

**Clark County Department of Job & Family Services  
By and through the authority of the Board of Clark County Commissioners**

**REQUEST FOR PROPOSALS FOR EMERGENCY SHELTER**

RFP #17-SFY-14

Release Date: May 31, 2017

Responses Due: June 14, 2017 at 3:00 p.m.

The Board of Clark County Commissioners ("Board") is seeking proposals and intends to award one contract to a proposer to provide and operate an emergency shelter in accordance with the guidelines outlined below in a manner well-tailored to meet the needs and challenges of the individuals and families being served. Clark County Department of Job and Family Services ("Department") will be administering the contract once executed by all parties. Interested proposers are required to follow the procedures outlined below. A sample contract can be viewed online ([click here to view](#)). There will be no changes to the contract unless agreed upon by all parties. Board reserves the right to reject any or all proposals or to waive any defect in a proposal which does not materially alter the contract document.

**CONTRACT AWARD:** The contract will be awarded based on the proposal that is most advantageous to the Board. A potential proposer's failure to address all items in its proposal may result in its rejection. Board retains the right to cancel this RFP at any time prior to contract being awarded. Potential proposers will be notified at the earliest possible opportunity. Only Board has the authority to bind Department into a contract. Since Board maintains binding authority and has the right to refuse any proposal, no costs may be recovered for proposal preparation or any process during the RFP process or thereafter.

**EVALUATION:** Potential proposers will be evaluated based on, in order of importance:

1. The potential proposer's ability to meet all desired tasks;
2. Quality and quantity of items to be provided;
3. Ability to meet County insurance requirements;
4. Completeness of all required information and forms requested in this RFP;
5. Business references and Demonstration of Experience; and
6. Price.

Proposers may be disqualified for failure to meet any of the above requirements. Proposals will be evaluated on all six (6) criteria, which are listed in the order of importance, with ability to meet all desired tasks being the most important evaluation factor. The selected proposer will be chosen based on the above factors, including the number of Department customers to be served, and other terms that are most advantageous to Department.

Board reserves the right to reject any proposals in which the potential proposer takes exception to the terms and conditions of the RFP; fails to meet the terms and conditions of the RFP, including but not limited to, the standards, specifications, and requirements specified in the RFP; or submits prices that the contracting authority considers to be excessive, compared to existing market conditions, or determines exceed the available funds of the contracting authority. Board reserves the right to reject, in whole or in part, any proposal that Board has determined, using the factors and criteria Board developed pursuant to this section, would not be in the best interest of the County.

**COMMUNICATION PROHIBITION & INQUIRY PERIOD:** From the issuance date of this RFP until the date Board awards a contract there may be no communications concerning the RFP between any potential proposer and any employee of Clark County, or any other individual, regardless of their employment status, who is in any way involved in the development of the RFP or the selection of Contractor. The only exception to this communication prohibition is during the specified inquiry period and in the manner as follows:

-Proposers shall contact Contract Developer via email at [Clark\\_Contract\\_Development@jfs.ohio.gov](mailto:Clark_Contract_Development@jfs.ohio.gov) with any questions regarding this RFP. The subject line of the email must be "Emergency Shelter RFP," in order to ensure timely receipt. The inquiry period opens upon release of the RFP, and closes at 3:00 p.m. on June 7, 2017.

Department reserves the right to disregard any questions that are not properly or timely submitted. Any questions or answers will be distributed to all proposers at the end of the inquiry period. Board may conduct discussions with proposers who submit proposals for the purpose of clarification or correction regarding a proposal to ensure full understanding of, and responsiveness to, the requirements specified in the RFP.

**INSURANCE REQUIREMENTS:** Interested proposers must meet Board insurance requirements in order to be considered an eligible proposer (see response forms, below).

**DEMONSTRATION OF EXPERIENCE:** Interested proposers shall submit demonstration of previous experience in delivering this, or similar, services. Proposer shall include descriptions and examples of at least two (2) projects or contracts completed in the past five (5) years that demonstrate appropriate experience.

