment/Reassessment	
	3914 Case Management	
	3915 Work Activity Requirements	
	3916 Work Activities	
	3916.1 Regular Work Activity	
	3916.2 Alternative Exercises	
	3917 Exceptions to Regular Work Activity	
	3917.1 Participants Who Have Received 24 or More Months of OWF Assistance	
	3917.2 Treatment of Teen Parents	
	3917.3 Children's Services Involvement	
	3917.4 Clarification of "Receipt of OWF Assistance"	
Section 3920	OWF REGULAR WORK ACTIVITY COMPONENTS	10 – 12
	3921 Gainful Employment	
	3922 Subsidized Employment Program (SEP)	
	3923 Work Experience Program (WEP)	
	3924 Job Search / Job Readiness Activities	
	3925 Vocational Education	
	3926 Job Skills Training	
	3927 Education Directly Related to Employment	
	3928 On the Job Training (OJT)	
	3929 Community Service	
Section 3930	RESERVED	
Section 3940	SANCTIONS	12 – 13
	3941 Sanctions	
	3942 Good Cause	
	3943 Dispute Resolution	
Section 3950	PENALTIES	13
Section 3960	SUPPORTIVE SERVICES	13 – 15
	3961 Coordination and Provision of Support Services	
	3962 Methods of Payment of Supportive Services	
	3963 Types of Supportive Services	
	3964 Participant Expense Allowance	
	3965 Child Care	
	3966 Transitional Support Services	
	3967 Supportive Services for Sanctioned Assistance Groups	
Appendices:	HCJFS 0400 – Personal Responsibility Agreement	16 – 19
	HCJFS 1100 – County Conference Record	20

3900 PURPOSE AND OPERATING PRINCIPLES

3901 Goal

Ohio Works First (OWF) is the program adopted by Ohio to meet the objectives of (and be funded by) the federal Temporary Assistance to Needy Families (TANF) Act. The goal of OWF is to help participants transition toward personal responsibility, employment and self-sufficiency. Where this goal cannot be realized immediately, we can best advance toward it by combining and maximizing public and community resources to efficiently support needy families in their progress.

3902 Administration

As the state IV-A agency, the Ohio Department of Job and Family Services (ODJFS) is designated to administer, through the county Departments of Job and Family Services, the Ohio Works First (OWF) Program. The director of the ODJFS and the director of the Hamilton County Job and Family Services (HCJFS) shall implement and enforce the requirements of the OWF program. Other State agencies shall cooperate with HCJFS to the maximum extent possible (and in conformity with their responsibilities under H.B. 408, H.R. 3734, H.R. 2015, Am. Sub.H.B.283 and the Deficit Reduction Act of 2005) in the implementation of the OWF program.

HCJFS shall administer and/or operate the OWF program. HCJFS shall provide staff with the training and direction necessary to effectively operate the OWF program

3903 Administration of Time Limits for Receipt of Benefits

Federal regulation allows a parent to receive OWF (or equivalent TANF-funded cash assistance from other states) for themselves, their spouse and their dependent children for a maximum of 60 months during their lifetime. Where an Assistance Group (AG) contains two married parents, the spouse with the greater number of months on assistance governs this determination while for two unmarried parents, a head-of-household must be designated in order to make this determination (refer to OAC 5101: 1-23-01). *NOTE: children are ineligible only when living with an ineligible parent.* Not counted toward this time limit are months where the OWF AG is closed or, even when the AG remains open but no cash was received, including:

- SEP cases;
- Reduction of the grant to zero due to a LEAP sanction;
- Reduction of the grant to zero because it would have been less than \$10;
- Reduction of the grant to zero because of an overpayment recoupment.

Ohio has placed a sub-limit of 36 months on this receipt of benefits. However, after not receiving assistance for 24 months, a parent can reapply and become eligible for up to 24 additional months if HCJFS determines that “good cause” exists for the restoration of benefits. (See section 3905 for Good Cause Policy.)

NOTE: While any months of OWF received due to a Hardship Extension count toward the 60 month limitation, the Federal 60 month limitation does **not** apply to parents who continue to meet the “Hardship” extension criteria, referenced below in Section 3904, provided that the priority of their extension basis can be accommodated within the number of extensions available under the County policy.

3904 Administration of the Hardship Extension

A county can declare up to 20% of its average caseload (during a prior Federal Fiscal Year) under “hardship” and continue their assistance indefinitely. Hamilton County, at its sole discretion, will extend benefits to no more than 20% of its average caseload and only under these specific circumstances:

Priority A

A1 An Assistance Group whose parent or caretaker has a serious physical/mental illness or condition rendering them incapacitated for employment. To qualify for this hardship the following criteria must be met:

1. The incapacity must be verified by a physician/psychologist on a completed Basic Medical form (JFS 07302) or on a Mental/Medical Functional Capacity Assessment form (JFS 07308). Or on a document with similarly comprehensive information.
2. Items below will be strongly considered in any fuller HCJFS determination of disability hardship
 - Strength of current disability documentation
 - History of disability and documentation
 - History of efforts to establish a permanent income other than OWF
 - History of efforts of consumer to contribute to their own economic independence
 - Denial of disability status by third parties (SSI)
 - Cooperation with the Disability Determination Unit (DDU) process.

HCJFS reserves the right to secure and rely upon a second opinion from a medical provider of its choice in determining whether incapacity for employment exists.

In rare instances this hardship may be granted for up to 24 months. Nothing in this guideline establishes an entitlement to or expectation of 24 month hardship approvals. Each case shall be judged individually, and approval of any hardship shall be subject to assessments of suitability to be made by HCJFS staff only.

A2 An Assistance Group whose parent or caretaker must provide medically necessary full-time care for a family member residing in their home (examples; child, spouse, parent or sibling). This extension

is for a period not to exceed 18 months. To qualify for this hardship following criteria must be met:

1. The medical necessity of remaining in the home to provide 24-hour care for the disabled individual must be verified by a physician's statement.
2. The individual must be fulfilling their Self-Sufficiency Assignment.
3. All other supportive resources must be explored, including application of waiver and access to community resources.

HCJFS reserves the right to secure and rely upon a second opinion from a medical provider of its choice in determining whether presence of the parent or caretaker in the home is medically necessary.

Priority B

- B1** An Assistance Group whose adult caretaker is medically verified to be 6 or more months pregnant or caring for a child less than 3 months of age and to have had a reduction or loss of employment due to a medical condition during the pregnancy. Fulfillment of assigned Work Activity (regular or alternative) is required.
- B2** An Assistance Group whose parent or caretaker's capacity to retain employment is disrupted by domestic violence or is at risk of becoming a victim of domestic violence as verified by available records(including, but not limited to: police, courts, shelters, medical professionals, and various other methods listed in 5101:1-3-20 (F)), or the individual's credible allegation. These individuals will be referred to counseling and supportive services, but are not subject to penalty or sanction if they choose to decline the referral or stop participating in counseling or supportive services. Once an extension is approved, it should be reviewed every 6 months.
- B3** An Assistance Group whose parent or caretaker's capacity to retain employment is being compromised by chemical dependency and is actively seeking help, as evidenced by current participation in an approved residential substance abuse treatment program. This extension is for a period not to exceed 2 months and the adult caretaker must be fulfilling any self-sufficiency assignment they are given.
- B4** An Assistance Group whose teen parent is enrolled and in good standing in High School. Those who are not attending high school full-time must be assigned to and fulfilling their self-sufficiency activity requirement.

Priority C

- C1** An Assistance Group whose parent or caretaker has so many dependent children that employment alone may not be economically feasible (4 or more children aged 13 and under). To qualify for this hardship the following criteria must be met:
 1. The parent or caretaker must be assigned to and consistently fulfilling their self-sufficiency activity requirement.
 2. The parent or caretaker must:

- Be employed 15 hours per week through verified paid employment and be earning at least minimum wage; and
- Have established employment that has been retained for at least 30 calendar days with at least 60 paid hours in that period.

Hardship eligibility will terminate in the case of a quit, job abandonment, or 90 day period of unemployment following establishment of hardship eligibility. Eligibility for this hardship type is limited to 12 months during your lifetime (the 12 months do not have to be consecutive).

In any case where an OWF recipient has been granted this exemption on or before 01/31/11, their hardship status will be dependent on the progress required below.

1. Within 90 days of notice from HCJFS, this assistance group will be required to verify 10 weekly hours of ongoing paid employment earning at least minimum wage.
2. 90 days later, the assistance group will be required to verify 15 hours of weekly ongoing employment earning at least minimum wage.
3. Eligibility for this hardship type is limited to 12 months during your lifetime (hardship months begin to count upon consumer's notification of this change).

C2 An Assistance Group whose only or youngest parent/caretaker is 55 or more years of age. The parent or caretaker must be assigned to and fulfilling their self-sufficiency activity requirement.

C3 An Assistance Group whose parent or caretaker is enrolled and in good standing in an education or training program that, by itself or in combination with other assignments, meets their work participation requirement. The participant must have completed at least 50% of the program. This hardship extension is for completion of core classes only (internships and coops are excluded). The maximum extension allowed is 12 months.

Priority D

D1 An Assistance Group whose parent or caretaker has not received the benefit of participation in the county self-sufficiency plan as evidenced by the fact that, although the Assistance Group has received OWF, they have never been assigned to a self-sufficiency activity by HCJFS. This extension applies to individuals who do not meet any of the extension criteria listed above and is for a period not to exceed 6 months. The adult caretaker must be fulfilling any self-sufficiency assignment they are given.

3904.1 Prioritization in the Continued Receipt of Assistance

If and when ODJFS notifies HCJFS that exceeding the 20% tolerance is imminent, continued assistance will be given first to those with a "Priority A;" second to those with a "Priority B;" third to those with a "Priority C" and finally to those with "priority D." When not all Assistance Groups in any priority group can be given an extension due to the operation of the 20% limitation, priority within that group will be given to those who have received the lesser number of months of OWF assistance since October 1, 1997.

