

**Request for Proposals
For the Ottawa County Family and Children First Council
“Help Me Grow” Services**

Issue Date: April 29, 2009

Closing Date: 10:00 a.m., Friday, May 15, 2009

Contact Person:

**Connie Cornett
Ottawa County Department of Job and Family Services
8043 W. State Route 163, Suite 200
Oak Harbor, Ohio 43449
(419)898-3688, ext. 205
1-800-665-1677**

**Ottawa County Help Me Grow Program
 Request for Proposal and Contracting Timeline
 Program Period 2009-2010**

Activity	Date
Release of Request for Proposals for the Help Me Grow Program, 2007-2008	8:00 a.m., Wednesday, April 29, 2009
Pre-Bid Conference	9:00 a.m., Wednesday, May 6, 2009
Last Date for Submission of Written Questions on Request for Proposals	4:30 p.m., Friday, May 8, 2009
Last Date for OCDJFS to Respond, in Writing, to Written Questions on Request for Proposals	4:30 p.m., Tuesday, May 12, 2009
Due Date for Bid Submission	10:00 a.m., Friday, May 15, 2009
Bid Opening	10:05 a.m., Friday, May 15, 2009
Contract Negotiations Begin	Monday, May 18, 2009
Contract Negotiations Complete/ All Signatures Acquired	4:30 p.m., Friday, June 5, 2009
Transition Between Providers (if applicable)	June 1 through June 30, 2009
Help Me Grow Program 2009 – 2010 Contract Effective Date	Wednesday, July 1, 2009

I. Background

Whereas the Ottawa County Family and Children First Council (hereafter referred to as FCFC), by and through its Administrative Agent, the Ottawa County Department of Job and Family Services (hereafter referred to as OCDJFS), is seeking to procure Help Me Grow services for clientele determined to be eligible for and in need of such services, OCDJFS is hereby issuing a formal invitation to all qualified prospective bidders to submit proposals for supplying Help Me Grow services. Proposals are being solicited for services to be contracted from July 1, 2009 through June 30, 2010, with the option of renewing the contract, at the same cost, terms and conditions, for July 1, 2010 through June 30, 2011, based on funding availability and performance of originally contracted services.

The Ottawa County FCFC requires an integrated approach to service delivery. The purpose of the Help Me Grow program is to address three of Ohio's commitments to child wellbeing. These are:

- 1.) Expectant parents and newborns thrive.
- 2.) Infants and toddlers thrive.
- 3.) Children are healthy and ready for school.

Authorization of funds for this program is contained in:

- o the Catalog of Federal Domestic Assistance (CFDA) Number 84.181A;
- o Part C of the Individuals with Disabilities Education Act, Public Law 108-446;

Actual funding availability for this project will be determined in the State of Ohio Budget. Projections have been provided to the Ottawa County Family and Children First Council, and amounts available by funding stream for provision of Help Me Grow services are as follows:

July 2009 through June 2010	
General Revenue Funds	\$ 103,055
Part C of the Individuals with Disabilities Education Act	\$ 53,191
Total Available	\$ 156,246

All funds are subject to change based on State and Federal budgets and allocations. The Ottawa County FCFC requires an integrated approach to service delivery. Proposals will be accepted for the fully integrated program. All proposals submitted must clearly identify how services will be provided without duplication.

The closing date for proposals is 10:00 a.m., Friday, May 15, 2009. Proposals must be received by the closing date and time, at the Ottawa County Department of Job and Family Services, 8043 W. State Route 163, Suite 200, Oak Harbor, Ohio 43449, Attention: Connie Cornett. A public bid opening will be held at 10:05, Friday, May 15, 2009, in the Administration Conference Room of the Ottawa County Department of Job and Family Services (same address).

The following attachments specify all components and expectations of the Help Me Grow Program Request for Proposals:

- Request for Proposal
- Attachment A: Draft Plan for Help Me Grow Program for State Fiscal Years 2010 through 2011
- Attachment B: Help Me Grow Budget Worksheets
- Attachment C: Cover Page requirements for Proposals
- Attachment D: Checklist for Proposals
- Attachment E: Competitive Proposal Affidavit
- Attachment F: Representations, Assurances, and Certifications
- Attachment G: Declaration of Material Support

II. Objectives

The vision of the Ohio Help Me Grow program is to ensure that: *Families help their children grow and learn by facilitating their children's development and keeping them safe and healthy.* As a result of participation in the Help Me Grow Program, the following outcomes are expected:

- Families have the capacity to help their children grow, learn and develop by providing a safe, enriching and responsive home environment.
- Families have the capacity to help their children grow learn and develop by pursuing supports and services they need in the context of their community.
- Families have the capacity to financially support their children.

In turn:

- Children achieve optimal physical health.
- Children achieve optimal growth in all areas of development.

In order to achieve those outcomes, the Help Me Grow program offers the following program elements to children, Birth to age Three:

- 1.) Outreach, child find activities, intake and procedural safeguards
- 2.) Home visiting services to begin during the prenatal period
- 3.) Service Coordination, Individualized Family Service Plan (IFSP) development, implementation and review
- 4.) Specialized services in every day routines, activities and places
- 5.) Family to Family Support
- 6.) Multi-disciplinary evaluations in all five developmental delays.

