

AMENDMENT TO WIA YOUTH PROGRAM RFP# 02-FY14

The following sections of the RFP have been revised as follows:

SECTION I. GENERAL PURPOSE & PROVIDER INFORMATION

1.12 Contract Period and Funds Available

County is seeking award contracts to be effective the following dates:

Champaign County	July 1, 2014 through June 30, 2016
Clark County	July 1, 2014 through June 30, 2016
Logan County	July 1, 2014 through June 30, 2016
Madison County	June 1, 2014 through May 31, 2016
Union County	July 1, 2014 through June 30, 2016

The exact amount of funds for a two-year program year is not available at this time. However, based on the previous year's allocation from the Ohio Department of Job and Family Services, the overall anticipated amount is approximately:

Champaign County	\$80,000
Clark County	\$613,803
Logan County	\$100,000
Madison County	\$132,000
Union County	\$156,000

For each county, the maximum amount allowable for administrative costs is 10% of the program costs. This RFP and all agency contracts are contingent on the availability of funds. If, during the RFP process, funds are not available for the proposed services, the RFP process will be canceled. The providers will be notified at the earliest possible time. Champaign, Clark, Logan, Madison and Union Counties are not required to compensate any provider for any expenses incurred as a result of the RFP process.

SECTION III. SCOPE OF WORK & SERVICES TO BE PROVIDED

3.4 Selected Provider Compensation Structure

This section of the RFP has been revised to read as follows:

Champaign and Clark Counties agree that reimbursement of all costs will be dependent upon Provider(s) performance in the delivery of services specified in the approved budget, once the contract is awarded. Payment for the Champaign and Logan Counties contracts shall be made monthly for mentoring and tutoring services. Payment for the Clark County contract shall be made by the Clark County Auditor upon proper presentation of request, when approved by County and the Provider(s). Payment shall be made on a ~~unit cost, fee for service, direct cost~~ reimbursement basis. ~~The unit cost represents a true measure of the actual cost of providing the contracted number of units of service. Unit cost contractors may be asked to reconcile revenue against the total actual expenditures and reimburse the Department for over budgeted expenses on a quarterly basis. The Counties recognize only those expenses that have~~

actually occurred; invoices must be submitted as a request for reimbursement of actual cash expenditures.

The Provider(s) shall provide a monthly invoice to the respective county no later than 30 days past the service month. Failure to provide the invoice within the 30 days may delay payment of the invoice. Invoices submitted more than 30 days after the end of the contract period will not be reimbursed. ~~A new reporting tool developed by ODJFS will be used to report and track data. Further instructions concerning the new reporting tool will be issued in a subsequent communication from ODJFS~~

SECTION VIII. ATTACHMENTS AND THEIR USES

Attachment D – Provider Invoice has been revised and attached to this addendum.

ATTACHMENT D
Provider Invoice
(SAMPLE)



Your Company Name and Title

Street Address **Invoice#:** CO# XXX FY15

Invoice Date: 08/15/14

Dates of Service: July, 2014

Bill To:

Clark County DJFS

c/o Nikki Weber

1345 Lagonda Ave

Springfield, Ohio 45503

Item	July Expenses	Contract Budget	YTD Expenses	Remaining Balance
Total Expenses	-	-	-	-

I certify that all transactions reported have been made in compliance with federal, state, and local regulations, statutes, and in accordance with approved contract.

Signature _____ **Typed Name** _____ **Typed Name** _____

If you have any questions concerning this invoice, contact Nikki Weber, 327-1726, nweber@clarkdjfs.org

Internal Use Only

Reviewed/Approved By: _____ Date: _____