**HOW TO SUBMIT A PROPOSAL:** Prepare a statement that addresses all parts of the Scope of Work and Deliverables and Outcomes sections below, and print and completely fill in copies of the response sheet and included forms listed below. Potential proposers must also access the Independent Contractor Worker Acknowledgment Form (if required<sup>1</sup>) and the Form Submittals A1-A3 from the Department website at the following link, "[RFP-Related Documents](#)" Return the statement of work and all required forms to Clark County Department of Job & Family Services, Attention Contract Developer, 1345 Lagonda Avenue, Building C, Springfield, Ohio 45503, on or before 3:00 p.m. on June 14, 2017. Proposals can be mailed or hand delivered to the receptionist in Building C Lobby. Mailed proposals must be received by the stated deadline. Proposals shall be clearly marked on the outside of the envelope in the lower left hand corner as follows: "Emergency Shelter RFP."

**CONTRACT TERM:** Two year term beginning July 1, 2017. Potential proposers should be prepared to house individuals by that date.

**SCOPE OF WORK:** The successful proposer must provide housing that will serve as emergency shelters for single men, single women, and families with children, and should meet the requirements outlined below.

The shelters should have low barrier to entry and minimal rules except those required to ensure the safety for all residents, particularly those with children.

The emergency shelters must be available to individuals and families 24 hours per day and 7 days per week, including weekends and holidays. The intake process for admission into the emergency shelters must be clear and fast, and referrals should be able to move-in the same day. The barriers to entry must include appropriate criminal and sexual offender checks. Proposers must also confirm that the organization agrees to determine initial eligibility and re-determine eligibility annually for all direct service program participants in accordance with the county's current PRC plan.

The emergency shelters should also serve as a temporary haven for individuals and families, providing case management services like substance abuse treatment and counseling, but with the clear understanding that the individual's goal is to exit the shelter to more permanent housing as soon as safely and sensibly possible.

Emergency shelter staff and the overall environment should try to mitigate the effects of trauma that often accompany homelessness, and staff should provide referrals to community resources when available to assist the individual or family to find permanent housing.

At a minimum the facilities should include:

- All applicable safety and occupancy permits;
- All elements necessary to create a secure environment such as a locked entrance, room doors, security cameras, etc.;
- Private meeting spaces for case management;
- Bathrooms;
- Premises cleaned and maintained on a regular basis, and free from vermin, rodents, and insects.

In addition to providing emergency shelter, the successful proposer must provide case management and be knowledgeable about community resources to individuals and families being served by the shelter. The successful proposer may provide supportive services or partner with other agencies to provide substance abuse, domestic violence, or other forms of counseling. Shelter staff should be trained and knowledgeable in human services and homelessness and should be able to work with individuals and families experiencing trauma. Services must begin effective July 1, 2017.

**DELIVERABLES AND OUTCOMES:** Selected proposer must define at least five (5) specific deliverables that can be measured to demonstrate the effectiveness and quality of the emergency shelter and case management services provided. Selected proposer is also expected to meet a minimum of three (3) established outcomes that measure a direct, positive impact on homeless individuals utilizing the shelter and case management services. Outcomes must be aligned with demonstrating the effectiveness and positive impact of the shelter on the individuals utilizing it.

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<sup>1</sup> Form is only required if the proposer is a sole-proprietor, corporation, or organization with less than five (5) full-time employees.

A list of potential outcomes has been provided below. This list represents some of the areas that Department would like to see impacted:

1. Moving individuals and families in the same day as referral when a vacancy exists, barring extenuating circumstances;
2. Providing or connecting individuals or families to appropriate services geared toward helping with emergent needs of the individual or family;
3. Ensuring individuals' or families' basic needs are met;
4. Tracking the rate of return to the shelter or tracking involuntary terminations from the shelter;
5. Tracking utilization of the shelter and other case management and referral services;
6. Tracking the rate of individuals or families exiting to permanent housing;
7. Tracking the length of stay of individuals and families.