3905 Administration of Good Cause for Restoration of Benefits

After not receiving OWF assistance for 24 months, a parent or caretaker can reapply and become eligible for up to 24 additional months if HCJFS determines that "good cause" exists. Any months in receipt of OWF due to a "hardship extension" (or TANF assistance from another state) will reduce the number of additional months that can be received under this "good cause" provision. When a parent or caretaker reapplies after not having received OWF for 24 or more months (since the expiration of the original 36-month time limit) HCJFS will consider the Assistance Group for benefits under the "good cause" provision. Good cause restoration of OWF benefits is only available to assistance groups that meet the criteria identified below.

- The parent or caretaker must:
 - Be employed 15 hours per week through verified paid employment and be earning at least minimum wage; and
 - Have established employment that has been retained for at least 30 calendar days with at least 60 paid hours in that period. or
- The parent or caretaker must demonstrate that they have made reasonable efforts toward self-sufficiency by documenting gross earnings at least equal to the OWF payment standard for 12 of the previous 24 months. and
- The parent or caretaker must provide verification of any income from employment and other sources during the most recent period in which the assistance group was not receiving OWF cash assistance.

3905.1 Applicability of Hardship Provisions to Good Cause for Restoration of Benefits

If an Assistance Group that has received 36 or more months of OWF and qualifies under the provisions of Section 3904 for a hardship extension, reapplies for assistance after 24 or more months since the expiration of the 36-month time limit, it shall be treated as having good cause for restoration of OWF benefits. When the full 60 months of benefits have been exhausted, the eligibility of the AG for an extension (under the hardship provisions of Section 3904) shall be determined.

3910 CUSTOMER TARGETING AND PROCESSING

3911 Target Population

HCJFS will target this Self-Sufficiency program to OWF single and two-parent work-eligible households.

NOTE: please refer to the FSCH at 5101: 4-3-28 through 4-3-38 for information concerning the Food Stamp Employment and Training program targeted to non- OWF households.

3912 Customer Flow and Appraisal Process

All OWF applicants are appraised within 30 days of application, on the date of application or as shortly thereafter as possible. The Personal Responsibility Agreement or “PRA” (a self-sufficiency contract and plan) will initially be discussed and signed during the appraisal interview with all adult caretakers or minor heads of households. The PRA includes both responsibilities common to all OWF recipients and commitments to specific activities by the individual participant (See *Appendix for PRA form*). A Reappraisal will be conducted at each reapplication.

Note: Each work-eligible individual, minor head of household and adult member of the **AG must enter into a written self-sufficiency contract prior to the authorization of OWF benefits**. ACT 254 effective January 27, 2012.

3913 Assessment/ Reassessment

Assessment will be conducted by the professional staff of a contracted community service provider. It will consist of in-depth identification of domestic violence, substance abuse, mental health issues, disability/handicaps and other barriers to employment and the adoption of strategies and plans to overcome them. Reassessment of employability prospects and barriers will be made as indicated to be necessary during the progress of a work activity program.

3914 Case Management/ Barrier Removal

Case management is available to individuals participating in OWF from the contracted provider. The Case Manager conducts in-depth interviews to survey, monitor and make arrangements, as necessary, regarding issues such as: physical and mental health of family members, education levels, housing needs, language barriers and required social and supportive services. When a participant is not prepared for participation or there have been failures in respect to personal responsibility and/or work assignments, it may be appropriate to engage the participant full-time in barrier-removal activity.

3915 Work Activity Requirements

A custodial parent or caretaker relative is required to participate in regular work activities according to the hours required for either a single parent or a two-parent family. Fair Labor Standards Act (FLSA) Deeming rules apply (See *section 3917 for exceptions*). Non-subsidized employment hours will be counted toward the work activity requirement. *Note: These are **minimum***

requirements, however no participant is to work/ participate more than 40 hours per week (other than in gainful employment).

Single Parent (ADC-R & ADC-I) Requirement

- 20 weekly core/total hours for AGs with a child under age 6;
- 20 weekly core hours and 10 core or non-core hours (30 total weekly) for AGs with no child under 6.

Two-Parent (ADC-U) Requirement

- 30 weekly core hours and 5 core or non-core hours (35 total weekly) when the AG is not receiving federally funded child care;
- 50 weekly core hours and 5 core or non-core hours (55 total weekly) when the AG is receiving federally funded child care.

3916 Work Activities

3916.1 Regular work activities meet federal participation requirements and include:

a) Core Activities

- Unsubsidized Employment;
- Subsidized Public and Private Employment;
- Work Experience Program (WEP);
- On-the-Job Training (OJT) ;
- Job Search and Job Readiness;
- Community Service;
- Vocational Education;
- Providing Child Care Services to an individual who is participating in a Community Service program;

b) Non-Core Activities

- Job skills training directly related to employment;
- Education directly related to employment (when a recipient has not received a high school diploma or a certificate of high school equivalency) and;
- Secondary school or program leading to a certificate of general equivalence (for recipients who have not completed secondary school or received a certificate)

CAUTION: Please see sections 3920 through 3929 for further information about these activities and restrictions/limitations on their utilization to meet Federal participation requirements.

3916.2 Alternative Activities

Alternative Activities are reserved for individuals with significant barriers to participating or short term disabling conditions where physician and/or rehabilitation appointments are the norm. The

number of hours will be determined by the Agency and/or contracted provider.

Alternative Exercises may include:

- Caring for a severely disabled family member living in the home;
- Medically verified personal long or short term disabilities;
- Substance abuse counseling;
- Mental health counseling;
- Rehabilitation;
- Vocational Education;
- Post-Secondary Education;
- Job Readiness Activities;
- Limited English Proficiency classes;
- Child Care Services;
- ABLE (for individuals aged 20 and over);
- Parenting Classes or Activities;
- Life Skills training;
- Participation in Children's Services Activities; and
- Other activities to help lead an individual to self-sufficiency.

3917 Exceptions to Regular Work Activity

Hamilton County has determined that the interests of individuals (and the program) may, under the following circumstances, be best served by wholly or partially excluding them from (full) participation in work activities:

- **An individual incapacitated for employment** as verified by a Basic Medical form (JFS 07302) or Medical Function Capacity form (JFS 07308) in connection with the Request for Limited Medical Data (HCJFS 3362) is to be assigned to an appropriate alternative activity for disabled individuals.
- **The primary caretaker of a disabled household family member** who has medical verification of the need to remain in their own home to care for family member(s) should have their hours of regular work participation based upon their relief from care. In the case of a disabled child who is out of the home (i.e. in childcare or school) an assignment of the caretaker to the site at which the child is in attendance should be explored. Exemption from an assignment is not appropriate in a case where a parent is requesting to be exempt from work participation to care for a child who attends school on a full-time basis. Alternative activities may be substituted in whole or in part where (a full schedule of) an appropriate regular work activity is not possible. *NOTE: In a two-parent AG, one of the parents must participate in regular work activities to meet the 35 hour per week requirement.*
- **An individual subjected to domestic violence or who is at risk of becoming a victim of domestic violence** as verified by available records (including, but not limited to: police, courts, shelters, medical professionals, and various other methods listed in 5101:1-3-20 [F]), or the individual's credible allegation will be referred to counseling and supportive services. There is no penalty or sanction imposed if the

individual declines the referral or stops participating in counseling or supportive services.

- **Temporary relief from the obligation to perform a regular work assignment may be granted due to the inability to locate appropriate, affordable and accessible child care arrangements which would allow participation.** The determination will be made with the advice of the HCJFS Child Care Section. This relief will be granted only after all resources to allow participation have been explored. The following definitions must be observed:
 - Appropriate: an informal arrangement deemed suitable by the parent **or** any provider licensed by ODJFS or certified by HCJFS;
 - Affordable: an informal arrangement satisfactory to the parent or a subsidized arrangement with co-payments based on income and family size;
 - Accessible: child care within a reasonable distance will allow the parent to be at their job site within one and one half hours of departure from their home.

Note: ineligibility for childcare vouchers due to a consumer's failure to cooperate with childcare rules, does not constitute good cause or warrant relief from regular work assignment.

3917.1 Participants Who Have Received 24 or More Months of OWF Assistance

Notwithstanding the provisions of 3917, those participants who are within twelve months of the 36 month limit for receiving OWF assistance (see Section 3903) must be assigned to some activity that contributes to their imminent need to achieve self-sufficiency. If reason for an exception to work activity is evident (based on the criteria specified in Section 3917) and therefore regular activities are inappropriate, alternative activities must be required instead.

3917.2 Treatment of Teen Parents

Teen Parents (who have neither completed their High School education or equivalent **nor** taken the “work option” by dropping out of school after reaching the age 18) are subject to the LEAP Program and their participation requirements are governed by OAC 5101:1-23-50. The provisions of section 3917 do **not** apply to LEAP participants but they **do** apply to teen parents who have completed their H.S. education or who have taken the “work option” after reaching age 18.

3917.3 Children's Services Involvement

Upon the written request of HCJFS Children's Services Staff, time engaged directly with Children's Services and/or participation in activities required by Children's Services may be recognized as an alternative activity in the case plan for a required participant for up to 10 hours per week. The balance of the required hours must be in a regular work activity.

Documentation of the request must be maintained in the HCJFS case file or in the case file of the community service provider, as appropriate, depending on which agency reflected the reduction in the assigned hours in their self-sufficiency plan.

3917.4 Clarification of “Receipt of OWF Benefits”

See section 3903 above for those who are not considered to be in receipt of OWF assistance (and therefore are not required to participate).

3920 OWF REQUIRED WORK ACTIVITY COMPONENTS

3921 Gainful Employment

Hours spent in unsubsidized employment are recorded on CRIS-E screens AEIEI and AEISE.

Regular Employment (AEIEI)

Hours to be credited for participant’s work requirement are the gross earnings divided by hourly rate of pay or the state Minimum Wage (whichever is higher). Round up to the next whole hour.

