**REQUEST FOR PROPOSAL**

**BUSINESS SERVICES**

Under the Provisions of the Workforce Innovation and Opportunity Act (WIOA)

**Issued by:**

South Central Ohio Job & Family Services

475 Western Avenue

PO Box 469

Chillicothe, OH 45601

Contact: Glenda Greenwalt

Phone: (740) 772-7451

Fax: (740) 772-7552

Email: [SCOJFSRFP@jfs.ohio.gov](mailto:SCOJFSRFP@jfs.ohio.gov)

**RFP Dates of Importance:**

**Date issued:**   **April 5, 2021**

**Intent to Bid (Notice Due/Required): April 16, 2021**

(A non-binding indication of interest, this insures that responding organizations/entities receive all subsequent e-mail correspondence regarding the RFP process and answers to all questions from others interested in bidding.)

**Proposals Due:** **May 7, 2021 by 4:00 p.m.**

**Intent to Award:** **June 3, 2021**

**Program to Begin:** **July 1, 2021**

**Questions can be sent to the above e-mail address from April 12-23, 2021. The Questions and Answers will be sent by e-mail to all PROVIDERS that have submitted an Intent to Bid on April 30, 2021.**

This RFP consists of 28 consecutively numbered pages. Please verify that you have a complete copy.

**I. EXECUTIVE SUMMARY**

**A. PURPOSE**

South Central Ohio Job and Family Services (SCOJFS), OhioMeansJobs, a member of Workforce Investment Area 20 (comprised of Fairfield County, Pickaway County and South Central Ohio Job and Family Services) is soliciting proposals from organizations interested in providing Business Services under the provisions of the Workforce Innovation and Opportunity Act (WIOA), to individuals in Hocking, Ross, and Vinton Counties.

If a suitable proposal is received in response to this RFP, SCOJFS may enter into a contract to have the selected Contractor (PROVIDER) perform all or part of the work. This RFP provides details required for submitting a proposal for the work, how SCOJFS will evaluate the proposals, and what is required of the PROVIDER in performing the work.

This RFP also gives the estimated dates for the various events in the submission process, selection process, and performance of the work. While these dates are subject to change, prospective PROVIDERs must be prepared to meet them as they currently stand.

The term of the Contract will be from July 1, 2021 through June 30, 2022 and may be renewed for one (1) additional year based upon satisfactory performance. Continuation is dependent upon performance and available funding.

Any failure to meet a deadline in the submission or evaluation phases and any objection to the dates for performance of the Project may result in SCOJFS refusing to consider the Proposal of the PROVIDER.

**II. SCOPE OF SERVICES**

A key outcome for this RFP is to solicit proposals from a broad spectrum of providers with an interest in providing Business Services under the provisions of WIOA. Proposals must address the areas of Business Services to include, but not limited to:

1. Marketing OhioMeansJob Business Services
2. Soliciting job orders
3. Facilitating the posting of job orders to web site(s), job board(s), OhioMeansJobs, and various social media outlets.
4. Assessing employee training needs
5. Developing training programs for businesses
6. Collaborating with Area 20 and OhioMeansJobs partners to cultivate and maintain business relationships that lead to the procurement of sites for unpaid work experience
7. Facilitating targeted recruiting
8. Otherwise brokering OhioMeansJobs services to insure responsive and timely assistance for employers
9. Measuring and reporting business satisfaction with services provided
10. Enhancing linkages between the OhioMeansJobs offices and the business community

**III. PROGRAM ADMINISTRATION**

**A. Program Administration**

SCOJFS will award contracts on a cost reimbursement basis. A minimum score of 75% on the Proposal Evaluation Criteria Form, Attachment 1, must be met to be considered for a contract. The services requested in this RFP may be provided by a single entity or a collaboration of organizations. A collaboration of organizations would be a group of two or more agreeing to work together to deliver various program elements. A lead organization will facilitate the assembly of collaborators. The lead agency is responsible for submitting the proposal on behalf of the collaboration. If collaborative relationships are part of the program delivery strategy, each proposed collaboration must identify the relationship between the collaborators and the lead agency, and there must be an agreement that the lead agency will act as the single fiscal agent for the collaboration.

At this time, SCOJFS plans to award per the following breakdown by county

**Hocking County $8,000**

**Ross County $8,000**

**Vinton County $8,000**

WIOA funds are federal funds and as such are not to be used to supplant existing programs. Funds provided under WIOA shall only be used for activities that are in addition to those that would otherwise be available in the local area in the absence of such funds. Program costs consist of goods and services which directly affect program design and program participants for whom services are provided by the Provider (and /or collaborators) and include services in either a work environment or training setting. Examples of costs that could be legitimately incurred by the administration of a workforce development program include: staff compensation; supplies and supportive services; etc.

**B.** **Reporting Requirements**

Reporting requirements will be established with the selected vendor.

