



TRUMBULL COUNTY

**BOARD OF
DEVELOPMENTAL DISABILITIES**

Their Journey, Their Needs, Our Support.

REQUEST FOR QUALIFIED PROVIDER

Non-Medical Transportation

Superintendent – Edward Stark

ISSUED: July 26, 2017

PROPOSALS DUE: September 12, 2017

CONTACT:

Edward J. Stark, Superintendent

45 North Road

Niles, Ohio 44446

Phone: 330-652-9800

Fax: 330-652-1345

E- Mail: edwardstark@tcbdd.org

Proposal Number: 02-2017

Bid RFQ#: 02-2017

Provider of Non-medical Transportation Services for Individuals with Developmental Disabilities

Bid Number: RFQ#: 02-2017

Bid Title: Provider of Non-medical Transportation Services for Individuals with Developmental Disabilities

Start Date: July 26, 2017
End Date: September 12, 2017
Question End Date: August 18, 2017

Contact: Edward J. Stark

Contract Duration: Annually
Contract Start Date: January 1, 2018
Contract Renewal: Annually
Prices Good for: One year
Pre - Bid Conference: Monday, August 7, 2017 9:00:00 AM - Attendance is optional

Location: Trumbull County Board of DD
45 North Road
Niles, OH 44446

Comments: Trumbull County Board of Developmental Disabilities is interested in identifying an organization(s) to assume operations of Non-medical Transportation Services which are currently operated by the Trumbull County Board of DD.

Email: Lisa McGeary – lisamcgeary@tcbdd.org for a bid packet

Section 1.0 - Introduction

The Trumbull County Board of Developmental Disabilities (hereinafter referred to as the “Board”) hereby gives notice of its intent to cease provision of its Non-Medical transportation service currently operated by the Board.

The Board currently operates twenty four (24) adult routes transporting approximately 331 individuals with disabilities on a daily basis. The individuals served include people across the acuity spectrum with an emphasis on people with medical, personal care, and ambulation challenges.

Of these 331 people, 156 currently possess Medicaid Waivers that provide the funding for their services. The balance of the services is currently paid for entirely through Board tax levy funds. Upon the outsourcing of the operations of the transportation services to a Provider, the Board would develop a contract with the provider to transport people whose services are funded by the Board tax levy. The services funded under this contract would be paid at a rate that is commensurate with Medicaid funded services. We are currently in the process of transitioning the funding of many of the people whose services are paid for by the Board tax levy to waivers. Thus, it is anticipated that the number of the people served through Medicaid Waiver funding will increase in the future while the number of people who will receive levy funded services will decrease.

Section 1.1 - Project Schedule:

Action Item	Delivery Date
Pre-qualification Conference	Monday, August 7, 2017 at 9:00am
Program Tour	Not Applicable
Deadline for final Questions	Friday, August 18, 2017 by 12:00pm
Deadline for final Answers	Friday, August 25, 2017 by 4:00pm
Deadline for Proposal to be submitted	Tuesday, September 12, 2017 by 11:00 am
Interviews	Approximately – September 18, 2017 through September 20, 2017
Written Decision	September 25, 2017

Section 1.2 - Issuing Officer:

The mailing address and contact information for the Issuing Officer to be used to send a statement, or ask questions regarding the RFQ process, technical issues, or the scope of service is:

Edward Stark, Superintendent
45 North Road
Niles, Ohio 44446
Phone: 330-652-9800
Fax: 330-652-1345
E- Mail: EdwardStark@tcbdd.org

Section 1.3 - Inquiries and Registration

Pre-Qualification Conference and Registration Process:

A Pre-qualification Conference will take place at the Board offices at 45 North Road, Niles, Ohio 44446 on **Monday, August 7, 2017 at 9:00 AM**. The purpose of the conference is to answer questions related to the process of request for qualified PROVIDER. While the Pre-Qualification Conference is not mandatory, no other opportunity to discuss the request for qualification in person will be provided.