Self-Employment (AEISE)

Hours to be credited for participant’s work requirement are the net earnings divided by the federal Minimum Wage. Round up to the next whole hour.

Caution: If gross earnings (net earnings for self-employment) are not at least the required number of hours times the minimum wage (federal for self-employment), a supplementary assignment to another activity will be required to make up the difference between the hours credited and the participant’s work requirement.

3922 Subsidized Employment and PRC Employer Subsidy Program

HCJFS operates the Subsidized Employment and PRC Subsidy Program through agreements with employers and/or contractual relationships with provider(s) to administer the program, as deemed appropriate.

HCJFS assures the following related policies are implemented:

- Placement not to exceed 6 months;
- Full time positions (averaging at least thirty hours per week) are pursued;
- Positions will result in gross participant wages consistent with planned self-sufficiency (i.e. functioning without OWF cash benefits);

The SEP program is marketed through contracts, HCJFS job developers, brochures, etc.

3923 Work Experience Program (WEP)

WEP opportunities are provided through HCJFS assignment with public and private (for-profit and nonprofit) sponsors. Documentation is required twice monthly (i.e., 15th and 30th).

HCJFS (or contracted provider) will maintain premiums for Public Work Relief Compensation (administered by the Bureau of Workmen's Compensation) in the event a WEP participant incurs participation-related injuries or disabilities.

HCJFS assures that the following standards have been met in scheduling WEP assignments:

- Prior training, experience, existing skills and proficiency of the participant are considered;
- Participants with significant barriers are first assigned to activities geared toward overcoming those barriers with the assistance of case management;
- Assignment of participants to a WEP site will not result in the displacement of current workforce members; and
- First priority is given to public agencies, second priority to private nonprofit organizations and third priority to private for-profit organizations. Within these priorities, preference is given to sponsors who give participants first consideration for employment.

Note: Hours assigned are subject to FLSA requirements.

3924 Job Search/ Job Readiness Activities

Job Search/ Job Readiness (JS/JR) activities ensure participants are becoming familiar with general workplace expectations and exhibit behavior and attitudes which permit successful competition in the labor market. JS/JR activities are motivational in nature, focus job seekers' expectations and assist them in anticipating employer expectations, serving as a prelude to comprehensive assessment. JS/JR also involves actively seeking and obtaining employment. JS/JR activities are limited to a maximum of 6 weeks per rolling 12-month period with no more than 4 of those weeks being consecutive. Therefore, a different activity must be assigned after 4 consecutive weeks of JS/JR before additional weeks of JS/JR may be used. Daily documentation is required.

A work eligible individual **applying for** OWF may be required to complete Job Search and Job Readiness applicant assignments as part of their eligibility determination. The OWF application will pend until the applicant assignment is completed. Eligibility determinations will be made no later than 30 days following the submission of the application for OWF benefits. **ACT 254**

Note: This assignment may be applicable while an OWF applicant is awaiting approval and participation may be required as a condition of eligibility.

3925 Vocational Education

A twelve (12) month lifetime limit exists for Vocational and Post Secondary Educational activities. Daily supervision by the employer, work site sponsor or other responsible party is required with documentation required twice monthly (i.e., 15th and 30th).

3926 Job Skills Training

This training must be directly related to employment and may only be approved when in connection with required core hours. Job Skills Training includes, but is not limited to, customized training to meet the needs of an employer, general training that prepares an individual for employment, and can include literacy/language instruction explicitly focusing on skills needed to obtain employment. Post-Secondary education is not included in this activity. Daily supervision by the employer, work site sponsor or other responsible party is required. Documentation is required twice monthly (i.e. 15th and 30th).

3927 Education Directly Related to Employment

Education directly related to employment is designed only for those without a High School Diploma or GED and may only be approved when in connection with core hour participation. Unsupervised homework/study time is not included. Additionally, demonstrated progress must be documented. Daily supervision by the employer, work site sponsor or other responsible party is required. Documentation is required twice monthly (i.e. 15th and 30th). Note: Secondary school attendance is permissible. However, consistent with other educational activities, this activity may only be approved when in connection with required core hours and progress documentation is provided.

3928 On the Job (OJT) Training

OJT must be in conjunction with paid employment. Daily supervision by the employer, work site sponsor or other responsible party is required with documentation projected 6 months in advance based on actual hours.

3929 Community Service

Community Service for this purpose is defined as services which directly benefit the community and are designed to improve the employability prospects of the recipient. Daily supervision by the employer, work site sponsor or other responsible party is required. Documentation is required twice monthly (i.e. 15th and 30th). *Note: Hours assigned are subject to FLSA requirements.*

3940 SANCTIONS

3941 Sanctions

A sanction is a period of ineligibility for assistance under the OWF and/or Food Stamp programs, imposed because an individual, without good cause, refused or failed to honor conditions in their Personal Responsibility Agreement (PRA). The sanction process is explained in the PRA (HCJFS 0400). (***See the Appendix for the PRA form.***)

*NOTE: LEAP required participants, except for those who have elected the "work option," are subject to the sanctions prescribed in the LEAP regulations (OAC: 5101:1-23-50) and activity failures are dealt with as described therein. However, **all** LEAP participants who are required to sign a PRA are subject to the 3 tier sanction process for violations of PRA provisions other than LEAP Participation.*

3942 Good Cause

The HCJFS policy for good cause is described in the PRA. It is to be used for work activity failures and any other situations where the participant fails to meet requirements common to all OWF participants in the HCJFS self-sufficiency plan.

3943 Dispute Resolution

The HCJFS grievance process, referred to in the PRA, has both informal and formal components. It is intended that most disputes about the appropriateness of assignments, hours of participation required, conditions at an activity/job site, good cause for failure to complete an assignment, etc. be resolved informally and routinely between the participant and the worksite/provider. The provider is committed to reschedule missed assignments, to the extent possible within the month of the assignment, in order to allow participants to meet their work requirement. In addition, HCJFS has a staff of Ombudspersons (Consumer Services Representatives) assigned to receive and mediate participants' complaints/concerns.

3950 PENALTIES

Certain situations are not subject to the 3 tier sanction policy set forth in rule 5101:1-3-15 of the Administrative Code, but continue to be subject to existing statutory and administrative rule penalties even if the requirement is included as part of the assistance group's Personal Responsibility Agreement (PRA). Specific to work activities, the following list of penalties shall result in the denial or termination of OWF benefits.

- Failure or refusal by a work eligible individual to sign the PRA
- Failure without good cause to attend an appraisal or assessment interview
- Termination of employment without just cause

3960 SUPPORTIVE SERVICES

3961 Coordination and Provision of Supportive Services

HCJFS coordinates the provision of its supportive services and related services provided by other agencies. To avoid duplication of services, prior to granting supportive services to an OWF participant, HCJFS verifies that the services are not otherwise available free of charge in the community.

3962 Method of Payment of Supportive Services

HCJFS secures supportive services, including: child care, transportation, incidentals and other work related expenses. This may be accomplished through direct pay, purchase of service, or at no cost to the HCJFS.

3963 Types of Supportive Services

HCJFS will provide the following types of supportive services:

- Child Care (help in both locating and payment);
- Medical Coverage;
- Interpreter and other LEP services or training;
- Assistance with Commercial Driver's License (CDL), GED, Licensed Practical Nurse (LPN) application/testing fees;
- Special purchases to support participant's education and training; and
- Special purchases for a participant to obtain/retain verified employment.

3964 Participant Expense Allowance

Participants in OWF regular work activities are potentially eligible to receive transportation assistance. Participants in alternative activities may be provided transportation assistance where the site has made a written request to HCJFS and/or their contracted provider documenting that it is necessary.

Transportation assistance may be provided in the form of bus tokens, bus cards, gas cards and/or a flat monthly expense allowance as deemed appropriate by HCJFS and/or their contracted provider.

When an individual walks to a site or uses a non-internal combustion or non-electric powered conveyance, or otherwise incurs no expense for transportation, an allowance will not be paid.

3965 Child Care

Child care services are an essential ingredient to facilitate participation, especially for those with children under 6 years of age. Child care should be:

- **Accessible:** the child care must allow the participant to be at their jobsite within 90 minutes of departing from their home;
- **Appropriate;** the child care must be an informal arrangement the participant deems suitable or a provider licensed by ODJFS or certified by HCJFS; and
- **Affordable:** the cost of an informal arrangement must be acceptable to the participant or HCJFS must provide a subsidized arrangement with co-payments that are based on the participant's income and family size.

NOTE: The lack of accessible, appropriate and affordable child care is good cause for failure to participate for those participants with a child under 6 years of age.

3966 Transitional Supportive Services

HCJFS may provide the following transitional supportive services for those participants who have obtained gainful employment:

- Special Purchases (Work clothing, tools, equipment, etc.)
- Substance Abuse Treatment
- Others, as designated by HCJFS

3967 Supportive Services for Sanctioned Assistance Groups

Case Management to address barriers to participation is available for AGs that would be eligible for OWF if it were not for the fact that they are currently serving a sanction.

Prevention, Retention and Contingency (PRC) funds may also be available to support efforts toward self-sufficiency. ***CAUTION: PRC may not be used to (prospectively or retroactively) meet living expenses which would have been met by the sanctioned OWF grant.***



Personal Responsibility Agreement

Ohio Works First Self-Sufficiency Contract - Part One

Hamilton County's Ohio Works First (OWF) program expects participants to become employed, take care of their families and take charge of their futures. If you cannot support your family without cash assistance, OWF can provide temporary support while you prepare for self-sufficiency. If this cash assistance is necessary:

- ▶ **To become or remain eligible for OWF cash assistance, every adult member (or minor head of household) in your assistance group (AG) must sign a Personal Responsibility Agreement (PRA). If each required individual in your assistance group does not sign a PRA, OWF assistance will be denied or terminated.**
- ▶ You and Community Link (an organization of local service providers) must review the Personal Responsibility Agreement together. Community Link will explain each part of the agreement. If you don't understand, stop and ask questions. This agreement lists:
 - The steps you are responsible for taking toward supporting yourself and your family without OWF cash assistance.
 - The steps Hamilton County Department of Job and Family Services (HCJFS) will take to assist you in meeting this goal.