**C.** **Eligible Providers**

The approach of SCOJFS is to identify effective providers which could be an individual person, a private-for-profit business entity, private non-profit corporation, or public entity.

**D**. **Other Applicable Statutes**

PROVIDERs must comply with the following (this list is not exhaustive):

1. Civil Rights Laws: See 42 U.S.C. §2000d et seq
2. Section 504 of the Rehabilitation Act of 1973, See 29 U.S.C. §794, Section 504.
3. Title II of the Americans with Disabilities Act of 1990 (ADA) Contracts See. 42 U.S.C. §1201 et seq.
4. The Age Discrimination Act of 1975 See 42 U.S.C 5101 et seq.
5. Employment Laws including but not limited to Fair Labor Standards Act (FLSA), the Occupational Safety and Health Act (OSHA), Unemployment Insurance (UI).

**E. General Terms**

See Attachment II for the General Terms & Conditions.

**IV. PROPOSAL CONTENTS & SUBMITTAL**

**A.** PROVIDER must submit one (1) complete, signed original in blue ink for a total of one (1) copy. Proposals may be submitted electronically, in color, and emailed to [SCOJFSRFP@jfs.ohio.gov](mailto:SCOJFSRFP@jfs.ohio.gov)

**B**. By submitting a proposal, the PROVIDER acknowledges that it has read this RFP, understands it and agrees to be bound by its requirements.

**C.** All Proposals and other material submitted will become the property of South Central Ohio Job and Family Services. Proprietary information should not be included in a Proposal or supporting materials because South Central Ohio Job and Family Services will have the right to use any materials or ideas submitted in any Proposal without compensation to the PROVIDER. Additionally, all Proposals will be open to the public after the award of the Contract.

SCOJFS will retain all Proposals, or a copy of them, as part of the Contract file for at least fifteen (15) years. After the retention period, SCOJFS may destroy or otherwise dispose of the Proposals or the copies.

**D**. Each Proposal must contain the following information in the order as stated below, to be considered for funding:

**1**. Proposal Cover Sheet – Form 2

**2.** Program Narrative

**3.** PROVIDER Disclosure of Location of Services and Data

**4.** Staffing Plan

**5.** Work Plan (Technical Proposal)

**6.** Conflict of Interest Statement

**7.** Payment Address

**8.** Budget Forms

**9.** Certification Letter from Signatory Authority

**10.** Management Assurances

**11.** Affirmative Action Policy Statement

**12.** Certification Regarding Debarment and Suspension

**1**. **Proposal Cover / Summary Sheet.** The cover sheet – Form 2, will provide an executive summary of the solution the PROVIDER plans to provide and must be signed by an individual authorized to legally bind the PROVIDER.  The summary must also include the following:

a. A statement regarding the PROVIDER’s legal structure (e.g., an Ohio non-profit 501(C) (3) corporation), Federal tax identification number, and principal place of business;

b. A list of the people who prepared the Proposal, including their titles;

c. The name, phone number, fax number, e-mail address, and mailing address of a contact person who has authority to answer questions regarding the Proposal;

d. A list of all subcontractors, if any, that the PROVIDER will use on the Project if the PROVIDER is selected to do the work;

e. For each proposed subcontractor, the PROVIDER must attach a letter from the subcontractor, signed by someone authorized to legally bind the subcontractor, with the following included in the letter:

1. The subcontractor’s legal status, tax identification number, and principal place of business address;

2. The name, phone number, fax number, e-mail address, and mailing address of a person who is authorized to legally bind the subcontractor to contractual obligations;

3. A description of the work the subcontractor will do;

4. A commitment to do the work if the PROVIDER is selected;

5. A statement that the subcontractor has read and understood the RFP and will comply with the requirements of the RFP; and

6. A statement that the subcontractor will maintain any permits, licenses, and certifications required to perform work;

f. A statement that the PROVIDER’s proposed solution for the Project meets all the requirements of this RFP;

g. A statement that the PROVIDER has not taken any exception to the Terms and Conditions;

h. A statement that the PROVIDER does not assume there will be an opportunity to negotiate any aspect of the proposal;

i. A statement indicating the PROVIDER will comply with all Federal and Ohio (Ohio Revised Code) Laws and Rules of the Ohio Administrative Code as those law and rules are currently enacted and promulgated, and as they may subsequently be amended and adopted, but not limited to those referenced laws listed in Section III, Letter D & E.

j. A statement that the PROVIDER shall not substitute, at Project start-up, different personnel from those evaluated by SCOJFS except when a candidate’s unavailability is no fault of the PROVIDER (e.g. Candidate is no longer employed by the PROVIDER, is deceased, etc.); and

Additional pages may be attached, if needed.