III. Scope of Work and Deliverables

Bidders will demonstrate in the Proposal, how entity will deliver each of the items outlined in the *Objectives* section, and how Bidders will meet each of the functions of the Help Me Grow program (see

Attachment A for more details) as summarized below. Note that rules and program requirements for the Help Me Grow program are under review and revision at the Ohio Department of Health, and may change significantly prior to or during the implementation of this contract.

1. Provide a coordinated, community-based system for early identification of children and families who may be eligible for all Help Me Grow services.
2. Coordinate with existing services in the community, including but not limited to the Bureau for Children with Medical Handicaps (BCMh), and Ohio Infant Mortality Reduction Initiative.
3. Determine eligibility for Help Me Grow services on all identified pregnant women, infants, toddlers and their families, at no cost to the family.
4. Provide all children and families referred to the Help Me Grow system, who have a suspected developmental delay, with a timely comprehensive, multi-disciplinary developmental evaluation that includes family directed identification of the needs of the child and family. Evaluation will use a research based developmental tool in all five domains (e.g. cognitive, physical, communication, social/emotional, and adaptive development) and informed clinical opinion.
5. Provide service coordination to eligible families in the Help Me Grow system using qualified and supervised personnel, at no cost to the families.
6. Develop an Individualized Family Service Plan using a coordinated, comprehensive, interdisciplinary and family-centered approach, that outlines and provides ongoing Help Me Grow services, for each family with an eligible child or children.
7. Provide each family which has a child receiving ongoing Help Me Grow services with vision screening through the "Take A Look!" vision screening tool.
8. Provide each child referred to and eligible for Help Me Grow services with appropriate hearing assessment.
9. Provide each family of a child receiving ongoing Help Me Grow services with support and information on the transition of their child(ren) at age 3 years, or when they exit the program.
10. Develop and utilize a process to ensure that confidentiality is maintained, and parents and caregivers are informed and give consent to all of the services that affect the child and family.
11. Provide families receiving ongoing Help Me Grow services with the opportunity to interact with other families who are now, or have received services from this system; to receive family support services at no cost to the family; and to learn the skills needed to enhance their child(ren)'s development and expand the family's capacity to utilize resources and make decisions.

12. Deliver services (or coordinate with other providers under the Help Me Grow Program to deliver services) to a state specified minimum At Risk children. Target numbers as of the release of this document are 7 individuals based on new eligibility requirements, with the retention of approximately 30 individuals based on current eligibility requirements.
13. Deliver services (or coordinate with other providers under the Help Me Grow Program to deliver services) to a state specified minimum Part C eligible children. Target numbers as of the release of this document are 28 individuals based on new eligibility requirements, with the retention of approximately 44 individuals based on current eligibility requirements.
14. Begin delivery of all services under this program, using the specified minimum qualifications and certification requirements of staff, immediately upon execution of the contract.
15. Track client services, funding eligibility, and expenditures delivered.
16. Determine eligibility for initial and ongoing Help Me Grow services, including documentation of financial need of families (See Attachment A for more information on eligibility for ongoing services).
17. Utilize Early Track 3.0 to track all required data elements, in the course of providing Help Me Grow services.
18. Collaborate with existing services and providers in the County to meet the Program components and performance expectations, without duplication of services.
19. Participate in system reviews, continuous improvement plans and processes for the Help Me Grow program.
20. Submit program details and expenditures to Ottawa County DJFS, within 30 days of the monthly billing cycle.

IV. Budget Requirements

Bidder will submit an operational budget for the Help Me Grow program, using the attached budget worksheets (Attachment B). Budget outlined in proposal will follow attached Budget Worksheet (Attachment B), and must clearly delineate that the administrative costs for the said program will not exceed 10% of the total service expenditures. The contract period will run from July 1, 2009 through June 30, 2010, with the option to renew for the period of July 1, 2010 through June 30, 2011, at the same level of reimbursement, depending upon funding availability and contractor performance. An estimated unit cost per hour of service, is also required, with appropriate assumptions noted.

Explanation of proposal cost should include the following:

- a. Personnel: Include number of staff, breakdown of salaries and benefits, indicate direct services staff or support staff, list personnel who will provide service for this program, including their credentials and educational background.
- b. Equipment: List any equipment that may be purchased to support this program, and anticipated cost.
- c. Supplies: List of consumable goods that may be used to support the program.
- d. Travel: List travel projected in miles, and cost per mile.
- e. Facilities: List anticipated rent, utilities, telephone costs associated with program.
- f. Other: List any other specific items and cost used to operate this program.
- g. Administrative: Verification that administrative portion of the cost does not exceed 10% of the operating budget. Cost allocation method used to determine percentage of administrative costs assigned to this program must also be explained.

V. Proposal Guidelines

1. Proposals must clearly delineate specific goals and performance standards. Contract for services will be required and will include measurable benchmarks of the program.
2. Proposals providing one or more elements of the RFP through partnership or contract, require a completed and signed contract or Memorandum of Understanding with each non-proposal entity, which includes:
 - Name and contact information of collaborating agency
 - Description of what customer services will be provided by each partner
 - How costs of services and operating costs of the partnerships will be funded
 - Method of referral between partners
 - Duration of the memorandum and procedures for amending it
 - Signature by participating agency to acknowledge proposed relationship.

