

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

Issue Date: April 30, 2012

Closing Date: 10:00 a.m., Tuesday, May 29, 2012

Contact Person:

**Stephanie Kowal
Ottawa County Department of Job and Family Services
8043 W. State Route 163, Suite 200
Oak Harbor, Ohio 43449
(419)898-3688, ext. 249
1-800-665-1677**

**Ottawa County Help Me Grow Central Coordination and Service Coordination
Request for Proposal and Contracting Timeline
Program Period 2012-2013**

Activity	Date
Release of Request for Proposals for the Help Me Grow Services, 2012-2013	8:00 a.m., Monday, April 30, 2012
Pre-Bid Conference	1:00 p.m., Monday, May 7, 2012
Last Date for Submission of Written Questions on Request for Proposals	4:30 p.m., Friday, May 11, 2012
Last Date for OCDJFS to post responses to Written Questions on Request for Proposals	4:30 p.m., Tuesday, May 15, 2012
Due Date for Bid Submission	10:00 a.m., Tuesday, May 29, 2012
Bid Opening	10:05 a.m., Tuesday, May 29, 2012
Present Bid Submissions to Council	9:00 a.m., Friday, June 1, 2012
Contract Negotiations Begin	Monday, June 4, 2012
Contract Negotiations Complete/ All Signatures Acquired	4:30 p.m., Thursday, June 28, 2012
Transition Between Providers (if applicable)	June 1 through June 30, 2012
Help Me Grow Services 2012-2013 Contract Effective Date	Sunday, July 1, 2012

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, 2012 through June 30, 2013, with the option of renewing the contract, at the same cost, terms and conditions, for July 1, 2013 through June 30, 2014, based on funding availability and performance of originally contracted services.

The Ottawa County FCFC requires an integrated approach to service delivery. The purpose of Help Me Grow 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:

- the Catalog of Federal Domestic Assistance (CFDA) Number 84.181A;
- Part C of the Individuals with Disabilities Education Act, Public Law 108-446;
- General Revenue Funds (GRF) authorized by the 129th General Assembly in amended substitute House Bill 153

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 2012 through June 2013	
Part C of the Individuals with Disabilities Education Act	\$ 55,042.00
General Revenue Funds for Service Coordination	\$ 33,487.00
General Revenue Funds for Central Coordination	\$ 15,828.00
Total Funding for Central Coordination and Service Coordination	\$ 104,357.00

All funds are subject to change based on State and Federal budget cuts. 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., Tuesday, May 29, 2012. 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: Stephanie Kowal. A public bid opening will be held at 10:05, Tuesday, May 29, 2012, 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 Services Request for Proposals:

- Request for Proposal
- Attachment A: Help Me Grow Budget and Contract Expenditure Program Report (required for proposal)
- Attachment B: Help Me Grow Application EI Services Program Report (required for proposal)
- Attachment C: Help Me Grow Mid-Year EI Services Program Report (required program report; not due with proposal)
- Attachment D: Help Me Grow Final EI Services Program Report (required program report; not

due with proposal)

- Attachment E: Proposal Response Cover Page
- Attachment F: Proposal Checklist
- Attachment G: Competitive Proposal Affidavit
- Attachment H: Representations, Assurances and Certifications
- Attachment I: Declaration Regarding Material Assistance / No Assistance to a Terrorist Organization

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 Help Me Grow, 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 Central Coordination and Service Coordination offers the following program elements to children, Birth to age Three:

- 1.) Public awareness, child find activities, electronic central directory, centralized intake and referral site (Central Coordination)
- 2.) Eligibility determination, needs assessments, Service Coordination, Individualized Family Service Plan (IFSP) development, implementation and review, Transition Services (Service Coordination)
- 3.) Family to Family Support (Service Coordination)

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 Services as summarized below (defined by Chapter 3701-8 of the Ohio Administrative Code which can be found at www.odh.ohio.gov):

Help Me Grow Early Intervention Service Coordination

1. Begin delivery of all services under this program, using the specified minimum qualifications and certification requirements of staff, immediately upon execution of the contract.

