

# LORAIN COUNTY



## **Guidance and Instructions**

**for**

**Request for Proposals**

**To Provide Direct Services**

**Early Intervention**

**State Fiscal Year 2019**

**(January 1, 2019 through June 30, 2019)**

**THE LORAIN COUNTY CHILDREN & FAMILIES FIRST COUNCIL**  
226 Middle Ave., Elyria, Ohio 44035  
Phone: (440) 328-2492 ~ Fax: (440) 284-4628

# LORAIN COUNTY CHILDREN & FAMILIES COUNCIL

## REQUEST FOR PROPOSAL

Sealed proposals will be accepted until 4:00 p.m. on Wednesday, August 22nd by the Lorain County Board of Commissioners, Purchasing Department, 226 Middle Avenue, Fourth Floor, Elyria, Ohio 44035, for proposals which outline the provision of services as set forth in the guidelines of the Department of Developmental Disabilities. **REQUEST FOR PROPOSALS TO PROVIDE EARLY INTERVENTION EVALUATION AND SERVICE COORDINATION SERVICES TO REFERRED CHILDREN AND THEIR FAMILIES for the second half of FY 2019**, administered by the Lorain County Children & Families Council.

Bid packets for this proposal will be available beginning July 16, 2018 at the Lorain County Purchasing Department, 226, Middle Avenue, 4<sup>th</sup> Floor, Elyria, Ohio 44035. You may obtain a bid packet in any of the following manners:

1. Pick up a hard copy at the Lorain County Purchasing Department
2. Request an electronic copy be emailed to you by emailing your request to KC Saunders, [ksaunders@loraincounty.us](mailto:ksaunders@loraincounty.us), at the Lorain County Purchasing Department

Each proposal shall contain the full name or names of persons and company submitting the proposal and shall be enclosed in a sealed envelope and marked "RFP Early Intervention".

The Lorain County Board of Commissioners reserves the right to reject any and all proposals and to waive any informalities or irregularities that should be deemed in the best interest of Lorain County to do so. Any interpretation, correction or modification to the proposal specifications desired by the applicant shall be made in writing addressed to the County Administrator, James Cordes, in care of Doug Messer, Interim Director, 226 Middle Avenue, Elyria, Ohio 44035, emailed to [dmesser@loraincounty.us](mailto:dmesser@loraincounty.us), or faxed to 440-284-4467 and must be received at least four (4) working days prior to the proposal opening date.

Publish: **CHRONICLE TELEGRAM and the Lorain County Children & Families Council**  
website: [www.loraincounty.us/octfrfp](http://www.loraincounty.us/octfrfp)

Dates: July 16<sup>th</sup> and July 23<sup>rd</sup>

# LORAIN COUNTY CHILDREN & FAMILIES COUNCIL

## EARLY INTERVENTION REQUEST FOR PROPOSALS SPECIFICATIONS

The Lorain County Children & Families Council (Council) is soliciting proposals to provide Early Intervention Programming, consistent with the Ohio Department of Developmental Disabilities and federal guidelines.

**Early Intervention** is a statewide program that supports the early identification, evaluation and service coordination of eligible children, birth to age three, by working in full partnership with families in home-based and community settings. The Lorain County Family & Children First Council is responsible for the grant management of the HMG – Early Intervention program. In order to support the implementation of the Help Me Grow – Early Intervention program, the Council is soliciting a qualified provider from the community to deliver direct services to eligible families.

Successful agency candidates will be able to demonstrate the following:

- 1) Ability to maximize resources, process program referrals, and work collaboratively with community partners.
- 2) Capacity to handle a 90 day turnaround for reimbursement.
- 3) Ability to learn, utilize, and report in state-mandated software.
- 4) Ability to provide clinical and administrative supervision, consistent with DODD expectations.
- 5) Capacity to support an annual caseload of 400 families with a *maximum caseload of 60 families per Service Coordinator*.

This funding is for half of the State Fiscal Year 2019 (January 1, 2019 – June 30, 2019). The Council can allocate up to \$245,192.00 to the selected vendor.

## HELP ME GROW Early Intervention

Early Intervention is a statewide program that supports the early identification, evaluation and service coordination of eligible children, birth to age three, by working in full partnership with families in home-based and community settings. The Lorain County Family & Children First Council is responsible for the grant management of the HMG – Early Intervention program. In order to support the implementation of the Help Me Grow – Early Intervention program, the Council is soliciting a qualified provider from the community to deliver direct services to eligible families.

### **I.** **SERVICES:** Applicants must be able to meet the following requirements:

- 1. SCOPE OF SERVICE:** *Services are subject to terms and conditions set forth in this contract and will be in adherence to all Federal, State, and local rules, policies, and procedures governing services to families. All direct service positions as defined in this section are required under this contract with the allowable FTEs retained on a consistent basis throughout the contract period so that none of the positions are left unfilled for a period of more than 60 days.*
- 2. a. Early Intervention Service Coordination:** *Provider will ensure all children, determined eligible and in need of Early Intervention Service Coordination services have a service coordinator assigned to the family that will act as the single point of program contact for carrying out the following activities of service coordination: (1) Obtain parental consent before any service is conducted (2) Provide the parent with a written copy of early intervention parent's rights in their native language, unless it is clearly not feasible to do so; (3) Coordinate the performance of evaluations and conducts screenings and assessments; (4) Facilitate and participating in the development, review, implementation, and evaluation of individualized family service plans (IFSP); (5) Assist families in identifying and gaining access to available service providers; (6) Coordinate, facilitate, and monitor the delivery of early intervention services to ensure that services the child needs start within thirty calendar days of the parent signing the IFSP (7) Inform families of the availability of advocacy services; (8) Coordinate with community, medical and health providers; (9) Facilitate the development of a transition plan to preschool services, if appropriate; 10) Coordinate the funding sources for early intervention services when needed; and 10) Subscribe to the Evidence-based Early Intervention model by using and the principles of teaming and coaching in service provision and team meetings. A minimum of 7 FTE Service Coordinators are required.*
- 3. b. Clinical Supervision:** *Under the direction and guidance of LCCFC Administration, the Provider will ensure that an appropriately credentialed Clinical Supervisor will provide on-going efficient and effective clinical supervision to a county-wide team of service coordinators. The Provider shall provide all documentation establishing staff and supervisory compliance with all rules, policies, procedures, and regulations. The clinical supervisor will be required to provide staff supervision with a minimum of one (1) hour quarterly devoted to reflective supervision to each individual service coordinator and a minimum of two (2) hours monthly of group supervision. The Provider shall provide proper supervision and monitoring of staff to ensure the following: (1) Caseload size of each Service Coordinator is maintained at no more than 60 children per Coordinator on an average daily basis, (2) Productivity levels, or rate of billable service against total time worked, of all staff is maintained at 85% or above, (3) 100% compliance with staff credentialing and recertification where applicable, (4) Quality assurance, compliance, and improvement of coordination services, (5) Continuity of performance in a team environment, and (6) Timely and accurate reporting of activities in the State database system and formal child charts. A minimum of 1 Clinical Supervisor is required.*
- 4. c. Evaluation and Assessment:** *Provider will ensure that each child is evaluated and assessed in compliance with Help Me Grow Rule OAC 3701-8-07 to include using the Battelle Developmental Inventory BDI-2 as the required evaluation instrument for the purpose of evaluating eligibility and need for Part C Early Intervention Services. A minimum of 2 FTE Evaluators are required.*