Bidders interested in submitting their proposals must register by faxing or e-mailing the registration form document no later than **Friday, August 4, 2017** to:

edwardstark@tcbdd.org
(RFQ#02-2017 should be entered in the subject line of the e-mail) or
Faxing to: Edward Stark at (330) 505-5528

A registration form can be obtained from **Lisa McGeary – lisamcgeary@tcbdd.org**. Registration helps ensure that bidders receive all addenda and copies of all questions and answers given.

Unauthorized communication with individuals served, families or employees of the Trumbull County Board of Developmental Disabilities may be grounds for rejection of the Bidder’s proposal. All communication must be directed to Edward Stark.

Paper Sealed Statement Qualifications will be received at the Trumbull County Board of Developmental Disabilities until 11:00 AM on the opening date, Tuesday, September 12, 2017 and will be read at that time.

The Public Opening will be held in the conference room at 45 North Road, Niles, Ohio 44446.

This is a Request for Qualification (RFQ) and if Vendors are present for the opening the “NAMES ONLY” of all vendors that sent in proposals will be released. Proposals cannot be released until after the contract is signed.

All inquiries to this Request may be submitted by facsimile, email or in writing to the Issuing Officer. All questions regarding this proposal must be presented in writing and e-mailed or faxed to:

edwardstark@tcbdd.org
(RFQ#02-2017 should be entered in the subject line of the e-mail) or
Faxing to: Edward Stark at (330) 505-5528

Section 1.4 - Provider Examination of the RFQ: Providers shall carefully examine the entire RFQ and any addenda thereto, all related materials and data referenced in the RFQ or otherwise available, and shall become fully aware of the nature of the request and the conditions to be encountered in performing the requested services. If Providers discover any ambiguity, conflict, discrepancy, omission or other error in this RFQ, they shall immediately notify the Issuing Officer of such error in writing and request clarification or modification of the document. Modifications shall be made by addenda issued pursuant to Section 1.5, Addenda to RFQ. Clarification shall be given by email to all parties who registered without divulging the source of the request. All Providers who plan to submit a statement must register with the Issuing Officer, Section 1.2 of this RFQ no later than **Friday, August 4, 2017 at 4:00 P.M. EDT.**

Section 1.5 - Addenda to RFQ: Any addenda to this RFQ will be issued by the Issuing Officer by email to all Providers that have registered using the procedure previously mentioned in Section 1.2 - Issuing Officer.

Section 1.6 – Pre-Qualification Conference

There will be a single pre-qualification conference for parties interested in providing these services to address any questions, which may arise. This conference is optional but will be the only forum through which PROVIDERS will have the opportunity to directly ask questions concerning the contents of this RFQ with the Director of Transportation Services. The conference will be held at 45 North Road, Niles, Ohio, 44446 on **Monday, August 7, 2017 beginning at 9:00 am.** If questions arise during the conference that cannot be answered at the conference, a response will be provided to all registered providers in writing in the next Addendum. Minutes will not be taken or distributed.

Section 1.7 – Program Tour:

Due to the nature of the RFQ, a tour of the program is not applicable. An overview of all transportation routes will be provided to all registered providers as an attachment.

Section 2.0 – Anticipated Scope of Services:

The Centers for Medicaid and Medicare Services (CMS) published Conflict of Interest Guidance in 2014 that states that providers of Home and Community Based Services (HCBS) for the individual, or those that have an interest in or are employed by a provider of HCBS for the individual, must not provide case management or develop the person-centered service plan. Since non-medical transportation services are included in the definition of HCBS it is necessary for the Board to cease being the provider for these services in the future.

The Board has the following priorities in transitioning out of services:

A transition of services must be completed in such a way as to minimize the disruption in the lives of the individuals served.

A commitment to person centered services by the provider.

Due to the close personal nature of the services provided and the need to create an environment that mirrors the current one, it is important that the provider assuming services employ Board employees currently providing transportation services.