Provider will be responsible for performance of any sub-contracted activities, including proper procurement, provision of information for audit, performance levels, and quality of work provided.

3. Any qualifications for bidders to meet/ responsibility falls on bidder to demonstrate those in the proposal process.
4. Details about the Help Me Grow program are available at the following website:
<http://www.ohiohelpmegrow.org>.

5. Failure to clearly address how entity will meet each of the *Objectives, Scope of Work and Deliverables, and Budget Requirements*, directly or through specified sub-contract, may result in immediate dismissal of consideration.
6. The contract period will run from July 1, 2009 through June 30, 2010, with the option to renew for the period of July 1, 2010 through June 30, 2011, at the same level of reimbursement, depending upon funding availability and contractor performance.
7. A Pre-Bid Opening Bidder's Conference will be held at 9:00 a.m., Wednesday, May 6, 2009, in the Administrative conference room of the Ottawa County Department of Job and Family Services. While attendance is not mandatory, it is highly recommended that each Bidder have a representative attend the Conference. The purpose of the Conference is to answer questions related to the RFP. Prior to the Bidder's Conference, questions on this RFP may be faxed or e-mailed to Connie Cornett. The questions and answers will be distributed at the Bidder's Conference.

All interested Providers must fax or e-mail Connie Cornett prior to the Bidder's Conference to register, with their name, company name, phone number, FAX number, and email-address. All answers issued in response to Provider questions become part of the RFP process, and will be communicated to Registered Providers for the Bidder's Conference.

After the Bidder's Conference, questions regarding this Request for Proposals can be directed, in writing, to Connie Cornett, by FAX, E-mail, or United States mail. FAX number is (419)898.-2048, E-Mail is cornec01@odjfs.state.oh.us. No questions will be accepted after 4:30 p.m., Friday, May 8, 2009. The final responses to all written questions submitted will be faxed or e-mailed to registered bidders by the close of business on Tuesday, May 12, 2009.

VI. *Completing and Submitting Bids*

1. Proposal Costs. Bidders are responsible for any and all costs related to preparing and submitting proposals to be considered for the Help Me Grow project.
2. Closing Date for Bids. The closing date and time for receipt of bids is **10:00 a.m., Friday, May 15, 2009**. Any proposal not received by the Ottawa County Department of Job and Family Services by the time and date, will not be considered.
3. Number of Copies. Entities interested in submitting proposal must submit in the format of ONE original hard copy and ONE (1) copy on CD-ROM, in the format of Microsoft Word/ Excel for all documents. Attached Budget Worksheet may be completed in Microsoft Excel. All proposal materials must be submitted in one sealed package.
4. Proposal Format. Proposals must be typewritten (no smaller than 12 pt. font), single spaced,

single sided, on standard 8 ½ X 11 inch plain white paper.

5. **Submission of Proposals.** Proposals must be submitted in a sealed package. The entity submitting proposal assumes full responsibility for the selection of method of delivery for the proposal package. All proposals will be marked with the date and time of receipt. A receipt of delivery will be provided to the entity submitting proposal, only upon request. Proposals shall be accepted unconditionally, and without alteration or correction. Withdrawals of bids, before the closing date and time, are permitted upon written request to the address below. **All proposals must be received on or before 10:00 a.m., Friday, May 15, 2009, and addressed to:**

**Ottawa County Department of Job and Family Services
8043 W. State Route 163, Suite 200
Oak Harbor, Ohio 43449
Attention: Connie Cornett**

At 10:05 a.m., Friday, May 15, 2009, all submitted Proposals for the Help Me Grow Program will be opened publicly in the Director's Conference Room of the Ottawa County Department of Job and Family Services (same address), and summary information will be read aloud. All information contained in the selected proposal will become part of the Help Me Grow Contract, unless otherwise negotiated by the OCDJFS.

6. **Questions.** Questions regarding this Request for Proposals can be directed to Connie Cornett in writing. Contact may be made by fax (419)-898-2048), Email (cornec01@odjfs.state.oh.us), or U.S. mail (address listed above)

VII. Proposal Format

Proposals must be assembled according to the following outline and format. The forms necessary to provide the referenced information are included in the Request for Proposal Response Section. Failure to follow the outline may result in rejection of the proposal.

1. Request for Proposal Response Cover Page, with name of entity submitting proposal, address, contact person, telephone number, and amount requested (See Attachment C of this document)
2. Checklist for submitting proposal (See Attachment D of this document)
3. Competitive Proposal Affidavit (See Attachment E of this document)
4. Representations, Assurances and Certifications (See Attachment F of this document)
5. Declaration Regarding Material Assistance/ No Assistance to a Terrorist Organization (See Attachment G of this document)

6. Entity Project Information and Qualifications/ Proposal Narrative
7. Budget Summary (Attachment B of this document)
8. Certificate of Liability Insurance

VIII. Proposal Evaluation and Selection

Requests for Proposal will be rated against a total value of 100 possible points. The Help Me Grow contract will be awarded to the lowest and best proposal. Lowest and Best will be determined by the Ottawa County Department of Job and Family Services, as Administrative Agent for the Ottawa County Family and Children First Council, based on what is in the best interest of the County. Due to the complex nature of this program, OCDJFS reserves the right to award the contract on factors other than price. The contract award will be made to the bidder whose proposal will be the most advantageous to the County, demonstrates adequate past performance and experience, qualified staff, compliance with this Request for Proposal specifications, and prices.

