

TUSCARAWAS COUNTY  
JOB AND FAMILY SERVICES  
REQUEST FOR PROPOSAL

TRANSPORTATION SERVICES  
-Including-  
NON EMERGENCY TRANSPORTATION  
OHIO WORKS FIRST TRANSPORTION  
(as needed)  
CHILD WELFARE TRANSPORTATION

Issue Date: October 28, 2024

**Mandatory bidder's conference:** November 13, 2024 1:00pm  
Tuscarawas County Job & Family Services  
389 16<sup>th</sup> Street SW  
New Philadelphia, Ohio 44663

Deadline for submission  
of Proposals: November 22, 2024

To request RFP, contact: Lisa Vitale Arnold  
Tuscarawas County Job & Family Services  
389 16<sup>th</sup> Street, S.W.  
New Philadelphia, Ohio 44663  
(330) 308-7786  
Lisa.Vitale@jfs.ohio.gov

For technical assistance, contact: Lisa Vitale Arnold  
Tuscarawas County Job & Family Services  
389 16<sup>th</sup> Street, S.W.  
New Philadelphia, Ohio 44663  
(330) 308-7786  
Lisa.Vitale@jfs.ohio.gov

Request for:  
Transportation Services

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## **Section One: Purpose**

Tuscarawas County Job & Family Services (TCJFS) announces the release of a Request for Proposal (RFP) for the purpose of obtaining proposals from all government and educational entities; private non-profit; private for profit; faith based organizations; or individuals for the purpose of selecting a vendor(s) to provide Transportation Services, which will include Non-Emergency transportation, transportation for the Ohio Works First Program (as needed), and transportation for child welfare clients of the Agency.

## **Section Two: Background**

Tuscarawas County Job & Family Services is a combined social service agency administering public assistance and children services programs.

Tuscarawas County Job & Family Services does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, or citizenship in the awarding of contracts. TCJFS is an equal opportunity employer.

## **Section Three: Scope of Work**

Services are being requested for provision of transportation services to Medicaid eligible persons to requested Medicaid-paid services and for transportation of Ohio Works First (OWF) clients to OWF approved appointments and services (as needed). Additionally, services are requested for provision of transportation services for TCJFS Child Welfare clients. The scope of service will include the following:

- 1) Provide transportation to Medicaid-eligible persons to Medicaid-paid medical appointments.
- 2) Provide transportation to participants in the OWF program to OWF approved services and activities (as needed).
- 3) Provide transportation to child welfare clients of the Agency.
- 4) Serve approximately 1400-1500 trips per month.
- 5) Persons being transported for any of the above programs must be only those qualified for services, as determined by TCJFS, and referred only by TCJFS.
- 6) All children 18 years of age or younger must be accompanied by an adult.
- 7) All seat belt and child restraint laws must be observed and followed.

- 8) Services are only for residents of Tuscarawas County, Ohio but the service or appointment for which the client is being transported may be anywhere within the State of Ohio or to any recognized Medicaid provider.
- 9) Service delivery hours must be flexible to accommodate appointments early and late in the day at various locations.

Contracts will be negotiated based on a submitted budget on a unit cost reimbursement rate.

**IF YOU PROVIDE THIS AMOUNT ON A PER MILE BASIS, PLEASE BE CLEAR TO STATE WHETHER THE COST PER MILE IS INTENDED TO BE BILLED FROM THE PICK-UP POINT, YOUR OFFICE ADDRESS, OR SOME OTHER MANNER.**

**WE ARE UNABLE TO PROVIDE PAYMENT FOR “NO-SHOW.” PLEASE ACCOUNT FOR THIS IN YOUR PRICE PER MILE FIGURE.**

#### **Section Four: Available Funds**

The funds associated with this RFP are expected to be available from December 16, 2024 to June 30, 2025. Funds for this RFP come from TANF (including child welfare TANF and TANF/PRC - Catalog of Federal Domestic [CFDA] Federal TANF grant number 93.558.), as well as funding from other state and federal sources. The amount of any award is dependent upon the availability of funding through allocations received from the Ohio Department of Job & Family Services. **Multiple vendors may be selected to provide the described services. A contract may be for all or part of the amount stated in the RFP.**

**There is the possibility that during the period of this contract the State of Ohio may wish to provide this service at the state level. TCJFS has no control over this situation. If this does happen, the contracts awarded pursuant to this RFP may be discontinued.**

The funds available under this RFP may not be used for meals unless it is an integral part of the program. If funds are being sought for meals, the proposal must specify how the meals are essential to the program.