### **II.** **SERVICE REQUIREMENTS:**

- 1.** All services must be provided by qualified, approved personnel as described in state and local policies.
- 2.** Any HMG – Early Intervention provider will identify their staff and services in all written and verbal communication as Help Me Grow – Early Intervention or Early Intervention providers.
- 3.** Families receiving On-Going services will receive Service Coordination as defined in section A below.
- 4.** Families may receive **AS INDICATED and ALLOWABLE:** Comprehensive Evaluation and Specialized Services and others as developed or identified in the Individual Family Service Plan [IFSP]).

#### **A. CORE SERVICES DEFINED: Please also see Appendix A: HELP ME GROW PROGRAM COMPONENTS**

Based upon their individual eligibility, children and families participating in Early Intervention will receive Core Services:

- **Screening and Assessment** - Standardized instruments will be used by the provider for this component.  
**Screenings:** Although the Service Coordinator is responsible for assuring that screenings and assessments are performed, other qualified staff persons may administer them. Qualified personnel must have appropriate credentials, training and experience in the use of standardized tools and instruments (per the requirements of the tool).  
The following assessments/screenings are allowable services:

**Child Development Screening** tool is the ASQ and ASQ-SE to meet this requirement.

**Family and Child Assessments:** Maternal Depression, Autism and Social-Emotional screenings also included.

**Vision Screen:** Vision screenings will be provided to all children.\*

**Hearing Screen:** Hearing screenings will be provided to all children.\*

**Nutrition Screen:** Nutrition screens will be provided to all children.\*

\*Unless available documentation shows a screening has been done in the last six months by a qualified professional.

- **Service Coordination** - Each family will have **one** identified Service Coordinator who will ensure implementation of the IFSP, conduct appropriate screenings/evaluations, and coordinate care and promote the team approach for best family and child outcomes. Service Coordinators must meet qualifications and be credentialed.
- **Individualized Family Service Plan (IFSP)** - Documents used to identify child and family strengths, goals, and service needs and strategies. Each IFSP is reviewed every 180 days or as is stipulated and provides team IFSP development with services appropriate for child's development.
- **Linkage to community service providers, including primary health care providers.** - Every child enrolled must have a primary health care provider. This provider must be identified in EIDS by the first IFSP. The Service Coordinator will provide linkages to community services as needed by the family and identified in the IFSP.
- **Home Visits** – All families enrolled in the Part C component will receive ongoing Home Visits.

## **B. SUPPLEMENTAL SERVICES:**

- **Developmental Evaluation:** (Determining initial eligibility and re-determination): All components below must be completed if there is suspicion of, or identification of, a delay or disability (Part C). Children 0-3 with substantiated reports of abuse or neglect will be referred by the LCCS and are considered to have 'suspicion of delay' which will be referred to Central Intake as CAPTA. *At this time*, a screening to determine Part C eligibility will be provided for CAPTA children. A Multi-disciplinary team is responsible to implement components, and/or review evaluation information from other sources, to determine eligibility and recommend developmental activities. Participation on a multi-disciplinary team and summary documentation are included as "billables" in this service

### **Developmental evaluation requirements:**

- Evaluators will utilize an approved evidence-based tool for evaluation to measure the following developmental domains: Cognitive development; Communication development; Social or emotional development; Adaptive development; and Physical development.
- Evaluations will include a review of pertinent records related to the child's health and medical history.
- Professionals who meet credential standard, completed training in the relevant Evaluation Tool(s), AND complete practice sessions, may be approved to provide this component.
- Clinical Opinion that the child is eligible for IDEA Part C services must be included in the Developmental Evaluation. Physicians, speech therapists, Occupational or Physical therapists, mental health counselors, child development specialists, and other clinicians may provide this component. The Clinical Opinion should be provided by a professional in the area of deficit (or suspected deficit).
- Additional Screenings and Assessments include Vision, Hearing, and Nutrition. Screening and Consultation may be provided by appropriate professionals in these required areas. Additional health screenings and/or diagnostic information may also be included as needed and necessary on a case-by-case basis.
- Persons contributing to the Developmental Evaluation may also be considered as members of the family's multi-disciplinary team that provides ongoing support to the IFSP development, implementation, and review.

## **C. POLICY AND PRACTICE**

Agencies must adhere to all federal guidelines for the provision of Part C (early intervention), state HMG and DODD policies and local protocols. Local policies may be clarified, added or deleted throughout the program period as necessary. As noted above, any changes in policies will be effective upon DODD approval. Provider agencies will be expected to maintain compliance

## **D. PROCEDURAL SAFEGUARDS:**

- Lorain County adheres to State and Federal guidelines to ensure procedural safeguards. In addition, Early Intervention has been determined to fall within the scope of HIPAA. Agencies must have privacy policies and procedures in place. Agencies will train EI staff regarding HIPAA compliance and internal procedures.
- Families must be informed of and have access to, problem solving procedures within the agency, the county level and the state level. Agencies will utilize the DODD grievance procedure. Agencies will also have responsibility to inform families of the procedures and to assist families to access due process.

- A cornerstone of HMG-EI services is 'informed consent'. Agencies will ensure that all families receive full information in order to give consent to services, agree to exchange of information, develop service plans, etc. HMG agencies must adapt information presented to ensure that parents fully understand. This may necessitate using interpreters, translators, verbal notice, etc. Standard consent forms are used by all contracted agencies of the HMG program.