- ▶ **To become or remain eligible for OWF cash assistance, every adult member (or minor head of household) must also complete a Self-Sufficiency Case Plan with Community Link.** The case plan will detail the activities you are required to pursue toward your self-sufficiency. NOTE: participants under the age of 19 may instead continue to work toward their HS diploma through the LEAP (Learning, earning and parenting) program.

- ▶ Your responsibilities may change as you carry out these steps. You and Community Link (or your LEAP Case Manager) will evaluate your progress at reapplication or any other time needed. Any changes to your self-sufficiency plan will become part of this agreement when signed by both you and Community Link (or your LEAP Case Manager).

- ▶ You are entitled to a copy of your PRA and self-sufficiency plan free of charge.

- ▶ Be sure you understand the actions you are required to take to receive OWF assistance. **If you fail or refuse to carry out any part of this agreement or the related self-sufficiency plan, you and your family will lose cash, food assistance and, in some situations, medical coverage.**

Consequences: You and your family will lose benefits if you refuse or fail to carry out any requirement in this PRA or your self-sufficiency plan.

The first time you do not carry out any part of your PRA or Case Plan:

- Your entire family's **cash benefits stop for 1 month or until you comply whichever is later.**
- Often, YOUR food assistance will also be reduced.

The second time you do not carry out any part of your PRA or Case Plan:

- Your entire family's **cash benefits stop for 3 month or until you comply whichever is later.**
- Often, YOUR food assistance will also be reduced.

The third time you do not carry out any part of your PRA or Case Plan:

- Your entire family's **cash benefits stop for 6 months or until you comply whichever is later.**
- Often, YOUR food assistance will also be reduced.
- The work eligible individual will lose Medicaid coverage, **but may regain it at any time (even before the 6 months are up) if they comply.**

Quitting a job without just cause will cause:

- Your entire family to lose **cash benefits for 6 months.**
- YOUR Food Assistance may also be reduced.

Medical Benefits

- Non-cooperation with Child Support Enforcement or Paternity Establishment will make the adult who fails **ineligible for Medicaid.**
- Non-cooperation with a work activity will make the adult who fails **ineligible for Medicaid** beginning with the third time their OWF cash assistance is terminated.

LEAP Participants who fail or refuse to meet program requirements:

- If enrolled in school, will **lose** the \$62 monthly school attendance incentive and will suffer a \$62 **reduction** in their cash assistance as well.
- If not enrolled in school (or in an acceptable alternative) and under age 18, **the teen parent will be ineligible for OWF.**
- If not enrolled in school (or in an acceptable alternative) and 18 years of age, will be **required to participate in a work activity. Failure to complete the self-sufficiency assessment and Case Plan with Community Link will result in denial/termination of OWF for the teen parent and child(ren).**

I understand that under Ohio Works First:

- I may only receive a total of 60 months of OWF in my lifetime.
- Initially, I may receive a total of only 36 months (not necessarily consecutive). After 36 months, I will be ineligible for 24 consecutive months.
- If HCJFS determines that I have 'good cause', (that is, made a good faith effort to maintain my self-sufficiency during the past 24 months), I may then be eligible for OWF for up to an additional 24 months, not to exceed the 60 month total limit.

NOTE: The 36 and 60 month limits are applicable even where HCJFS is unable to provide supportive services such as Child Care.

It is also possible that Hamilton County may determine that I have a 'hardship' and continue assistance beyond the 36 or 60 month limit. This 'hardship' status is allowed for a maximum of 20% of the average number of OWF participants. I understand that Hamilton County is not obligated to extend benefits through this hardship provision in any case, but will assess and discuss my eligibility for an extension based on hardship with me before my 36-month time limit expires. *A copy of hardship and good cause criteria is available upon request.*

HCJFS agrees to work with you and to provide (or arrange through Community Link) services that include:

- Explaining and, if necessary, reading this agreement to you;
- Assessing your family's barriers to self-sufficiency; reviewing your progress as needed and affording you the opportunity to revise your plan to meet changes in your circumstances;
- Identifying and providing training, work experience and supportive services needed to help you find and retain employment as quickly as possible within the 36-month time limitation for cash assistance;
- Accommodating your plan and activities to barriers, especially disability or limited/no proficiency with English;
- Providing free and competent translation services for oral and written communication if you have impaired hearing or limited English proficiency;
- Providing assistance to you in locating and/or paying for child care;
- Determining eligibility for receipt of Medicaid, child care, food assistance or other services even if you (or members of your AG) fail to comply with requirements in this agreement (that are not relevant to these other programs);
- Treating you and all members of your assistance group with courtesy and respect and without discrimination;
- Providing you equal access to the benefits of the OWF program and opportunities to achieve self-sufficiency and gain income security;
- Affording you the right to a county conference and/or state hearing when you believe you have good cause for failing to keep a commitment in this agreement or do not believe the assigned activities are appropriate.

While participating in Ohio Works First, I understand that I am responsible for carrying out ALL parts of this agreement including:

- Looking for and accepting a job;
- Attending all scheduled appointments and being on time, including (but not limited to) those with Community Link and HCJFS Child Care, Child Support and OWF staff;
- Cooperating with HCJFS in establishing eligibility for Ohio Works First including giving true and correct answers to all questions about my family, income and other eligibility requirements;
- Reporting all job, income and family changes to HCJFS within 10 days of the change;
- Reporting all employment and income (keeping ALL pay stubs to verify income to HCJFS);
- Developing an individualized Self-Sufficiency Case Plan with Community Link;
- Meeting with Community Link when I have a change that may require my case plan to be amended;
- Working with Community Link to resolve obstacles to my employability;
- Performing all work activities listed in my Self-Sufficiency Case Plan and reporting all absences to my Community Link contact person;
- Following instructions and rules at the assigned worksite;
- Contacting the appropriate Community Link or HCJFS staff person **each time** (and **no later than one (1) hour after the scheduled start time of any activity or appointment**) to explain why I am not participating as scheduled.
- Not quitting any job (NOTE: HCJFS may determine that I had just cause);
- Identifying, reporting everything I know and providing documents regarding any absent parent;
- Cooperating in establishing paternity (fatherhood) for any child born where I was not married to the father;
- Assigning my rights to and cooperating in the recovery of any cash or medical support due me or claims I may have against a third party;
- Turning in any child support payments received directly from the absent parent after OWF is approved;
- Cooperating with repayment requirements for any overpayments of Child Support and/or OWF cash assistance I receive;

NOTE: You may not have to cooperate with child support if you have 'good cause'; that is: cooperation may result in serious physical/emotional harm to yourself or your child; or if your child was conceived as a result of incest or rape; or legal proceedings for adoption are pending before a court; or you are currently being assisted by an agency to decide whether to give your child up for adoption. The CSEA will need documents to show that you have 'good cause' and will let you know if you have to cooperate or if you have 'good cause' not to cooperate.

Good Cause

If, at any time after you have signed a Personal Responsibility Agreement (PRA), you fail or refuse to participate in work activities or meet any other commitments you have made in the agreement or your Self-Sufficiency Case Plan, HCJFS and/or Community Link must determine if you had 'good cause' for your failure or refusal.

Good Cause is defined as an acceptable reason for a participant to refuse or fail to participate with Ohio Works First requirements. Reasonable discretion will be exercised to evaluate your personal circumstances in considering your claim for good cause. **NOTE: worksite closure** (when the work or training site is closed due to a holiday, weather emergency or other disaster) is **not** a failure to participate. However, you may be required to make-up these missed hours.

It is your responsibility to contact your Community Link Worksite/Service Coordinator, LEAP Case Manager, Support Enforcement or Children's Services worker **each time** (and **no later than one (1) hour after** the scheduled start time of any activity or appointment) to explain why you are not participating as scheduled. This reporting time can be extended if you verify that compelling circumstances prevented timely contact.

If you claim good cause (and the reason does not involve a failure by HCJFS or Community Link), documentation is required to verify your reason for non-participation. **Documentation must be provided** to your Community Link Worksite/Service Coordinator, HCJFS Support Enforcement or Children's Services worker **within ten calendar days**. If you report circumstances beyond your control and were timely in making contact, an extension to provide documentation **may** be granted.

If good cause is not established, a sanction will be imposed. **NOTE:** worksites are encouraged to work with you to make up missed assignments even if you had no good cause.

If good cause is established, the sanction will not be initiated or, if it has been initiated, it will be retracted by HCJFS. The following are **good cause** reasons and documentation that may be required for you to establish that good cause existed:

- **Failure of Community Link to Make the Assignment:** failure to timely inform you of the date, time and/or place to report or failure to arrange for your participation with the site.
- **Failure of HCJFS or Community Link to Provide Support Services:** you are entitled to receive support services for transportation and child care, where necessary.
NOTE: Failure to access or use available support services is **not** good cause.
- **Inability to obtain Child Care:** child care is a necessary support service for a single custodial parent. Good cause exists if the parent is unable to obtain child care that meets all of the following criteria:

- **Accessible:** the child care must allow you to be at your jobsite within 90 minutes of departing from your home;
- **Appropriate:** the child care must be either an informal arrangement you deem suitable or a provider licensed by ODJFS or certified by HCJFS; and
- **Affordable:** the cost of an informal arrangement must be acceptable to you or HCJFS must provide a subsidized arrangement with co-payments that are based on your income and family size.

If you are unable to participate for lack of child care, you must discuss the circumstances with the Worksite/Service Coordinator. The Worksite/Service Coordinator will determine good cause based on the above standards and in consultation with designated HCJFS Child Care Section personnel.