Proposals that are accepted and have contracts executed may be renewed for up to an additional two years based on satisfactory performance. It is TCJFS' sole discretion to determine what is satisfactory performance and whether to renew an agreement.

#### **Section Five: Submission Criteria**

Proposals must be submitted to TCJFS in strict accordance with proposal submission instructions provided in this section. Any proposal failing to follow the entire proposal acceptance criteria listed below shall be disqualified from consideration.

Proposals must be received in a **sealed** envelope no later than **4:00 P.M. on November 22, 2024**. On the outside of the envelope, on the front left side, the words “Non-Emergency Transportation Proposal” must be written. Proposals received after this time will not be considered. Faxes will not be accepted. No confirmation of mailed proposals received can be provided. Unsolicited materials received after the deadline date will not be added to previous submissions and will not be considered.

Proposals must be **typed** using a **12 point font, double spaced on 8.5 x 11 paper**.

One original and **2 copies** of the proposal must be submitted.

Original proposals and copies are **not to be bound** in any way. They may be paper clipped or clipped with a binder clip. No staples.

The attachments of the proposal must be **signed** by a representative of the bidder with appropriate authority.

All required **forms and attachments** must be completed and included in the proposal.

All **pages** shall be **sequentially numbered**.

It is mandatory that proposals be organized in the requested order, and that, wherever appropriate, sections/portions of the proposal make reference by section number/letter to those RFP requirements to which they correspond.

A copy of the bidder’s most recent audit must be included with the proposal, if available

A copy of the bidder’s indirect cost plan must be included with the proposal, if available

**A detailed contract budget must be included, including an explanation of how the unit cost (for example, cost per mile) was determined. Exhibit 2 is a guide only. You may use your own form.**

### **Section Six: Contact Information**

Questions and comments must be in writing and addressed to: Lisa Vitale Arnold, Tuscarawas County Job & Family Services, 389 16<sup>th</sup> Street, S.W., New Philadelphia, Ohio 44663 or by email to [Lisa.Vitale@jfs.ohio.gov](mailto:Lisa.Vitale@jfs.ohio.gov). Questions will be received until November 15, 2024 at 4:00 P.M., five (5) working days before proposals are due.

### **Section Seven: Anticipated Procurement Time Table**

October 28, 2024	RFP released
<b>November 13, 2024 1:00pm</b>	<b>Mandatory Bidder’s Conference</b> at TCJFS, 389 16 <sup>th</sup> Street SW, New Philadelphia Ohio 44663

November 15, 2024 4:00pm	Q&A period closes, no further inquiries will be accepted
November 22, 2024 4:00pm	Deadline for bidders to submit proposal
December 6, 2024	TCJFS issues contract award letters (estimate)
December 16, 2024	Contract begin date
June 30, 2025	Contract end date (all work must be satisfactorily completed by this date)

**Section Eight: Bidder Qualifications**

Any government, educational entities, private non-profit, private for profit, faith based organizations, or individuals with twelve consecutive months of documented, successful experience within the past two years in providing appropriate/comparable services is eligible to apply. These qualification criteria apply to organizations that will serve as the “Lead Agency” in a collaborative effort and will apply to all joint providers. All subcontractors must also comply with these qualification requirements.

**Section Nine: Selection Process**

All proposals shall be reviewed and scored by a select group of people chosen by, and at the sole discretion of, the Director of TCJFS. The selection process will use the score sheet included as Attachment 3. The selection process is divided into two phases. In the first phase, all of the proposal acceptance criteria must be met by the bidder before the proposal will receive further consideration. In the second phase, the evaluation criteria will be judged on a numeric scale. A proposal which is incomplete, vague, unjustifiably wordy, unclear, or poorly organized may not be successful.

**Section Ten: Assurance and Compliance with Various Codes and Regulations**

As a condition of entering into a contract with TCJFS, the contractor and subcontractor(s) will be required to comply with the following:

- **Statement of Assurance:** Provider must provide assurance that services in the proposal will be provided if proposal is selected. A form is required to be signed by proposer as provided in Attachment 9.
- **IRS W-9 Request for Taxpayer Identification Number and Certification:** Potential vendors are required to provide this information for fiscal purposes in the form provided as Attachment 10. The information provided must be completed, signed, and submitted as indicated in the Attachment.
- **Health Insurance Portability & Accessibility Act (HIPAA):** Provider must provide assurance of its current and ongoing compliance with 42 U.S.C. Section 1320(d) through 1320(d)-8 and the implementing regulations found at 45 C.F.R. 164.502(e) and 164.504(e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

