

**Columbiana County Department of Job and Family Services**

**Request For Proposal**

*NET/PRENATAL TRANSPORTATION*

Issue Date: February 26, 2009

Deadline for Submission of Proposals: March 31, 2009 at 4:30 P.M.  
Services: Columbiana County Department of Job and Family  
110 North Nelson Avenue  
Lisbon, Ohio 44432

Contact information for Technical assistance: Susan Foreman, Fiscal Specialist  
Business Office  
Columbiana County Department of Job and Family  
Services  
110 North Nelson Ave.  
Lisbon, Ohio 44432  
330-424-1471, ext. 1114  
[forems02@odjfs.state.oh.us](mailto:forems02@odjfs.state.oh.us)

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### **Section 1 Purpose**

The Columbiana County Department of Job and Family Services (CCDJFS) announces the release of a Request For Proposal (RFP) for the purpose of obtaining proposals from all government and educational entities; private non-profit, private for profit, faith based organizations; or individuals for the purpose of selecting a vendor(s) to provide *NET/Prenatal Transportation*.

### **Section 2 Background**

Columbiana County Job and Family Services is a triple combined social service agency administering public assistance, child support, and children services programs.

CCDJFS does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief or citizenship in the awarding of contracts. The CCDJFS is an equal opportunity employer; auxiliary aids and services are available upon request to individuals with disabilities.

### **Section 3 Scope of Work**

The Non-Emergency (Medicaid) Transportation, a.k.a. NET and Prenatal service vendor will schedule and provide specific transportation to all program eligible clients as per the requests of the CCDJFS. The transportation will be to medical providers in the county and also in the tri-state area. Transportation will include door to door service, from the client's home to the Medicaid provider facility. Vendor must be willing to supply the client with a local cell phone number or agency number so the client or medical facility can call and advise that the client is ready for pick-up at the medical facility. Most transportation will be scheduled in advance but may be on an on-call basis. Lead time for transporting could be same day service, as many clients need services immediately. Transportation services must be available 6 days a week, Monday thru Saturday and during the hours of 5:00 a.m. to 8:00 p.m. The vendor must provide the CCDJFS with a phone number or numbers where the vendor may be reached Monday thru Friday from 8:00 a.m. to 4:30 p.m. The vendor must provide the names of both a primary and a secondary contact person available during these hours that are able to take and schedule transportation appointments. At the start of the contract, the vendor must provide the CCDJFS, a complete list of all the holidays that the vendor will not be providing transportation so the CCDJFS may schedule around them. Vendor must be able to confirm appointments with the client on the day before the scheduled pick-up time to help in the reduction of missed scheduled appointments and to reduce the number of no-show miles that NET/Prenatal program pays to vendors each month. The CCDJFS will compensate contractors a no-show rate of \$10.00 per day per client for clients that do not show for their scheduled pick up and or have not cancelled within 2 hours of their appointment with the contractor.

The transportation vendor must have clean, safe vehicles to transport eligible residents and must permit the CCDJFS or its designee to inspect all vehicles, facilities and equipment used. All vendor vehicles, used for NET or Prenatal transportation, must be clearly marked with the name of the vendor's company. Vendors are to provide a list of vehicles to be used for this project.

The vendor must maintain and provide a certificate of insurance which includes collision, theft and liability in an amount that will protect the Vendor and Grantor from claims for damages to property and bodily injury including death, which may arise from or in connection with the operation of the equipment by the Vendor or by anyone directly or indirectly associated with the Vendor. The minimum amount of insurance should be no less than the state minimum for Agencies or Taxi companies. Although it is not required, it is recommended that insurance coverage be higher than the state minimum.

The vendor will be responsible to only transport clients that have been referred by a CCDJFS employee. No other family members are to accompany the client unless approved by the CCDJFS as the client is in need of an attendant. Clients will not be allowed to make direct contact with the agency or Taxi Company as the CCDJFS worker must make the transportation arrangements with the agency or Taxi Company. All vendor's drivers and any other staff members who may come in contact with any CCDJFS clients must have a criminal fingerprint background check with the reason code of "Care & Custody of Children." Background check results are to be kept in the staff members personnel file and be available for viewing upon on-site contract monitoring.

