

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

Issue Date:

April 16, 2010

Closing Date: 10:00 a.m., Friday, April 30, 2010

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 2010-2011**

Activity	Date
Release of Request for Proposals for the Help Me Grow Program, 2010-2011	8:00 a.m., Friday, April 16, 2010
Pre-Bid Conference	11:00 a.m., Wednesday, April 21, 2010
Last Date for Submission of Written Questions on Request for Proposals	4:30 p.m., Friday, April 23, 2010
Last Date for OCDJFS to Respond, in Writing, to Written Questions on Request for Proposals	4:30 p.m., Tuesday, April 27, 2010
Due Date for Bid Submission	3:00 p.m., Friday, April 30, 2010
Bid Opening	3:05 p.m. Friday, April 30, 2010
Contract Negotiations Begin	Monday, May 10, 2010
Contract Negotiations Complete/ All Signatures Acquired	4:30 p.m., Wednesday, May 12, 2010
Transition Between Providers (if applicable)	June 1 through June 30, 2010
Help Me Grow Program 2010 – 2011 Contract Effective Date	Thursday, July 1, 2010

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, 2010 through June 30, 2011, with the option of renewing the contract, at the same cost, terms and conditions, for July 1, 2011 through June 30, 2012, 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;
- o American Recovery and Reinvestment Act of 2009

Actual funding availability for this project will be determined in the State of Ohio Budget. For planning purposes only, 2009-10 allocations were as follows:

July 2009 through June 2010	
General Revenue Funds	\$ 101,068
Part C of the Individuals with Disabilities Education Act	\$29,680
American Recovery and Reinvestment Act Funds	\$22,485
Total Available	\$153,233

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 3:00 p.m., Friday, April 30, 2010. 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 3:05, Friday, April 30, 2010, 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.) Child find activities, intake and procedural safeguards
- 2.) Developmental screening, evaluation and assessment
- 3.) Family assessment, Service Coordination, Individualized Family Service Plan (IFSP) development, implementation and review
- 4.) Transition services
- 5.) Procedural safeguards and due process procedures for Part C eligible children and their families.
- 6.) Family support

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, 2010 through June 30, 2011, with the option to renew for the period of July 1, 2011 through June 30, 2012, 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, 2010 through June 30, 2011, with the option to renew for the period of July 1, 2011 through June 30, 2012, 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 11:00 a.m., Wednesday, April 21, 2010, 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, April 23, 2010. The final responses to all written questions submitted will be faxed or e-mailed to registered bidders by the close of business on Tuesday, April, 27, 2010.

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 **3:00 p.m., Friday, April 30, 2010**. 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 3:00 p.m., Friday, April 30, 2010, 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 3:05 p.m., Friday, April 30, 2010, 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"> ○ cover page information completed, ○ all items completed on check list, ○ signed affidavit provided, ○ signed representations/ assurances/ certifications provided ○ Proposal, ○ Budget Worksheet ○ Certificate of Liability Insurance ○ 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:		

Parents & Caregivers • Professional • Referrals • About Help Me Grow



site search Search

I Need Help With . . .

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[Healthy Habits during pregnancy](#)

[Thinking about having a baby](#)

[Pregnancy](#)


[Feeding My 2 Year Old](#)

News

[3.08.2010 - NEW! March of Dimes Needs Help!](#)

[2.17.2010 - FFY10 Part C Application posted](#)

Features

 [Claire's Law- Shaken](#)

What can Help Me Grow do for you?

Help nurture your child's health and development for success in life.

Help Me Grow is a program for Ohio's expectant parents, newborns, infants and toddlers that provide health and developmental services so children start school healthy and ready to learn. Help Me Grow provides the building blocks for success for Ohio's families. Click here to learn more about Help Me Grow in your community.




Parents and Caregivers


You are your child's best authority. Parents are the primary source of nurturing and helping your child grow and learn during the first three years of life. No one knows your child better than you. Take control today and invest in your child's future.