- **Accessibility of Program to Handicapped:** Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable H.H.S. regulations (45 C.F.R. 84) and all guidelines and interpretations pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract. Successful bidder(s) will be required to sign a compliance statement as provided in Attachment 4.
- **Civil Rights:** There shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, handicap, or any other factor as specified in Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973; the Age of Discrimination Act of 1975; Title IX of the Education Act of 1972; the Omnibus Budget Reconciliation Act of 1981; the Americans with Disabilities Act of 1990; Section 1808 of the Small Business Job Protection Act (adoption); the Multi-Ethnic Placement Act of 1994 (MEPA); and the Inter-Ethnic (adoption) Provisions of 1966 (IEP) and subsequent amendments. It is further agreed that the Provider will comply with all appropriate federal and state laws regarding such discrimination and the right to and method of appeal will be made available to all persons under this contract. Any organization found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.
- **Standard Code of Conduct:** No contractor, individual, company, or organization seeking a contract shall promise to or give to any TCJFS employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties.

No contractor, individual, company, or organization seeking a contract shall solicit any TCJFS employee to violate any of the conduct requirements for employees.

Any contractor acting on behalf of TCJFS shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any contractor or potential contractor who violates the requirements and prohibitions defined here, or of Section 102.04 of the Ohio Revised Code is subject to termination of the contract or refusal by TCJFS to enter into a contract.

TCJFS employees and contractors who violate sections 1052.03, 102.04, or 2921.43 of the Ohio Revised Code may be prosecuted for criminal violations.

Successful bidder(s) will be required to sign a statement of conflict form as provided in Attachment 5.

- **Equal Employment Opportunity:** Successful bidder(s) will be required to sign a statement of compliance with Executive Order 11246 of September 24, 1965,

entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, and as supplemented in Department of Labor Regulations (41 C.F.R. chapters 60).

- **Copeland "Anti-Kickback" Act:** 18 U.S.C. 874 as supplemented in Department of Labor regulations (29 C.F.R. Part 3).
- **Contract Work Hours and Safety Standards Act:** 40 U.S.C. 327-330 as supplemented by Department of Labor regulations (29 C.F.R. Part 5).
- **Debarment and Suspension:** Any bidder who is debarred or suspended or is otherwise ineligible for participation in a federal assistance program under Executive Order 12549, including 7 C.F.R. Part 3017, 29 C.F.R. Part 97, and 45 C.F.R. part 76; has an unresolved finding for recovery issued by the auditor of state on or after January 1, 2001, will not be eligible to enter into a contract with TCJFS. Successful bidder(s) will be required to sign a Certification regarding Debarment, Suspension, and Ineligibility as provided in Attachment 7.
- **Drug Free Workplace:** Pursuant to the Drug Free Workplace Act of 1988 and its implementing regulations codified as 29 C.F.R. 98, Subpart F, successful bidder(s) will be required to sign a Certification regarding a drug free work place as provided in Attachment 8.

Several codes are mentioned in this RFP and attachments. To review the entire code, please go to the following websites:

Ohio Revised Code (O.R.C.)  
<http://codes.ohio.gov/>

Code of Federal Regulations (C.F.R.)  
<http://www.gpoaccess.gov/cfr/>

United States Code (U.S.C.)  
<http://www4.law.cornell.edu/uscode/>

### **Section Eleven: Public Information Disclaimer**

All proposals and any other documents submitted to TCJFS in response to the RFP shall become the property of TCJFS. After the selection of the vendor, any proposals submitted in response to an RFP are deemed to be public record pursuant to O.R.C. 149.43. The term "proposal" shall mean both the technical and the cost proposals, any attachments, addenda, appendices, or sample products. Under the requirements of the Freedom of Information Act (5 U.S.C. 552), the contents of proposals or other information submitted to the TCJFS is subject to public release upon request, except those items specifically exempt from disclosure. Such disclosure shall only take place after this RFP process is completed. The provider shall mark as "proprietary" those parts of its proposal that it deems proprietary.

However, the provider is alerted that this marking is advisory only and not binding on TCJFS. If there is a request from the public under F.O.I.A. to inspect any part of the proposal so marked, the TCJFS will advise the provider and request further justification in support of the "proprietary" marking. If the TCJFS, after receipt of the justification, determines that the material is releasable, the provider will be notified immediately. Under no circumstances will a proposal or any part of a proposal be released prior to the contract award decision.

### **Section Twelve: Contractual Requirements**

Any contract resulting from the issuance of this solicitation is subject to the terms and conditions as provided in the model contract, which is provided as Attachment 11. Potential vendors are strongly encouraged to read a copy of the model contract to be fully aware of TCJFS' contractual requirements. The proposal must state if any of the elements will be subcontracted to other parties. If so, the proposal must state the name of the subcontractor, the services/activities to be provided by the subcontractor, and planned costs. This must be reflected in the proposed budget.