All transportation arranged shall be for a round trip unless other wise specified by the CCDJFS . A short trip is defined as a round trip that is from one tenth of a mile to 59.9 miles. A long trip is defined as a round trip that is 60 miles or more. A no-show trip is when the client does not cancel the ride at least two hours in advance and fails to use the transportation service. Vendors must be able to transport wheelchair-bound clients to their appointments and can have a separate wheelchair rate for the service. Vendor must be willing to use the agency approved verification slip for all clients that they transport (exhibit A). Signed verification slips must be completed for each scheduled trip. These slips must accompany the monthly billing invoice in order to be reimbursed for the service.

Vendor must allow the Grantor to inspect all work, materials, payrolls and other data and records and to audit the books, records and accounts with regard to the program. Vendor must establish and maintain separate accounting for cost associated with the program, either independently or within its existing accounting system to be known as the program account. Accounting should evidence in proper detail the propriety of the charges in accordance with the criteria provided by the Grantor. Vendor must refund the Grantor any overpayment which may be determined in an audit for services to non-eligible participants or when it has been found that the vendor did not bill correctly. Vendor shall be responsible for and save harmless the Grantor for all damages to life and property due to activities of the Vendor, its subcontractors, agents or employees in connection with the execution of the program.

Vendor must agree to participate in and comply with all laws, requirements and testing procedures for drug and alcohol testing. Vendor must submit for multiple geographic service areas or for just one area. Vendor must provide the transportation first, and then bill the Grantor on a monthly basis for reimbursement of the services. Vendor must be willing to use the prescribed "Monthly NET/Prenatal Transportation Invoice" (exhibit B) and must be willing to provide a print out of all transportation that was provided for the month by client's name and date of transportation. Any additional billing criteria will be established upon reawarding of contract. Vendor must comply with all attached assurances and agree not to discriminate on the grounds of race, religion, color, sex, age or national origin. Vendor must not solicit to clients and must agree to not pressure or intimidate clients into choosing one transportation service over the other. Vendor must also submit a summary detailing their qualifications and experience transporting individuals.

#### **Section 4 Available Funds**

The amount of funds available under this RFP should be expended from July 1, 2009 through June 30, 2010. The amount of any award is dependent upon the availability of funding through allocations received from the Ohio Department of Job and Family Services. Funds may not be used to supplant existing programs; they may be used to expand existing programs. One or more proposals may be selected to provide the describe services.

**Section 5 Submission Criteria**

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

Proposals must be received no later than 4:30 P.M. on March 31, 2009.

Proposals must be mailed or hand delivered to Columbiana County Department of Job and Family Services, 110 North Nelson Ave., Lisbon, Ohio. Faxes will not be accepted. No confirmation of mailed proposals received can be provided. Materials received after the deadline date will not be added to previous submissions and will not be considered.

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

One original and **3 copies** of the proposal must be submitted.

The Cover sheet of the proposal must be **signed** by the bidder's authorized representative.

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

An index page should be included at the beginning of your proposal.

All pages shall be **sequentially numbered.**

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

**Section 6 Contact information**

Bidders are cautioned that communication attempts which do not comply with instructions provided in this section of the RFP will not be answered.

Questions and comments may be address to: Susan Foreman by phone at 330-424-1471 ext. 1114 or by e-mail at [forems02@odjfs.state.oh.us](mailto:forems02@odjfs.state.oh.us) or in person with a prior appointment at Columbiana County Department of Job and Family Services, 110 North Nelson Ave., Lisbon, Ohio 44432.

**Section 7 Anticipated procurement time table**

February 26, 2009	RFP released
March 24, 2009	Q&A period closes. No further inquiries will be accepted
March 31, 2009 4:30 p.m.	Deadline for bidders to submit proposal
May 29, 2009	CCDJFS issues contract award letters (estimate)
July 1, 2009	Contract begin date, (estimated, work may not begin prior to Columbiana County Board of County Commissioners passing a resolution)
June 30, 2010	Contract end date (all work must be satisfactorily completed)

by this date)

### **Section 8 Bidder Qualifications**

Any government, educational entities; private non-profit, private for profit, faith based organizations; or individuals with twelve consecutive months of documented, successful experience within the past two years in providing appropriate/comparable services is eligible to apply. All sub-contractors must also comply with these qualification requirements.