- **Personal Illness:** a statement is required from a physician or other health professional indicating the diagnosis, when you were treated and when you can return to work, school, training, classes or other assigned work activity.
- **Illness of a family member:** a statement is required from a physician or other health professional identifying the family member under care and why the participant was needed to care for the patient. A family member is someone related by blood, marriage, or adoption and living in the same household as the participant.
- **Death of an immediate family member:** a copy of the obituary from the newspaper or statement from the funeral home is required. Good cause absences are limited to five "work assigned" days per event. Immediate family members include: spouse, mother, father, brother, sister, child, grandparent or grandchild (including step), mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law or legal guardian.
- **Incarceration:** the Justice Center form indicating the entry and release dates is required.
- **Court Appearance:** a document or statement from the court or an attorney is required that indicates the date, time and room number of the court appearance.
- **Required Meeting/Conference:** where attendance at a school conference or meeting with Children's Services or a health or social services provider is required, a statement from the teacher or caseworker is necessary.
- **Family Crisis, Injury or Disruption:** examples would be a lost child, domestic violence, eviction or other traumatic incident. Substantiation would be obtained from the public safety or social agency involved.
- **Household Emergency:** examples would be fire, flooding, natural disaster, etc. Substantiation would come from public safety authorities, social service agencies, news reports, etc.
- **Temporary Disruption of Child Care:** a statement from the provider is required.
- **Lack of Transportation:** documentation from the auto repair facility, public transit authority or other customary transportation provider is required, as appropriate to the mode of transportation. Where public transportation is not reasonably available (commute would exceed one hour), good cause may be found for a period not to exceed one calendar week on the basis of a lack of transportation from a private individual or due to the inoperability of your own vehicle.
- **Job Interview:** report of the interview **prior** to the missed assignment is required. A copy of the job application or other document indicating the date and time of the interview may also be required at the discretion of the Worksite/Service Coordinator.
- **Business Closing:** a statement from the school, employer or worksite verifying the place of business was closed due to weather, emergency or for another reason.
- **Medical Appointment:** a document verifying you or a member of your family had a medical, dental or vision appointment.

Dispute

It is intended that most disputes about the appropriateness of assignments, hours of participation required, conditions at a work/activity site, good cause for failure to complete assignments, etc. can be resolved informally between the participant and Community Link. You may also contact your HCJFS Ombudsperson (phone number on the next page).

(Note: requests for reconsideration of a proposed sanction must be received by HCJFS within 15 days of the mailing of the notice). Time permitting prior to a scheduled Hearing, a HCJFS and/or Community Link representative will conduct the conference and you will receive a written decision. You may also have the right to a State Hearing about some issues and, if so, you do not give up that right by requesting a County Conference.

Sanction Compliance

To re-establish eligibility for benefits that have been sanctioned, you must:

- Be willing to comply with the requirements of the OWF or Food assistance program.
- Attend any scheduled assessment interviews with Community Link.
- Sign, date and return the JFS 03804 – Ohio Works First/Food Assistance Sanction Agreement. If you are sanctioned, this form will be included with the sanction notification letter that you will receive and is also available at HCJFS.

Caution: The date that the signed JFS 03804 is received by the agency will impact your beginning date of eligibility.

Just Cause

OWF participants are ineligible for assistance for six months if they voluntarily leave a job. This provision also applies to recipients of Transitional Medicaid and transitional child care benefits who apply for OWF cash benefits. However, HCJFS will exempt you from this provision if **you can prove** that you quit for 'just cause'. Just cause includes:

- Leaving to accept a comparable or better job;
- Quit by a minor assistance group member who is not a parent and therefore has no duty to support;
- Discrimination or sexual harassment on the job;
- Unreasonable conditions such as not being paid regularly;
- Unsuitable work (less than minimum wage, work is at a strike site, health and safety violations, work for which you are physically or mentally unfit);
- Documented illness of an immediate family member requiring your continuous presence;
- A household emergency (e.g., fire, flood, violent crime, theft or natural disaster) that interferes with your ability to report for work;
- Lack of child care (for a child under six years old).

NOTE: A layoff or loss of employment for which you are not at fault is not a 'quit'.

Agreement

I agree to take personal responsibility for meeting the requirements outlined on the preceding pages and for carrying out the activities specified in any Self-Sufficiency Case Plan adopted as a result of those requirements. I understand my responsibilities may change as I carry out these steps and activities. Those changes will be made to the case plan at reapplication or at any other time Community Link (or my LEAP Case Manager) and I determine necessary. I understand that if Community Link determines I may not have to participate in work activities, the months I receive OWF will count towards my time limit and I **must** cooperate with Child Support Enforcement. This agreement replaces any other personal responsibility agreement I may have signed before.

CAUTION: This Personal Responsibility Agreement is Part One of your Self-Sufficiency Contract. It must be followed by an Assessment interview with Community Link (or a LEAP Case Manager) which results in completion of the Self-Sufficiency Case Plan which is the second part of your Self-Sufficiency Contract.

Participant	
Social Security Number	Date

If you feel that HCJFS or Community Link have not carried out their responsibilities under this contract, you have the right to:

- Contact your HCJFS Caseworker or Supervisor at: **513-946-**_____
- Contact your HCJFS Ombudsperson at: **513-946-1389**
- Request a hearing by calling your Caseworker

I agree to work with this participant and his/her family while they receive OWF, working toward self-sufficiency. I agree to provide information and to link the participant and his/her family to Community Link and other outside community resources.

HCJFS Representative	Date
----------------------	------

County Conference

Last Name:		First Name:		Case Number:	
Address: Cincinnati OH			SSN: - -		Program(s):
Date conference held:		Client represented by: (Name and Title or Relationship)			
Name of Agency Representative:		Title:		User ID:	District:
Agency explanation for action(s) taken or proposed:					
Client's statement of explanation or facts for the record:					
Decision: (Include Manual References)					
Signature of County Hearing Officer:				Date:	
If you do not agree with this decision, you have the right to a Fair Hearing by the State. You may call 1-800-686-1571 to request a State Hearing. Your worker can also help you file this request.					
Signature of Client:			Signature of Agency Representative:		

Copies: 1. Client;
2. Case Record;
3. Hearings Coordinator

ATTACHMENT I

Work Participation Data

ATTACHMENT I

Workforce Participation: Overview of Consumer Demographics and Work Activity Data

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	4,947

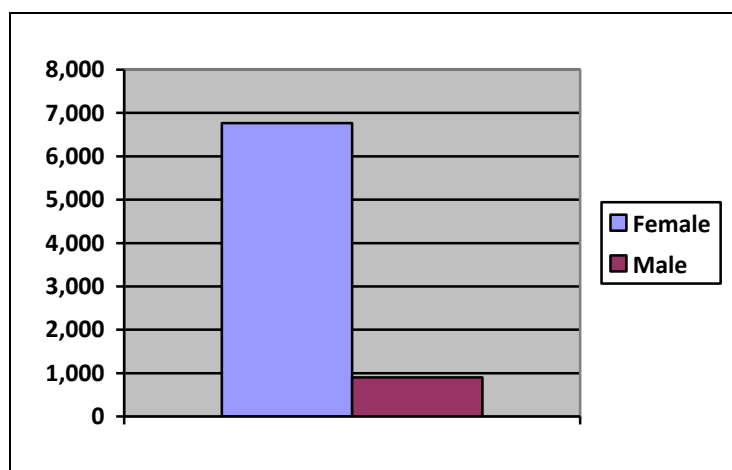
* Data for calendar year 2015 includes the period of January - June only.

January – June 2015	
Calendar Month	Count of SSN
Jan-15	3,250
Feb-15	3,163
Mar-15	3,117
Apr-15	3,066
May-15	3,029
Jun-15	3,177

OWF Work Participation Consumers

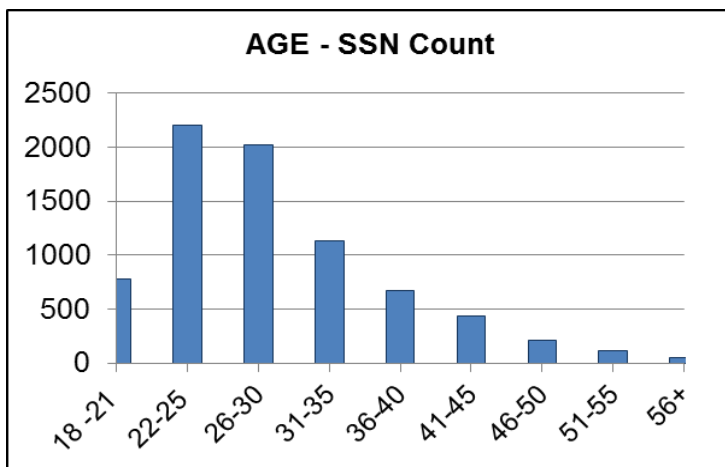
Demographic data is based on 7,665 OWF participants served during calendar year 2014.