2. Provide service coordination to eligible families in the Help Me Grow system using qualified and supervised personnel, at no cost to the families.
3. Act as a single point of contact for carrying out activities
4. Assist parents of eligible children in obtaining access to needed Early Intervention services and other services identified on the IFSP including referrals to providers
5. Coordinate the provision of early intervention services that child needs or is being provided
6. Coordinate evaluations and assessments
7. Facilitate and participate in the development, review and evaluation of IFSP's
8. Conduct referrals and other activities to assist families in identifying available Early Intervention providers
9. Coordinate, facilitate and monitor the delivery of services to ensure services are provided within 30 days of the signed IFSP
10. Conduct follow up activities to determine that appropriate Early Intervention services are being provided
11. Inform families of their rights and procedural safeguards
12. Inform family of all activities for which their consent is sought
13. Coordinate funding sources for Early Intervention services needed
14. Facilitate the development of transition plan when exiting HMG
15. 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.
16. Track client services, funding eligibility, and expenditures delivered.
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.

Help Me Grow Central Coordination

21. Implement coordinated public awareness activities for both Help Me Grow Early Intervention (Service Coordination) and Help Me Grow Home Visiting programs.
22. Coordinate child find activities for both Help Me Grow Early Intervention (Service Coordination) and Help Me Grow Home Visiting programs
23. Create and maintain an electronic central directory
24. Establish and maintain centralized intake and referral procedures

IV. Budget Requirements

Bidder will submit an operational budget for Help Me Grow services, using the attached budget worksheets (Attachment A). Budget outlined in proposal will follow attached Budget Worksheet (Attachment A), 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, 2012 through June 30, 2013, with the option to renew for the period of July 1, 2013 through June 30, 2014, 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:

1. **Personnel:** Include number of personnel, breakdown of salaries and benefits, indicate personnel function, list personnel who will provide service for this program, including their credentials and educational background.
2. **Operations:**
 - A. Rent: List anticipated rent costs associated with the program
 - B. Promotion: List of promotional materials used to promote the program
 - C. Audit: List any audit costs associated with the program.
 - D. Insurance: List any insurance costs related to the operation of the program
 - E. Mileage reimbursement: List travel projected in miles, and cost per mile related to delivering program services.
 - F. Other travel: List travel projected in miles, and cost per mile associated with other program requirements (i.e. travel to trainings, seminars, or workshops).
 - G. Seminars/Workshops: List anticipated costs associated with trainings, seminars, or workshops associated with the program (i.e. registration fees)
 - H. Office Supplies: List of consumable goods that may be used to support the program
 - I. Educational Supplies
 - J. Postage
 - K. Telephone: List anticipated telephone costs associated with the program.
 - L. Printing
3. **Equipment:** List any equipment that may be purchased to support this program, and anticipated cost.
4. **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, 2012 through June 30, 2013 with the option to renew for the period of July 1, 2013 through June 30, 2014, 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 1:00 p.m, Monday, May 7, 2012, 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 Stephanie Kowal. The questions and answers will be distributed at the Bidder's Conference.

All answers issued in response to Provider questions become part of the RFP process, and will be communicated on the county's web site as an update to the RFP posting.

After the Bidder's Conference, questions regarding this Request for Proposals can be directed, in writing, to Stephanie Kowal, by FAX, E-mail, or United States mail. FAX number is (419) 898-2048. E-Mail is kowals@odjfs.state.oh.us. No questions will be accepted after 4:30 p.m., Friday, May 11, 2012. The final responses to all written questions submitted will be posted to county

website at co.ottawa.oh.us legal notices, relative to this RFP, by the close of business on Tuesday, May 15, 2012.

