



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

REQUEST FOR QUOTES

Psychological Evaluation Services

Request Date: Wednesday, July 17, 2024

Response Due Date: Wednesday, August 07, 2024 at 2:00 p.m.

The Board of Clark County Commissioners ("Board") is seeking quotes and intends to award one or more contract(s) to provide psychological evaluation services in Clark County Department of Job & Family Services ("Department"). Department will administer the contract(s) once executed by all parties. Interested vendors are required to follow the procedures outlined below. A sample contract can be viewed online ([click here](#)). There will be no changes to the contract unless agreed upon by all parties. Board reserves the right to reject any or all quotes or to waive any defect in a quote which does not materially alter the contract document.

CONTRACT AWARD: The contract(s) will be awarded to the responsible vendor(s) whose quote is most advantageous to Board. A potential vendor's failure to address all items in its quote may result in its rejection. Only Board has the authority to bind Department into a contract.

EVALUATION: Quotes will be evaluated, and a contract(s) awarded to the vendor based on their ability to complete the following tasks:

1. Complete a comprehensive summary of the parent's/caregiver's early childhood and current life circumstances.
2. Determine parent(s) and child(ren) vulnerabilities and the parent's/caregiver's ability to meet the child(ren's) needs.
3. Evaluate parental capacity and emotional stability and provide recommendations to alleviate parental capacity deficit.
4. Complete Minnesota Multiphasic Personality Inventories (MMPI).

Vendor must have the ability to perform at least one of the above services as requested. Department will also ensure that the selected vendor has provided complete quote information, included required response forms, demonstration of experience, and the ability to meet Board insurance requirements.

INQUIRY PERIOD: Vendors shall contact the Department at Clark_Contract_Development@jfs.ohio.gov with any questions regarding this RFQ. The subject line of the email must read "CCDJFS Psychological Services" in order to ensure timely response of all questions. The inquiry period opens upon release of the RFQ, and closes at **2:00 p.m. on Wednesday, July 31, 2024.** Department reserves the right to disregard any questions that are not properly or timely submitted. Any questions or answers deemed to be material to all vendors will be sent to all vendors at the email address the RFQ was initially distributed to; any other questions or answers will not be distributed to all vendors. Board may conduct discussions with potential vendors who submit quotes for the purpose of clarifications or corrections regarding a quote to ensure full understanding of, and responsiveness to, the requirements specified in the RFQ.

AWARD INFORMATION: Local Levy Dollars, Title IV-E and ESSA will be used to fund this contract.

INSURANCE REQUIREMENTS: Interested vendors will be expected to meet Board insurance requirements in order to be considered an eligible vendor (see page 5 of response forms below). Certain waivers may be available upon request. The cost of insurance may be calculated as part of the unit or hourly costs.

BUSINESS REFERENCES: Interested vendors' quotes shall include a list of at least one (1) company or organization with which it has had contracts to provide like services within the past two (2) years. This list shall include the name and phone number of a contact person who is familiar with the vendor's job performance. Neither Department nor Board may be used as a reference. There is a limit of one (1) reference from any other Clark County government agency or department (including Utilities, Courts, Sheriff, etc.). Board may verify the vendor's experience based upon the list of business references submitted and any other sources which Board deems appropriate.

HOW TO SUBMIT A QUOTE: Vendor shall prepare a quote that addresses how all parts of the Scope of Work section below will be provided, and completely fill in a copy of the six (6) page response sheet and forms included below. The forms can be completed electronically (electronic signatures will not be accepted), please print the quote to sign and then scan or upload that paperwork with the signature before emailing it. The forms may also be printed and completed by hand. Vendor may attach other sheets, if necessary, to fully provide information regarding quote and scope of work.

Return all completed required forms via e-mail to Clark_Contract_Development@jfs.ohio.gov, Attention Cole Foster **on or before 2:00 p.m. on Wednesday, August 07, 2024**. Potential vendors may also deliver their quote by hand or send it by mail. Mailed quotes can be sent to Clark County Department of Job and Family Services, 1345 Lagonda Ave. P.O. Box 967A Springfield, Ohio 45501. Mailed and hand-delivered quotes must be received by Department no later than 2:00 p.m. on Wednesday, August 07, 2024. Late quotes will not be accepted.

SCOPE OF WORK: Department is requesting pricing for psychological evaluation services for children in the care and custody of the Department as well as adult family members and caregivers. The services Department is requesting include Parental Fitness Evaluations for Adults, Pre-Adoption Evaluations for children, placement evaluations, and Other Case-Specific Evaluations (i.e., sibling interaction). Department recognizes that not all vendors will be able to perform all services listed and will consider a quote that addresses part of the requested services.

It is possible that the chosen Vendor may need to participate in court hearings. Department will only consider responses from licensed psychologists. Potential vendors must provide any applicable licenses and accreditations with their response. The chosen vendor will be required to provide Department with the completed evaluation within 45 days of meeting with the client.

PRICING: Please provide pricing to perform all functions of the contract. Pricing should include all costs associated with the purchase of psychological evaluation services specified in the Response Sheet below. **PLEASE INCLUDE A DETAILED PRICE.** No costs other than those specified in Vendor's quote will be paid by Department unless agreed to in writing in advance of purchase.

CONTRACT TERM: One-year initial term, with two (2) optional one-year extensions, by and through written amendment executed by, and at the discretion of, Board. The initial contract length and optional extension will be dependent upon available funds and total cost of contract.

THE FOLLOWING SIX (6) PAGES MUST BE INCLUDED AS PART OF VENDOR'S RESPONSE.

**2024 Psychological Evaluation Services
REQUEST FOR QUOTES
RESPONSE SHEET**

NAME OF VENDOR :

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

VENDOR'S FEDERAL TAX ID NUMBER:

NUMBER OF YEARS IN BUSINESS:

ONE PROFESSIONAL REFERENCE (include address, email address and phone):

1.

Attach additional sheets as necessary to provide accurate information about how your company will fully meet the specifications and provide all services requested by Department.

PLEASE INCLUDE A COPY OF ALL CURRENT LICENSES AND/OR CERTIFICATIONS WITH YOUR QUOTE.

PRICING:

Vendor shall provide pricing for each service listed below.

Item	Type of Service	Price Per Unit
1	Parental Fitness Evaluation (for adults)	
	Evaluation and Basic Report	
	Court Appearance	
	Personality Testing	
	Intelligence Testing	
	Sex Offender Risk Evaluation	
	Reevaluation within 18 months	
	Evaluation of Parent-Child Interaction	
2	Pre-Adoption Evaluation (for children)	
	Evaluation and Basic Report	
	Court Appearance	
	Intelligence Testing	
	Sex Offender Risk Evaluation	
	Reevaluation within 18 months	
3	Placement Evaluation	
	Evaluation and Basic Report	
	Site Visit, Evaluation and Basic Report	
4	Other Case-Specific Evaluations (ex, sibling interaction)	
	Evaluation and Basic Report (include IQ testing)	
	Site Visit, Evaluation and Basic Report	
5	Client "No-Show" Fee	

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 quote or bid, that such quote 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 quote or bid are true.

AFFIANT

Sworn to and subscribed before me, a Notary Public, on this _____ day of _____,
2024.

NOTARY PUBLIC

My commission expires _____,

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.

DATE

BIDDER

Sworn to and subscribed before me, a Notary Public, on this _____

day of _____, _____.

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.
- f. Professional liability or errors and omissions insurance for a minimum of \$1,000,000 per incident.

*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 quote, 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

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 _____, 2024.

Notary Public: _____

My Commission Expires: _____