**E. RECORDS AND DOCUMENTATION:** Individual child and family records must be maintained in compliance with DODD policies. Additional record-keeping and documentation is also required by the county program. Agencies must have a record retention policy and inform families of such. The county HMG Project Director (or designee) will have access to all child and family records and may view such on site or by request of submission. A quarterly service audit will be performed by the HMG Project Director on the provider during the contract year to validate record, documentation, and billing accuracy.

### **III. STAFF:**

All employed, contracted, or volunteer personnel must be approved by the Project Director prior to providing HMG services. Approval is based on documented completion of training requirements and review of submitted documentation for compliance with minimum standards.

#### **A. QUALIFICATIONS:**

- Service Coordination: Degree in early childhood, social work or related field. Service Coordinators must attain state Credential prior to 1 year of service. IFSP training must also be completed prior to providing services.
- Developmental Screening and Family Assessment: Professionals who have completed training in the relevant Screening Tools and procedures AND meet credential standards as required by the instruments.
- Assessment: Clinical qualifications are identified for each type of assessment within the scope of practice for nursing, OT, PT, nutrition, social work, education, etc.

**B TRAINING REQUIREMENTS:** Ongoing staff development is an important key in continuous improvement of the HMG program. State and local training goals are aimed at developing quality, standardized HMG-EI services. Initial training will be intensive with frequent and regular training provided throughout the Program period.

- All staff providing program services are required to complete a core training **prior to delivering** services.
- All HMG-EI staff must complete all required training and maintain credentialing while delivering services under this agreement.

#### **C. CASELOAD REQUIREMENTS:**

- Full time HMG Early Intervention staff shall have a weighted caseload of *no more than* 60 children.
- Caseload size must be prorated for part-time staff (e.g. 20 hrs/week = 30 children).
- "Weighting" is defined as having a mix of families at varying levels of engagement, need, frequency of service, etc. Supervisors must monitor caseload composition and adjust maximum size per staff member.
- The HMG Early Intervention Project Director may waive or increase caseload sizes in order to address waiting lists or staff turnover. Provider will be notified, in writing, of any changes to the above noted requirements.

**D. COMPLIANCE AND QUALITY ASSURANCE:** Applicants will sign assurances to comply with all local, state and federal policies and practices of Help Me Grow. Applicants must be aware that Ohio Department of Developmental Disabilities policies and regulations are subject to revision and changes will be implemented as approved. Agencies funded through HMG must obtain and/or maintain compliance with all program requirements, implement internal controls and management procedures to ensure quality services, and report outcomes as required by the Family Council and DODD.

The Lorain County Children and Families Council will conduct site visits to its provider agency for the purposes of monitoring fiscal and programmatic compliance and quality. Provider agency will make all records and appropriate staff available for this process. The Family Council and its Administrative Agent, the Lorain County Commissioners, reserve the right to access any and all HMG Early Intervention participant, programmatic and management information at any time during the contract period.

#### **IV. FISCAL MANAGEMENT REQUIREMENTS:**

Applicants must have adequate fiscal program management procedures and personnel with expertise, and experience to:

- Adhere to all local, state and federal guidelines for fiscal management.
- Monitor and adhere to all HMG Early Intervention policies and timelines, as well as ensure families of all federal entitlements with regard to program and funds
- Submit annual agency and federal audits (as applicable) including the Audit Management Letter. Agencies receiving more than \$750,000 in federal funds are required to have an A133 audit.
- Have no current audit findings or findings for recovery.
- **Have the capacity to handle up to a 90-day turn around for reimbursement.**
- Adhere to 'no reject/no eject' rule (once enrolled, a family's eligible child must continue to be served as long as eligible and family chooses to remain enrolled).
- Complete quarterly and year-end expense reports using standard cost accounting formats.
- Submit timely and accurate service and billing data. Forms and format will be provided.
- Participate in required trainings

#### **V. FUNDING OVERVIEW:**

**A. FUNDING PERIOD:** The *Help Me Grow* - Early Intervention program funding period for this RFP period will begin January 1, 2019 and continue through June 30, 2019. Providers will be reimbursed for *services provided through June 30, 2019 only*. **The total for reimbursement will not exceed \$235,192.00. There will be no carry over of funds.** The Lorain County Commissioners, as Administrative Agent for the Family Council, will act as fiscal agent for the initiative and contracting will be conducted in compliance with Lorain County Auditor's accounting protocols.

**B. FUND USAGE:** There is one primary funding source for the HMG Early Intervention Program and concerted effort will be made to maximize the utilization of these funds within state and federal guidelines. There are numerous regulations regarding the usage of federal funds. Refer to OMB Circular A-87 (Cost Principles for State, Local and Indian Tribal Governments) or OMB Circular A-122 (Cost Principles for Non-Profit Organizations) for more detailed descriptions.

#### **VI. PROVIDER REIMBURSEMENT:**

**A. AGENCY REIMBURSEMENTS:** Reimbursements will be done based upon actual and prorated costs for allowable expenses under DODD grant guidelines for providing Early Intervention services to Lorain County residents. All program requirements must be met in order to reimburse services, e.g.:

- Child must meet eligibility criteria for the specific service being billed.
- Parent must have given written consent for the service.
- Child must have a current Service Coordinator and IFSP for ongoing services.
- Staff providing services must be approved and meet all training, credential, and other project requirements.

#### **B. REIMBURSEMENT:**

- Reimbursement is based on contractual limits, actual costs, eligibility as an expense, consistency with the submitted budget, and availability of funding. Agencies will be given a minimum of 30 days notice in case of change in reimbursement process.
- Invoice for services will be summarized on a monthly standardized reporting tool submitted to Council by the 7<sup>th</sup> of the following month of service.
- Service Coordination. Reimbursement of Early Intervention services billed at an hourly rate will be done in .25 hours of billable time.
- Multi-disciplinary Evaluation: This service will provided by approved clinicians and professionals and reimbursed at flat fee rate for the administration of the approved assessment tool completion of the Assessment Report Form, consultation with the family, and time spent participating on the multi-disciplinary team.

## **APPLICATION PROCESS**

1. Applications must be complete to be considered for funding.
2. Applicants must submit one complete original hard copy with all Narrative Section questions and attachments identified in the application checklist. Applicants must also submit five (5) hard copies without attachments.