Care should be taken to ensure that the outcomes to be measured are directly related to the program. How outcomes are measured can significantly affect how the results should be interpreted. The use of questions and measures from existing survey instruments is strongly recommended, especially if such instruments have proven validity.

**COSTS:** Proposers must submit a detailed budget narrative, which demonstrates how costs submitted on the Form Submittals A1-A3 are related and why they are necessary to the proposed emergency shelter and case management services. The narrative must detail the amount of money being requested from Department, as well as the percentage allocated to the Administrative, Direct, and Support categories for each expense. If proposer is requesting to be reimbursed on a unit rate basis, the narrative should clearly articulate the desired unit rate and the methodology used in calculating the unit rate. Please indicate if the money being requested from Department represents more than 50% of your total program cost.

The emergency shelter will be funded utilizing TANF funds (CFDA 93.558) to achieve at least one of the following:

- a) Purpose #1- Assisting needy families so that children may be cared for in their own homes;
- b) Purpose #2- Reducing the dependency of needy parents by promoting job preparation, work, and marriage;
- c) Purpose #3- Preventing out-of-wedlock pregnancies;
- d) Purpose #4- Encouraging and promoting the formation of two-parent families.

In no instance may the selected proposers' administrative costs exceed 15% of the total cost of their contract/sub-grant agreement or sub-contract.

The selected contractor/sub-grantee and its sub-contractors (if applicable) may be responsible for determining initial eligibility for participants in direct-service program services in accordance with Clark County's PRC plan (visit <http://www.clarkdjfs.org/benefitsplus/emergency.html> for the full PRC plan or contact Contract Developer at (937) 327-1746 to request a hard copy). The selected contractor/sub-grantee and/or its sub-contractors may be responsible for re-determining eligibility for participants annually in direct-service program services in accordance with Clark County's PRC plan. To ensure maximum consideration, providers should describe their ability to determine and re-determine eligibility in accordance with Clark County's PRC plan. Additionally, the contractor/sub-grantee and its sub-contractors will be responsible for developing and maintaining case files for each participant in accordance with agency specifications in the awarded contract or sub-grant agreement.

**THE FOLLOWING PAGES MUST BE INCLUDED AS PART OF PROPOSER'S RESPONSE ALONG WITH ALL ATTACHED FORMS AND THE SUBMITTALS A1-A3 LOCATED ON DEPARTMENT'S WEBSITE**

**RESPONSE SHEET**

NAME OF PROPOSER:

PROPOSER'S FEDERAL TAX ID NUMBER:

CONTACT INFORMATION (include address, email address, and phone):

THREE PROFESSIONAL REFERENCES (include address, email address and phone):

1.

2.

3.

**NON-COLLUSION AFFIDAVIT**

STATE OF \_\_\_\_\_)

SS:

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, being first duly sworn, deposes  
(NAME)

and says that he/she is \_\_\_\_\_ for  
(POSITION)

\_\_\_\_\_, the party making the fore-  
(COMPANY NAME)

going proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the Clark County Commissioners or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

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AFFIANT

Sworn to and subscribed before me, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

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NOTARY PUBLIC

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

## **CERTIFICATION OF COMPLIANCE WITH COUNTY INSURANCE REQUIREMENTS**

The following is a list of required insurance policies:

- a. Worker's Compensation Insurance as required by Ohio law and any other state in which work will be performed, or letter of exemption.
- b. Commercial General Liability Insurance for a minimum of \$1,000,000 per occurrence with an annual aggregate of at least \$2,000,000, including coverage for subcontractors, if any are used.
- c. Umbrella or Excess Liability\* insurance (over and above Commercial General Liability and Auto Liability) with a limit of at least \$2,000,000.
- d. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$1,000,000 Combined Single Limit.
- e. "The Board of Clark County Commissioners" must be named as "Additional Insured" on the policies listed in paragraphs b, c, and d above, as well as the Certificate Holder on all Certificates of Liability insurance.