**All PROVIDERs who seek to be considered for a contract award must submit a response that contains an affirmative statement using the language in paragraph(s) a. through j. above.**

**2. Program Narrative.** A program narrative should include:

* Description of the program, what services will be provided, and how they will be delivered, including days and hours of operation
* Targeted communication and coordination strategies
* Minimum experience and training for program staff
* Collaborative efforts, if any, including additional funding sources
* A quality assurance plan for the program that includes a list of quality indicators and a proposed schedule or process review

**3. PROVIDER Disclosure of Location of Services and Data.** As part of the Proposal, the PROVIDER must disclose the following:

a. The location(s) where all services will be performed;

b. The location(s) where any state data applicable to the Contract will be maintained or made available; and

c. The principal location of business for the PROVIDER and all subPROVIDERs.

During the performance of this Contract, the PROVIDER must not change the location(s) of the county where the services are performed, change the location(s) of the county where the data are maintained, or made available without prior written approval of SCOJFS.

**4. Staffing Narrative.** The PROVIDER must provide a staffing narrative that identifies all personnel required to do the Project and their responsibilities on the Project. SCOJFS is seeking a staffing narrative that matches the proposed Project key personnel and qualifications to the activities and tasks that will be completed on the Project. In addition, the plan must have a discussion of the PROVIDER’s ability to provide qualified replacement personnel.

**5. Work Plan (Technical Proposal).** SCOJFS encourages responses that demonstrate a thorough understanding of the nature of the Work and what the PROVIDER must do to complete the Work satisfactorily. The PROVIDER must submit for this section of the proposal the Work Plan that will be used to create a consistent, coherent management plan of action that will be used to guide the Work. The Work Plan should include detail sufficient to give SCOJFS an understanding of the PROVIDER’s knowledge and approach.

**6.** **Conflict of Interest Statement.** Each Proposal must include a statement indicating whether the PROVIDER or any people that may work on the Project through the PROVIDER have a possible conflict of interest (e.g., employed by SCOJFS, etc.) and, if so, the nature of that conflict. SCOJFS has the right to reject a Proposal in which a conflict is disclosed or cancel the Contract if any interest is later discovered that could give the appearance of a conflict.

**7.** **Payment Address.** The PROVIDER must give the address to which payments to the PROVIDER will be sent.

**8. Budget Forms.** This RFP includes Budget Forms. The PROVIDER's total cost for the entire Project must be broken down for each deliverable.

**9.** **Certification Letter from Signatory Authority.** Form can be found under V. ATTACHMENTS, Appendices, A.

**10. Management Assurances.** Form can be found under V. ATTACHMENTS, Appendices, B.

**11. Affirmative Action Policy Statement.** Form can be found under V. ATTACHMENTS, Appendices, C.

**12. Certification Regarding Debarment and Suspension.** Form can be found under V. ATTACHMENTS, Appendices, D.

**SCOJFS will not be liable for any costs the PROVIDER does not identify in its Proposal.**

**V. ATTACHMENTS**

**Attachments**

I. Proposal Evaluation Form

II. General Terms & Conditions

III. Organizational Information Cover Sheet

IV. Budget Forms

**Forms**

1. Intent to Bid

2. Proposal Cover Sheet

3. Staffing Summary Form

4. Planned Performance Form – Business & Industry

**Appendices**

1. Certification Letter from Signatory Authority
2. Management Assurances
3. Affirmative Action Policy Statement
4. Certification Regarding Debarment and Suspension

**VI. CONSIDERATIONS**

Proposal Selection Criteria are included as Attachment I to this request for proposal (RFP).

This RFP does not constitute an offer. Acceptance of proposals for review does not commit the contracting SCOJFS office to award a contract, nor is it liable for any costs incurred in the preparation of proposals. SCOJFS reserves the right to award contracts to a single applicant, multiple applicants or to reject any and all proposals received. SCOJFS reserves the right to negotiate services and costs on any or all proposals received or cancel in part or entirety this RFP.

Proposals submitted in response to this RFP must comply with the specifications stated herein. Failure to do so may result in the applicant being eliminated from consideration. At the option of SCOJFS, any or all aspects of the successful applicant’s proposals will become contractual obligations if acquisition action ensues. Failure of the successful applicant to accept these obligations in the contractual agreement may result in the cancellation of the award. Granting of a contract for these services depends on the availability of Federal / State / Local funds and continued authorization for funds under current legislation. The applicant understands and agrees that any subsequent contract or agreement resulting from a successful proposal may, at any time, be amended unilaterally by SCOJFS. Upon notification, the applicant agrees to abide by the amended provisions.