GENDER



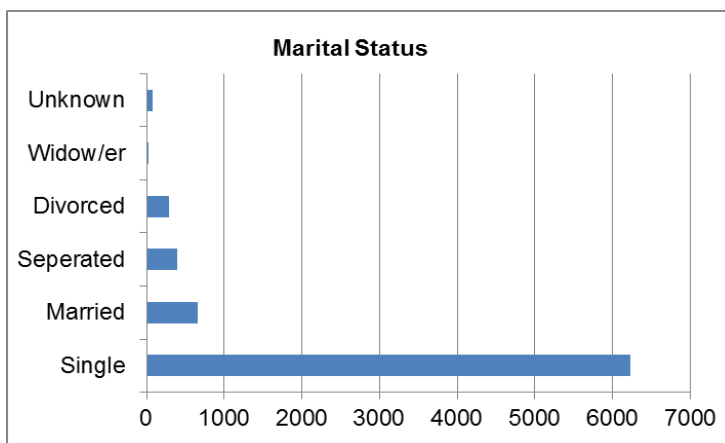
Gender	Count of SSN
Female	6767
Male	898

AGE GROUP



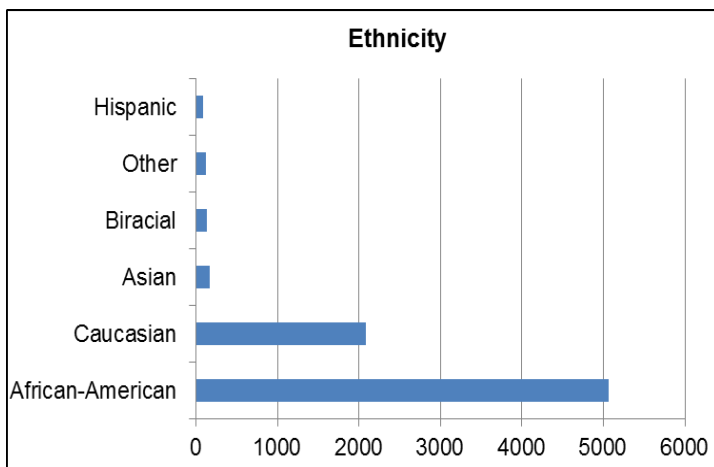
Age Range	SSN Count
18 -21	778
22-25	2201
26-30	2018
31-35	1136
36-40	674
41-45	439
46-50	217
51-55	119
56+	54

MARITAL STATUS



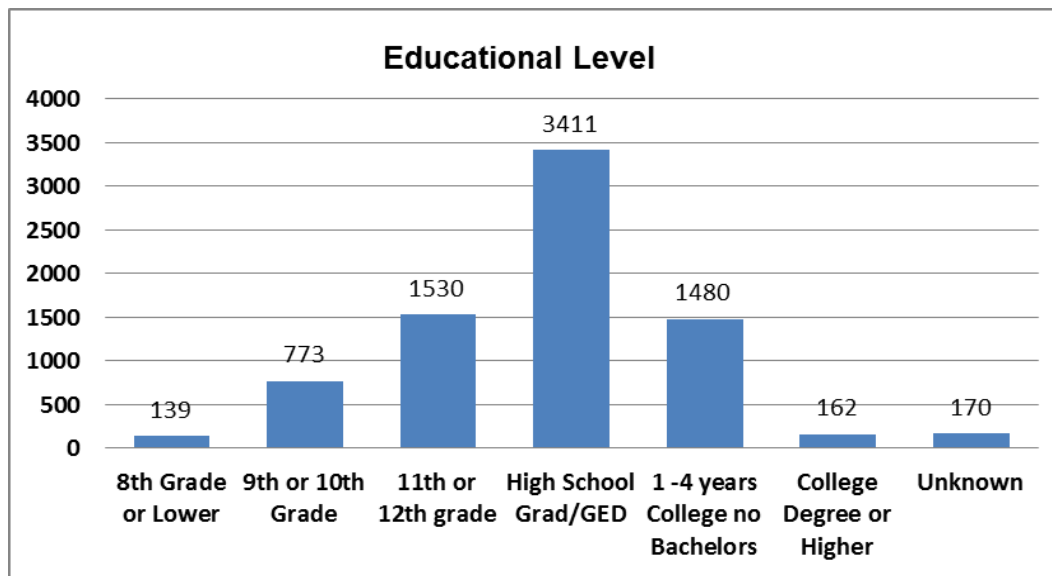
Marital Status	SSN Count
Single	6227
Married	662
Separated	394
Divorced	285
Unknown	72
Widow/er	25

ETHNICITY



Ethnicity	SSN Count
African-American	5065
Caucasian	2089
Asian	165
Biracial	129
Other	127
Hispanic	90

EDUCATION



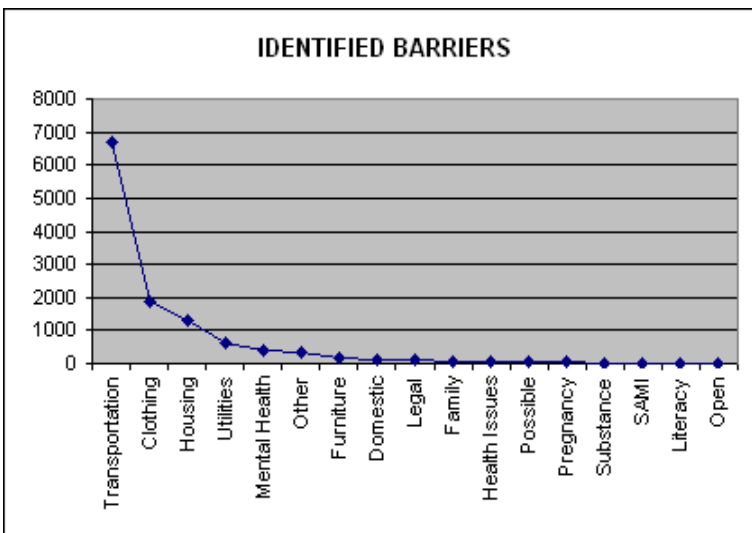
Educational Level	SSN Count
8th Grade or Lower	139
9th or 10th Grade	773
11th or 12th grade	1530
High School Grad/GED	3411
1 -4 years College no Bachelors	1480
College Degree or Higher	162
Unknown	170

NUMBER OF CHILDREN IN THE HOME

These are unique counts of work required adults served in calendar year 2014 and the volume of minor children in their households.

# of Children	SSN Count
9	4
8	5
7	20
6	55
5	174
4	489
3	1235
2	2394
1	3282

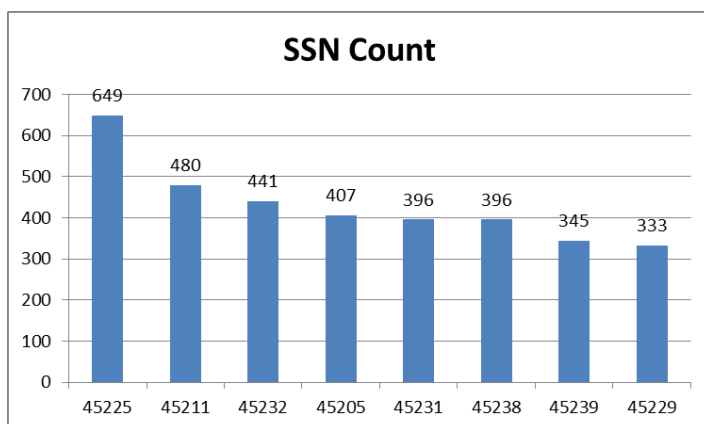
BARRIERS TO EMPLOYMENT



Top Five Reported Barriers for OWF Consumers	Count
Transportation	6685
Clothing	1899
Housing	1294
Utilities	640
Mental Health	386

ZIP CODES WHERE THE LARGEST VOLUME OF OWF CONSUMERS LIVE

ZIP	SSN Count	Residential Community
45225	649	Fairmount, English Woods
45211	480	Western Hills, Cheviot, Monfort Heights, Bridgetown
45232	441	St. Bernard, Winton Place, Winton Hills, Carthage
45205	407	Price Hill
45231	396	Finneytown, Mt Healthy, North College Hill, White Oak
45238	396	West Price Hill, Westwood, Delhi
45239	345	Groesbeck, North College Hill, White Oak
45229	333	Avondale, North Avondale, Corryville, Paddock Hills



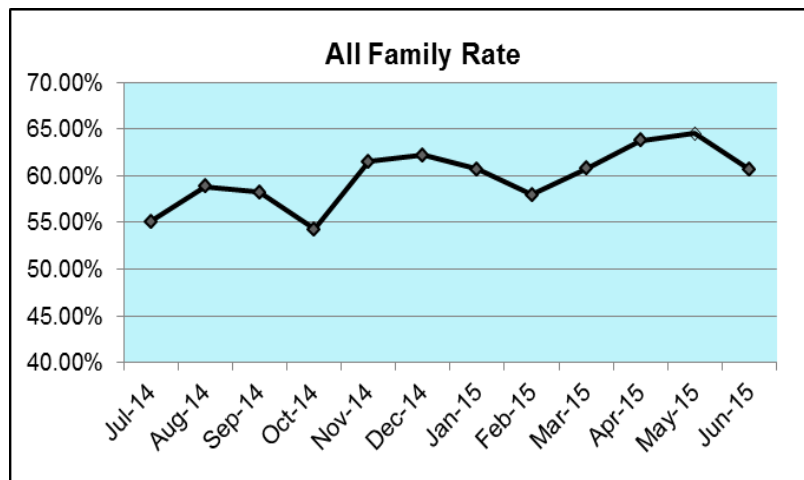
TRANSPORTATION ASSISTANCE SUMMARY FOR CALENDAR YEAR 2014

Vendor addresses all aspect of transportation including identification of barrier and purchase and distribution of transportation assistance.