This Request for Proposal does not constitute an offer. Acceptance of proposals for review does not commit the OCDJFS to award a contract, nor is the OCDJFS liable for any costs incurred in the preparation of a proposal. A written notice of the award will be sent to the selected Bidder, by the OCDJFS. This will constitute official notification of selection of the Proposal.

All proposals will be rated in accordance with the following rating scale:

HELP ME GROW PROPOSAL SELECTION TOOL		
Criteria	Points Available	Points Rated
Proposal met requirements for Bid Submission, including: <ul style="list-style-type: none"> o cover page information completed, o all items completed on check list, o signed affidavit provided, o signed representations/ assurances/ certifications provided o Proposal, o Budget Worksheet o Certificate of Liability Insurance o Declaration of Non-Material Support completed and signed 	PASS/ FAIL/ Waived 1 point for pass/ waived	
Agency staffing and operating practices indicate sufficient qualified staff and ability to meet program enrollment goals.	30	
Analysis of budget in proposal demonstrates most cost effective means to delivery quality and quantity of services to clients.	15	
Outreach/ Child Find/ Intake/ procedural Safeguards	3	
Home Visiting Services	6	
Family to Family Support	3	
Service Coordination/ IFSP Development, Implementation and Review, Specialized Services in everyday routines, activities and places	3	
Home Visiting Services, Paraprofessional/ Family Support Services	3	
Multi-Disciplinary Evaluations	3	
Specialized Services in everyday routines, activities and places	3	
Explanation of expected results and meeting Performance Measures	10	
Collaboration with other agencies	10	
Experience with providing services to children pre-natal through third birthday	10	
Total	100	
Comments:		

* Attachment A *

Plan for Help Me Grow Program SFY 2010 - 2011

Help Me Grow Vision

Families help their children grow and learn by facilitating their children's development and keeping them safe and healthy.

(This vision statement has been approved and used by the Help Me Grow Advisory Council)

Administrative Recommendations:

- Keep Part C and "at-risk" under the same administrative umbrella, branding and service delivery system.

Communication/Outreach

- Develop statewide, coordinated marketing and branding package.
 - Newborn welcome packets
 - 1-800 warm line
 - Milestone Newsletter
 - Website
 - Premiums
- Explore contractual agreements with birth hospitals and pregnancy centers/clinics.

Data

- Create a standardized web-based intake and referral form and tracking system.

Quality Assurance

- Standardize all processes and forms for all service providers in order to strengthen statewide consistency.

Governance

- Language should be codified regarding the responsibilities of the advisory council.
- Local FCFCs will serve as the local lead agencies. Councils can identify a fiscal agent specifically for Help Me Grow. The local fiscal agent for Help Me Grow will need the ability to manage Medicaid billings, payments, etc.
- The state lead agency has the ability to terminate the local HMG contract if performance measures and expectations are not being met.

Eligibility

- The same number of risk factors be utilized for eligibility across the state.
- Some risk factors may carry more weight in the eligibility process. Teen mothers should be a weighted risk factor.
- Eligibility determined in one county be honored/transferable between counties.
- Align the evaluation process used to determine Part B and Part C eligibility. Consider efficacy of regional evaluation teams.

Professional Development

- Review the list of "related degrees" that meet the minimum qualification requirements.
- Eliminate the waiver process that allows a review team to waive the degree or credential requirements
- Ethics trainings should be attended by all personnel.
- Skills and competency requirements: skills demonstration to implement curriculum should be added and monitored.
- Skills inventory tool should be reviewed every two years.
- Project director certification should be implemented immediately to include required training.

Transitions

- Develop a child identifier assigned to children in Help Me Grow.
- Work to improve the quality of transitions between HMG and school districts (child centered).

Plan for Help Me Grow Program
SFY 2010 - 2011

- o Provide follow along when appropriate for families exiting HMG without agency destination.