**VII. PROTEST**

1. A protest may be filed by a prospective organization objecting to the award of a contract resulting from this RFP. A protest shall be in writing and shall contain the following:

a. Name, address, and telephone number of protester

b. RFP name and issue date

c. Detailed statement of the grounds for the protest, including copies of appropriate portions of the RFP

1. A timely protest shall be considered by SCOJFS. A timely protest is a protest received by Glenda Greenwalt within five (5) working days of the date of the letter of notification that the proposal submitted by the applicant was not accepted.
2. The written protest can be mailed to SCOJFS:

**Glenda Greenwalt**

**South Central Ohio Job & Family Services**

**PO Box 469**

**475 Western Avenue**

**Chillicothe, Ohio 45601**

**Or e-mailed to:**

**SCOJFSRFP@jfs.ohio.gov**

**VIII. INQUIRIES**

Questions must be submitted by e-mail to the attention of Glenda Greenwalt (SCOJFSRFP@jfs.ohio.gov). This is the only acceptable method of inquiry during the course of this RFP. All parties submitting “Intent to Bid” form will receive e-mailed responses to all questions submitted by other interested parties. It is the responsibility of each bidder to provide an e-mail address.

**ATTACHMENT I**

**PROPOSAL EVALUATION CRITERIA**

**Any RFP not meeting the minimum score of 75% will be automatically disqualified**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **POINTS** | **APPLICANT RESPONSE** | **COMMENTS** |
| 1 | Max = 10 | Proposal is well organized, concise, and easy to read |  |
| 2 | Max = 20 | Demonstration of successful delivery of services, including the ability to provide services and organizational capabilities. |  |
| 3 | Max = 20 | Competitive costs, including cost reasonableness |  |
| 4 | Max = 10 | A history of competent tracking, monitoring, and evaluation of systems of delivery and program reports |  |
| 5 | Max = 20 | A history of successful program performance |  |
| 6 | Max = 20 | A history of success in serving target populations |  |
|  | Total Points Possible =100 |  |  |
| Additional Comments:­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**ATTACHMENT II**

**General Terms & Conditions**

1. **RECORD KEEPING:** PROVIDER shall maintain independent books, records, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this CONTRACT. Such records shall be subject at all reasonable times to inspection, review, or audit by duly authorized federal, state, and SCOJFS personnel.

2. **MAINTENANCE OF RECORDS:** PROVIDER shall maintain and preserve all financial and other records related to this CONTRACT, including but not limited to any documentation used in the administration of the program, in its possession for a period of fifteen years from the date of the submitted invoice.

If any litigation, claim, negotiation, audit, or other action involving records maintained by PROVIDER has been started before the expiration of the fifteen-year period, the PROVIDER shall retain the records until completion of the action and all issues which arise from it or until the end of the fifteen-year period, whichever is later.

3. **INDEMNIFICATION:** PROVIDER shall at all times during the existence of this CONTRACT indemnify and save harmless SCOJFS, the Ohio Department of Job & Family Services and the Board of County Commissioners, against any and all liability, loss, damage, and/or related expenses arising out of the negligent acts or omissions of the PROVIDER occurring during the performance of this CONTRACT, including, but not limited to, the costs of litigation and attorney's fees.

4. **INSURANCE:** PROVIDER agrees to maintain a policy of liability insurance in the minimum amount of $1,000,000 per person and $1,000,000 per occurrence to cover any negligent acts or omissions committed by PROVIDER or his employees or agents during the performance of any duties under this CONTRACT.

5. **INDEPENDENT AUDIT:** PROVIDER shall, if required by the director of the SCOJFS on the basis of evidence of misuse or improper accounting of funds or substantial errors for which the PROVIDER is responsible, have conducted an independent audit of expenditures or determinations of eligibility or both and make copies of the audit available to SCOJFS.

6. **STATE AND FEDERAL AUDIT EXCEPTIONS:** PROVIDER shall accept responsibility for receiving, replying to and/or complying with any audit exception by appropriate state or federal audit directly related to the provisions of the PROVIDER CONTRACT.

(a) The PROVIDER agrees to pay the SCOJFS the full amount of payment received for services not covered by the PROVIDER CONTRACT.

(b) The PROVIDER agrees to pay the SCOJFS the full amount of payment received for duplicate billing, erroneous billings, deceptive claims or falsification.

7. **INDEPENDENT PROVIDER:** PROVIDER is an independent PROVIDER pursuant to the terms of this CONTRACT. PROVIDER, its employees, agents, subcontractors or others working in the employ or at the direction of PROVIDER shall not be considered employees of SCOJFS, and PROVIDER, its employees, agents, subcontractors or others working in the employ or at the direction of PROVIDER shall not be by the execution of this CONTRACT entitled to or eligible for participation in any benefits or privileges given or extended by SCOJFS to its employees.

8. **SUBCONTRACTING:** When PROVIDER deems it necessary to deliver services of the quantity and quality specified in this CONTRACT by a subcontractor, PROVIDER may subcontract with the express written approval of SCOJFS as to the duties and obligations of the subcontractor and the choice of said subcontractor or subcontractors. All such subcontracts shall be in the same form as this CONTRACT and subject to the same terms, conditions and covenants contained in this CONTRACT. No such subcontracts shall in any case relieve PROVIDER of any duty, obligation or liability undertaken by PROVIDER pursuant to this CONTRACT.