### **Section 9 Selection Process**

The selection process will use the score sheet included as **attachment 2**. The selection process is divided into two phases. In the first phase all of the proposal acceptance criteria must be met by the bidder before the proposal will receive further consideration. In the second phase, the evaluation criteria will be judged on a numeric scale by the Review Committee. The Review Committee will be composed of CCDJFS representative including, but not limited to, the agency director and at least one other program staff member. The committee may also consist of one to three more members from either CCDJFS Planning Committee or other appropriate Community Partners. A proposal which is incomplete, vague, unjustifiably wordy, unclear, or poorly organized may not be successful. CCDJFS reserves the right to select one or more vendors to enter into a contract with and to select all or part of a proposal.

### **Section 10 Compliance with Various Codes and Regulations**

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

**Health Insurance Portability & Accessibility Act (HIPAA):** 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the contractor from or on behalf of CCDJFS that meets the definition of PHI as defined by HIP AA and the regulations promulgated by the United States Department of Health and Human Services, specifically 45 CFR164.50 1 and any amendments thereto.

**Accessibility of Program to Handicapped:** Section 504 of the Rehabilitation Act of 1973, as amended (29 V.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.

**Civil Rights:** There shall be no discrimination against any client or any 'employee because of race, color, sex, religion, national origin, handicap, or any other factor as specified in Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Title IX of the Education Act of 1972; the Omnibus Budget Reconciliation Act of 1981; the Americans with Disabilities Act of 1990; Section 1808 of the Small Business Job Protection Act (adoption); the Multi-Ethnic Placement Act of 1994 (MEPA) and the Inter-Ethnic (adoption) Provisions of 1966 (IEP) and subsequent amendments. It is further agreed that the Provider will comply with all appropriate federal and state laws regarding such discrimination and the right to and method of appeal will be made available to all persons under this contract. Any organization found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.

**Standard Code of Conduct:** No contractor, individual, company or organization seeking a contract shall promise to or give to any CCDJFS employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties.

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

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

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

**Equal Employment Opportunity:** Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, and as supplemented in department of Labor regulations (41 C.F.R. chapters 60). (All construction contracts awarded in excess of ten thousand dollars by grantees and their contractors or sub-grantees).

**Copeland "Anti-Kickback" Act:** 18 U.S.C. 874 as supplemented in department of labor regulations (29 E.F.R. Part 3).

**Contract Work Hours and Safety Standards Act:** 40 U.S.C. 327-330 as supplemented by department of labor regulations (29 C.F.R. Part 5)

**Debarment and Suspension:** any bidder who is debarred or suspended or is otherwise ineligible for participation in a federal assistance program under Executive Order 12549, including 7 C.F.R. Part 3017, 29 C.F.R. Part 97 and 45 C.F.R. part 76; has an unresolved finding for recovery issued by the auditor of state on or after January 1, 2001, will not be eligible to enter into a contract with CCDJFS.

**Drug Free Work Place** pursuant to The Drug-Free Workplace Act of 1988, and its implementing regulations codified as 29 CFR 98, Subpart F.

**Clean Air Act:** Bidders are required to comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act. You may review the Clean Air Act at the following website:  
<http://www.ehso.com/ehshome/caa2.php>

**Procurement:** Purchases more than \$100 but less than \$25,000 must follow the provider's procurement policy. If no procurement policy is in place then the provider is required to follow the CCDJFS Procurement Policy.

**Certification of Compliance With Ohio Campaign Finance Laws:** House bill 694 limits solicitations of and political contributions made by individuals, owners of businesses, and certain family members of those owners who are seeking public contracts or have been awarded public contracts. Successful bidder(s) will be required to complete and sign this form as provided in **attachment 4**.

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

Ohio Revised Code (O.R.C.)

<http://codes.ohio.gov/>

Code of Federal Regulations (C.F.R.)

<http://www.gpoaccess.gov/cfr/index.html>

Contact the CCDJFS contact person listed on the cover sheet of this RFP if you have difficulty finding the needed information.