	New Families Identified with Risk Factors (At-Risk)	Children Suspected of or with Identified Delays or Disabilities (Part C)
Purpose	<p>To provide the information, support and encouragement, through home visiting, that parents need to help their children develop optimally during the crucial early years of life in order to:</p> <ul style="list-style-type: none"> • Increase parent knowledge of early childhood development and improve parenting practices • Provide early detection of developmental delays and health issues • Prevent child abuse and neglect <p>*Adapted from Parents as Teachers</p>	<p>Provide families, of a child with a delay or disability, access to the supports and services needed for their child to achieve optimal growth and development.</p>
Eligibility	<p>First-time mothers who are \leq 200% of FPL with two of the following risk factors:</p> <ul style="list-style-type: none"> • Adolescent (up to age 20) • Single • History of child abuse or neglect including physical neglect, emotional neglect, physical abuse and sexual abuse • Lack of stable residence, homelessness or dangerous living conditions • Maternal prenatal substance abuse • Parent or primary caregiver with drug or alcohol dependence • Parent or primary caregiver with chronic or acute mental illness or developmental disability including mental retardation 	<p>1.5 standard deviations below the mean in two areas of development; or 2.0 standard deviations below the mean in one area of development (aligned with Part B eligibility).</p> <p>For those children that do not meet the above, a clinical opinion by two qualified professionals may determine a child's eligibility.</p> <p>Infant or toddler with a medical diagnosis that would result in a developmental disability (e.g., Down's syndrome, cerebral palsy, spina bifida).</p>
Enrollment	<p>Prenatal (beginning within the second trimester) until the baby is 6 months of age. Services will be available until the child is the age of three.</p>	<p>Birth-three years of age</p>
Core Services	<p>Screening Developmental (ASQ/ASQ:SE) Maternal depression (Edinburgh)</p> <p>Environmental Assessment The Home Observation for Measurement of the Environment (HOME) Inventory for infants/toddlers</p>	<p>Screening Developmental (ASQ/ASQ:SE) Maternal depression (Edinburgh) Hearing/Vision Questionnaires</p> <p>Evaluation/Assessment (Bayley or Battelle)</p> <p>Environmental Assessment - HOME</p>

Plan for Help Me Grow Program
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	<p>Safety Checklist</p> <p>Home Visits/Parent Education Regular home visiting based on the use of a birth-to-three or five curriculum (requirements to be identified). *Curriculum must include a family plan (to be determined).</p> <p>Identification of Medical Home</p> <p>Linkages to Community Resources</p>	<p>Safety Checklist</p> <p>IFSP Development</p> <p>Service Coordination</p> <p>Identification of Medical Home</p> <p>Linkages to Community Resources and Specialized Services</p>
Caseloads	<p>1:25 Home visitors:families</p> <p>1:10 Supervisor:home visitor</p>	<p>1:25 Service coordinators:families</p> <p>1:10 Supervisor:service coordinator</p>
Frequency of Services	Intensive home visiting schedule based upon curriculum used	At least monthly or more frequently if needed

Outstanding Issues

- Part C package of services
More clearly identify an approach to funding services and supports for eligible families. Potential concept is to make available an annual “family stipend” that can be used flexibly by the service coordinator based on the individual needs of the family.
- Medicaid reimbursable services
A plan is being developed for the actions/steps required for Ohio to draw down federal Medicaid match.
- Implementation timeline
- IT/Automation timeframe
- Professional Development needs
- Explore extending service coordination until kindergarten entry.
- Process for re-determination of eligibility.
- Define or revise home visitor responsibilities, expectations and minimum qualifications. Define service coordinator responsibilities, expectations and minimum qualifications.
- Develop the funding distribution plan.

Attachment B

**Ottawa County Department of Job & Family Services
Contract Proposal Budget Worksheet**

Program/ Project Name:

Bidder Name:

Description	Estimated Amount
1. Staff	
A. Salaries	
B. Payroll-Related Expenses	
Total Staff Costs	
2. Operations	
A. Travel and Short-Term Training	
B. Consumable Supplies	
C. Occupancy Costs	
D. Indirect Costs	
E. Contract and Professional Services	
F. Other	
Total Operational Costs	
3. Equipment	
A. Equipment Subject to Depreciation	
B. Small Equipment Purchases	
C. Leased and Rented Equipment	
Total Equipment Costs	
Sub-Total of All Costs	
4. Less Fees Collected by Provider/ Provider Match Funds	
Total Program Costs	

Budget Computation	
Total Operating Expenses	
Divided by Total Operating Units	
Equals Unit Rate	

Unit Rate	
Multiplied by Number of Units Proposed	
Equals Total Proposed Contract Amount	

Contract Proposal Budget Worksheet, Continued
STAFF COSTS

Program/ Project Name:
Bidder Name:

A. Salaries

Position Title	Administrative or Program	Number of Positions Requested	Annual Salary	Percent Allocated to Contract	Reimbursable Salary
Total Reimbursable Salaries					\$

B. Payroll-Related Expenses

Item	Payroll-Related Expenses
PERS or Social Security	
Worker's Compensation/ Unemployment Insurance	
Retirement Expense	
Hospitalization Insurance Premium (Admin)	
Hospitalization Insurance Premium (Program)	
Life Insurance (Program)	
Life Insurance (Admin)	
Medicare	
Total Payroll-Related Expenses	

Contract Proposal Budget Worksheet, Continued
OPERATIONAL COSTS

Program/ Project Name:
Bidder Name:

A. Travel and Short-Term Training

Mileage Reimbursement (specify mileage rate)	
Short-term Training	
Total Travel and Short-Term Training	

B. Consumable Supplies

Type	Consumable Supply Cost
Office Supplies	
Cleaning Supplies	
Other (specify)	
Total Consumable Supplies	