The transition of operations to a Provider needs to provide continuity and stability.

It is important to note that all people served possess a right to “a free choice of provider” thus prior to the transition of any services to a new provider each individual will be given the opportunity to elect to receive services from any qualified and willing provider of Non-Medical Transportation Medicaid services regardless of the Board's selection of a successful bidder or bidders pursuant to this RFQ.

The following information is provided to all registered providers as part of the bid packet:

Attachment 1 – Registration Form

Attachment 2 - 2016 total ridership by persons including total number of one-way trips

Attachment 3 – Transportation Summary per location including number of riders, number of individuals utilizing wheelchairs, total number of stops, and total number of vehicles assigned.

Attachment 4 – Current list of Board Transportation employees hourly rate, hours worked per day and annualized salary

Attachment 5 - Personal Property Tax Statement

Attachment 6 - Warranty Against an Unresolved Finding for Recovery

Attachment 7 - Notice to Bidders regarding Proposal

Attachment 8 - Affidavit in Compliance with Section 3517.13 of the Ohio Revised Code

Attachment 9 - Non-Collusion Affidavit

Section 3.0 – Provider’s Qualifications For purposes of this Request:

The Provider’s qualifications include, but are not limited to, the following:

Current certification by the Ohio Department of Developmental Disabilities to provide the following services under the I/O, Level One and SELF Waivers: Non-Medical Transportation

Section 4.0 – Statement Format/Content:

The format/content provisions listed below have been established to assist the Board in its review and evaluation of all qualification statements. All statements must comply with the following format to allow the selection committee to fairly evaluate submittals: The following is a brief description of the desired content for the proposal Statement:

Section 4.1 – Cover Letter - An introductory cover letter of not more than one (1) page.

Section 4.2 – Executive Summary - A summary of the organization’s background.

This overview should address items pertinent to understanding the organization’s history in the field specifically serving the population that is currently enrolled in the program. This summary should include, but not be limited to, the following:

Organization’s name, address, telephone number, fax number, and name of person to contact.

Include a brief organizational history including years in existence and geographic office locations.

Explain the structure of the organization’s ownership (example – corporation, limited partnership etc.)

A listing of your organization’s programs providing non-medical transportation services (or the appropriate state equivalent) indicating the number of people served.

Documentation of the organization’s experience at transporting people with medical support needs.

Documentation of the organization’s experience transporting people with intense behavioral support needs.

Evidence of the organization’s financial stability, responsibility (submit your most recent 2 years audited financial statement, if available). Confidential information must be submitted in an envelope marked “**Confidential**”.

Section 4.3 – Certifications

Provide documentation of certification by the Ohio Department of Developmental Disabilities to provide the following services under the I/O, Level One and SELF Waivers: Non-Medical Transportation

Section 4.4 - Project Approach

Describe your proposed methodology for providing non-medical transportation services for population served by the Board should the individuals select your organization as a provider. Include within the description how you intend to structure the transportation program to the people who select your

organization. This discussion should include a detailed description of the vehicles to be utilized and the approximate ride time for routes developed.

Section 4.5 - Quality Control

Provide an understanding of the importance that your organization places on providing quality services to the people that it serves. This discussion should include, but not be limited to, the following:

Your quality assurance history over the last two years as documented by reviews and inspections by appropriate regulatory bodies including, but not limited to, provider compliance reviews conducted by the Ohio Department of Developmental Disabilities;

Independent third party accreditation, such as CARF, JCOH or NCI, as applicable;

Two years' summaries of your organization's incident/critical incident reporting.

Section 4.6 – Scheduling

Indicate the proposed timeline required to accomplish the task of the transfer of responsibility for providing non-medical transportation services to the people currently served by the Board that select the organization as a provider. **Please indicate if the proposed deadline for transfer by January 1, 2018 is feasible.**

Section 4.7 Objections

Objections to any of the requirements of this RFQ must be listed in this section of your response. If an objection is not raised in your submittal it will not be considered during the process. Raising an objection does not necessarily insure that it will receive consideration. The Board will only entertain objections that are in its' best interest. Objections to the insurance provisions as discussed in Section 6 – Insurance, Indemnification and Hold Harmless of this document will not be entertained.