### **Section 11 Public information disclaimer**

All proposals and any other documents submitted to CCDJFS in response to the RFP shall become the property of CCDJFS. After the selection of the vendor, any proposals submitted in response to an RFP are deemed to be public record pursuant to O.R.C. 149.43. The term "proposal" shall mean both the technical and the cost proposals, any attachments, addenda, appendices or sample products. Under the requirements of the Freedom of Information Act (5 USC 552), the contents of proposals or other information submitted to the CCDJFS is subject to public release upon request, except those items specifically exempt from disclosure. Such disclosure shall only take place after this RFP process is completed. The provider shall mark as "proprietary" those parts of its proposal that it deems proprietary. However, the provider is alerted that this marking is advisory only and not binding on the CCDJFS. If there is a request from the public under F.O.I.A. to inspect any part of the proposal so marked, the CCDJFS will advise the provider and request further justification in support of the "proprietary" marking. If the CCDJFS, after receipt of the justification, determines that the material is releasable, the provider will be notified immediately. Under no circumstances will a proposal or any part of a proposal be released prior to the contract award decision.

### **Section 12 Contractual Requirements**

Any contract resulting from the issuance of this solicitation is subject to the terms and conditions of the vendor contract.

### **Section 13 Invoicing**

Invoices must be received by the CCDJFS by the end of the month following the month of service. Payments will be contingent upon receipt of documentation that services provided are consistent with those described in the approved contract and the specification of this RFP, and the documentation is adequate to support reports/billings. The CCDJFS reserves the right to request and review supporting documentation or other materials necessary to make this determination. Such invoices shall include monthly actual expenditures, the number of persons served, number of units, and amount claimed based on the negotiated contract in each eligibility category for each service covered in the contract. The CCDJFS will review such invoice for completeness, accuracy and for any information necessary before making payment within thirty days after the receipt of an accurate invoice. **Invoices not received within 60 days of the end of the month in which service was provided will not be accepted for payment.** The reported expenditures submitted are subject to adjustment by the CCDJFS before such payment is made in order to adjust mathematical errors, incorrect rates, or non-covered services. The reported expenditures are subject to audit by appropriate state or federal officials or an independent audit

### **Section 14 Request for Tax Payer Identification (W-9) Requirements**

The successful bidder will be required to complete a Request for Tax Payer Identification (W-9) form as

provided in **attachment 3**.

### **Section 15 Other Requirements**

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

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

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

CCDJFS is under no obligation to issue a contract as a result of this solicitation if, in the opinion of CCDJFS, none of the proposals are responsive to the objectives and needs of the Department. CCDJFS reserves the right to not select any vendor should CCDJFS decide not to proceed.

Periodic monitoring and evaluation activities will be completed, as deemed necessary, by the CCDJFS to ensure compliance with the terms of the contract.

### **Section 16 Attachments**

Attachment 1 **Representations, Assurances and Certifications** – must be completed by proposer, signed and returned as part of proposal.

Attachment 2 **Proposal Evaluation Scoring Sheet** – provided for proposers self-evaluation purposes, not to be completed or returned.

Attachment 3 **W-9** must be completed by proposer, signed and returned as part of the proposal.

Attachment 4 **Certification of Compliance With Ohio Campaign Finance Laws** – must be completed by proposer, signed and returned as part of the proposal.

Exhibit A **NET/Prenatal Transportation Verification Form** – not to be returned as part of the proposal.

Exhibit B **Monthly Tabulation Sheet** - to be used for monthly NET invoicing, not to be returned as part of the proposal.

**Please address these items in your RFP Proposal:**

- Your knowledge about federal and state laws, including ODJFS, in regards to requested proposed services.
- Your experience with providing similar services.
- Information on when the program will begin and what area the program will start
- How many hours per week would be given on this contract , who will be responsible for implementation and ongoing progress of this program
- Cost of proposed service with a budget containing detailed line items showing direct and indirect costs.
- **Establish a private pay unit rate and explain in detail how you arrived at that rate. Even if you do not provide the proposed service to private pay individuals, we need this information to prove the cost you are charging the CCDJFS is equal to or less than what would be private pay. Proposals submitted without a private pay unit rate will be considered incomplete.**
- New proposers are required to submit copies of any audits completed within the last year. If there were findings within the audit report, the CCDJFS is requesting a copy of any corrective action plan put in place in response to the finding. According to OMD circular A-133 if an entity receives \$500,000.00 or more in federal funds, they are required to have a single audit conducted annually.
- If equipment is to be purchased with these funds, it must be program specific and not used for any other program. Please remember that all equipment purchased with these funds becomes and remains the property of CCDJFS. All equipment purchases must have prior approval of the CCDJFS.
- Any other information you feel would be applicable.



