



Chip Spinning, Director
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Children's Services • Child Support • Social Services • Income Maintenance • Workforce Development

LEGAL NOTICE

Request for Proposals

Proposals will be received by the Madison County Department of Job & Family Services (MCDJFS), 200 Midway St., London, OH 43140 until 4:00 p.m., Friday, May 22, 2009 for the selection of various qualified providers/contractors of social services, such as:

Adoption services/home studies
Adult basic education
Adult Literacy
Adult tutors
Child care provider training
Counseling/ therapy
Driver's training
Drug screening
Employment job training
Employment verification
Family stability services
Health screenings

Homemakers
Home Health Aides
Identity verification
Interpreters
Parenting
Psychological-assessment evaluation
Respite
Translation services
Website design/ hosting/ computer support
Transportation

These would be contracted services. Submitted proposals must be completed according to the specifications and provisions outlined in the Request for Proposal (RFP). If interested, the RFP is available for pick up by potential bidders at the MCDJFS office during regular working hours or download the RFP by going to the site: www.co.madison.oh.us, under Bid Opening and Public Notices.

This notice is posted, as of April 28, 2009, at www.co.madison.oh.us, under Bid Openings and Public Notices.

If unable to obtain the RFP, please contact Steve Kaifas at (740) 852-6037. Proposals will be opened and read thereafter at the MCDJFS.

A contract will be negotiated for the period beginning July 1, 2009 and ending June 30, 2010. An additional two-year extension may then be negotiated without release of another request for proposal (RFP). The Madison County Commissioners promote open and free competition, reserve the right to accept or reject any and all proposals, and to waive any informalities or irregularities in the best interest of the County.

Legal Notice: Publish two (2) times: May 1 and May 8, 2009

Madison Press



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Madison County Department of Job and Family Services Request for Proposals (RFP) Social Service Providers

Section I General Purpose and Vendor Information

1.1 Purpose of this Request for Proposals

The Madison County Department of Job & Family Services (hereinafter called MCDJFS) is seeking various social service providers. The types of providers are outlined in Section II. These providers will serve Madison county participants in a variety of programs and will be contracted services.

1.2 Program Goal

MCDJFS enters into agreements with multiple providers each year. Their goal is to efficiently and effectively deliver client services the Agency is unable to provide alone.

1.3 Limitations

This Request for proposal (RFP) does not commit MCDJFS to award agreements or to pay any cost incurred in the preparation of a proposal. MCDJFS promotes open and free competition, reserves the right to accept or reject any or all proposals, and to waive any informalities or irregularities in the best interest of the County. MCDJFS reserves the right to negotiate services and cost with applicants, and to cancel in part or in its entirety this RFP.

MCDJFS will review each proposal with respect to price, applicant's administrative and programmatic capabilities, and conformance to the RFP criteria. MCDJFS may reject responses if proposed rates are unreasonable or if the applicants do not meet the RFP acceptance criteria. MCDJFS reserves the right to enter into as many agreements as possible for the best quality service and price to benefit the community's needs.

All proposals submitted in response to this RFP will become the property of MCDJFS.

1.4 Agreement Period

MCDJFS is seeking to contract with providers for services to be delivered from July 1, 2009 through June 30, 2010. **MCDJFS retains the option of extending the contract period for two additional years, through June 30, 2012, without the release of another Request for Proposal (RFP).**

1.5 Anticipated Procurement Timetable

<u>Date</u>	<u>Activity</u>
Week of April 27, 2009	RFP released to potential providers
May 12, 2009 @ 10:00 am	Prospective Provider's Conference
May 22, 2009 @ 4:00 pm	DEADLINE FOR PROVIDERS TO SUBMIT PROPOSALS
May 26, 2009	Selected candidates interviews begin (if necessary).
Week of May 26, 2009	Request for authorization of contracts submitted for approval to the Board of Madison County Commissioners. All applicants notified.
Week of June 15, 2009	Final agreements negotiated with MCDJFS.
July 1, 2009	Agreements effective-service provision begins.