Section 5.0 – Selection Criteria:

The Board will review, evaluate and rank all statements of proposals received based on the following criteria and the qualifications previously described:

Ability of the Provider to transport a large number of adults with developmental disabilities on a daily basis.

Years of experience in the delivery of non-medical transportation services.

The ability of the Provider to serve people across the acuity spectrum with an emphasis on people with extensive medical and behavioral challenges.

The transition of services will be completed in such a way as to minimize the disruption in the lives of the individuals served by the Provider.

Past performance of the Provider as reflected by the evaluations of quality assurance organizations in locales where the Provider is currently operating.

Past performance of the Provider as reflected in public records available from the State of Ohio, including, but not limited to, the Ohio Department of Jobs and Family Services, the Ohio Department of Medicaid, and the Ohio Department of Developmental Disabilities.

The Provider's willingness to employ a significant portion of the current staff at a wage similar to their current salaries in order to provide continuity of care for the individuals served.

Timeline to complete the transition of these services is specific, measurable, attainable and realistic.

Prospective bidders are advised that because this RFQ seeks provision of ancillary client services, this RFQ is not subject to, processed under, or evaluated pursuant to R.C. §307.86. Rather, pursuant to R.C. §307.86(D), this RFQ constitutes an exception from the requirements of R.C. §307.86.

Section 6.0 – Insurance, Indemnification and Hold Harmless: THE COUNTY'S INSURANCE REQUIREMENTS ARE NOT NEGOTIABLE. NO DEVIATIONS WILL BE ACCEPTED.

- A. Indemnification and Hold Harmless: To the fullest extent permitted by and in compliance with applicable law, Provider shall defend, indemnify and hold harmless the Agency, the Trumbull County Board of Commissioners and their employees, officials, agents, representatives, attorneys, directors, officers and volunteers from any and all liability, losses, claims, suits, actions, administrative proceedings, regulatory proceedings / hearings, expenses, judgments, subrogation's (of any party involved in the subject of this contract), attorneys' fees, court costs, defense costs or other injury or damages or loss, whether actual, alleged or threatened, resulting from injury or damages of any kind whatsoever to any business, entity or person (including death), or damage to property (including destruction, loss of, loss of use of resulting without injury damage or destruction) of whatsoever nature, arising out of or incident to in any way, performance of the terms of this RFQ and any related contracts including, without limitation, by the Provider, its subcontractor(s), the Provider's or its subcontractor's (s') employees and agents, assigns, and those designated by Provider to perform the work or services encompassed by this RFQ.
- B. Insurance: The Provider shall provide and pay for and maintain in full force and affect the insurance coverage required as a certified provider of Home and Community Based Services as outlined in OAC 5123:2-2-01 and 5123:2-9-18.

Section 7.0 - Conclusion Statement:

The review process will be conducted in two (2) stages. Stage 1 will consist of a preliminary review to ensure that the qualification materials adhere to the minimum requirements (and mandatory conditions) specified in the RFQ and the completion of all the required forms. Organization's Statements, which successfully complete the first stage, will be deemed "Qualified". Those which do not, will be deemed "Non-Qualified". "Non-

Qualified” proposals will be placed in the inactive file. Partial submissions or proposals submitted after the designated deadline will be determined to be non-responsive and will be “Non-Qualified”.

Stage 1 Review:

Upon the Deadline for Statements to be received by the Issuing Officer, which occurs on **Tuesday, September 12, 2017 at 11:00 am EDT**, the Stage 1 Review will be completed to identify all “Qualified” statements. “Qualified” statements in response to the RFQ must meet the following requirements:

Timely Submission – the statement is received at the address designated in the RFQ by **Tuesday, September 12, 2017 at 11:00 am EDT** according to instructions. Statements mailed but not received at the designated location by the specified date will be deemed “Non-Qualified” and will not be considered.