ATTACHMENTS: MUST be included with the application. Supportive documentation from each of the narrative sections is to be included in the Application. In addition, the following items are required

- \_\_\_\_\_ One Copy of current financial audit (and if applicable A-133) AND Management Letter
- \_\_\_\_\_ One copy of current Certificate of Insurance
- \_\_\_\_\_ Current roster of Board Members

### **ADDITIONAL ITEMS MAY be submitted with the application.**

- It is not necessary to include more information than is requested.

## **DEADLINES**

- **SEALED hard copy applications MUST BE SUBMITTED by 4:00pm on August 22, 2018.** Applicants shall submit one (1) original with attachments and five (5) copies of each proposal to:
  - Doug Messer, Interim Director
  - Lorain County Children & Family Council
  - 226 Middle Ave.
  - Elyria, Ohio 44035
- **All Applications received will be opened at a public meeting on August 23, 2018 at 2:00pm at the above address in the public hearing room. Applicants may attend.**

## **APPROVAL**

*Agency applications will be reviewed.*

**At the discretion of the Reviewing Committee**, applicants may be recommended with special conditions. Special conditions must be met prior to final approval and contracting for services.

## **ELIGIBLE APPLICANTS:**

Applications will be accepted from agencies that meet the following criteria:

- Help Me Grow Early Intervention is within the scope of the agency mission and operating guidelines
- Agency assures compliance with all state and local policies and protocols
- Agency has expertise, infrastructure, and designated personnel to: ensure quality services, supervise staff, monitor program implementation, generate appropriate reports, and submit timely and accurate electronic data and billing.
- **HMG Early Intervention administrative costs do not exceed 10% of total expenses.**

**HELP ME GROW**  
**Early Intervention**

PROGRAM COMPONENTS	DESCRIPTION
1. Outreach/Child Find/Intake/Procedural Safeguards	<ul style="list-style-type: none"> <li>▪ Contact with Central intake and referral access</li> <li>▪ Public awareness activities</li> <li>▪ Education to physicians/health care providers/other community providers</li> <li>▪ Collaboration with local schools/Head Start to continue child find activities to identify children 0-3 with delays and disabilities</li> <li>▪ Provide information on parent's rights for Part C and assure that all parties are aware of system to address complaints</li> <li>▪ Attend required trainings</li> </ul>
2. Service Coordination/ 3. IFSP Development, Implementation and Review	<ul style="list-style-type: none"> <li>▪ Process referrals and coordination of evaluation to determine eligibility for Part C</li> <li>▪ Facilitate and participate in the development, implementation, review and monitoring of the IFSP</li> <li>▪ Facilitate development of family goals</li> <li>▪ Provide choice to families by identifying all available service providers</li> <li>▪ Inform families of the availability of advocacy services</li> <li>▪ Coordinate and monitor the delivery of available services</li> <li>▪ Coordinate with medical and health providers</li> <li>▪ Coordinate transition to other programs and services</li> <li>▪ Attend required trainings</li> </ul>
4. Multi-disciplinary Evaluation	<ul style="list-style-type: none"> <li>▪ Multi-disciplinary evaluations to determine eligibility for Part C <ul style="list-style-type: none"> <li>- Social/Emotional</li> <li>- Communication</li> <li>- Cognitive</li> <li>- Physical (to include hearing, vision and nutrition)</li> </ul> </li> <li>▪ Adaptive</li> </ul>
5. The Ohio Department of Developmental Disabilities has a system of payment for the provision of Part C-EI specialized services.	<ul style="list-style-type: none"> <li>▪ Children/families determined to be HMG eligible (child with a diagnosed physical or mental condition or developmental delay) who are unable to pay for needed EI services are eligible for the EI System of Payment (EISOP). Application is to be submitted by the service coordinator pursuant to the Ohio Department of Developmental Disabilities system of payments.</li> <li>▪ Services may be available in the county through the county Board of MRDD.</li> </ul>

# LORAIN COUNTY



## Request for Proposals

**APPLICATION TO PROVIDE DIRECT  
SERVICES  
EARLY INTEVENTION  
State Fiscal Year 2019  
(January 1, 2019 through June 30, 2019)**

**THE LORAIN COUNTY CHILDREN AND FAMILIES FIRST COUNCIL  
226 Middle Avenue, Elyria OH 44035  
Phone (440) 328-2492 Fax (440) 284-4628**

**COVER PAGE**

**APPLICATION CHECKLIST**

**Complete this page and use as the cover to your application packet.** Unless noted, ONE hard copy original (complete with ALL attachments) and **FIVE** hard copies of the complete application, but no attachments necessary, shall be submitted. **This Checklist will be used at the "Proposal Opening" to ensure that completed applications are reviewed.**

**Make sure that ALL RESPONSES are clearly marked and reference the section**

- \_\_\_\_\_ **Section I:** Applicant information page is complete and signed by required persons.
- \_\_\_\_\_ **Section II:** Fiscal Management Information is complete.  
                   \_\_\_\_\_ *Budget forms are completed*
- \_\_\_\_\_ **Section III:** Personnel information is complete  
                   \_\_\_\_\_ *Staff Development*  
                   \_\_\_\_\_ *Staff listing*
- \_\_\_\_\_ **Section IV:** Program information is complete.
- \_\_\_\_\_ **Section V:** HIPAA Checklist is completed.  
                   \_\_\_\_\_ **Support documentation is included**
- \_\_\_\_\_ **Attachment A: Program and Subcontractor Assurances**
- \_\_\_\_\_ **Attachment B: Affidavit**
- \_\_\_\_\_ **Attachment C: Lorain County Combined Affidavit**
- \_\_\_\_\_ **Attachment D: Safety Statement**
- \_\_\_\_\_ **Attachment E: W9**
- \_\_\_\_\_ **Applicant Statement is signed as required.**

**In addition to ATTACHMENT items specified above, the following items must be submitted with the application and clearly marked.**

- \_\_\_\_\_ ONE Copy of current financial audit (and if applicable A-133) AND Management Letter
- \_\_\_\_\_ One copy of current Certificate of Insurance
- \_\_\_\_\_ Current roster of Board Members