### **Section Thirteen: Invoicing**

All invoicing for services rendered must be presented to the TCJFS on the form provided as Attachment 12. Invoices must be received by TCJFS on or before the 15<sup>th</sup> day of the month following the month of service. Payments will be contingent upon receipt of documentation that services provided are consistent with those described in the approved contract and the specification of this RFP, and the documentation is adequate to support reports/billings. The TCJFS reserves the right to request and review supporting documentation or other materials necessary to make this determination. Such invoices shall include monthly actual expenditures, the number of persons served, number of units, and amount claimed based on the negotiated contract in each eligibility category for each service covered in the contract. The TCJFS will review such invoice for completeness, accuracy, and for any information necessary before making payment within thirty days after the receipt of an accurate invoice. Invoices not received on or before the 15<sup>th</sup> day of the month following the month of service will not be accepted for payment. The reported expenditures submitted are subject to adjustment by the TCJFS before such payment is made in order to adjust mathematical errors, incorrect rates, or non-covered services. The reported expenditures are subject to audit by appropriate state or federal officials or an independent audit.

### **Section Fourteen: Other Requirements**

TCJFS reserves the right to waive minor proposal defects, and to require clarifications or other additional information from interested bidders prior to finalizing a selection of a contractor.

Costs incurred in the preparation of this proposal are to be borne by the bidder, and TCJFS will not contribute in any way to the costs of preparation.

All contracts will require that the contractors maintain confidentiality of information and records which state and federal laws, rules, and regulations require to be kept confidential.

The RFP is not in itself an offer of work nor does it commit the TCJFS to fund any proposals submitted. The RFP is not a contract. TCJFS is under no obligation to issue a contract as a result of this solicitation if, in the opinion of TCJFS, none of the proposals are responsive to the objectives and needs of the Department. TCJFS reserves the right not to select any vendor should TCJFS determine not to proceed. Proposals that are approved will be subject to negotiation to determine a best and final offer. The costs contained in the proposal are part of the negotiation process.

Three choices are available when requesting a copy of the RFP. A hard copy may be requested; a request to have the RFP sent electronically may be made; or a copy of this RFP and all necessary attachments may be downloaded from the TCJFS website at [www.tcjfs.org](http://www.tcjfs.org)

### **Section 15: Protests**

Any potential or actual vendor objecting to the award of a contract resulting from the issuance of this RFP may file a protest of the award of the contract, or any other matter relating to the process of soliciting the proposal. Such a protest must comply with the following guidelines:

- A) The protest must be submitted in writing by the actual or potential vendor and contain the following information:
  - 1. The name, address, and telephone number of the protestor;
  - 2. The name of the RFP being protested;
  - 3. A detailed summary of the legal factual grounds for the protest, including copies of any relevant documents;
  - 4. A request for a ruling by the TCJFS
  - 5. A statement as to the form of relief requested from the TCJFS; and
  - 6. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.
  
- B) A timely protest shall be considered by TCJFS, if it is received within the following time period:
  - 1. A protest based on alleged improprieties in the issuance of the RFP or any other event preceding the closing event for receipt of proposals which are apparent or should be apparent prior to the closing for receipt of proposals shall be filed no later than 3:00 P.M. the closing date for receipt of proposals as specified in section IV, Anticipated Procurement Time Table, of this RFP.
  - 2. If the protest relates to the announced intent to award a contract, the protest shall be filed no later than 3:00 P.M. of the eighth (8<sup>th</sup>)

calendar day after the issuance of the Letter of Intent to Award the contract.

- C) An untimely protest may be considered by TCJFS if it determines that the protest raises issues significant to the department's procurement system. An untimely protest is one received after the time periods set forth in Item B of this section.
- D) All protests must be filed with Rachel Cannon at the following location:  
Tuscarawas County Job & Family Services  
389 16<sup>th</sup> Street, S.W.  
New Philadelphia, Ohio 44663
- E) When a timely protest is filed, a contract award shall not proceed until a decision of the protest is issued or the matter is otherwise resolved, unless the TCJFS determines that a delay will severely disadvantage the Tuscarawas County Job & Family Services. The vendor(s) who would have been awarded the contract shall be notified of the receipt of the protest.
- F) TCJFS shall issue written decisions on all timely protests and shall notify any vendor who files an untimely protest as to whether or not the protest will be considered.