Completeness of submission – proposal submission must include at minimum:

- A. Documentation of required certifications from Ohio Department of Developmental Disabilities
- B. Quality Assurance documentation Incident/critical incident reporting documentation
- C. All sections defined in Section 4.0 – Statement Format/Content: All designated attachments easily reproduced, quality paper, single spaced, clearly formatted with type face that is easily read.

Qualified statements will be forwarded to the Board’s Review Committee to perform the Stage 2 review. Proposals that do not meet all of the above first stage review submission requirements will be deemed “Non-Qualified” and will not be reviewed for Stage 2.

Stage 2 Review:

The Board shall evaluate the statements and rank the Providers using the selection criteria set forth in Section 5. During this review process the Board reserves the right to approve the qualifications on the basis of individual items, or on the list of items, or to conclude that none of the proposals indicate an appropriate level of correspondence to the desired service level. At any time during the review, and at any level of the review, the Board may request additional information from the Provider. Such information requests and Provider's responses must always be in writing. Information may be requested from sources other than the written statement to evaluate the Provider.

All information obtained will be used in conjunction with the data from Stages 1 and 2 to make a final selection. The evaluation will include, but will not be limited to:

- A. The Provider’s history of offering quality non-medical transportation services as evidenced by quality assurance, satisfaction and incident reporting data; The ability of the transition of services to be completed in such a way as to minimize the disruption in the lives of the people served in the program.
- B. Assurance that services will not be lost for the people with the greatest challenges;
- C. The plan to include hiring of current board employees at a wage similar to their current salaries.
- D. Qualifications and other pertinent business history of the Provider;
- E. Ability to create a timely transition of services;
- F. The Providers financial status;
- G. Information in the Executive Summary;
- H. Any other facts considered relevant by the Board and demonstrated by the proposal or its investigation.

Upon completion of the evaluation of the statements the Board shall determine a group of up to three (3) Providers to be interviewed. The information gathered during these interviews will be considered by the Board in conjunction with information obtained from reviewing the statements.

Section 8.0 - Proposal Selection:

Following the interviews, the review committee shall rank the Providers using the stated selection criteria and forward a recommendation for Provider selection to the Board. Upon the Board's approval of the recommendation, the Superintendent will negotiate a contract with the selected provider(s) for the provision of services. The Superintendent will forward the contract to the Trumbull County Board of Developmental Disabilities for formal approval. If the parties are unable to successfully negotiate a contract, consideration of the next highest ranked Provider will be given.

Section 9.0 – Terms and Conditions:

The contents of this RFQ and the commitments set forth in the selected statements shall be considered contractual obligations, if a contract ensues. Failure to accept these obligations may result in cancellation of the award. All legally required terms and conditions shall be incorporated into final contract agreements with the selected Provider(s).

REQUIRED FORMS SECTION

ATTACHMENT 1

REGISTRATION FORM

PLEASE READ AND ACKNOWLEDGE RECEIPT OF THIS DOCUMENT

RFQ# 02-2017 Provider of Non-Medical Transportation Services for Individuals with Developmental Disabilities

All inquiries regarding this RFQ are to be in writing and are to be e-mailed or faxed to:

Edward J. Stark, Superintendent
Fax #: (330) 505-5528
Email: edwardstark@tcbdd.org

Inappropriate contact may result in rejecting of the Bidder's Proposal, including attempts to influence the RFQ process, evaluation process or the award process by Bidders who have submitted statement qualifications or by others on their behalf.

The only appropriate contact is listed above.

Have you been banned from doing business with the State of Ohio? _____.

Please e-mail edwardstark@tcbdd.org or fax this page to (330) 505-5528.