19. Does the company have current or future plans for a buy-out or sale?  Yes  No
20. The company certifies that its' organization and/or its' principals are not on the General Services Administration" List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Executive Orders 12549 and 12689.  Yes  No
21. The company certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work-related to this Request for Proposal.  Yes  No
22. The company certifies that its' organization will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352.  Yes  No
23. The company certifies that its' organization shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.  Yes  No
24. The company certifies that it is a drug-free workplace  Yes  No
25. The company certifies that it is not delinquent on any Federal, State, County or local debt.  Yes  No
26. The company certifies that it has no unresolved audit findings with the Auditor of State.  Yes  No
27. The company certifies that it is in compliance with the American with Disabilities Act (ADA)  Yes  No
28. The company certifies that all information contained in this proposal is true and correct and shall be open to verification, should the CCDJFS choose to do so.  Yes  No
29. The proposer warrants that the costs quoted for services are not in excess of those that would be charged any individual for the same services performed by the proposer.  Yes  No
30. The proposer will comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act as it applies to the activities provided by the contract.  Yes  No

\_\_\_\_\_  
 (Provider's Authorized Representative Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)

\_\_\_\_\_, Ohio

My commission expires \_\_\_\_\_

**RFP RATING SHEET –TRANSPORTATION**

**VENDOR NAME:** \_\_\_\_\_

**Scoring Key:** Please mark the closest number that best rates each category, utilizing the following information:

#1=Poor #3=Below Average #5=Average #8=Above Average #10=Excellent

**Note:** All other numbers allow the rater some slight variance in rating each category.

Question	Commentary	#Value
Does the proposal meet the specifications of the RFP?		
Does the vendor have background and/or experience with a similar project? If yes, describe and identify outcome.		
Does the vendor have safe vehicles and ample insurance coverage?		
Does the proposal meet the Transportation requirements of the RFP?		
Does the Vendor have qualified employees for the transportation?		
Can the Vendor provide transportation in county and tri-state area?		
Does the Vendor have a system to evaluate and report the monthly transportation?		
TOTAL (Maximum of 70)		

**#Value may not exceed 10 points for each question.**

\_\_\_\_\_  
**Rater's Signature**

\_\_\_\_\_  
**Date**

# **W-9**

**Please see the attached PDF File**

## Attachment 4

### CERTIFICATION OF COMPLIANCE WITH OHIO CAMPAIGN FINANCE LAWS

I, as an individual or as a representative of \_\_\_\_\_ in regard to a contract for \_\_\_\_\_ to be let by Columbiana County, Ohio, who, being cautioned, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under Ohio Revised Code Section §3517.13 (campaign contributions and reporting) and further state that I have the authority to make the following representation on behalf of myself or of the business entity:

1. That none of the following has individually made within the two previous calendar years and that, if awarded a contract for the purchase of goods or services in excess of \$10,000.00, none of the following individually will make, beginning on the date that 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 Columbiana County Board of Commissioners or their individual campaign committees, or if the contracting authority is another elected official of Columbiana County, to that official or their individual campaign committee:
  - a. myself;
  - 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 since January 1, 2008, and that if awarded a contract for the purchase of goods and services in excess of \$10,000.00, 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 any member of the Columbiana County Board of Commissioners or their individual campaign committees, or if the contracting authority is another elected official of Columbiana County, to that official or their individual campaign committee:
  - a. myself;
  - 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)
3. Pursuant to Ohio Revised Code §3517.992(R), whoever knowingly makes a false statement on a certification is guilty of a felony of the fifth degree and the contract that includes the certification shall be rescinded. The law also provides for fines for failure to comply with these provisions.

4. To the best of my knowledge and belief and as the appropriate official responsible of the aforementioned entity, I \_\_\_\_\_ do hereby certify that said entity is in compliance with all requirements as set forth in Ohio revised Code §3517.13.