**Section Sixteen: Attachments**

- |              |   |
|--------------|---|
| Attachment 1 | <u>Exhibit I</u> Program Information – must be completed by bidder, signed, and returned as part of proposal  |
| Attachment 2 | <u>Exhibit II</u> Contract Budget – must be completed by bidder and returned as part of proposal in Microsoft Excel format and include a breakdown of overall costs, direct costs, indirect costs, and any miscellaneous costs. |
| Attachment 3 | Proposal Evaluation Scoring Sheet – provided for bidder for self-evaluation purposes, not to be completed or returned   |
| Attachment 4 | Americans with Disabilities Act and Compliance Statement form – must be completed by bidder, signed, and returned as part of proposal   |
| Attachment 5 | Conflict of Interest – Disclosure form – must be completed by bidder, signed, and returned as part of proposal  |
| Attachment 6 | Equal Opportunity Certification form – must be completed by bidder, signed, and returned as part of proposal  |

- Attachment 7                      Debarment form – must be completed by bidder, signed, and returned as part of proposal
- Attachment 8                      Drug Free Workplace Requirement Certification form – must be completed by bidder, signed, and returned as part of proposal
- Attachment 9                      Statement of Assurance form – must be completed by bidder, signed, and returned as part of proposal
- Attachment 10                     W-9 form – must be completed by bidder, signed, and returned as part of proposal
- Attachment 11                     Social Service Actual Cost Contract Monthly Invoice – provided for bidder reference only, not to be completed or returned
- Attachment 12                     Checklist – provided for bidder reference only, not to be completed or returned

Attachment 1

Exhibit I  
Program Information

If you are proposing to provide more than one program, please complete one set of Program Information forms for each program you are submitting a proposal for.

Lines are for formatting purposes only. You do not need to limit your responses to the amount you are able to type on the given lines. You may write as little or as much as you choose to appropriately address the requested information.

**A. Identifying Data**

- 1.) Name of organization: \_\_\_\_\_
- 2.) Doing Business As (D.B.A.) (if different from above): \_\_\_\_\_
- 3.) Main purpose of the organization: \_\_\_\_\_
- 4.) Tax ID # or S.S.N.: \_\_\_\_\_
- 5.) Address: \_\_\_\_\_
- 6.) Hours of Business: \_\_\_\_\_
- 7.) Location and phone number of where services will be provided if different than above: \_\_\_\_\_
- 8.) Current funding sources: \_\_\_\_\_
- 9.) Name(s) and title(s) of the people who direct the organization: \_\_\_\_\_
- 10.) Name of person completing this narrative: \_\_\_\_\_
- 11.) Contact information:  
    phone #: \_\_\_\_\_ email address: \_\_\_\_\_

**B. Proposed Service**

1. State the names (if the position is not currently filled list "vacant" for the name), qualifications, experience, and job responsibilities of every staff (both direct and indirect) who will be involved in the services provided in the proposal. (Direct staff are employees who directly work with the participants for this program. An indirect staff is an employee who provides work for this program, but does not directly work with the participants I.E. a fiscal officer who completes the invoices, a director or supervisor who may work with the employee, a clerical worker who files). If any certifications or licensures are required for any of these positions, please provide a copy. At the end of this completed form place an 8½ X 11 sheet of paper on which is typed "License/Certifications". Behind that

sheet of paper place a copy of the required licenses/certifications.  
\_\_\_\_\_

2. State your organization's experience in providing the requested services:  
\_\_\_\_\_

3. State your knowledge about federal and state laws and issues pertaining to and regarding the requested services of the county department of job and family services:  
\_\_\_\_\_

4. State your knowledge about Ohio Department of Job and Family Services rules and regulations pertaining to the requested services:  
\_\_\_\_\_

5. State your plan on how to carry out the services requested in the RFP:  
*Insert sub-questions such as how many hours per week can you work on this contract, how long do you expect work on this contract to last, performance measures, etc...*

a. Insert sub-question  
\_\_\_\_\_

b. Insert sub-question  
\_\_\_\_\_

c. Insert sub-question  
\_\_\_\_\_

6. Are any services being subcontracted?  yes  no

If yes, submit a letter from the organization or a contract with the organization stating they agree to be a subcontractor abiding by all the rules and regulations as set forth in the RFP. Any cost for subcontracting must be included in the budget. Behind the License/certifications (or, if none are required at the end of this completed form) place an 8½ X 11 sheet of paper on which is typed "Subcontract". Behind that sheet of paper place a copy of the contract or letter from the organization.