**ADDENDA: Additional items MAY be submitted with the application. Check if included.**

- \_\_\_\_\_ Letters of support or other Supportive documentation, particularly from consumers, is acceptable as addenda (not required).
- \_\_\_\_\_ Other: Additional information, attachments, and addenda are not required, but are permitted. Specify any additional information included:  
                   \_\_\_\_\_

\*\*\*\*\*

Administrative Use:

<b>Receipt information:</b>		<b>BY:</b>	
<b>Date</b> _____	<b>Time</b> _____	<b>AM</b>	<b>PM</b>
<b>Status:</b>	<b>Approved without condition</b>	<b>Approved with Special Conditions*:</b>	<b>Not Approved</b>
<b>DATE:</b>			

(\*Agencies will be notified of any special conditions, in writing, by \_\_\_\_\_)

**Section I. APPLICANT INFORMATION**

<b>Agency</b>	
<b>Agency Director</b>	
<b>Program Director</b>	
<b>Federal ID Number</b>	

<b>Address</b>		
<b>Phone:</b>	<b>FAX</b>	<b>EMAIL</b>

**Collaborative Applications**

<b><u>Do you intend to sub-contract any or all parts of Early Intervention services?</u></b>	<b>YES</b>	<b>NO</b>
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**If so, list all partner agencies and their roles.**

(All providers and sub-contractors must comply with all state and local policies and practices.)

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**Agency Mission Statement: What is the agency's stated purpose and scope.**

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Services MUST be provided: 1/1/19 through 6/30/19 <b>Date</b> <b>Date</b>	<b>If Services will not begin January 1, 2019, please explain:</b>
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Early Intervention is a countywide program serving all children who meet eligibility criteria. Describe here any limitations your agency has regarding referrals.

**Populations: All providers of ongoing services are expected to accept EI (Part C) referrals without limitation. If your agency anticipates any limitations due to capacity or other reason, please describe them here.**

.....

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

**Section II: FISCAL MANAGEMENT**

1. Answer the following questions in some detail. Description includes details regarding assurance of accuracy of billing, compliance with minimum standards, and designated personnel. Identify any potential barriers to managing HMG Early Intervention effectively.
  - A. How do you track and manage program and fiscal data including: multiple funding streams, reconciliation of billing and reimbursement, eligibility requirements, and contract allocations for your participants?
  - B. What are your agency’s electronic/computer procedures for potential web-based record keeping and billing? Describe how forms are processed, how program information and billing is managed, staff assignments for processing and oversight, and other relevant details. Who will provide oversight and what is the title for this person?

**FY09 PROJECTIONS**

**1. Fiscal Projection**

Complete the budget worksheets and include with your application as Attachment.

**2. Budget Narrative:** Describe your anticipated budget for FY19. **Include some detail regarding:**

- ❖ Explanations of line items, including benefits
- ❖ Explanation of Indirect and Administrative Cost and percentages
- ❖ Identify and describe any other revenues used to subsidize the HMG program.
- ❖ Projected **Balance**. How does the agency reconcile the difference between revenues and expenses?

**Section III. PERSONNEL:**

**1. Staff Development**

- A. Describe how you will comply with state and local training requirements.
- B. How do you manage staff turnover? Describe procedures to cover staff turnover. How is continuity of service and quality maintained? What is the plan for potential loss of key personnel (Supervisors, experienced Service Coordinators, etc?) How are caseloads re-assigned or covered when staff are on leave or exit the program?
- C. How does the agency financially support staff development?
- D. How does (would) your agency assess individual staff knowledge and competencies in implementing Service Coordination?
- E. Describe your process for implementation of the Service Coordinator Credential requirement.

**2. Staffing:** COMPLETE THE PERSONNEL WORKSHEET, INCLUDE ALL AGENCY STAFF PROVIDING DIRECT OR SUPPORT TO THE HMG EARLY INTERVENTION PROGRAM.

**Section IV. PROGRAM STRATEGIES:**

The *Help Me Grow* Program is based on common practice, integrated program components and ‘seamless’ service delivery. It is also based on the philosophy that all families will have access to a diverse array of service providers and approaches from which to choose. Please describe your approaches to the following items.

1. **Engagement:** What do you estimate is your ‘engagement rate’ (# enrollments divided by total # referrals)? What are the reasons you feel families will not complete the enrollment process? How will you minimize this ‘drop-out’ rate? How will you monitor the engagement process?
2. **Longevity:** If you are currently providing ongoing HMG Early Intervention services, what is the average length of stay in Early Intervention? Describe how you plan to maximize length of stay and reduce turnover. How is this information monitored within the agency? If you are a new applicant, describe anticipated length of service and plans to minimize turnover and monitor information.

**Timelines:** Describe in the chart below **HOW** your agency will adhere to these Early Intervention timelines. **Include detail about how timelines are monitored.**

TIMELINE	STRATEGIES/MONITORING	Est. % Not meeting timelines & Explanation
Contact within 2 days of Referral		
Developmental Evaluations in 45 days (Part C referrals)		
IFSP timelines (initial within 45 days, reviews in 180 days)		

3. **Flexibility:** How will your HMG program meet families’ needs for flexible schedules, evenings, weekend services? What % of your services is delivered outside of traditional hours (9-5 weekdays)?

**Section V. PROCEDURAL SAFEGUARDS**

1. **Parent's Rights:** Describe how your agency ensures confidentiality and protects the rights and privacy of participants.
2. **Problem-solving:** How does your agency ensure that families are aware of and understand problem solving/grievance procedures? **Include your agency Problem Solving, Complaint Resolution, or Grievance procedure.**
3. **Complete the following HIPAA CHECKLIST.**

Agency Name: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Please initial all that apply to your organization:

\_\_\_\_ We are a Covered Entity under HIPAA  
 Our Privacy Officer is: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_ We are NOT a Covered Entity under HIPAA

All Client files/records are kept in:

Agency computer operating system is:

\_\_\_\_ Locked file cabinets

\_\_\_\_ Windows 2000 Professional

\_\_\_\_ Locked records room

\_\_\_\_ Windows XP Professional

\_\_\_\_ Locked drawer of staff desk

\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_ On computer with password protection

\_\_\_\_ All Help Me Grow staff computers are password protected

\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_ All agency computers with client information is password protected

**Staff Training:**

Date(s) of HIPAA training \_\_\_\_\_, \_\_\_\_\_

Who provided training? \_\_\_\_\_

\_\_\_\_ Training sign-in sheets are attached (copies)

\_\_\_\_ Copies of materials presented (written materials, hand-outs, etc) are attached

4. **What is your method of criminal background checks for those staff providing direct services to children and families?** \_\_\_\_\_

**Section VI: PROGRAM SPECIFIC INFORMATION - THE FOLLOWING APPLICATION QUESTIONS ARE SPECIFIC TO EARLY INTERVENTION.**

**ONGOING SERVICES OF PROGRAM**

**1. Supervision:**

**Ongoing Services (Part C – EARLY INTERVENTION): If you plan to have more than one person provide supervision, complete a separate section for each one.**

HMG Early Intervention requires that all staff receive both Administrative and Reflective ('clinical') Supervision. Supervision may occur individually, in groups or both.