C. Occupancy Costs

If renting facility: Rental @ \$ _____ per square foot	
If own facility: Usage allowance/ depreciation at _____ % rate of original acquisition cost of \$ _____ by Program Square Footage Percentage (Program Square Footage of _____ divided by total Provider Square Footage of _____ = _____ %)	
Maintenance and Repairs	
Utilities (if not included in rental agreement)	
Heat and Light \$	
Telephone \$	
Water/ Sewer \$	
Total Occupancy Costs	

D. Indirect Costs

Identify Categories in Indirect Cost Allocation Plan and summary of cost allocation methodology	Amount
Total Indirect Costs	

Contract Proposal Budget Worksheet, Continued
OPERATIONAL COSTS, Continued

Program/ Project Name:
Bidder Name:

E. Contract & Professional Services

Identify Each Contract or Service	Cost
Total Contract & Service Costs	

F. Other/ Miscellaneous

Identify Each Cost Listed Under this Category	Cost
Total Miscellaneous Costs	

Contract Proposal Budget Worksheet, Continued
EQUIPMENT

Program/ Project Name:
Bidder Name:

A. Equipment Subject to Depreciation

Equipment to be Depreciated	New or Used	Date Purchased	Quantity	Total Actual Cost	Salvage Value	Amount to be Depreciated	Useful Life	Chargeable Annual Depreciation
Total Equipment Depreciation Charges								

**Contract Proposal Budget Worksheet, Continued
EQUIPMENT, Continued**

Program/ Project Name:

Bidder Name:

B. Small Equipment Purchases (equipment costing under \$5,000)

Item	Quantity	Cost
Total Small Equipment Purchases		

C. Leased & Rented Equipment

Item	Model & Year	Quantity	Cost
Total Leased & Rented Equipment			

Exhibit II

**Ottawa County Department of Job & Family Services
MONTHLY EXPENSE REPORT**

Provider:	Month
Contract:	

Classification of Expenditures	Budget Available	Actual Expenses
I. Personnel		
A. Salaries		
B. Payroll-Related Expenses		
Total Personnel Costs		\$0.00
II. Operations		
A. Travel and Short Term Training		
B. Consumable Supplies		
C. Occupancy		
D. Indirect Costs		
E. Contract and Professional Services		
F. Miscellaneous		
Total Operational Costs		\$0.00
III. Equipment		
A. Depreciation		
B. Purchases		
C. Leased and Rented		
Total Equipment Costs		\$0.00
Total Program Expenses		\$0.00
Minus Provider Program Income		
Total Program Cost		\$0.00
Total Units Produced		
Unit Cost	(based on actual expenses)	#DIV/0!
Unit Rate	(negotiated in contract)	
Difference		#DIV/0!

Certify that the above information is correct and in accordance with the term of the contract.

Provider Representative Signature	Date

OCDJFS Signature to Authorize Payment	Date

ATTACHMENT C – Cover Page

HELP ME GROW Proposal

<i>Name of Bidder:</i>	
<i>Address of Bidder:</i>	
<i>Phone/ FAX of Bidder:</i>	
<i>Contact Person:</i>	
<i>Number Propose to Serve:</i>	
<i>Total Amount Requested:</i>	
<i>Average Projected Cost per Client:</i>	
<i>Date of Submission:</i>	

Attachment D - Checklist for Submitting Proposals

All proposals responding to the HELP ME GROW Request for Proposals must include the following

- Cover page with summary information
- Checklist for Submitting Bids
- Competitive Proposal Affidavit
- Representations, Assurances and Certifications
- Declaration Regarding Material Assistance/ No Assistance to a Terrorist Organization
- Entity Proposal Narrative
- Budget Summary
- Certificate of Liability Insurance

Attachment E - COMPETITIVE PROPOSAL AFFIDAVIT
State of Ohio

I, _____,
(Name of person signing affidavit) (Title)

swear that _____
(Name of Individual, Corporation, or Organization)

(NON-COLLUSION AFFIDAVIT) its agents, officers, or employees have not directly, nor indirectly, entered into any agreements, participated in any collusion, nor taken any action to restrain free competition in connection with this proposal.

(NON-DISCRIMINATION AFFIDAVIT) its agents, officers or employees will not discriminate in the hiring of employees for work under this proposal or in providing services sent forth in this proposal on the basis of race, color, religion, sex, age, disability, national origin or ancestry, or political affiliation or belief.

(PERSONAL PROPERTY TAX DELINQUENCY STATEMENT) The organization is not now charged with any delinquent personal property taxes on the general tax list of personal property of the county. If such delinquency is now charged, a statement setting forth the unpaid delinquent taxes and any due and unpaid penalties and interest now follows:

(CERTIFICATION). The information contained in this proposal fairly represents the organization and its proposed operating plans and price for the Scope of Services and Deliverables described in the Request for Proposals of the Help Me Grow program. I acknowledge that I have read and understand the requirements and provisions of this Request for Proposals, and this organization is prepared to provide the Scope of Services and Deliverables, as specified in this proposal.

I further certify that all information contained in this proposal is true and correct, and shall be open to verification, should the Ottawa County Department of Job and Family Services choose to do so.

I certify that I am authorized to sign the attached proposal, and to commit this organization to the provisions described in the Scope of Services and Deliverables, and other provisions contained in the Request for Proposals. Furthermore, I can and do certify that this is a firm offer to complete the items outlined in the Request for Proposals.