9. **CONFIDENTIAL INFORMATION:** PROVIDER agrees that all information and records concerning a public assistance recipient are confidential, that PROVIDER shall release no information or records to any third party, unless the public assistance recipient gives voluntary, written consent to the dissemination of such information or records that specifically identifies the persons or government entities to which the information or records may be released. Access to such information and records by PROVIDER is restricted to information essential to PROVIDER to render services or assistance or to bill for services or assistance rendered. PROVIDER shall not use information or records pursuant to this CONTRACT for purposes other than those set out in this CONTRACT. PROVIDER shall be bound by rules on disclosure promulgated and adopted by the Ohio Department of Job and Family Services. Any disclosure of information or records made available to PROVIDER by SCOJFS in a manner not authorized by said rules is a violation of section 5101.27 of the Ohio Revised Code and is punishable as provided in section 5101.99 of the Ohio Revised Code.

10. **DISCRIMINATION AGAINST CERTAIN INDIVIDUALS PROHIBITED:** In carrying out this CONTRACT, SCOJFS and PROVIDER agree not to discriminate against any employee or applicant for employment because of race, religion, national origin, ancestry, color, sex, sexual orientation, age, disability, and/or Vietnam veteran status. SCOJFS and PROVIDER shall, in all solicitations or advertisements for employees placed by or on behalf of that party, state that all qualified applicants will receive consideration for employment without regard to race, religion, national origin, ancestry, color, sex, sexual orientation, age, disability, Vietnam veteran status, PROVIDER shall incorporate these requirements in all their agreements, contracts and subcontracts for work related to this CONTRACT.

11. **DRUG-FREE WORKPLACE:** SCOJFS and PROVIDER certify and affirm that any government or private entities associated with the duties and responsibilities to be performed pursuant to this CONTRACT agree to comply with all applicable state and federal laws and administrative regulations regarding a drug free workplace. SCOJFS and PROVIDER will make a good-faith effort to ensure that all employees of a government or private entity performing duties and responsibilities under this CONTRACT, while working on State, county or private property, will not purchase, transfer, use or possess illegal drugs or alcohol or abuse prescription drugs in any way.

12. **CHILD SUPPORT ENFORCEMENT:** PROVIDER agrees to cooperate with ODJFS and any Ohio Child Support Enforcement Agency in ensuring that PROVIDER's employees meet child support obligations established under state law. In the performance of this CONTRACT, any subcontract made relative to these duties, shall also be governed by cooperation with child support enforcement laws.

13. **CONTRACTS WITH RELIGIOUS ORGANIZATIONS:** In accordance with sections 307.987 and 5101.212 of the Ohio Revised Code, any contract made with a religious organization must be governed by section 104 of the PRWORA of 1996, P.L. 104-193; 42 U.S.C. section 604.

14. **LAWS OF STATE OF OHIO GOVERN:** This CONTRACT shall be governed by the laws of the State of Ohio to the exclusion of the law of any other jurisdiction.

15. **TERMS OF CONTRACT SEVERABLE:** A judicial or administrative finding, order or decision that any part of this CONTRACT is illegal or invalid shall not invalidate the remainder of this

16. **PROVIDER CERTIFICATION:** PROVIDER certifies that it is a public agency or a private non-profit organization that serves a useful public service to the general community, or is a private for profit organization, and that its facilities meet all federal, state and local health, safety and labor standards.

17. **MONITORING AND EVALUATION:** SCOJFS and PROVIDER shall monitor the manner in which the terms of this CONTRACT are being carried out and evaluate the extent to which its objectives are being achieved. PROVIDER shall submit monthly and quarterly reports to SCOJFS which include measures of: fiscal performance, service-delivery performance and output-effectiveness performance. SCOJFS will provide appropriate forms for monitoring and evaluating the Programs.

**ATTACHMENT III**

**ORGANIZATIONAL INFORMATION** **COVER SHEET**

**(Required for all Proposals)**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corporation No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if applicable)

Type of Organization: (Check the most appropriate one)

[ ] Local Government [ ] Public Post-Secondary Education

[ ] Public School System [ ] Private Post-Secondary Education

[ ] Private Non-Profit Organization [ ] Technical/Trade School

[ ] Private For-Profit Organization [ ] Private Consultant

[ ] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

1. Have you contracted with any member county listed in this RFP or any other CDJFS agency in the past 3 years? [ ] Yes [ ] No

If Yes, Which Office(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For What Service(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For What Year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT IV**

**BUDGET INSTRUCTIONS AND BUDGETFORMS**

**(Required for all Proposals)**

***South Central Ohio Job and Family Services***

***Budget Forms***

**Applicant Information**

Agency Name

|  |  |  |
| --- | --- | --- |
| Address | City |  |
| State | Zip Code |  |
| Executive Director/President | Phone |  |
| Fiscal Contact | Phone |  |