- Administrative Supervision includes monitoring: HMG Early Intervention fiscal, billing, record-keeping/documentation and agency-specific policies and procedures, personnel records, training, etc.
  - Reflective (or Clinical) Supervision includes quality improvement, program implementation, staff support, and attention to staff and family issues, concerns, and barriers per reflective practice.
- A. Who (would) provides the Administrative Supervision?
  - B. Experience/qualifications:
  - C. Average hours per week designated to Administrative Supervision?
  - D. What is the total number of staff supervised by this Supervisor?

- E. Describe the agency procedure(s) for Administrative Supervision for all HMG Early Intervention staff.
- F. Who (would) provides the Reflective Supervision?
- G. Describe the experience, qualifications, and training in Reflective practices of the Supervisor:
- H. Average hours per week designated to Reflective Supervision?
- I. What is the total number of staff supervised by this supervisor?
- J. Describe the agency procedure(s) for providing Reflective Supervision for HMG Early Intervention staff.
- K. Describe how the agency monitors ongoing services for compliance and quality.
  - ❖ How do (would) you monitor the frequency and content of Home Visits, Service Coordination of each staff member providing those services?
  - ❖ How do (would) you monitor IFSP's to ensure that frequency and content are individualized, meet family needs and preferences, and are consistent with staff schedules and HMG billing?
  - ❖ How is (would) staff (be) monitored when "in the field"? How do you monitor accuracy of staff time? Do families sign off on visit records?
  - ❖ Internally, how are (would) case files 'audited'? What quality assurance activities are in place?
  - ❖ How do (would) you ensure that information is documented in individual case files and on the Electronic Reporting System – Early Intervention Data System in a timely and accurate manner?

**Evaluation Services:** Complete this section IF you are applying to provide Assessment services . HMG requires that all staff receive both Administrative and Reflective ('clinical') Supervision. Supervision may occur individually, in groups or both.

- Administrative Supervision includes monitoring: HMG fiscal, billing, record-keeping/documentation and agency-specific policies and procedures, personnel records, training, etc.
  - Reflective (or Clinical) Supervision includes quality improvement, program implementation, staff support, and attention to staff and family issues, concerns, and barriers per reflective practice.
- A. Who provides the Administrative Supervision for this Component?
  - B. Experience/qualifications:
  - C. Average hours per week designated to Administrative Supervision *of this Component*?
  - D. What is the total number of staff supervised? (in HMG and other agency programs)
  - E. Describe the agency procedure(s) for Administrative Supervision for all NBHV staff.
  - F. Who provides the reflective Supervision for this Component?
  - G. Describe the experience, qualifications, and training in Reflective practices of the Supervisor:
  - H. Average hours per week designated to reflective Supervision *of this Component*?
  - I. What is the total number of staff supervised? (in HMG and other agency programs)

**2. Complete the grid below for each type of evaluation/assessment that will be used for HMG Early Intervention eligible children:**

Assessment type/tool	Name and qualifications	Estimated <u>AVERAGE</u> Time per child	Estimate <u>TOTAL</u> To Be Completed
Developmental Evaluation/Assessment tool (Specify type e.g. Brigance, AEPS, etc)			
Hearing Screen			
Nutrition Assessment and Consultation			
Vision Screening			

Section II  
Budget

Exhibit B - Modified Total Direct Cost Worksheet				
Agency Name				
Indirect Rate		10%		
<b>Employee Name</b>	<b>Estimated Program Cost</b>	<b>Est. Program Cost * Indirect Rate %</b>	<b>Estimated Allowable Indirect</b>	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
<b>Total</b>	-	-	-	
<b>Contracts</b>	<b>Estimated Program Cost</b>	<b>Est. Program Cost * Indirect Rate %</b>	<b>Estimated Allowable Indirect</b>	*Per the Uniform Guidance, a maximum of \$2500 can be charged to each subcontract.
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
<b>Total</b>	-	-	-	
<b>Other Direct Costs</b>	<b>Estimated Program Cost</b>	<b>Est. Program Cost * Indirect Rate %</b>	<b>Estimated Allowable Indirect</b>	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
XXXX		-	-	
<b>Total</b>	-	-	-	
<b>Equipment</b>	<b>Estimated Program Cost</b>	<b>Est. Program Cost * Indirect Rate %</b>	<b>Estimated Allowable Indirect</b>	
XXXX		-	-	
XXXX		-	-	
<b>Total</b>	-	-	-	
<b>Grand Total</b>	-	-	-	



**APPENDIX A**

**PROGRAM ASSURANCES**

The following items refer to the Policies and Protocols of the Lorain County Early Intervention Program. Providers must have internal procedures and controls in place to assure compliance with program policies and protocols. If, at any time during the program period, compliance with a policy is *temporarily* not met, providers must notify the Project Director and submit a Corrective Action Plan for approval.

**Initial**                      **1. SUPERVISION:**

	All program staff receive regular and ongoing <i>Administrative Supervision</i> to ensure accuracy, adherence to the model, compliance with state, federal, and local standards and to maintain an efficient and accurate operation. Administrative Supervision ensures that staff participates in the training curriculum, meet health and safety standards, and have appropriate qualifications. Administrative Supervision also ensures fiscal and reporting accuracy. Administrative Supervision is provided by a staff person with experience and expertise in program management.
	All staff receive a MINIMUM of 4 hours per month (per full time status) of <b>“Clinical” (Reflective) Supervision as described in this application.</b> Clinical/Reflective Supervision is provided qualified staff with experience in supervision, staff support, and reflective practices, and who have completed state and local training requirements.