Continued on following page...

Finally, I do certify that this organization is not currently involved in any state of formal bankruptcy proceedings.

Signature of Authorized Representative of Bidding Entity Date

Sworn to and subscribed before me this _____ day of _____

(Notary Public)

My Commission Expires: _____

_____, Ohio.

Attachment F - REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

1. Company Name: _____
2. Company Address: _____
3. Telephone Number: _____ FAX: _____
4. The name and telephone number of the person(s) who has the authority to submit proposals:

5. The name and telephone number of the person(s) who has the authority to sign contracts:

6. The legal status of the bidder=s organization(e.g. corporation, sole proprietor ship, post-secondary education institution, etc.)

7. Date of establishment/ incorporation: _____
8. Federal Employer Identification Number (FEIN): _____
9. Worker=s Compensation Account Number: _____
10. Unemployment Insurance Account Number: _____
11. Is the company co-owned or controlled by a parent company? Yes No
If yes, name of parent company: _____
12. Is the bidder authorized/ licensed to do business in the state of Ohio? Yes No
13. Is the bidder bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? Yes No
If yes, has the company filed all required EEO reports to the necessary agencies? Yes No
14. The company certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. Yes No
15. Does the company have current or future plans for a buyout or sale? Yes No

16. The company certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this Request for Proposals. Yes No
17. The company certifies it will not use the contract funds to lobby? Yes No
18. The company certifies it is a drug-free work place? Yes No
19. The company certifies it is not delinquent on any Federal debt? Yes No
20. The company certifies that it does not have any Findings for Recovery with the State of Ohio Auditor. Yes No

***** FOR INSTRUCTIONAL USE ONLY *****

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

- | | |
|----------------------------------|--------------------------------|
| Administration | Ohio Homeland Security* |
| Ohio Bureau of Motor Vehicles | Ohio Investigative Unit |
| Ohio Emergency Management Agency | Ohio Criminal Justice Services |
| Ohio Emergency Medical Services | Ohio State Highway Patrol |

- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

***** FOR INSTRUCTIONAL USE ONLY *****

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

APPLICANT SIGNATURE X	DATE
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OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

Terrorist Exclusion List

As of March 16, 2009

U.S. Department of State List of Designated Foreign Terrorist Organizations

1. Abu Nidal Organization (ANO) (International, Palestinian)
2. Abu Sayyaf Group (ASG) (Philippines)
3. Al-Aqsa Martyrs Brigade (Palestinian)
4. Al-Shabaab (Somali)
5. Ansar al-Islam (Iraqi Kurdistan)
6. Armed Islamic Group (GIA) (Algeria)
7. Asbat al-Ansar (Lebanon)
8. Aum Shinrikyo (Japan)
9. Basque Fatherland and Liberty (ETA) (Spain, France)
10. Communist Party of the Philippines/New People's Army (CPP/NPA) (Philippines)
11. Continuity Irish Republican Army (Northern Ireland)
12. Gama'a al-Islamiyya (Egypt)
13. HAMAS (Islamic Resistance Movement) (Palestinian)
14. Harakat ul-Jihad-i-Islami/Bangladesh (HUJI-B) (Bangladesh)
15. Harakat ul-Mujahidin (HUM) (Kashmir, India)
16. Hizballah (Party of God) (Lebanon)
17. Islamic Jihad Group (Syria)
18. Islamic Movement of Uzbekistan (IMU) (Uzbekistan)
19. Jaish-e-Mohammed (Army of Mohammed) (JEM) (Kashmir, India)
20. Jemaah Islamiya organization (JI) (Southeast Asia)
21. al-Jihad (Egyptian Islamic Jihad) (Egypt)
22. Kahane Chai (Kach) (Israel)
23. Kongra-Gel (KGK, formerly Kurdistan Workers' Party, PKK, KADEK, Kongra-Gel) (Turkey, Iran, Iraq, Syria)
24. Lashkar-e Tayyiba (Army of the Righteous) (LT) (Kashmir)
25. Lashkar i Jhangvi
26. Liberation Tigers of Tamil Eelam (LTTE) (Sri Lanka)
27. Libyan Islamic Fighting Group (LIFG) (Libya)
28. Moroccan Islamic Combatant Group (GICM) (Morocco)
29. Mujahedin-e Khalq Organization (MEK) (Iran)
30. National Liberation Army (ELN) (Colombia)
31. Palestine Liberation Front (PLF) (Palestinian)
32. Palestinian Islamic Jihad (PIJ) (Palestinian)
33. Popular Front for the Liberation of Palestine (PFLP) (Palestinian)
34. PFLP-General Command (PFLP-GC) (Palestinian)
35. Tanzim Qa'idat al-Jihad fi Bilad al-Rafidayn (QJBR) (al-Qaida in Iraq) (formerly Jama'at al-Tawhid wa'al-Jihad, JTJ, al-Zarqawi Network) (Iraq)
36. al-Qa'ida (Global)
37. al-Qa'ida in the Islamic Maghreb (formerly GSPC) (The Maghreb)
38. Real IRA (Northern Ireland)
39. Revolutionary Armed Forces of Colombia (FARC) (Colombia)
40. Revolutionary Nuclei (formerly ELA) (Greece)
41. Revolutionary Organization 17 November (Greece)
42. Revolutionary People's Liberation Party/Front (DHKP/C) (Turkey)
43. Shining Path (Sendero Luminoso, SL) (Peru)
44. United Self-Defense Forces of Colombia (AUC) (Colombia)

