

Columbiana County Department of Job and Family Services

Request For Proposal

NET/PRENATAL TRANSPORTATION

Issue Date: May 20, 2021

Deadline for Submission
of Proposals:
Services June 16, 2021 at 4:00 P.M.
Columbiana County Department of Job and Family
7989 Dickey Drive, Suite 2
Lisbon, Ohio 44432

Contact information for
Technical assistance:
Services Susan Hawkins, Fiscal Specialist
Business Office
Columbiana County Department of Job and Family

7989 Dickey Drive, Suite 2
Lisbon, Ohio 44432
330-420-6674
Susan.Hawkins@jfs.ohio.gov

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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 for wheelchair clients and curb to curb service for non-wheelchair clients, from the client's home to the Medicaid provider facility. No family members are permitted to accompany the client unless preapproved by the CCDJFS.

Vendors have the option of proposing services to provide client direct dispatch service **and/or** trip transport. The client direct dispatch service will consist of the client calling the vendor directly to schedule their NET/Prenatal trips. The vendor proposing client direct dispatch must have the ability to verify client eligibility with the CCDJFS via e-mail. It is preferred that the vendor providing direct client dispatch service have a computerized system to schedule, evaluate and report the monthly transportation. Only one vendor will be selected to provide the client direct dispatch service for the entire NET/Prenatal Program. The vendor selected to provide the client direct dispatch service has the option to sub-contract a portion of the NET /Prenatal trips . All proposers wishing to be a sub-contractor of the NET/Pre-natal trips must propose their services in accordance to this RFP. Sub-contractors will be selected from this RFP process. **Vendors must specify in their proposal if they are proposing service for the client direct dispatch service, the NET/Prenatal trips or both.**

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. No show time/miles are not reimbursable.

You must include in your proposal, the number of CCDJFS NET/Prenatal trips your company/agency is capable of handling per month.

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.

Vendors transporting individuals who require the use of a wheelchair or are confined to a wheelchair must be licensed by the Ohio Medical Transportation Board (OMTB) as defined in Chapter 4766 of the Ohio Administrative Code (OAC). If the vendor is awarded a contract to provide Non-Emergency Transportation, proof of OMTB licensure or documentation of an Exception to Provisions according to OAC 4766.09 will be required before execution of the contract.

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.

Vendors are required to provide a minimum of three (3) professional references for program experience.

All vendor 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 "3701.881." 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. Vendor's proposal should include trip rates for the following trip types: short trip, long trip, flat rate trip, wheelchair trip, minimum rate trip and also fuel surcharge rates if/when applicable. A **short trip** is defined as a round trip that is from one tenth of a mile to 49.9 miles. A **long trip** is defined as a round trip that is 50 miles or more. A **flat rate trip** is a daily trip to Mahoning County, Ohio for MAT dosing. These flat rate trips consist of a 10-14 passenger bus for the Northern part of the County and a 10-14 passenger bus for the Southern part of the County with a one way charge per bus (trip charge will be one way to destination plus one way return trip, not round trip). MAT dosing buses run every day of the week. **Wheelchair trip**; vendors must be able to transport wheelchair-bound clients to their appointments and may have a separate wheelchair rate for the service. **Minimum trip** mileage is 10 miles. **Fuel surcharge** may be added when the average cost of the fuel purchased for the month is \$3.50 or more per gallon. 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 capable of providing a printed report of all transportation that was provided for the month by client's name and date of transportation. Vendor must demonstrate their current involvement with Medicaid, Managed Care or HMO. Any additional billing criteria will be established upon rewarding 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, 2021 through June 30, 2022. 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 4:00 P.M. on June 16, 2021.

Proposals must be mailed or hand delivered to Columbiana County Department of Job and Family Services, 7989 Dickey Drive, Suite 2, 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.

In order for your proposal to be scanned, we ask that you **please do not put the proposal in any type of binder.** Proposals should not be bound at the edges. Anything used to fasten the proposal together in a permanent manner such as three-ring binders, spiral binders, staples, or report covers is considered a binder. Rubber bands, paper clips and binder clips may be used to fasten proposals together, as these are easily removed. Also, proposal sections may not be separated using tab systems. CCDJFS reserves the right to reproduce proposals. **Proposals received in a binder will not be reviewed for funding consideration.**

- Proposals must be **typed** using a **12 point font, double spaced on 8.5 X 11 papers.**
- 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 Hawkins by phone at 330-420-6674 or by e-mail at Susan.Hawkins@jfs.ohio.gov or in person with a prior appointment at Columbiana County Department of Job and Family Services, 7989 Dickey Drive, Suite 2, Lisbon, Ohio 44432.

Section 7 Anticipated procurement time table

May 20, 2021	RFP released
June 2, 2021	Q&A period closes. No further inquiries will be accepted
June 16, 2021 at 4:00 p.m.	Deadline for bidders to submit proposal
June 18, 2021	CCDJFS issues contract award letters (estimate)
July 1, 2021	Contract begin date, (estimated, work may not begin prior to Columbiana County Board of County Commissioners passing a resolution)
June 30, 2022	Contract end date (all work must be satisfactorily completed)

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.

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.