Program Director \_\_\_\_\_ Executive Director \_\_\_\_\_

**2. STAFFING: (This section is Not Applicable for Assessment Services applicants)**

**Initial**                      **“Staff” refers to all employed, contract, or volunteer workers providing Program Services**

	All staff meet minimum standards of qualification for their position; are able to promote child development; work effectively with parents and families; and participate in ongoing competency improvement activities. Service Coordinators are credentialed according to state requirements.
	Service Coordinators have <u>weighted</u> caseloads of no more than 60 <i>children per fulltime assignment to the program.</i> “Caseloads” and staff assignments are determined by provider policy and may include parent choice; experience of the staff person, and diversity of the population.
	Program staff complete DODD training requirements within established timelines and complete the Lorain County specific trainings as required. Staff also participates in regular agency in-service, technical support, and other staff development activities.
	Minimum health and safety procedures are in place for all Program staff per established Protocols. <i>Minimum standards include:</i> Measles booster, annual TB test, criminal record checks, and training in and universal safety precautions.
	Health and safety requirements are waived per religious or medical grounds and appropriate documentation is maintained. Staff files contain all appropriate information in this regard and are available for review on site.

Program Director \_\_\_\_\_ Executive Director \_\_\_\_\_

**Initial**                      **3. SERVICE DELIVERY:**

	Service components are provided and documented per established procedures and protocols.
	Specialized Services entitled for Early Intervention families are provided or ensured by the lead agency (agency providing service coordination).
	All families are contacted within 2 working days of referral or request.
	Timelines for response to referral source, IFSP development and review, screenings, assessment and evaluation are met for all children in Early Intervention. Written documentation is maintained in the event that timelines are not met and submitted to LCCFC as required.
	Families are ensured access to the full array of service options.

Program Director \_\_\_\_\_ Executive Director \_\_\_\_\_

**Initial 4. PROCEDURAL SAFEGUARDS and GRIEVANCE PROCEDURES**

	HIPAA regulations are followed.
	Agency will provide LCCFC with access to ALL case-specific information regarding Early Intervention participants and referrals per established protocols and documentation procedures.
	Families are provided with adequate information and support (examples: discussion of options, visits to providers) to make choices about the services available and appropriate to them and their child. (INFORMED CONSENT)
	Families are informed of their rights and responsibilities related to the Early Intervention per DODD guidelines.
	Once enrolled, families are entitled to the full array of appropriate services identified by the IFSP team on the IFSP, and documentation/records of such will be maintained and submitted until: the family chooses not to continue; the family is no longer eligible per established Program eligibility guidelines; or repeated attempts to visit and re-engage the family have failed over a period of up to 90 days.
	Families are informed of Program satisfaction and evaluation activities.
	Established DODD Grievance policies will be followed with respect to services and/or fiscal matters.
	Families are informed of Early Intervention Program "Grievance" policies and procedures as cited in the Service Coordination Mechanism and DODD policy.
	Written notification is provided to families of change in services, termination of services, etc. as required in DODD policy and local protocols

Program Director \_\_\_\_\_ Executive Director \_\_\_\_\_

**Initial 5. FISCAL AND PROGRAM REVIEW**

	The agency carries liability insurance. A copy of the Certificate of Insurance is included or will be submitted by _____.
	An annual fiscal audit is performed by an independent accounting provider. The audit includes specific program audits and conforms to standard accounting practices. Agencies receiving \$750,000 or more in federal funds receive an A-133 audit. Most recent audit is included.
	Staff and case records will be made available for program reviews conducted by the LCCFC and/or its designee.
	All documentation related to the Program is maintained for at least seven (7) years to meet audit requirements.
	The agency has the equipment, software, and trained staff to accomplish electronic reporting and data processing. Agency agrees to participate in electronic data reporting through LCCFC and the Early Intervention Data System.

Program Director \_\_\_\_\_ Executive Director \_\_\_\_\_

**APPLICANT STATEMENT OF UNDERSTANDING**

Reimbursements will be made to providers based on standard unit of service rates (See RFP). Provider agencies are required to account for the use of program reimbursements for *Help Me Grow* program costs in accordance with standard accounting principles quarterly and at year-end. Family Council will determine the format for quarterly and year-end reports.

**Please sign the statements below.**

Upon approval of this application, I will be notified of the Family Council's intent to purchase Early Intervention services from my organization. It will be reimbursed at a standard rate for services upon submission of required documentation. There may be a significant turn-around time on reconciliation and payment of monthly invoices. ("Guidance" Document outlines details.)

The information provided in this application is accurate, and represents our intent to be a Provider of Services and our commitment to collaborate within the Early Intervention / Interagency Model. Our agency/organization will comply with all state and local training, documentation and data collection, and service requirements of the Program. Services will be provided to all eligible families in accordance with state and local standards. All services will be provided with respect for families' rights and responsibilities.

**SIGNATURES**

_____	_____
<b>Fiscal Director</b>	<b>Date</b>
_____	_____
<b>Agency Director or Board President</b>	<b>Date</b>

## Early Intervention Subcontractor Assurance Statement

In order to be awarded the contract to provide Early Intervention as a subcontractor to the grantee, the subcontractor, through checking the following statements and in signing below, makes the following assurances:

- Compliance with Federal, State, and Local Laws. Grantee shall comply with all applicable federal, state, and local laws and regulations in the conduct of the work hereunder. All early intervention activities provided under this agreement must meet applicable State of Ohio service standards (OAC 3701-8-3, OAC 3701-8-07, OAC 3701-8-07.1 or their successors) and be consistent with the provisions of 34 CFR 303. Grant funding shall be administered and audited in accordance with 2 CFR 200, as adopted by the USDOE in Subtitle B, Chapter 34. Grantee shall participate in training and technical assistance plans developed with DODD program consultant. In the event that monitoring activities conducted in accordance with Section 3.9 of this Agreement result in a finding of non-compliance, the Department may deny budgets and/or expense reports in EIGS until the finding is sufficiently addressed. The Department may reduce, forfeit, or delay payments, or recapture funds per Section 2.3 of this agreement.
- Drug-Free Workplace. The parties agree to comply with all applicable state and federal laws regarding a drug-free workplace. The parties shall make a good faith effort to ensure that all of their employees, while working on state property, will not purchase, transfer, use or possess illegal drugs or alcohol or abuse prescription drugs in any way.
- Equal Employment. The Grantee, and any subcontractor, agrees that all services and facilities in the developmental disabilities programs for which State reimbursement funds are sought will be made available without discrimination on account of race, religion, color, sex, national origin, handicap, age, or inability to pay; and that no qualified person will be discriminated against on account of race, religion, color, sex, national origin, age, or handicap with respect to equal opportunities of employment by the applicant agency; and that no employee of the applicant agency will be discriminated against on account of race, religion, color, sex, national origin, age or handicap.
- Ethics Laws. The Grantee, and any subcontractor, is currently in compliance and will continue to comply with the requirements of Ohio Ethics law as provided in Chapter 102 of the Ohio Revised Code and Executive Order 2011-03K.
- Election Laws. The Grantee, and any subcontractor, is currently in compliance and will continue to comply with Ohio Elections law, Divisions (I) and (J) of Section 3517.13 of the Ohio Revised Code.
- Findings for Recovery. The Grantee, and any subcontractor, is not subject to an "unresolved" finding for recovery under Section 9.24 of the Ohio Revised Code. If this warranty is deemed to be false, this Agreement is void and the party who is subject to the finding must immediately repay to the other party any funds paid under this Agreement. Grantee shall not enter into an agreement with any subcontractor listed as suspended or debarred on the Excluded Parties List System.
- Health Care Laws. Neither the Grantee nor its employees are excluded from participation under any federal health care programs. Grantee shall notify Department of any exclusions within five (5) business days of learning of each exclusion.
- Grantee/Department Relationship. Grantee understands and agrees, in entering into this Agreement, that it serves as an independent sub-recipient and not as an employee of the Department. The parties intend no employer/employee relationship. Grantee agrees that the Department shall withhold no taxes from payments, and the Grantee shall assume sole and entire responsibility for payment of its taxes. Grantee further agrees to provide its own Workers' Compensation coverage.
- Dispute Resolution. Grantee, and any subcontractor, has established procedures for any persons or agencies dissatisfied with any action of the Grantee to be granted a fair hearing before the Grantee's governing body.
- Financial Responsibility. Grantee, and any subcontractor, assumes responsibility for funds required to meet excess salaries and fringe benefits and for ineligible expenses incurred by the Grantee, and that sources of such funds will be made available upon request.

---

Signature

Date

---

Agency Director

Organization

AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13 OF THE OHIO REVISED CODE

STATE OF OHIO

COUNTY OF LORAIN

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 \_\_\_\_\_ 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 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 holders of public office having ultimate responsibility for the award of the contract or their individual campaign committees:

- a. myself (if applicable);
b. any partner or owner or shareholder of the partnership (if applicable);
c. any owner of more than 20% of the corporation or business trust (if applicable);
d. each spouse of any person identified in (a) through (c) of this section;
e. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (c) of this section (only applicable to contributions made on or after January 1, 2007).

2. That none of the following have collectively made after April 4, 2007, and that, if awarded a contract for the purchase of goods or services with a cost aggregating more than \$10,000 in a calendar year, none of the following collectively will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, one or more campaign contributions totaling in excess of \$2,000, to holders of public office having ultimate responsibility for the award of the contract or their individual campaign committees:

- a. myself (if applicable);
b. any partner or owner or shareholder of the partnership (if applicable);
c. any owner of more than 20% of the corporation or business trust (if applicable);
d. each spouse of any person identified in (a) through (c) of this section;
e. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (c) of this section;
f. any political action committee affiliated with any person identified in divisions (a) through (c) of this section.

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

AFFIDAVIT

State of Ohio
County of Lorain

I, \_\_\_\_\_, \_\_\_\_\_ swear that on \_\_\_\_\_, 20\_\_\_\_,
(name of signing party) (title)

I/we submitted a competitive bid for a contract with Lorain County, Ohio for \_\_\_\_\_
(Project Name)

NON-COLLUSION

\_\_\_\_\_ its agents, officers, or employees have not directly or indirectly entered
(Insert name of individual, partnership, corporation)

into any agreement, participated in a collusion, or otherwise taken any action in restraint of free competitive bidding in connection with
this proposal.

ANTI-DISCRIMINATION STATEMENT

\_\_\_\_\_ does hereby agree that in the hiring of employees for the performance of
(Insert name of individual, partnership, corporation)

work under this contract or any subcontract hereunder, no contractor or sub-contractor or any person acting on behalf of such
contractor shall by reason of race, creed or color, or handicap, discriminate against any citizen of the State of Ohio in the employment
of laborers or workers who qualify and who are available to perform the work to which this contract relates.

\_\_\_\_\_ further agrees that no contractor, subcontractor nor any person acting
(Insert name of individual, partnership, corporation)

in his behalf shall in any manner discriminate against or intimidate any employee hired for the performance
of work under this contract on account of race, creed or color, or handicap.

PERSONAL PROPERTY TAX DISCLOSURE

\_\_\_\_\_ hereby state:
(Insert name of individual, partnership, corporation)

- 1. That on \_\_\_\_\_, 20\_\_, I/we received an award from Lorain County for the contract.
2. That at the time the competitive bid was submitted I/we had/had not been charged with
delinquent personal property taxes on general tax list of personal property of Lorain County, Ohio.
3. That the amount of due and unpaid delinquent taxes is \$ \_\_\_\_\_.
4. And that the amount of due and unpaid penalties and interest is \$ \_\_\_\_\_.

REAL ESTATE TAX DISCLOSURE

\_\_\_\_\_ hereby state:
(Insert name of individual, partnership, corporation)

- 1. That on \_\_\_\_\_, 20\_\_, I/we received an award from Lorain County for the contract.
2. That at the time the competitive bid was submitted I/we had/had not been charged with delinquent Real
Estate taxes on any parcel of real estate within Lorain County, Ohio.
3. That the amount of due and unpaid delinquent taxes is \$ \_\_\_\_\_.
4. And that the amount of due and unpaid penalties and interest is \$ \_\_\_\_\_.

\_\_\_\_\_(Signature – Title) \_\_\_\_\_(Company Name)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**SAFETY POLICY STATEMENT**

\_\_\_\_\_ does hereby agree that all employees for the performance of work under this contract or any subcontract hereunder, shall comply with all Federal, State, County and Local safety standards, policies and procedures.

\_\_\_\_\_ further agrees to submit a copy of the company's safety standards, policies and procedures along with the bid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requestor's name and address (optional)
	6 City, state, and ZIP code	
	7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
OR					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*