7. Describe the systems in place to ensure fiscal accountability and appropriate expenditure of funds:  
\_\_\_\_\_

8. Describe any In-Kind services that will be provided:  
\_\_\_\_\_

9. Add any further request specific questions as needed

10. Please add any additional information that would be beneficial in understanding the services being proposed that has not been asked for in the above questions:

\_\_\_\_\_

**Exhibit II Budget Sheets**

If requesting funds for more than one program please fill out a page for each program.

Name of Program: Fiscal Consultant

Name of person completing budget: Jack Hogan

Phone: 440-292-7782

E-mail address:

Staff related costs: salaries and benefits									
	Employee 1	Employee 2	Employee 3	Employee 4	Employee 5	Employee 6	Employee 7		Total
Position title	Consultant								
# hours work/week	6.4								
Annual wages	\$18,000.00								
Soc. Sec or Retirement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Worker's compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Unemployment Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Annual cost health/life insurance									
Medicare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other -									
Total wages	\$18,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
% of time for contract services									
Contract reimbursable salary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D=direct staff, I= indirect staff									

Staff related costs: salaries and benefits									
	Employee 8	Employee 9	Employee 10	Employee 11	Employee 12	Employee 13	Employee 14		Total
Position title									
# hours work/week									
Annual wages									
Soc. Sec or Retirement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Worker's compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Unemployment Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Annual cost health/life insurance									
Medicare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other -									
Total wages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
% of time for contract services									
Contract reimbursable salary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D=direct staff, I= indirect staff									
Total of all salaries									\$0.00

### Attachment 3

## Proposal Evaluation Scoring Sheet

The proposal must meet all of the following acceptance criteria in order to be considered for further evaluation. Any proposal receiving a "no" response to any of the following criteria **shall be disqualified from consideration.**

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

Name of Program: \_\_\_\_\_

### Prescreening

Was the proposal received by the deadline?  yes  no

Was proposal received at the designated location and sealed if required?  yes  no

Were the correct number of copies of the proposal received?  yes  no

Were all required forms (including attachments) completed, signed, and submitted and in the correct order?  yes  no

### Evaluation

#### **Deliverables, Organizational experience/capabilities/qualifications**

Maximum number of points for each sub-section is 10 (60)

\_\_\_\_\_ Qualifications and experience of the direct and indirect staff, appropriate licenses/certifications

\_\_\_\_\_ Prior experience in providing the services

\_\_\_\_\_ Knowledge on federal and state laws pertaining to CDJFS

\_\_\_\_\_ Timetable for implementing services

\_\_\_\_\_ Reporting methods including frequency of report submission clearly defined

\_\_\_\_\_ Required documents of subcontracting services

#### **Financial**

Maximum number of points for each sub-section is 10 (70)

\_\_\_\_\_ Budget contained accurate calculations

\_\_\_\_\_ Costs reasonable and justifiable for the services and activities proposed

\_\_\_\_\_ All costs allowable

\_\_\_\_\_ Sound fiscal and administrative systems to capture and report fiscal information

\_\_\_\_\_ Fiscal accountability and appropriate expenditure of funds in place

\_\_\_\_\_ In kind services provided

\_\_\_\_\_ Audit or other documentation shows solvency

**Total Points** \_\_\_\_\_  
(130)

Attachment 4

**Americans with Disabilities Act And Compliance Statement**

The Americans with Disabilities Act (ADA), Public Law 101-336, was signed into law on July 26, 1990, to provide a national mandate for the elimination of discrimination against individuals with disabilities.

If selected to be a contractor through Tuscarawas County Job and Family Services, I hereby will abide by all mandates of the ADA, Public Law 101-336 as it applies to the activities provided by the contract.

Name of organization: \_\_\_\_\_

Signature of agency's responsible representative: \_\_\_\_\_

Date: \_\_\_\_\_

Attachment 5

**CONFLICT OF INTEREST – DISCLOSURE FORM**

The issue of conflict of interest is an ongoing concern. Tuscarawas County Job and Family Services and potential vendors must avoid any organizational or personal conflict of interest or even the appearance of a conflict of interest.

No contractor, individual, company or organization seeking a contract shall promise to, or give to, any Tuscarawas County Job and Family Services employee anything of value, including employment or promise of employment, that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties. No contractor, individual, company or organization seeking a contract shall solicit any TCJFS employee to violate any of the conduct requirements for employees.

Any contractor acting on behalf of Tuscarawas County Job and Family Services shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any contractor or potential contractor who violates the requirements and prohibitions defined here, or of Section 102.04 of the Ohio Revised Code is subject to termination of the contract or refusal by Tuscarawas County Job and Family Services to enter into a contract.

Tuscarawas County Job and Family Services employees and contractors who violate sections 1052.03, 102.04, or 2921.43 of the Ohio Revised Code may be prosecuted for criminal violations.