By e-mailing or faxing this page, you will be registering your company's interest in this RFQ and optional attendance at the pre-qualification conference, and requesting receipt of any and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page.

DATE:	
COMPANY NAME:	
ADDRESS:	
REPRESENTATIVE'S NAME:	
TELEPHONE NUMBER:	
FAX NUMBER:	
EMAIL ADDRESS:	
NUMBER OF INDIVIDUALS ATTENDING THE PRE-QUALIFICATION CONFERENCE IF APPLICABLE:	
SIGNATURE:	

ATTACHMENT 2

2016 TOTAL RIDERHIP AND TOTAL NUMBER OF ONE-WAY TRIPS ANNUALLY

Total Riders:	331
Total Individuals using Wheelchair	40
Total One-way Trips (2015 total units)	113,496
Individuals with Waiver Funding	156
Individuals with Local funding	175

ATTACHMENT 3

TRANSPORTATION SUMMARY PER LOCATION INCLUDING NUMBER OF RIDERS, NUMBER OF INDIVIDUALS UTILIZING WHEELCHAIRS, TOTAL NUMBER OF STOPS, AND TOTAL NUMBER OF VEHICLES ASSIGNED

Champion Workshop

Total Riders:	123
Total Wheelchairs:	17
Total Stops:	107
Buses Assigned:	10

Enrollee's attending a Partial Week	2
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TTC Workshop

Total Riders:	93
Total Wheelchairs:	5
Total Stops:	90
Buses Assigned:	12

Enrollee's attending a Partial Week	7
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NWS Workshop

Total Riders:	115
Total Wheelchairs:	18
Total Stops:	92
Buses Assigned:	13

Enrollee's attending a Partial Week	3
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ATTACHMENT 4

TRANSPORTATION EMPLOYEES HOURLY RATE, HOURS WORKED PER DAY AND ANNUALIZED SALARY

ADULT SERVICES TRANSPORTATION EMPLOYEES

Title	Route Hours	Annual Hours	Hourly Rate	Salary
BUS AIDE - 12 MO	6.25	1,625.00	14.1755	23,035.19
BUS AIDE - 12 MO	5.00	1,300.00	13.7089	17,821.57
BUS AIDE - 12 MO	4.00	1,040.00	13.7089	14,257.26
BUS AIDE - 12 MO	4.50	1,170.00	13.7089	16,039.41
BUS AIDE - 12 MO	2.50	650.00	13.7089	8,910.79
BUS AIDE - 12 MO	4.50	1,170.00	13.7089	16,039.41
BUS AIDE - 12 MO	4.00	1,040.00	13.7089	14,257.26
BUS AIDE - 12 MO	4.50	1,170.00	13.7089	16,039.41
BUS AIDE - 12 MO	5.50	1,430.00	14.1755	20,270.97
BUS AIDE - 12 MO	4.50	1,170.00	13.7089	16,039.41
BUS AIDE - 12 MO	4.50	1,170.00	13.7089	16,039.41
BUS AIDE - 12 MO	6.00	1,560.00	14.1755	22,113.78
BUS AIDE - 12 MO	5.75	1,495.00	13.7089	20,494.81
BUS AIDE - 12 MO	6.00	1,560.00	13.7089	21,385.88
BUS AIDE - 12 MO	5.00	1,300.00	13.7089	17,821.57
BUS AIDE - 12 MO	5.75	1,495.00	14.1755	21,192.37
BUS AIDE - 12 MO	6.00	1,560.00	13.7089	21,385.88
BUS AIDE - 12 MO	4.50	1,170.00	13.7089	16,039.41
BUS AIDE - 12 MO	5.50	1,430.00	13.7089	19,603.73
BUS AIDE - 12 MO	4.50	1,170.00	13.7089	16,039.41
BUS AIDE - 12 MO	5.75	1,495.00	14.1755	21,192.37
BUS AIDE - 12 MO	4.50	1,170.00	13.7089	16,039.41
BUS DRIVER - 12 MO	6.25	1,625.00	16.9245	27,502.31
BUS DRIVER - 12 MO	5.00	1,300.00	16.9245	22,001.85
BUS DRIVER - 12 MO	4.00	1,040.00	16.9245	17,601.48
BUS DRIVER - 12 MO	4.50	1,170.00	17.3287	20,274.58
BUS DRIVER - 12 MO	2.50	650.00	17.3287	11,263.66
BUS DRIVER - 12 MO	4.50	1,170.00	16.9245	19,801.67
BUS DRIVER - 12 MO	4.00	1,040.00	16.9245	17,601.48
BUS DRIVER - 12 MO	4.50	1,170.00	16.9245	19,801.67
BUS DRIVER - 12 MO	5.50	1,430.00	17.3287	24,780.04
BUS DRIVER - 12 MO	4.50	1,170.00	16.9245	19,801.67
BUS DRIVER - 12 MO	4.50	1,170.00	16.9245	19,801.67
BUS DRIVER - 12 MO	6.00	1,560.00	17.3287	27,032.77
BUS DRIVER - 12 MO	5.75	1,495.00	16.9245	25,302.13