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U.S. Department of State Terrorist Exclusion List

1. Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidatul Afghanistan)
2. Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
3. Al-Hamati Sweets Bakeries
4. Al-Ittihad al-Islami (AIAI)
5. Al-Manar
6. Al-Ma'unah
7. Al-Nur Honey Center
8. Al-Rashid Trust
9. Al-Shifa Honey Press for Industry and Commerce
10. Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
11. Alex Boncayao Brigade (ABB)
12. Anarchist Faction for Overthrow
13. Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
14. Asbat al-Ansar
15. Babbar Khalsa International
16. Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
17. Black Star
18. Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)
19. Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
20. Darkazanli Company
21. Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salafiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaatt Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daaoua es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
22. Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
23. First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
24. Harakat ul Jihad i Islami (HUJI)
25. International Sikh Youth Federation
26. Islamic Army of Aden
27. Islamic Renewal and Reform Organization
28. Jamiat al-Ta'awun al-Islamiyya
29. Jamiat ul-Mujahideen (JUM)
30. Japanese Red Army (JRA)
31. Jaysh-e-Mohammed
32. Jayshullah
33. Jerusalem Warriors
34. Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
35. Libyan Islamic Fighting Group
36. Loyalist Volunteer Force (LVF)
37. Makhtab al-Khidmat
38. Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)

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39. Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
40. New People's Army (NPA)
41. Orange Volunteers (OV)
42. People Against Gangsterism and Drugs (PAGAD)
43. Red Brigades-Combatant Communist Party (BR-PCC)
44. Red Hand Defenders (RHD)
45. Revival of Islamic Heritage Society (Pakistan and Afghanistan offices – Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
46. Revolutionary Proletarian Nucleus
47. Revolutionary United Front (RUF)
48. Salafist Group for Call and Combat (GSPC)
49. The Allied Democratic Forces (ADF)
50. The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
51. The Lord's Resistance Army (LRA)
52. The Pentagon Gang
53. The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))
54. The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabillillah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
55. Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
56. Turkish Hizballah
57. Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
58. Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
59. Youssef M. Nada & Co. Gesellschaft M.B.H.

U.S. Treasury Department's Designated Charities and Potential Fundraising Front Organizations for FTOs

1. Makhtab al-Khidamat / Al Kifah (formerly U.S.-based, Pakistan)
2. Al Rashid Trust (Pakistan)
3. Wafa Humanitarian Organization (Pakistan, Saudi Arabia, Kuwait, United Arab Emirates)
4. Rabita Trust (Pakistan)
5. Ummah Tameer E-Nau (Pakistan)
6. Revival of Islamic Heritage Society - Pakistan and Afghanistan Branches (Kuwait, Afghanistan, Pakistan)
7. Afghan Support Committee (Afghanistan, Pakistan)
8. Al Haramain Foundation (Indonesia, Kenya, Pakistan, Tanzania, Bosnia, Somalia, Bangladesh, Afghanistan, Albania, Ethiopia, Netherlands, Comoros Islands, and United States branches)
9. Aid Organization of the Ulema (Pakistan)
10. Global Relief Foundation (United States)

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11. Benevolence International Foundation (United States):
12. Benevolence International Fund (Canada)
13. Bosanska Idealna Futura (Bosnia)
14. Stichting Benevolence International Nederland (Netherlands)
15. Lajnat al Daawa al Islamiyya (Kuwait, Pakistan, Afghanistan)
16. Al Akhtar Trust (Pakistan)
17. Taibah International (Bosnia)
18. Al Haramain & Al Masjed Al Aqsa Charity Foundation (Bosnia)
19. Al Furqan (Bosnia)
20. Islamic African Relief Agency (IARA) / Islamic Relief Agency (ISRA) (Sudan, United States and 40 other branches throughout the world)
21. The Holy Land Foundation for Relief and Development (United States)
22. Al Aqsa Foundation (United States, Europe, Pakistan, Yemen, South Africa)
23. Comité de Bienfaisance et de Secours aux Palestiniens (France)
24. Association de Secours Palestinien (Switzerland)
25. Interpal (Palestinian Relief & Development Fund) (United Kingdom)
26. Palestinian Association in Austria (Austria)
27. Sanibil Association for Relief and Development (Lebanon)
28. Elehssan Society (Palestinian territories)
29. Aleph (Aum Shinrikyo/Aum Supreme Truth)
30. Rabbi Meir David Kahane Memorial Fund (Kahane Chai and Kach)
American Friends of the United Yeshiva (Kahane Chai and Kach)
American Friends of Yeshivat Rav Meir (Kahane Chai and Kach)
Friends of the Jewish Idea Yeshiva (Kahane Chai and Kach)
31. Irish Republican Prisoners Welfare Association (Real IRA)
32. Socorro Popular Del Peru/People's Aid of Peru (Sendero Luminoso/Shining Path)