Email Address

**Contract Information**

Contract Budget Period From To

Amount Requested

Total Cost per Unit Served

Total Units Served (non-duplicated) Total Hours/Days per Unit

A Unit = Unit Rate =

**Budget Summary Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff Costs** | | **Program A** | **Program B** | **Program C** |  |
|  | Salaries |  |  |  |
|  | Payroll Related Expenses |  |  |  |
|  | Consultation Fees |  |  |  |
| **TOTAL STAFF COSTS** | | |  |  | |

**Operational Costs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Travel |  |  |  |
|  | Consumable Supplies |  |  |  |
|  | Occupancy |  |  |  |
|  | Insurance |  |  |  |
|  | Indirect Costs |  |  |  |
|  | Other - Miscellaneous |  |  |  |
|  | Supportive Services |  |  |  |
|  | Stipends |  |  |  |

**TOTAL OPERATIONAL COSTS**

**Equipment Costs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Small Equipment Purchases |  |  |  |
|  | Leased and Rented Equipment |  |  |  |
| **TOTAL EQUIPMENT COSTS** | | |  |  |

**TOTAL BUDGET**

**A. DETAIL - SALARIES**

Total Hours for Budget

Salary for Budget Period (Salary/hour X Total hours)

Employee Name and Position Title Salary per Hour

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |
| **Total Salary Cost** | | |  |  |  |

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

Period **Program A Program B Program C**

**B. DETAIL - PAYROLL-RELATED EXPENSES**

**1** Social Security

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Worker's Compensation |  |  |  |  |
| Unemployment Insurance |  |  |  |  |
| Retirement Expense |  |  |  |  |
| Hospitalization Insurance Premium |  |  |  |  |
| Medicare |  |  |  |  |
| Other - |  |  |  |  |
| Other - |  |  |  |  |
| Other - |  |  |  |  |
| Other - |  |  |  |  |
| **Total Payroll-Related Expenses** | |  |  |  |

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Indicate Formula Used **Program A**

**Program B Program C**

**C. DETAIL - CONSULTATION FEES *Note: Attach service agreement or fee schedule***

Estimated No. of

Description

**1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Total Consultation Fees** | | |  |  |  |

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Hours Hourly Rate **Program A Program B Program C**

**TOTAL STAFF COSTS**

**D. DETAIL - TRAVEL EXPENSE**

**1**

|  |  |  |  |
| --- | --- | --- | --- |
| Gasoline & Oil |  |  |  |
| Vehicle Repair |  |  |  |
| Vehicle License |  |  |  |
| Vehicle Insurance |  |  |  |
| Other - *please identify* |  |  |  |
| Mileage Reimbursement @ / mile |  |  |  |
| Conference, Meetings, etc. |  |  |  |
| Purchased Transportation |  |  |  |
| **Total Travel Cost** |  |  |  |

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**Program A Program B Program C**

**E. DETAIL - CONSUMABLE SUPPLIES EXPENSE *Note: Attach an itemized list of possible consumable supplies***

**Program A Program B Program C**

**1**

|  |  |  |  |
| --- | --- | --- | --- |
| Office Supplies |  |  |  |
| Program Supplies |  |  |  |
| Training |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| **Total Consumable Supplies Cost** |  |  |  |

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**5**

**F. DETAIL - OCCUPANCY COSTS**

**1**

|  |  |  |  |
| --- | --- | --- | --- |
| Office Space total sq ft  cost /sq ft  Utilities-if not included in rent Maintenance Heat Electricity Telephone Water  Other |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Occupancy Cost** |  |  |  |

Total cost/month X Budget Period

Total Cost/Month **Program A Program B Program C**

**2**

**G. DETAIL - INSURANCE COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Liability - Covers damage done to persons/property other than that of contractor |  |  |  |
| **2** Property | |  |  |  |
| **3** Accident | |  |  |  |
| **4** Other - *please identify* | |  |  |  |
| **5** Other - *please identify* | |  |  |  |
| **6** Other - *please identify* | |  |  |  |
| **Total Insurance Cost** | |  |  |  |

**1**

**Program A Program B Program C**

**H. DETAIL - INDIRECT COSTS (i.e., Administrative Overhead)**

**1**

|  |  |  |  |
| --- | --- | --- | --- |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| Other - *please identify* |  |  |  |
| **Total Indirect Cost** |  |  | |
| **Provide brief narrative justifying Administrative Cost above:** | | | |

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**Program A Program B Program C**