BUS DRIVER - 12 MO	6.00	1,560.00	17.3287	27,032.77
BUS DRIVER - 12 MO	5.00	1,300.00	16.9245	22,001.85
BUS DRIVER - 12 MO	5.75	1,495.00	17.3287	25,906.41
BUS DRIVER - 12 MO	6.00	1,560.00	16.9245	26,402.22
BUS DRIVER - 12 MO	4.50	1,170.00	17.3287	20,274.58
BUS DRIVER - 12 MO	5.50	1,430.00	16.9245	24,202.04
BUS DRIVER - 12 MO	5.50	1,430.00	16.9245	24,202.04
BUS DRIVER - 12 MO	4.50	1,170.00	17.3287	20,274.58
BUS DRIVER - 12 MO	5.75	1,495.00	16.9245	25,302.13
BUS DRIVER - 12 MO	4.50	1,170.00	17.3287	20,274.58

ATTACHMENT 5

PERSONAL PROPERTY TAX STATEMENT

This document must be notarized. Please print and complete document and scan to upload the completed document to your response. If you are submitting your statement qualifications in paper form include all of your forms with your proposal in a sealed envelope.

In accordance with Section 5719.042 of the Ohio Revised Code, I hereby certify that the company I represent is not delinquent in the payment of personal property taxes to the State of Ohio or any subdivision thereof.

SIGNATURE

PRINT NAME

TITLE

TO BE COMPLETED BY NOTARY PUBLIC

On _____, there appeared before me
DATE

_____, saying that he/she is
PRINT NAME

_____ of
PRINT TITLE

_____,
PRINT NAME OF COMPANY

and that he/she understands all of the implications of the above statement and has signed in good faith.

SIGNATURE OF NOTARY PUBLIC

ATTACHMENT 6

WARRANTY AGAINST AN UNRESOLVED FINDING FOR RECOVERY
(Formerly State of Ohio Debt)

This document must be notarized. Please print and complete document and scan to upload the completed document to your statement qualification response. If you are submitting your statement qualifications in paper form include all of your forms with your proposal in a sealed envelope.

In accordance with Section 9.24 of the Ohio Revised Code, I hereby certify that the company I represent does not owe any money to the State of Ohio.

SIGNATURE

PRINT NAME

TITLE

TO BE COMPLETED BY NOTARY PUBLIC

On _____, there appeared before me
DATE

_____, saying that he/she is
PRINT NAME

_____ of
PRINT TITLE

PRINT NAME OF COMPANY

and that he/she understands all of the implications of the above statement and has signed in good faith.