MCDJFS reserves the right to revise this schedule after providing reasonable notice.

1.6 Prospective Provider's Meeting

A meeting of prospective applicants has been scheduled for 10:00a.m., Tuesday, May 12, 2009, at the Madison County Department of Job and Family Services, 200 Midway St., London, OH 43140. We will address any questions or concerns. Answers will be posted on the county website, www.madison.oh.us.

1.7 Proposal Submission Requirements

One hard copy of the proposal and completed forms should be submitted before 4:00pm, Friday, May 22, 2009, which will be opened and read immediately thereafter.

FAXED COPIES ARE NOT ACCEPTABLE.

SUBMIT TO:

Madison County Department of Job & Family Services
Attn: Steve Kaifas
200 Midway St.
London, OH 43140
PH# (740) 852-6037

1.8 Proposal Evaluation

Staff from the MCDJFS will review all proposals. Proposals will be rated utilizing a rating sheet which appears as Appendix I. Face to face meetings with some applicants may be requested. Recommendation will be forwarded for final approval by the Madison County Board of Commissioners.

1.9 Protest Procedure

Two types of protests can be submitted:

A. Any potential or actual bidder objecting to the matters relating to the process of soliciting the proposals (RFP's), must submit a protest in the form of a written statement and contain the information from below. The protest must be submitted no later than 3:00 PM on the closing date for receipt of proposals.

B. Any potential or actual bidder objecting to the award of a contract resulting from this RFP, must submit their protest in the form of a written statement and contain the information from below. The protest must be submitted no later than 3:00 PM of the tenth (10) calendar day after the issuance of the Letter of Intent to award the contract.

Information required in protest statement:

1. Name, address, and phone number of protestor.
2. Name of organization/ individual protesting.
3. A detailed statement(s) of factual grounds for protest.
4. Any other information the protestor believes to be essential to the determination of the questions at the issue in the written protest.

A timely protest shall be considered by MCDJFS, if it is received within the submittal guidelines. Upon review of the facts provided in the written request for a review, the director may at his or her discretion schedule a formal review meeting.

Should the review meeting be scheduled, it will be held within five (5) working days of receipt of the request for a review. The director will render a written decision within fifteen (15) working days from receipt of the request.

All protests must be submitted at the following location:

Chip Spinning

Director

Madison County Department of Job and Family Services

200 Midway St.

London, OH 43140

Section II Scope of Work

MCDJFS is looking to contract the following services for a variety of programs:

- 2.1 Adult Basic Education
- 2.2 Adult Literacy
- 2.3 Adult Tutors
- 2.4 Adoption Services/Home Studies
- 2.5 Child Care Provider Training
- 2.6 Counseling/Therapy
- 2.7 Driver's Training
- 2.8 Drug Screening
- 2.9 Employment Job Training
- 2.10 Employment Verification
- 2.11 Family Stability Services
- 2.12 Health Screenings
- 2.13 Homemakers
- 2.14 Home Health Aides
- 2.15 Identity Verification
- 2.16 Interpreters/ Translation Services
- 2.17 Parenting
- 2.18 Psychological assessment evaluations
- 2.19 Respite
- 2.20 Transportation
- 2.21 Website Design/Hosting/Computer Support

Section III Program and Cost Proposal

Potential social service providers should submit the *Social Service Provider Proposal* form (enclosed in the packet) and **Attachments** that addresses each of the following:

*** You may submit additional documentation if necessary.**

3.1 Identifying information

The name of the individual or proposing organization, address, name of contact person, telephone number, and email address should be clearly identified.

3.2 Previous experience

The applicant's previous experience in providing similar or related services should be demonstrated.

3.3 Services to be provided

Describe your plan and any unique features of the services that you provide. You may include a summary of the proposed curriculum. Demonstrate your availability and response time. If services are the same as last year, you may indicate that.