Issuance Month	Number of Consumers Receiving Bus Cards (duplicated count)	Total Bus Cards Issued	Dollar Total Bus Cards Issued	Number of Consumers Receiving Gas Cards (duplicated count)	Total \$10 Gas Cards Issued	Dollar Total Gas Cards Issued
1-Jan-14	1142	8708	\$33,003.35	734	2111	\$21,110.00
1-Feb-14	948	7519	\$26,776.90	590	1766	\$17,660.00
1-Mar-14	994	7917	\$27,666.15	645	1888	\$18,880.00
1-Apr-14	1094	9017	\$29,286.80	781	2385	\$23,850.00
1-May-14	1195	9920	\$31,398.20	741	2229	\$22,290.00
1-Jun-14	1166	10223	\$30,972.50	773	2168	\$21,680.00
1-Jul-14	1271	10731	\$33,894.15	850	2499	\$24,990.00
1-Aug-14	1199	9927	\$33,430.50	1023	2446	\$24,460.00
1-Sep-14	1282	10545	\$37,402.95	946	2597	\$25,970.00
1-Oct-14	1395	10224	\$37,286.40	828	2596	\$25,960.00
1-Nov-14	984	7789	\$29,384.50	755	2063	\$20,630.00
1-Dec-14	1043	8177	\$30,906.05	739	2513	\$25,130.00
2014 Totals	13713	110697	\$381,408.45	9405	27261	\$272,610.00

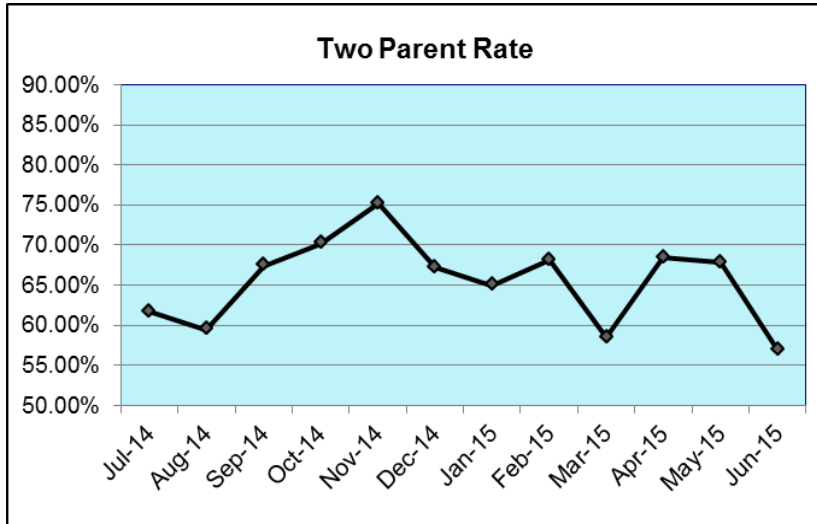
HAMILTON COUNTY PARTICIPATION RATES

Hamilton County All Family Rates



Month	Rate
Jul-14	55.13%
Aug-14	58.87%
Sep-14	58.22%
Oct-14	54.31%
Nov-14	61.55%
Dec-14	62.19%
Jan-15	60.70%
Feb-15	57.96%
Mar-15	60.76%
Apr-15	63.75%
May-15	64.51%
Jun-15	60.73%

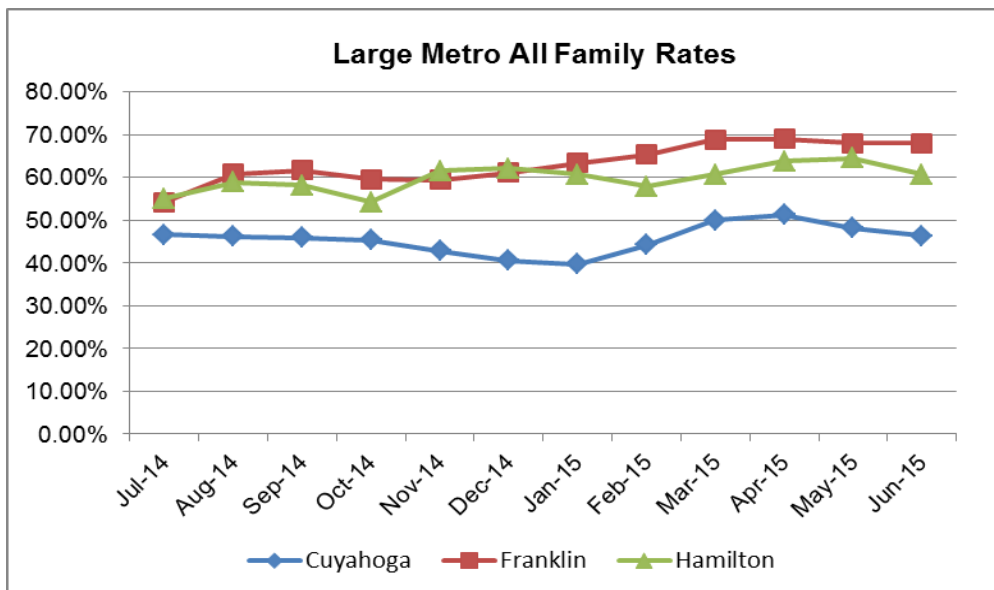
Hamilton County Two Parent Rates



Month	Rate
Jul-14	61.69%
Aug-14	59.44%
Sep-14	67.41%
Oct-14	70.15%
Nov-14	75.20%
Dec-14	67.20%
Jan-15	65.00%
Feb-15	68.10%
Mar-15	58.47%
Apr-15	68.42%
May-15	67.80%
Jun-15	56.91%

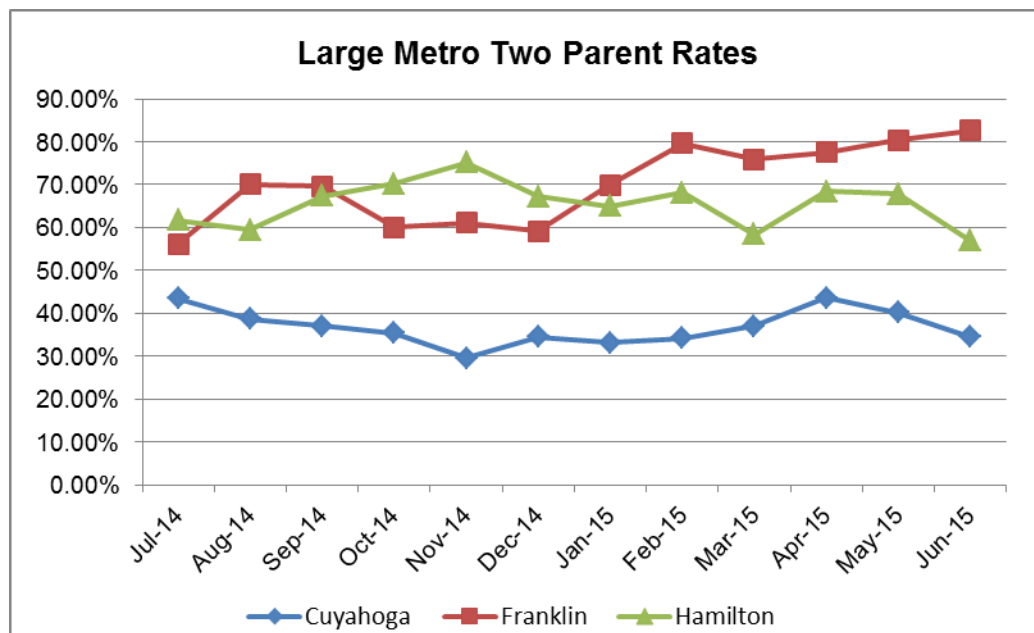
Metropolitan Counties All Family Rates

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Cuyahoga	46.66%	46.24%	46.01%	45.39%	42.82%	40.57%	39.70%	44.27%	50.00%	51.34%	48.17%	46.38%
Franklin	54.22%	60.89%	61.65%	59.62%	59.52%	61.13%	63.33%	65.34%	68.86%	68.97%	68.10%	67.99%
Hamilton	55.13%	58.87%	58.22%	54.31%	61.55%	62.19%	60.70%	57.96%	60.76%	63.75%	64.51%	60.73%
Lucas	51.05%	50.70%	51.65%	50.98%	52.89%	48.63%	49.67%	47.02%	48.33%	41.82%	38.73%	36.81%
Mahoning	58.94%	60.04%	57.83%	59.52%	59.69%	56.48%	54.99%	56.84%	58.76%	59.49%	57.94%	57.40%
Montgomery	53.15%	52.38%	56.18%	52.69%	52.59%	51.72%	53.07%	48.39%	49.70%	52.49%	53.65%	51.49%
Stark	61.93%	62.64%	65.12%	66.54%	65.35%	60.04%	58.07%	57.08%	63.17%	59.28%	56.98%	56.47%
Summit	55.38%	51.04%	58.37%	56.95%	56.51%	48.24%	54.05%	56.11%	59.03%	58.67%	54.59%	54.23%
State	55.14%	55.99%	56.96%	56.31%	56.78%	56.03%	55.79%	55.59%	58.25%	58.87%	57.69%	56.46%



Metropolitan Counties Two Parent Rates

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Cuyahoga	43.51%	38.62%	36.96%	35.33%	29.53%	34.46%	33.08%	34.25%	37.01%	43.62%	40.14%	34.53%
Franklin	56.14%	70.00%	69.57%	60.00%	61.17%	59.12%	69.88%	79.62%	75.86%	77.54%	80.43%	82.67%
Hamilton	61.69%	59.44%	67.41%	70.15%	75.20%	67.20%	65.00%	68.10%	58.47%	68.42%	67.80%	56.91%
Lucas	47.06%	54.84%	61.43%	58.57%	59.09%	42.42%	60.34%	50.82%	45.76%	36.84%	30.77%	20.69%
Mahoning	59.30%	74.42%	64.58%	75.86%	78.65%	71.28%	72.09%	68.24%	73.42%	73.49%	67.11%	78.31%
Montgomery	38.10%	44.68%	47.73%	44.19%	35.71%	37.14%	48.72%	34.29%	32.50%	40.63%	43.33%	42.86%
Stark	60.81%	62.69%	73.53%	67.86%	63.64%	54.72%	54.35%	50.00%	68.18%	63.64%	66.67%	63.64%
Summit	61.82%	55.93%	72.73%	71.93%	66.67%	67.27%	77.19%	78.72%	86.67%	88.89%	83.33%	90.91%
State	58.48%	60.19%	62.27%	61.75%	60.80%	57.55%	60.82%	60.10%	61.96%	65.37%	62.68%	62.12%