**I. DETAIL - OTHER/MISC (including media costs) *Note: Attach an itemized list of miscellaneous costs***

**Program A Program B Program C**

**1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Memberships/Subscriptions | | |  |  |  |
| Printing | | |  |  |  |
| Mailing/Postage | | |  |  |  |
| Other - *please identify* | | |  |  |  |
| Other - *please identify* | | |  |  |  |
| Other - *please identify* | | |  |  |  |
| Other - *please identify* | | |  |  |  |
| Other - *please identify* | | |  |  |  |
| Other - *please identify* | | |  |  |  |
| Other - *please identify* | | |  |  |  |
| **Total Other/Misc. Cost**  **ETAIL - SUPPORTIVE SERVICES FOR PARTICIPANTS**  # of Units Cost Per | | | **Program A** | **Program B** | **Program C** |
| Transportation |  |  |  |  |  |
| Education |  |  |  |  |  |
| Other - *please identify* |  |  |  |  |  |
| Other - *please identify* |  |  |  |  |  |
| Other - *please identify* |  |  |  |  |  |
| Other - *please identify* |  |  |  |  |  |

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**J. D**

**1**

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**6**

**Total Supportive Services**

**K. DETAIL - STIPENDS PAID TO PARTICIPANTS**

**STIPENDS** (Indicate Formula Used) # of Units Cost Per **Program A Program B Program C**

**1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| Participants Name |  |  |  |  |  |
| **Total Stipends** | | |  |  |  |

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**L. DETAIL - SMALL EQUIPMENT PURCHASES (Under $1,000) *Note: Prior approval will be needed for equipment purchases***

A B C D E F

Amt. Charged

Item of Equipment

**1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item |  |  |  |  |  |
| Item |  |  |  |  |  |
| Item |  |  |  |  |  |
| Item |  |  |  |  |  |
| Item |  |  |  |  |  |
| Item |  |  |  |  |  |
| Item |  |  |  |  |  |

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**4**

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**7**

Qty Charged to

Program Cost per Item

Total Cost

(B x C)

% Used for

Program

to Program (D

x E)

**Total Small Equipment Purchases**

**M. DETAIL - LEASED & RENTED EQUIPMENT**

A B C D E F

Item of Equipment

(include model & year)

**1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item - |  |  |  |  |  |
| Item - |  |  |  |  |  |
| Item - |  |  |  |  |  |
| Item - |  |  |  |  |  |
| Item - |  |  |  |  |  |
| Item - |  |  |  |  |  |
| Item - |  |  |  |  |  |

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**7**

Qty Charged to

Program Cost per Item

Annual Usage/

Rental Charge

(B x C)

% Used for

Program

Amt. Charged

to Program (D

x E)

**N. Provide brief budget narrative here justifying the total cost proposal:**

**Please give a clear definition of each unit of service for each program being proposed. A unit can be per hour, per class, per participant, etc. Describe the specific activities that will be provided to comprise each unit.**

**Page Intentionally Left Blank**

**FORM 1**

**Intent to Bid**

**E-mail this completed form by April 16, 2021:**

**Email:** [**SCOJFSRFP@jfs.ohio.gov**](mailto:SCOJFSRFP@jfs.ohio.gov)

|  |  |
| --- | --- |
| **Organization Name:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Contact Person & Title:** |  |
| **E-Mail:** |  |

**FORM 2**

**Proposal Cover Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| *Proposal Cover Sheet* | | | |
| Agency/Organization: |  | | |
| Mailing Address: |  | | |
| Contact Person: |  | | |
| Phone: | E-mail: | | |
|  |  | | |
| ***Proposal Summary:*** *(brief overview)* | |  |
| |  |  | | --- | --- | | ***$*** | **TOTAL Funds Requested** | | | |

To the best of my knowledge and belief, all information in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances if the proposal is selected for funding.

|  |  |
| --- | --- |
|  |  |

## **Typed Name of Authorized Representative Title of Authorized Representative**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Signature of Authorized Representative Date**

**FORM 3**

**STAFFING SUMMARY FORM**

Instructions: List all staff positions dedicated to meeting the intent and outcomes of the proposal. List all positions to be funded (wholly or partially) with WIOA funding, whether those positions are in-house or procured through vendor-based agreements. Indicate position title, function/responsibility, and total number of FTEs. Include positions dedicated to management, IT, accounting, case management, instruction and any other staffing function which you intend to fund through the proposed program.

|  |  |  |  |
| --- | --- | --- | --- |
| POSITION TITLE | # OF FTES | AREA(S) OF RESPONSIBILITY and QUALIFICATIONS | Percent of position’s total FTE charged to this program |
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|  |  |  |  |
| Total FTEs: |  | Total FTE’s charged to this program: |  |