\*Note: Umbrella/Excess Liability coverage may be waived if the following limits are carried for Commercial General Liability and Auto Liability:

1. Commercial General Liability Insurance for a minimum of \$3,000,000 per occurrence with an annual aggregate of at least \$4,000,000, including coverage for subcontractors, if any are used.
2. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$3,000,000 Combined Single Limit.

I, \_\_\_\_\_, certify that I have reviewed the above insurance requirements, and:

(\_\_\_\_) I certify that as an individual/company/organization submitting a proposal, I am able to meet the above insurance requirements.

OR

(\_\_\_\_) I am not able to meet the above insurance requirements, and would like to request a waiver of the following policies:

\_\_\_\_\_.

The insurance policies currently held by this individual/company/organization are:

\_\_\_\_\_. A copy of the current insurance policies is attached.

Signed:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Title

**FORM 8.1**  
**CONTRACTOR/SUB-GRANTEE ASSURANCES FORM**

**Purpose:** Clark County Department of Job & Family Services (CCDJFS) requires the following information on Contractors/Subgrantees who submit proposals or bids in response to Requests for Proposals (RFPs) or other competitive opportunity in order to facilitate the development of the agreement (or finalization of a purchase) with the selected Contractor/Sub-grantee. County reserves the right to reject any proposal if this information is not provided fully, accurately, and by the deadline set by County. Further, some of this information (as identified below) **must** be provided in order for County to accept and consider a proposal/bid. Failure to provide such required information will result in the proposal's immediate disqualification.

**Instructions:** Provide the following information regarding the Contractor/Sub-grantee submitting the proposal or bid. Contractors/Sub-grantees must print this attachment, complete and sign it and include it in their proposals. It is mandatory that the information provided is certified with an original signature from a person with authority to represent the Contractor/Sub-grantee. Contractors/Sub-grantees are to provide this completed and signed form as a component of their original proposal, according to instructions in the RFP for proposal/bid composition.

**Contractors/Sub-grantees must provide all information**

<b>1. CCDJFS RFP #:</b>	<b>2. Proposal Due Date:</b>
<b>3. Contractor/Sub-grantee Name:</b>     (legal name of the Contractor/Sub-grantee – person or organization – to whom contract/purchase payments would be made)	<b>4. Contractor/Sub-grantee Federal Tax ID #:</b>     (this number MUST correspond with the name in Item #3)
<b>5. Contractor/Sub-grantee Corporate Address:</b>	<b>6. Contractor/Sub-grantee Remittance Address: (or "same" if as same as Item #5)</b>
<b>7. Print or type information on the Contractor/Sub-grantee representative/contact person authorized to answer questions on the proposal/bid:</b>  <b>Contractor/Sub-grantee Representative:</b> Representative's Title: Address: Phone #: Fax #: E-Mail:	
<b>8. Print or type the name of the Contractor/Sub-grantee representative authorized to address contractual issues, including the authority to execute a contract on behalf of the Contractor/Sub-grantee, and to whom legal notices regarding contract termination or breach, should be sent</b> (if not the same individual as in #7, provide the following information on each such representative and specify their function):  <b>Contractor/Sub-grantee's Representative:</b> Representative's Title: Address: Phone #: Fax #: E-Mail:	

I recognize that I must give assurances for each item below. If I cannot, I will explain why the assurances were not met or this proposal will be automatically rejected. The assurances are:

1. I am authorized by my Board of Directors, Trustees, other legally qualified officer, or as the owner of this agency or business to submit this proposal.
2. We are not currently on any Federal, State of Ohio, or local Debarment List.
3. We included in our proposal a copy of our most recently completed financial audit confirming that we are fiscally solvent.
4. We have, or will have: all of the fiscal control and accounting procedures needed to ensure that contract funds will be used as required by law and the contract or sub-grant agreement.
5. We have additional funding sources and will not be solely dependent on any funds awarded as a result of this RFP.
6. We will meet all Contractual Requirements stated in Section 3.4 of this RFP.
7. **We will meet all applicable Federal, State and Local compliance requirements.** These include, but are not limited to:
  - Records accurately reflect actual performance.
  - Maintaining record confidentiality, as required.
  - Reporting financial, participant, and performance data, as required.
  - Complying with Federal and State non-discrimination provisions.
  - Meeting requirements of **Section 504 of the Rehabilitation Act of 1973.**
  - Meeting all applicable labor laws, including Child Labor Law standards.
  - Drug Free Workplace

**We will not:**

- Use contract funds to assist, promote or deter union organizing.
- Use contract funds in the construction, operation or maintenance of any part of a facility to be used for sectarian instruction or religious worship.

**I hereby assure that all of the above are true:**

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Signature

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Date

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Name (printed)

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Title

**FORM 8.2**

**Campaign Contribution Declaration**

**AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13 OF THE OHIO REVISED CODE**

STATE OF OHIO

COUNTY OF \_\_\_\_\_

SS:

Personally appeared before me the undersigned, as an individual or as a representative of

for a contract for \_\_\_\_\_

(Name of Entity)

(Type of Product or Service)

to be let by the County of Clark, 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 entity (corporation, business trust, partnership, other unincorporated business [including labor unions], association [including professional associations], estate, or trust):

1. That none of the following has individually made within the previous 24 months and that, if awarded a contract for the purchase of goods or services in excess of \$10,000 (aggregated) 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 (on or after April 4, 2007) totaling in excess of \$1,000, to any member of the Clark County Board of Commissioners or their individual campaign committees:

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

2. That none of the following have collectively made within the previous 24 months, and that, if awarded a contract for the purchase of goods or services in excess of \$10,000 (aggregated) 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 (on or after April 4, 2007) totaling in excess of \$2,000, to any member of the Clark County Board of Commissioners or their individual campaign committees:

- a. myself
- b. any partner or owner or shareholder of the partnership (if applicable);
- c. any shareholder of the association;
- d. any administrator of the estate;
- e. any executor of the estate;
- f. any trustee of the trust;
- g. any owner of more than 20% of the corporation or business trust (if applicable);
- h. each spouse of any person identified in (a) through (c) of this section;
- i. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (g) of this section.

Signature: \_\_\_\_\_

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

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

**FORM 8.3**  
**BIDDER'S PERSONAL PROPERTY TAX STATEMENT**  
(See Section 5719.042, O.R.C.)

STATE OF \_\_\_\_\_)

SS:

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, having been duly sworn, state that I am competent to testify to the following:

(COMPLETE APPLICABLE STATEMENT)

(   ) On \_\_\_\_\_, I submitted a bid to Clark County, Ohio, to provide the County with\_\_\_\_\_. On said date, I owed no personal property tax to the Clark County Taxing District, and, after checking with said District, I have personal knowledge that I have not been charged with having any delinquent personal property tax owed to said District.

OR

(   ) On \_\_\_\_\_, I submitted a bid to Clark County, Ohio, to provide the County with\_\_\_\_\_. I presently am delinquent in the payment of personal property tax to the Clark County Taxing District, and, after checking with said District, I have personal knowledge that my name appears upon the records of said District as delinquent in the payment of personal property tax as follows:

\_\_\_\_\_ owed in delinquent taxes, and  
\_\_\_\_\_ owed as penalties assessed against said delinquency. As part of the consideration for a contract to perform the above stated bid, I hereby agree that this form be incorporated into said contract to perform work, and further agree that proceeds from said contract shall be paid to Clark County Taxing District in the amount of said delinquent tax and said assessed penalty prior to any payments being made to the bidder or other person under the contract.

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DATE

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BIDDER

Sworn to and subscribed before me, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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NOTARY PUBLIC

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