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., Tuesday, May 29, 2012**. 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 a 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 a 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., Tuesday, May 29, 2012, and addressed to:**

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

At 10:05 a.m., Tuesday, May 29, 2012, all submitted Proposals for Help Me Grow Services 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 Stephanie Kowal in writing. Contact may be made by FAX: (419)-898-2048, Email: (kowals@odjfs.state.oh.us), or United States Postal Service (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 (Attachment E)
2. Checklist for submitting proposal (Attachment F)
3. Competitive Proposal Affidavit (Attachment G)
4. Representations, Assurances and Certifications (Attachment H)
5. Declaration Regarding Material Assistance/ No Assistance to a Terrorist Organization (Attachment I)
6. Entity Project Information and Qualifications / Proposal Narrative
7. Budget Summary (Attachment A)
8. EI Services Program Report (Attachment B)
9. 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"> • cover page information completed, • all items completed on check list, • signed affidavit provided, • signed representations/ assurances/ certifications provided • Declaration of Non-Material Support completed and signed • Proposal • Budget Worksheet • EI Services Program Report • Certificate of Liability Insurance 	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	
Family to Family Support	4	
Multi-Disciplinary Evaluations, Specialized Services in everyday routines, activities and places	4	
Service Coordination/ IFSP Development, Implementation and Review	4	
Family Support Services	4	
Outreach/Child Find activities	4	
Intake/ procedural Safeguards	4	
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:		

Help Me Grow Service Coordination: Providers of EI Service Types

Program Name: _____

Grant Number: _____

EI Service Type	Provider name(s) available to serve children in grant service area
Assistive Technology	
Audiology	
Family Training, counseling, and home visits	
Health Services	
Medical Services	
Nursing Services	
Nutrition Services	
Occupational therapy	
Physical therapy	
Psychological services	
Service Coordination services	
Sign language and cued language services	
Social Work services	
Special Instruction	
Speech-language pathology	
Transportation and related costs	
Vision services	

Mid-Year Program Report

Help Me Grow Service Coordination: Providers of EI Service Types

Program Name: _____

Grant Number: _____

EI Service Type	Provider name(s) available to serve children in grant service area For each, indicate if provider was: Added (A) or Lost (L) since application	Write what the program has done to educate, identify, recruit, or contract with providers who could serve the geographic area the subgrantee serves since Application was submitted
Assistive Technology		
Audiology		
Family Training, counseling, and home visits		
Health Services		
Medical Services		
Nursing Services		
Nutrition Services		
Occupational therapy		
Physical therapy		
Psychological services		
Service Coordination services		
Sign language and cued language services		
Social Work services		
Special Instruction		
Speech-language pathology		
Transportation and related costs		
Vision services		

Final Program Report**Help Me Grow Service Coordination: Providers of EI Service Types**

Program Name: _____

Grant Number: _____

EI Service Type	Provider name(s) available to serve children in grant service area For each, indicate if provider was: Added (A) or Lost (L) since Mid-Year Report	Write what the program has done to educate, identify, recruit, or contract with providers who could serve the geographic area the subgrantee serves since Mid-Year
Assistive Technology		
Audiology		
Family Training, counseling, and home visits		
Health Services		
Medical Services		
Nursing Services		
Nutrition Services		
Occupational therapy		
Physical therapy		
Psychological services		
Service Coordination services		
Sign language and cued language services		
Social Work services		
Special Instruction		
Speech-language pathology		
Transportation and related costs		
Vision services		

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

HELP ME GROW Proposal Response Cover Page

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

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.

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 Bureau of Motor Vehicles

Ohio Emergency Management Agency

Ohio Emergency Medical Services

Ohio Homeland Security*

Ohio Investigative Unit

Ohio Criminal Justice 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 *****


 OHIO DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF HOMELAND SECURITY
<http://www.homelandsecurity.ohio.gov>

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, financial services, 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
HOME PHONE		WORK PHONE
COUNTY		

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 above on of this declaration.

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

U.S. Department of State
Terrorist Exclusion List
December 29, 2004

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 Afghania)
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 Salifiya; 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)