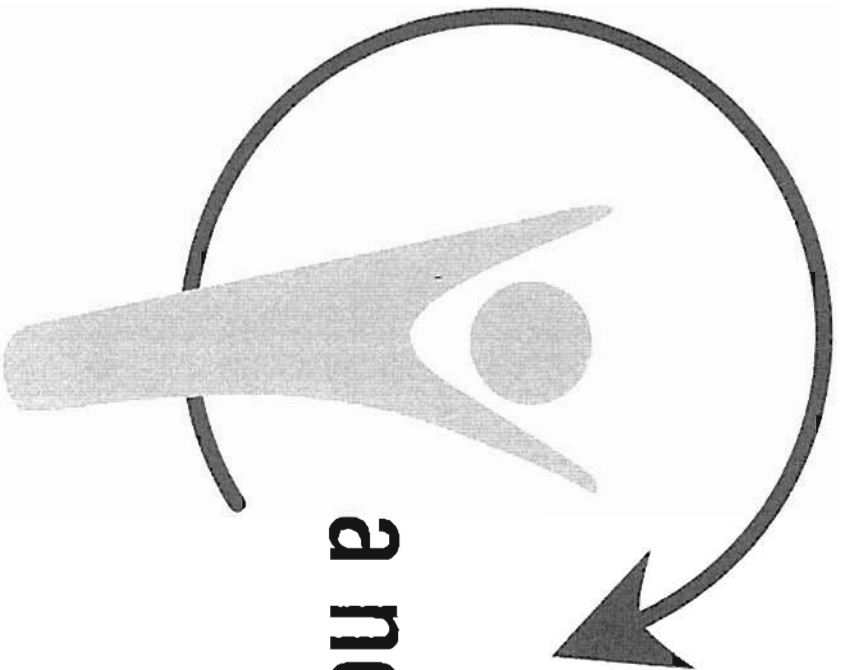


ATTACHMENT J

Comprehensive Case Management and Employment Program

Ohio

Office of Human
Services Innovation



a new way to work

Doug Lumpkin, Deputy Director
September 2015

A New Way to Work

A job is the best anti-poverty program.

Transforming the network of human service and workforce programs to help more low-income Ohioans get a job and succeed at work.

Finding a new way to work together for the well-being of all Ohioans:

- For clients – a new path to employment
- For caseworkers – a new way to engage with clients
- For businesses – new entry-level pipeline of workers
- For counties – new partnerships between JFS and workforce agencies

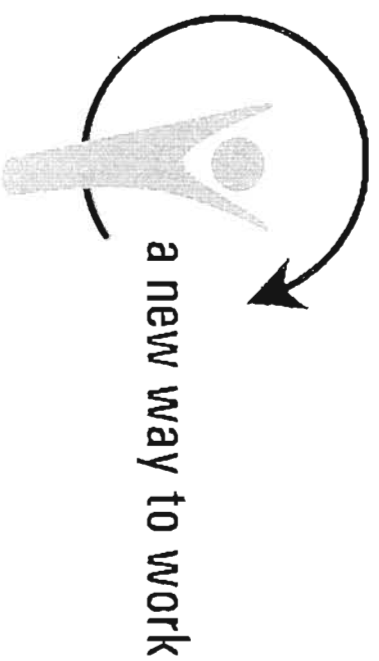
A Person-Centered Approach

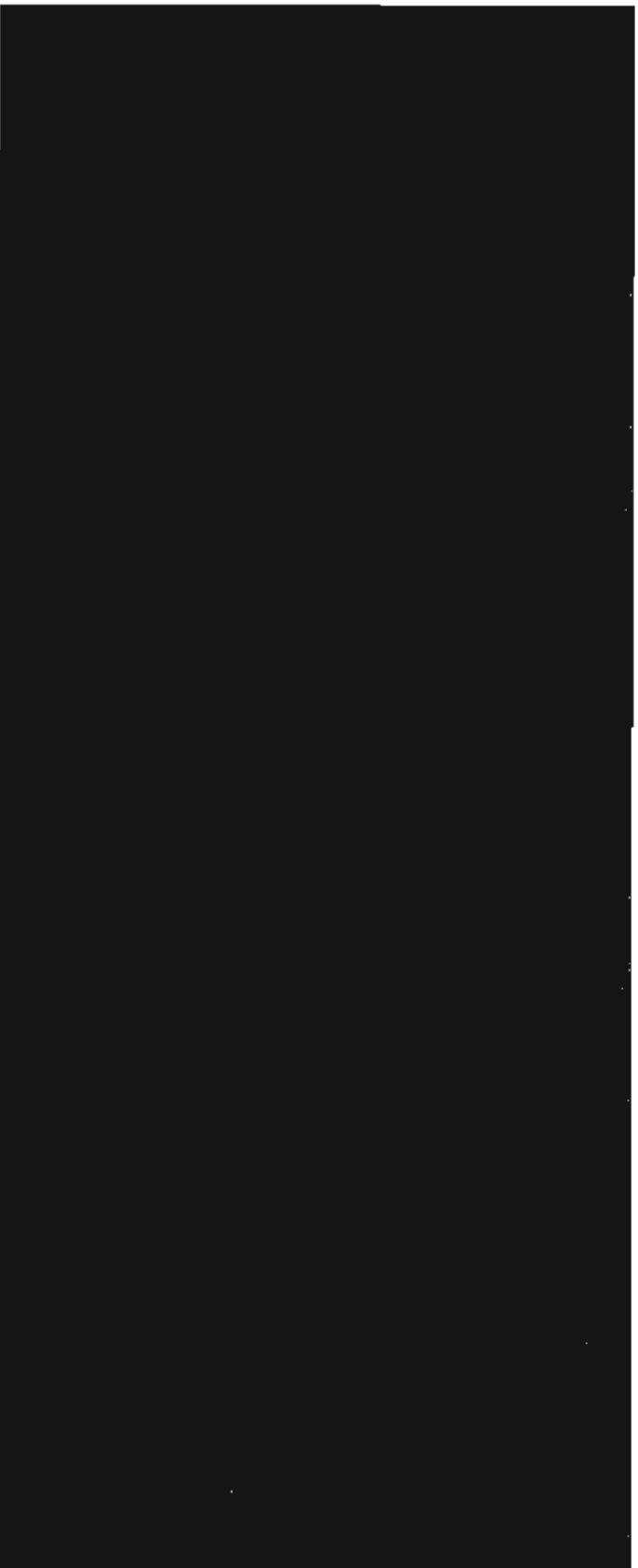
- A focus on people, not programs.
- Align WIOA and TANF programs to support employment.
- Wrap-around support services to address barriers:
 - Child care
 - Housing
 - Transportation
 - Career counseling
 - Job search



Guiding Principles

- ❖ Separate case management from eligibility
- ❖ Common client experience
- ❖ Caseworkers are the key to success
- ❖ Referral to resolution





Comprehensive Case Management & Employment Program (CCMEP)



About CCMEP

- Effective July 1, 2016 CCMEP will become the operational framework used to deliver case management and employment services across Ohio's 88 counties.
- Statewide integration of TANF and WIOA programs.
- Program components include:
 - Single lead agency
 - Co-location of services
 - OhioMeansJobs.com as case-management tool
 - Standardized comprehensive assessment
 - Personalized employment plan
 - Intensive case management
 - Common performance metrics

CCMEP Timeline

Date	Activity
9/1/2015	Comprehensive assessment pilot in seven counties
11/16/2015	Rules submitted for clearance, opportunity for public comment
2/1/2016	Rules effective
2/15/2016	County commissioners may begin designating lead agencies
5/16/2016	Lead agency plans due; earlier submission suggested and accepted
7/1/2016	Begin serving youth and young adults, ages 16 to 24

Lead Agency

- County commissioners are required to designate lead agency by May 15, 2016.
- ODJFS recommends designating the lead agency earlier and will allow counties to choose lead agency beginning Feb. 15, 2016.
- Advantages to designating early:
 - Provides additional planning time.
 - Gives county CDJFS and WIB's additional time to develop local collaboration and partnerships.
 - Aligns with traditional youth procurement process.
 - Allows more time to complete CCMEP plan.

CCMEP Funding

- Revised funding allocations reflect both the change in population and later start date included in the state budget.

Source	SYF 2016	SFY 2017
TANF Case Management	\$ 0	\$ 84,000,000
TANF Administration	\$ 0	\$ 6,250,000
WIOA Youth	\$ 0	\$ 25,000,000
WIOA Adult	\$ 0	\$ 0
Total	\$ 0	\$ 115,250,000

CCMEP Populations

- CCMEP becomes effective July 1, 2016 and starts by focusing youth and young adults ages 16 to 24.

Effective July 1, 2016		
	TANF	WIOA
Required (~30,000)	OWF work-required ages 16-24 (~4,000)	WIOA low-income adults with a barrier ages 18-24 (~1,500)
	TANF summer youth ages 16-24 (~14,000)	WIOA low-income in-school and out- of-school youth ages 16-24 (~10,000)
Volunteers	OWF <u>not</u> work-required ages 16-24	
	TANF-eligible individuals receiving PRC ages 16-24	

Caseworkers are Key to Success

- Caseworkers are the centerpiece of comprehensive case management.
- Focus on engaging clients using the assessment tool in order to build a meaningful employment plan.
- CCMEP best practices will include:
 - Sample position description with qualifications
 - Recommended caseload size
 - Caseworker training curricula
 - Expertise in local and community resources

CCMEP Pilot

- JFS and WIB directors in seven counties are piloting the CCMEP assessment and use of OhioMeansJobs.com.

Pilot counties:

- Cuyahoga County Ohio Means Jobs
- Columbiana/ Mahoning Ohio Means Jobs
- Greene County Job and Family Services
- Hamilton County Job and Family Services and Ohio Means Jobs
- Licking County Job and Family Services and Ohio Means Jobs
- Marion County Job and Family Services and Ohio Means Jobs
- Ottawa County Job and Family Services and Ohio Means Jobs

CCMEP Performance Metrics

Primary Measures

- Job entry
- Youth placement
- Job retention
- Median earnings
- Diploma or credential

Intermediate Measures

- New hire/job placement
- Skills gained/education progression
- Reduction in barriers/plan progress

Program Evaluation

- Demographics of populations served
- Evidence-based integration strategies
- Customer feedback
- Cost per participant

Questions and Contact Information

Questions?

Office of Human Services Innovation

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