A conflict of interest is generally understood to exist where a person has a direct personal, organizational, or financial tie to an organization, and where that person is in a position to influence, or appears to influence, the actions of another organization for the benefit of themselves or an organization with which they have such ties.

The following disclosure form is a requirement for those submitting a proposal for contractual services with Tuscarawas County Job and Family Services.

Employees of \_\_\_\_\_ have no organizational or fiduciary affiliations  
(name of organization)  
with employees of the Tuscarawas County Job and Family Services that would present a potential conflict of interest.

If there are potential conflicts, please list below:

\_\_\_\_\_

\_\_\_\_\_  
Signature of agency's responsible representative

\_\_\_\_\_  
Date

Attachment 6

**EQUAL OPPORTUNITY CERTIFICATION**

Prior to contract award, potential contractors must assure that they are in compliance with nondiscrimination and equal opportunity requirements. The following statements must be in all proposals submitted and will be included in any contract with Tuscarawas County Job and Family Services.

As a condition to the award of a contract the contractor assures, with respect to the operation of Tuscarawas County Job and Family Services activities, that it will fully comply with the nondiscrimination and equal opportunity provisions. These will include:

- Title VI of the Civil Rights Act of 1964, as amended.
- Section 504 of the Rehabilitation Act of 1975, as amended.
- Age Discrimination Act of 1975, as amended
- Nontraditional employment for Women Act of 1991
- Title IX of the Education Amendments of 1972, as amended.

Name of organization: \_\_\_\_\_

Signature of agency's responsible representative \_\_\_\_\_

Date \_\_\_\_\_

Attachment 7

**Certification regarding debarment, suspension, ineligibility,  
and voluntary exclusion lower tier covered transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 20 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).

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently Debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

1. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name of organization: \_\_\_\_\_

Signature of agency's responsible representative \_\_\_\_\_

Date \_\_\_\_\_

## Attachment 8

### **Drug Free Work Place Requirement Certification**

Pursuant to The Drug-Free Workplace Act of 1988, and its implementing regulations codified as 29 CFR 98, Subpart F I, \_\_\_\_\_ the undersigned, certify that I provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about:
  - a. the dangers of drug abuse in the workplace
  - b. the grantee's policy of maintaining a drug-free workplace
  - c. any available drug counseling, rehabilitation, and employee assistance program
  - d. the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. Making it a requirement that each employee to be engaged in the performance of activities pursuant to this contract with Tuscarawas County Job and Family Services, be given a copy of the statement required by paragraph 1.
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the activities of Tuscarawas County Job and Family Services, the employee will:
  - a. abide by the terms of the statement.
  - b. notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such a conviction.
5. Notify Tuscarawas County Job and Family Services of any employee's conviction for a violation of a criminal drug statute occurring in the workplace no later than ten calendar days after such a conviction.
6. Taking one of the following actions, within 30 calendar days of receiving notice under Subparagraph 4 (b), with respect to any employee who is so convicted.
  - a. taking appropriate personnel action against such an employee, up to and including termination consistent with the requirements of the Rehabilitation Act of 1973 as amended.
  - b. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph 1,2,3,4,5,and 6.
8. The following is the site for the performance of work done in connection with Tuscarawas County Job and Family Services Activities, including street address, city, county, state, and zip code.

Site Address: Tuscarawas County Job and Family Services  
389 16<sup>th</sup> Street, S.W.  
New Philadelphia, Ohio 44663

Check ( ) if there are workplaces on file that are not identified here.

**Under penalty of perjury under the laws of the United States and under the penalties set forth by the Drug-Free Workplace Act of 1988, I verify that this certification is true and correct.**

Name of organization: \_\_\_\_\_

Signature of agency's responsible representative \_\_\_\_\_

Date: \_\_\_\_\_

Attachment 9

Statement of Assurance

I recognize that I must give assurance for each item below. If I cannot, this proposal will be automatically rejected. The assurances are:

- 1. I am authorized by my organization to submit this proposal and if awarded a contract, I affirm that our organization will provide the services outlined in this proposal.
- 2. If needed, I will provide records to show our organization is fiscally solvent
- 3. Our organization has or will have all of the fiscal control and accounting procedures needed to ensure funds will be used as required by law and contract.
- 4. Our organization will not promise or give to any parties associated with the issuance of this RFP anything of value that could influence the selection of proposals and decision making process
- 5. Our organization will meet all applicable federal, state and local compliance requirements. These include but are not limited to:
  - a) Records accurately reflecting actual performance
  - b) Maintaining record confidentiality, as required
  - c) Maintain records for review by the county department of job and family services and state and federal agencies.
  - d) Maintain a drug free workplace
  - e) Reporting financial, participant and performance data, as required
  - f) Complying with federal and state non-discrimination and Equal opportunity provisions
  - g) Complying with the requirements of the Americans with Disabilities Act
  - h) Meeting all applicable labor laws, including child labor standards