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 OMB Uniform Guidance, if an entity receives \$750,000.00 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.

Attachment 1

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

1. Name of organization / individual: _____
Mailing Address: _____
3. E-mail Address: _____ Website: _____
4. Tax ID or Social Security No.: _____
5. Telephone Number: _____
6. Name and telephone number of the person(s) who has the authority to submit proposals:

7. Name and telephone number of the person(s) who has the authority to sign contracts:

8. The legal status of the bidder's organization (e.g., corporation, sole proprietorship, post-secondary education institution, etc.):

9. Date of establishment /incorporation: _____
10. Federal Employer Identification Number (FEIN): _____
11. Worker's Compensation Account Number: _____
12. Unemployment Insurance Account Number _____
13. Is the company co-owned or controlled by a parent company? _____ Yes _____ No
If yes, name of parent company: _____
14. Is the bidder authorized / licensed to do business in the state of Ohio? _____ Yes _____ No
15. Is the bidder bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules?
_____ Yes _____ No
16. The company certifies that it is not debarred nor suspended under Federal and State rulings from receiving Federal funds.
_____ Yes _____ No
17. The company certifies that its' organization is not on the EPA list of Violating Facilities, but is in compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act 42 USC 1857 (h); Section 508 of the Clean Water Act 33 USC 1368; Executive Order 11738; and Environmental Protection Agency Regulations 40 CFR Part 15.
_____ Yes _____ No
18. The company certifies that its' organization is required to report any violations to the State / County agency and to the U.S. EPA Assistant Administrator for Enforcement (EN-329)
_____ Yes _____ No

19. The company certifies that it is in compliance with the Davis-Bacon Act as amended (40U.S.C. 874 and 40 U.S.C. 3145) as supplemented by DOL regulations (29 C.F.R. part 3).
_____Yes _____ No
20. The company certifies its' compliance with "Rights to Inventions" clause 37 C.F.R. part 401 pertaining to patent rights with respect to any discovery or invention which arises or is developed in the course of or under such contract. This applies when the Federal award meets the definition of "funding agreement" UNDER 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement."
_____Yes _____ No
21. The company certifies they have not and will not use federal funds to pay for any lobbying activities as defined in the Byrd Anti-lobbying Amendment (31 U.S.C. 1352)
_____Yes _____ No
22. Does the company have current or future plans for a buy-out or sale? _____Yes_____No
23. 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
24. 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
25. 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
26. 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
27. The company certifies that it is a drug-free workplace _____Yes_____No
28. The company certifies that it is not delinquent on any Federal, State, County or local debt.
_____Yes_____No
29. The company certifies that it has no unresolved audit findings with the Auditor of State.
_____Yes_____No
30. The company certifies that it is in compliance with the American with Disabilities Act (ADA)
_____Yes_____No
31. 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

32. 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

(Provider's Authorized Representative Signature)

Sworn to and subscribed before me this _____ day of _____

(Notary Public)

_____, Ohio

My commission expires _____

RFP RATING NET/PRENATAL TRANSPORTATION**VENDOR NAME:** _____**Scoring Key:** Please rate each category utilizing the following information:

#1 is the lowest score = Poor

Maximum# Value = Excellent

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

Question	Commentary	Maximum # Value	Score
Does the proposal meet the specifications & transportation requirements of the RFP?		5	
Does the vendor have computerized software to schedule, route, evaluate and report the monthly transportation including the capability of providing electronic invoicing and required trip verification criteria?		30	
Feasibility of the Vendor Dispatch Coordination Plan.		20	
Does the vendor have wheelchair accessible vehicles?		5	
Does the vendor have an accurate and timely billing history? (references)		5	
Does the vendor have background and/or experience with a similar program? References? If yes, describe.		5	
Does the vendor have safe vehicles and ample insurance coverage?		5	
Is the vendor licensed by the OMTB?		5	
Does the vendor have the capability to confirm appointments with the client the day before the scheduled pick-up time to help in the reduction of no-show miles?		5	
Does the Vendor have qualified employees for the transportation?		5	
Can the Vendor provide transportation in county and tri-state area?		5	
Did the vendor demonstrate their current involvement with Medicaid, Managed Care or HMO?		5	
TOTAL SCORE		100	

Rater's Signature_____
Date

W-9

Please click on the W-9 link to download the PDF file

Check List

Each proposal must have the following:

____ Typed, 12 pt. font, double space proposal

____ Original and 2 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

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!**

EXHIBIT B**INVOICE TABULATION SHEET**

TO: Columbian County Department of Jobs & Family Services
7989 Dickey Drive, Suite 2
Lisbon, Ohio 44432
(330) 420-6674

FROM: Vendor # 0000
Address
Contact Phone Numbers:

FOR THE MONTH OF: _____

MEDICAID	MILES	RATE	COST
Short Trip			
Long Trip			
Wheelchair Trip			
Flat Rate Trip			
Fuel Surcharge			
TOTALS			

Total Number of One Way Trips: _____

Total Number of Unduplicated Clients: _____

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

PRENATAL	MILES	RATE	COST
Short Trip			
Long Trip			
Wheelchair Trip			
Flat Rate Trip			
Fuel Surcharge			
TOTALS			

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