SIGNATURE OF NOTARY PUBLIC

ATTACHMENT 7

NOTICE TO BIDDERS REGARDING PROPOSAL

In submitting this proposal, it is understood that the right is reserved by the Trumbull County Board of Developmental Disabilities to reject any and all bids, to waive any informalities in bidding, and to accept any bid deemed most favorable to Trumbull County, Ohio.

It is also agreed that this bid may not be withdrawn for a period of sixty (60) days from the opening thereof.

NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

SIGNATURE

PRINT NAME

TITLE

ATTACHMENT 8

AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13 OF THE OHIO REVISED CODE

STATE OF OHIO

COUNTY OF _____ SS:

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

to be let by the County of Trumbull, who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under Ohio Revised Code Section 3517.13, and further states that the undersigned has the authority to make the following representation on behalf of himself or herself or of the business entity:

- 1. That none of the following has individually made after April 4, 2007, and that, if awarded a contract for the purchase of goods or services with a cost aggregating more than \$10,000 in a calendar year, none of the following individually will make, beginning on the date of the contract is awarded and extending until one year following the conclusion of the contract, as an individual, one or more campaign contributions totaling in excess of \$1,000, to any member of the Trumbull County Board of Commissioners or their individual campaign committees:
a. Myself(if applicable);
b. Any partner or owner or shareholder of the partnership (if applicable);
c. Any owner of more than 20% of the corporation or business trust (if applicable);
d. Each spouse of any person identified in (a) through (c) of this section;
e. Each child seven years of age to seventeen years of age of any person identifies in divisions (a) through (c) of this section (only applicable to contributions made on or after January 1, 2007).
2. That none of the following have collectively made after April 4, 2007, and that, if awarded a contract for the purchase of goods or services with a cost aggregating more than \$10,000 in a calendar year, none of the following collectively will make, beginning on the date of the contract is awarded and extending until one year following the conclusion of the contract, as an individual, one or more campaign contributions totaling in excess of \$2,000, to any member of the Trumbull County Board of Commissioners or their individual campaign committees:
a. Myself(if applicable);
b. Any partner or owner or shareholder of the partnership (if applicable);
c. Any owner of more than 20% of the corporation or business trust (if applicable);
d. Each spouse of any person identified in (a) through (c) of this section;
e. Each child seven years of age to seventeen years of age of any person identifies in divisions (a) through (c) of this section;
f. Any political action committee affiliate with any persons identified in divisions (a) through (c) of this section.

Signature: _____
Title: _____

SWORN to and SUBSCRIBED before me this ____ day of _____, 20__, in and for Trumbull County, State of Ohio.

Notary Public: _____
My Commission Expires: _____

ATTACHMENT 9

NON-COLLUSION AFFIDAVIT

STATE OF OHIO)
) §
COUNTY OF TRUMBULL)

_____ being first duly sworn,
deposes and says that he/she is _____ (Sole Owner, a Partner, Secretary, etc.) of
_____, the party making the proposal; that such proposal is not made in the
interest of or on behalf of any disclosed person, partnership, company, association, organization, or corporation,
that such proposal is genuine and not collusive or sham; that said bidder has not directly or indirectly induced or
solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired,
connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from
bidding; that said bidder has not in any manner, directly or indirectly sought by agreement, communication or
conference with anyone to fix the bid price of said bidder or of any other bidder, or to fix any overhead profit, or
cost element of such bid price, or of that of any other bidder or to secure any advantage against Trumbull
County; that all statements contained in such proposal are true; and further, that said bidder has not, directly or
indirectly, submitted his bid price or any breakdown thereof, of the contents thereof, or divulged information or
data relative thereto, or paid and will not pay any fee in connection therewith, to any corporation, partnership,
company, association, public official or employee, organization, or to any other individual except to such person
or persons as have a partnership or other financial interest with said bidder in this general business.

Signed: _____

Title: _____

SWORN to and SUBSCRIBED before me this ____ day of _____, 20____, in and for Trumbull County, State
of Ohio.

Notary Public: _____
My Commission Expires: _____