3.4 References

The name of your references; including address, phone number, and name of contact person.

3.5 Rates

List the current hourly or unit rate(s) that you charge.

3.6 Budget

If applicable; submit a budget that utilizes the format as in **Attachment A**, that includes all expected costs listed below; (A) salaries- list each position and % of FTE separately, (B) fringe benefits, (C) telephone, (D) occupancy-rent/utilities, (E) printing/postage, (F) staff training/travel/mileage reimbursement, (G) supplies and equipment, (H) insurance, (I) advertising/promotions, (J) memberships/professional fees, (K) administrative/indirect expense- methodology for assigning administrative or indirect costs.

3.7 Evidence based/ Collaboration

If applicable, please provide supporting documentation. Describe on-going collaboration with current partners as well as new relationships that would develop.

3.8 Needs Assessment/ Duplication of Services

If applicable, is the service you are proposing, meeting an identified need for the best interest for the County. Is this service similar to another program in the county, if so, please explain your difference.

3.9 Other Requirements

- a. **Attachment B-** Complete and submit a Declaration Regarding Campaign Contributions.
- b. **Attachment C-** Complete and submit a Declaration Regarding Material Assistance to a Terrorist.

- c. **Attachment D-** Complete and submit a Declaration of Assurance that no staff providing direct services under this contract has been convicted of, or pled guilty to, a violent crime against children, as defined in the Ohio Revised Code 5153.11.1, as verified by a satisfactory completion of a background check.
- d. **Attachment E- *If applicable*,** provide copies of appropriate insurances, certifications, or licenses for your operational services.

Section IV Responsibilities of the Department

4.1 Referrals

For services to children and families, a formal referral will be made utilizing MCDJFS to the provider.

4.2 Training

Programmatic and fiscal technical assistance may occur during the contract period. This occurs either through desk review at MCDJFS or visits with the providers. Monitoring of the contracts provides MCDJFS assurance that services the Agency is purchasing are being offered to MCDJFS clients and also serves to ensure that the federal dollars allocated to each program are appropriately utilized.

4.3 On-Going Communication

MCDJFS will monitor quality and quantity of services provided. Because MCDJFS also recognizes its responsibility to respond to problems and concerns identified by the Provider, MCDJFS staff will be available for assistance when needed.

Appendix I

PROPOSAL EVALUATION SHEET

Type of Service: _____ Provider Name: _____

Proposal Requirements	Rating scale: 1-5	Reviewers' comments:
3.1 Identifying information: Name, address, contact person, phone #, and email clearly identified		
3.2 Previous experience: Provider demonstrated prior experience in delivering services requested.		
3.3 Services to be provided: Provider described their plan/ training or services offered. Demonstrated availability and response time.		
3.4 References: Provider has named and listed references with all applicable information.		
3.5 Rates: Current rates are listed.		
3.6 Budget: If applicable, Budget is realistic and maximizes use of limited resources and includes all expected costs (Attachment A).		
3.7 Evidence Based: If applicable, Provider gave supporting documentation.		
3.7 Collaboration: Provider described on going collaboration as well as new relationships that may develop.		
3.8 Needs Assessment: If applicable, Provider is meeting the identified needs for the best interest of the county.		
3.8 Duplication of Services: Provider is similar service to another program in the county.		
3.9 Other Requirements:: Provider submitted Attachments B, C, D, and if applicable, Attachments A and E.		
Total points awarded:		
Reviewer's name:		Date:

Attachment A

SAMPLE BUDGET	July 1, 2009 to June 30, 2010
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	ANNUAL BUDGET
PROGRAM CHARGES	
SALARIES (FTE)	
Instructor (FTE)	
Support staff (FTE)	
FRINGE BENEFITS (each staff)	
PRINTING/ POSTAGE	
ADVERTISING/ PROMOTIONS	
MEMBERSHIPS/ PROF. FEES	
SUPPLIES/ EQUIPMENT	
STAFF TRAINING	
STAFF TRAVEL/ MILEAGE REIMBURSEMENT	
SUB TOTAL	
ADMINISTRATIVE CHARGES	
SALARIES (FTE)	
Support staff (FTE)	
FRINGE BENEFITS (each staff)	
PRINTING/ POSTAGE	
TELEPHONE	
OCCUPANCY/ RENT/ UTILITIES	
SUPPLIES/ EQUIPMENT	
INSURANCE	
ADVERTISING/ PROMOTIONS	
MEMBERSHIPS/ PROF. FEES	
SUB TOTAL	
GRAND TOTAL	

* This budget is for sample purposes, providers may add or delete categories to suit their needs.

Attachment B

AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13 OF THE OHIO REVISED CODE

STATE OF OHIO
COUNTY OF MADISON

SS:

Personally appeared before me the undersigned, as an individual or as a representative of
_____ for a contract for _____
(Name of Entity) (Type of Service)

to be let by Madison County, 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 Section 3517.13, and further states that the undersigned has the authority to make the following representation on behalf of himself or herself or of the business entity:

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 in a calendar year, none of the following **individually** will make, beginning on the date of 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 Madison 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 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 Madison 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.

Signature _____

Title: _____

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

Notary Public _____

My Commission Expires: _____

Attachment C

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/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

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

LAST NAME		FIRST NAME		MI
BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	

DECLARATION

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

For each question, indicate either circle “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

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety’s Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

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 fifth degree felony. 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.

X _____

Applicant

Date

Attachment D

Certification

I hereby certify that no staff providing direct services under this contract has been convicted of, or pled guilty to, a violent crime against children, as defined in the Ohio Revised Code 5153.11.1, as verified by a satisfactory completion of a background check.

Signature

Date

Attachment E

Other Requirements:

If applicable, provide any copies of appropriate insurances, certifications, or licenses for your operational services. Please label as Attachment E in your proposal.



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200 Midway Street • London, Ohio 43140
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Children's Services • Child Support • Social Services • Income Maintenance • Workforce Development

Social Service Provider Proposal
to:
Madison County Department of Job and Family Services

For agreement year: July 1, 2009- June 30, 2010
With possibility to renew agreement for two additional one year agreements.

PLEASE COMPLETE THIS FORM FOR YOUR INDIVIDUAL OR ORGANIZATION'S PROPOSAL

- * You may submit additional documentation if necessary.*
- * Deadline for submission of proposals is May 22, 2009 @ 4:00 PM.*

TYPE OF SERVICE(S) YOU PROVIDE: _____

3.1 IDENTIFYING INFORMATION:

Name of individual or organization:

Name: _____

Address: _____

City/State/Zip: _____

Phone number: (_____) _____

Email: _____

Contact person(if different than name): _____

3.2 PREVIOUS EXPERIENCE:

Please explain your prior experience in providing the above service.
(i.e., your background, years in service)

3.3 SERVICES TO BE PROVIDED:

Please describe your services or training to be provided. What are your overall goals?
What is your availability or response time? *If necessary, you may attach a narrative explanation.*

3.4 REFERENCES:

List references:

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

Contact person: _____ Contact person: _____

3.5 RATES:

List your: current hourly rate(s): _____

OR

current unit rate(s): _____

3.6 BUDGET:

If applicable; list or attach budget information,(see **Attachment A** from proposal)

3.7 EVIDENCE BASED/COLLABORATION:

If applicable, provide what evidence exists to support the links between service activities and service effect. Describe on-going work with current partners, as well as new relationships that would develop.

3.8 NEEDS ASSESSMENT/ DUPLICATION OF SERVICES:

If applicable, describe why your service(s) is needed/ continued in the county. Is this service similar to another service/ program in the county? Is so, please explain how your service is unique or may make you different.

3.9 OTHER REQUIREMENTS: (Located in the RFP)

Complete and submit Attachments B, C, and D.
Complete and submit Attachment E (*If applicable*).

Signature

Date