Professionals

Baby Syndrome

 Infant Hearing Program

 Infant and Toddler Guidelines for Ohio

Help Me Grow supports many early childhood professionals from a variety of backgrounds. Early childhood professionals link families and children in a collaborative network to meet children's unique needs. Click here to view the many resources and information...



Refer to Help Me Grow

To make a referral, choose a category below and click the "Next" button:

- Family Member
- Professional
- Other



HMG Glossary & Terms

HMG FAQs

Parents' Rights

Links

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P: (614) 644-8389

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**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
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OCDJFS Signature to Authorize Payment	Date
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**Ottawa County Department of Job & Family Services
SAMPLE MONTHLY MILEAGE REPORT**

Provider:	Month
Contract:	

Staff Name:	Staff Title
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Date of Travel	From	To	Miles Driven
Total Miles Driven			

Mileage Reimbursed at **\$.55/ mile**

Total Mileage Reimbursement Amount \$

I certify that the statements made hereon are true, that the mileage listed was actually driven on contract business. I also certify that I have automobile liability insurance	
Staff Signature/ Date:	Supervisor Signature/ 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

Attachment G

EXHIBIT ORC

Affidavit in Compliance with Sections 3517.13, 9.24 and 5719.042 of the Ohio Revised Code

STATE OF OHIO

SS:

COUNTY OF _____

Personally appeared before me the undersigned, as an individual or as a representative of _____ (Vendor) for a contract for _____ (Type of Product or Service) to be let by the County of Ottawa, who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under Ohio Revised Code (O.R.C.) Sections 3517.13, 9.24 and 5719.042, and further states that the undersigned has the authority to make the following representation on behalf of himself or herself or of the Vendor:

1. That none of the following has **individually** made after April 4, 2007, and that, if awarded a contract for the purchase of goods or services with a cost aggregating more than \$10,000.00 in a calendar year, none of the following **individually** will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, as an individual, one or more campaign contributions totaling in excess of \$1,000.00, to any member of the Ottawa County Board of Commissioners or their individual campaign committees:
 - a. myself (if applicable);
 - b. any partner or owner or shareholder of the partnership (if applicable);
 - c. any owner of more than 20% of the corporation or business trust (if applicable);
 - d. each spouse of any person identified in (a) through (c) of this section;

- e. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (c) of this section (only applicable to contributions made on or after January 1, 2007).
2. That none of the following have **collectively** made after April 4, 2007, and that, if awarded a contract for the purchase of goods or services with a cost aggregating more than \$10,000.00 in a calendar year, none of the following **collectively** will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, one or more campaign contributions totaling in excess of \$2,000.00, to any member of the Ottawa County Board of Commissioners or their individual campaign committees:
- a. myself (if applicable);
 - b. any partner or owner or shareholder of the partnership (if applicable);
 - c. any owner of more than 20% of the corporation or business trust (if applicable);
 - d. each spouse of any person identified in (a) through (c) of this section;
 - e. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (c) of this section;
 - f. any political action committee affiliated with any person identified in divisions (a) through (c) of this section.
3. This representation applies if the contract is estimated to exceed \$25,000.00 or if the aggregate of multiple contracts between Ottawa County and Vendor exceed \$50,000.00 within the fiscal year prior to the fiscal year within which this contract is being entered.

The Vendor affirmatively represents and warrants to Ottawa County that it is not subject to a finding for recovery under O.R.C. 9.24, or that it has taken appropriate remedial steps required under O.R.C. 9.24 or otherwise qualifies under that section. The Vendor agrees that if this representation or warranty is deemed to be false, the Agreement shall be void *ab initio* as between the parties to this Agreement, and any funds paid by Ottawa County hereunder immediately shall be repaid to Ottawa County or an action for recovery immediately may be commenced by Ottawa County for recovery of said funds.

4. This representation applies to any contract let by competitive bid (O.R.C. 5719.042).

Vendor 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 Ottawa County.

5. Vendor understands that Ottawa County includes the Ottawa County Board of Commissioners or any other public official having ultimate responsibility for the award of the contract.

Vendor

by: _____
Signature

Typed/Printed Name and Title

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public