**FORM 4**

**PLANNED PERFORMANCE FORM – BUSINESS & INDUSTRY**

**Instructions**: The purpose of this table is to illustrate your annual performance capacity in providing services and meeting performance targets for the period July 1, 2021 through June 30, 2022.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLAN LEVELS** | **1st Q** | **2nd Q** | **3rd Q** | **4th Q** | **Total** |
| **Total Businesses Contacted** |  |  |  |  |  |
| **Total New Businesses Contacted** |  |  |  |  |  |
| **Total Businesses Placing Job Postings** |  |  |  |  |  |
| **Total Businesses Placing Exclusive Job**  **Postings** |  |  |  |  |  |
| **Total Businesses Contacted as a percentage**  **of All Businesses (in county or region –**  **Please specify.)** |  |  |  |  |  |
| **Total Businesses Placing Job Postings as a**  **Percentage of All Businesses (county or**  **region – Please specify)** |  |  |  |  |  |
| **Total Number of Job Postings** |  |  |  |  |  |

Program Year 2021 First Quarter: 07/01/21-09/30/21; Second Quarter: 10/1/21 - 12/31/21; Third Quarter: 1/1/22 - 3/30/22; Fourth Quarter: 4/1/22 - 6/30/22.

**APPENDIX A**

**CERTIFICATION LETTER FROM SIGNATORY AUTHORITY**

CERTIFICATION: The information contained in this proposal fairly presents the organization and its proposed operating plans and budget for specified program. I acknowledge that I have read and understand the requirements and provisions of the RFP and that the organization is prepared to implement the project/program 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 SCOJFS or its representatives desire to do so. I also certify that all costs contained in the proposal are real, allowable, necessary, non-defective, and allocable to the specified program and are not of allocable credits, refunds and rebates, and are not a duplication of funds already available or which will be available from other funding sources.

I agree that should this program be funded, our organization will abide by the specified program rules and regulations, state and local policies applicable to the law, regulations and plans for administration.

I certify that I am authorized to sign the attached proposal and to commit this organization to the provision of services contained therein.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Official's Name and Title Social Security Number OR

Taxpayer ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Official's Signature Date

**APPENDIX B**

**MANAGEMENT ASSURANCES**

SCOJFS and its representatives will enter into contracts only with organizations that provide reasonable assurance in their applications that they are capable of managing, operating, monitoring and reporting according to federal and state guidelines, and standards of usual and customary business practices. This shall include:

1. Sufficient capability to operate the program.

2. Assurance that any proposed work sites meet the requirements of the SCOJFS, program policies, rules and regulations.

3. Making available for review and monitoring the names and qualifications of their officers, directors, and managing personnel and those of any affiliates or subsidiaries who have operational or fiscal responsibilities for the specified program services contracted for.

4. Making available a list of all programs for which they are receiving financial assistance during the last three years and that they have substantially complied with the requirements, procedures and objectives of such programs.

5. Assurance that no information available showing substantial non-compliance with program regulations, or if there is, they shall include an acceptable plan to correct such deficiencies.

6. Assurance that all personnel will have the basic training in the applicable program requirements and regulations for the program being funded prior to the program beginning.

7. Assurance that internal policies meet state and federal guidelines regarding EEO and provide for fair and reasonable employment practices.

8. The proposer agrees to pay for "Reasonable Accommodations" for handicapped persons.

As stated in the Federal Register, Volume 45, Number 196, page 66710, this means "the changes and modifications which can be made in the structure of a job or employment and training program, or in the manner in which a job or an employment and training program is conducted, unless it would impose an undue hardship on the operation of the recipient's program. Reasonable accommodations may include:

a) Making the facilities used by the employees or participants in the area where the program is conducted, including common areas used by all employees or participants (such as hallways, restrooms, cafeterias, and lounges) readily accessible to, and usable by, handicapped persons; and

b) Job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, the provision of readers or interpreters, and other similar actions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative's Signature Date

**APPENDIX C**

**AFFIRMATIVE ACTION POLICY STATEMENT**

It is the policy of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization

to provide equal employment opportunity to all persons regardless of race, color, creed, religion, sex, age, national origin, physical or mental handicap, political affiliation, belief, marital status, arrest or conviction record, public assistance status, or veteran's status. Therefore, this organization will take Affirmative Action to ensure that we will:

1. Train in all job classifications regardless of the above differences.

2. Make program decisions that are in accordance with principles of equal employment opportunity by imposing only valid requirements for promotional opportunities.

3. Incorporate our equal employment opportunity policy in all personnel actions such as compensation, benefits, transfers, layoffs, company sponsored training, education and tuition assistance, career development, upgrading, demotion, and promotions.

The success of an Affirmative Action program requires maximum cooperation between the management and its employees.

To obtain these objectives,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

will serve as the Equal Employment Opportunity Representative for our organization. The above named person will be responsible for working with SCOJFS on all EEO matters and for monitoring and evaluating this organization's success in achieving Affirmative Action goals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative's Signature Date

**APPENDIX D**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,**

**INELIGIBILITY AND VOLUNTARY EXCLUSION**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE NEXT PAGE OF THE RFP).**

1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Signatory Authority for Proposing Agency