We will not

- 1. Use funds to assist, promote or deter union organizing
- 2. Use funds to empty or train persons in sectarian activities
- 3. Use funds for the construction, operation or maintenance of any part of a facility to be used for sectarian instruction or religious worship
- 4. Use funds to carry out programs under the School-to-Work Opportunities Act of 1994
- 5. Use funds for lobbying activities

I assure the information on this "Assurance Statement", is true and accurate, and our organization will abide by these assurances.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust; and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exemption (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and Its Instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

**SOCIAL SERVICE MONTHLY INVOICE**  
**Actual Cost Reimbursement**

Month of \_\_\_\_\_

Provider \_\_\_\_\_ Program/Service Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Date form completed: \_\_\_\_\_ Signature of person completing form: \_\_\_\_\_

**Actual Monthly Costs**

**I. Staff Costs**

A. Salaries and Payroll Related Expenses \$ \_\_\_\_\_

B. Consultation Fees \$ \_\_\_\_\_

Total Staff Costs \$ \_\_\_\_\_

**II. Operational Costs**

A. Travel \$ \_\_\_\_\_

B. Consumable Supplies \$ \_\_\_\_\_

C. Occupancy \$ \_\_\_\_\_

D. Insurance \$ \_\_\_\_\_

E. Indirect Costs \$ \_\_\_\_\_

F. Other - Miscellaneous  
Itemize \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Operation Costs \$ \_\_\_\_\_

**III. TOTAL MONTHLY PROGRAM COST \$ \_\_\_\_\_ MONTHLY INVOICE**

**SCDJFS ONLY**

Date Invoice Received \_\_\_\_\_ Date Payment Authorized \_\_\_\_\_

Total Contract Amount \$ \_\_\_\_\_ Amount Used To Date \$ \_\_\_\_\_

**SOCIAL SERVICE MONTHLY INVOICE**  
Fixed Unit Rate

Month of \_\_\_\_\_

Provider \_\_\_\_\_ Program/Service Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Date form completed: \_\_\_\_\_ Signature of person completing form: \_\_\_\_\_

Actual Monthly Costs

**II. Staff Costs**

A. Salaries and Payroll Related Expenses \$ \_\_\_\_\_

B. Consultation Fees \$ \_\_\_\_\_

Total Staff Costs \$ \_\_\_\_\_

**IV. Operational Costs**

A. Travel \$ \_\_\_\_\_

B. Consumable Supplies \$ \_\_\_\_\_

C. Occupancy \$ \_\_\_\_\_

D. Insurance \$ \_\_\_\_\_

E. Indirect Costs \$ \_\_\_\_\_

F. Other – Miscellaneous  
Itemize \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Operation Costs \$ \_\_\_\_\_

**III. TOTAL MONTHLY PROGRAM COST** \$ \_\_\_\_\_

**IV. TOTAL PROGRAM UNITS**

**V. CONTRACT ELIGIBLE UNITS** \_\_\_\_\_

**VI. PERCENTAGE (Contract Units Divided by TOTAL Units – V. by IV.)** \_\_\_\_\_ %

**VII. INVOICE AMOUNT (VI. X III)** \$ \_\_\_\_\_

**SCDJFS ONLY.**

Date Invoice Received \_\_\_\_\_ Date Payment Authorized \_\_\_\_\_

Total Contract Amount \$ \_\_\_\_\_ Amount Used To Date \$ \_\_\_\_\_

## Attachment 12

### Checklist

This is a list of items that must be returned with the proposal and the order they are to be returned in.

1. Attachment 1 Exhibit I Program Information
2. copy of licenses/certifications, if any
3. copy of subcontracts or letters from potential subcontractors, if any
4. copy of letters from service providers referral are made to, if any
5. Attachment 2 Exhibit II Contract Budget
6. Copy of most recent audit, or documentation of solvent organization for private organizations
7. Copy of Indirect Cost Plan
8. Attachment 4 Americans with Disabilities Act and Compliance Statement form
9. Attachment 5 Statement of Conflict form
10. Attachment 6 Equal Opportunity Certification form
11. Attachment 7 Debarment, Suspension, Ineligibility form
12. Attachment 8 Drug Free Workplace Requirement Certification form
13. Attachment 9 Statement of Assurance form
14. Attachment 10 W-9 form