**Attachment 4 (con't.)**

**CERTIFICATION OF COMPLIANCE WITH OHIO CAMPAIGN FINANCE LAWS**

**Signature Page**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Date

*Note: this certification may be submitted as a paper copy, facsimile or an electronic transmission with electronic signature. The county authority requesting said contract must retain the original certification for a period of at least five years after completion of the contract. Failure to attach a copy of this certification to the contract, purchase order and/or voucher will result in non-approval and/or non-payment of said contract. For contracts and/or services extending beyond a one year period, it is recommended that this certification be reissued each year.*

## Check List

Each proposal must have the following:

\_\_\_ Typed, 12 pt. font, double space proposal

\_\_\_ Original and 3 copies of proposal

\_\_\_ Index Page

\_\_\_ All pages are sequentially numbered

\_\_\_ Program Information/Narrative

\_\_\_ Budget and detailed line items (rates)

\_\_\_ Attachment 1      Representations, Assurances, and Certifications

\_\_\_ Attachment 3      W-9 Form, return signature page only

\_\_\_ Attachment 4      Certification of Compliance With Ohio Campaign Finance Laws

**EXHIBIT A**

**N.E.T. TRANSPORTATION VERIFICATION**

NET Recipient Name \_\_\_\_\_

Name of Medical Provider \_\_\_\_\_

Address of Medical Provider \_\_\_\_\_

**Date of Appointment** \_\_\_\_\_ **Time of Appointment** \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Date prescription \_\_\_\_\_  
(if picking up a prescription) Filled

**Driver's Signature** \_\_\_\_\_

**NET Client's Signature** \_\_\_\_\_

**Medical Provider's Signature** \_\_\_\_\_

(This can be a nurse, receptionist, druggist, etc. This signature is to verify that the client was seen on this date and the provider will be billing Medicaid/Managed Care Plan for the service provided.)

**\*\* FAILURE TO HAVE VERIFICATION COMPLETED ENTIRELY WILL RESULT IN  
NON-PAYMENT OF THE TRANSPORTATION!** Eff. April 4, 2008

**N.E.T. TRANSPORTATION VERIFICATION**

NET Recipient Name \_\_\_\_\_

Name of Medical Provider \_\_\_\_\_

Address of Medical Provider \_\_\_\_\_

**Date of Appointment** \_\_\_\_\_ **Time of Appointment** \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Date prescription \_\_\_\_\_  
(if picking up a prescription) Filled

**Driver's Signature** \_\_\_\_\_

**NET Client's Signature** \_\_\_\_\_

**Medical Provider's Signature** \_\_\_\_\_

(This can be a nurse, receptionist, druggist, etc. This signature is to verify that the client was seen on this date and the provider will be billing Medicaid/Managed Care Plan for the service provided.)

**\*\* FAILURE TO HAVE VERIFICATION COMPLETED ENTIRELY WILL RESULT IN  
NON-PAYMENT OF THE TRANSPORTATION!**

Eff. April 4, 2008

**EXHIBIT B**

**TABULATION SHEET**

**TO:** Columbian County Department of Jobs & Family Services  
110 North Nelson Avenue  
Lisbon, Ohio 44432  
(330) 424-1471, ext. 3218

**FROM:** Vendor #  
Vendor Name  
Vendor Address  
Vendor Address  
Contact Phone Numbers:

**FOR THE MONTH OF:** \_\_\_\_\_

<b>MEDICAID</b>	<b>MILES</b>	<b>RATE</b>	<b>COST</b>
Short Trip			
Long Trip			
Wheelchair Trip			
No Show Short Trip			
No Show Long Trip			
<b>TOTALS</b>			

Total Number of One Way Trips: \_\_\_\_\_

Total Number of Unduplicated Clients: \_\_\_\_\_

How many (if applicable) trips turned into emergencies (Hospital stays)?: \_\_\_\_\_

<b>PRENATAL</b>	<b>MILES</b>	<b>RATE</b>	<b>COST</b>
Short Trip			
Long Trip			
Wheelchair Trip			
No Show Short Trip			
No Show Long Trip			
<b>TOTALS</b>			

Total Number of One Way Trips: \_\_\_\_\_

Total Number of Unduplicated Clients: \_\_\_\_\_

How many (if applicable) trips turned into emergencies (Hospital stays)?: \_\_\_\_\_

By signing this form, you are in agreement that this information is true and accurate.

\_\_\_\_\_  
Signature of Transporter Authorized Representative & Title

\_\_\_\_\_  
Date