



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

REQUEST FOR QUOTES
25-RFQ-10

FOR: Respite Care/Placement Services
RELEASE DATE: Thursday, May 29, 2025
RESPONSES DUE: Friday, June 13, 2025 at 2:00 p.m.

Clark and Madison County Departments of Job and Family Services (CDJFSs) and Clark and Madison County Family and Children First Councils (FCFC) and Mental Health Recovery Board (MHRB) of Clark, Greene & Madison Counties have authorized the Clark County Department of Job and Family Services (CCDJFS) to release this request for quotes to solicit Respite Care Services to be used by the entities listed above. CCDJFS will contract for the agencies listed above using the providers response/pricing to this request.

The purpose of the contracts will be to ensure that all Clark and Madison County youth who require respite services, receive respite care services. Respite care means appropriate, short-term, temporary care provided to mentally/developmentally disabled person and/or custodial/non-custodial children of participating CDJFSs, FCFCs or MHRB designed to sustain the family structure or to meet planned or emergency needs of the family.

CCDJFS will be administering the contracts once executed by all parties. Interested parties are required to follow the procedures outlined below. CCDJFS reserves the right to reject any or all quotes.

CONTRACT AWARD: The contract(s) will be awarded to the responsible vendor whose quote is most advantageous to the 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 contract(s) will be awarded to the vendor(s) who is/are the Lowest Responsive and Responsible Bidder to perform the requested service. CCDJFS will also ensure that the selected vendor has provided complete quote information including required response forms.

SCOPE of WORK:

Clark and Madison CDJFSs, FCFCs and MHRB seek to fund multiple providers who will develop, implement, and/or coordinate a variety of Respite homes/programs to children and families who are identified and referred by CDJFSs or other partners in this request for planned and crisis respite services.

Expectations and Reporting Requirements for Selected Providers:

1. Notify referral agency and/or parent/guardian immediately regarding AWOL or other critical incidents or involvement with law enforcement as soon as possible using emergency contact numbers.
2. Initiate an AWOL police report for any minor child who leaves the placement without permission with immediate notification to the placing agency or parent/guardian.
3. Provide discharge summary within 24 hours to the referral agency.
4. No staff or volunteer shall be permitted to provide direct services under Contract without passing an FBI and BCI background check, at provider's expense.

The target populations to be served are youth aged 5 to 24 (with multi-system needs). The respective CDJFSs and partners anticipate serving the following number of youth per year:

- Clark – 24 (including FCFC/MHRB)
- Madison – 14 (including FCFC/MHRB)

The target number of bed days is expected to be approx. 500 days per year with an average stay of two days per request for respite. Bed days will not be contractually guaranteed.

PRICING: No costs other than those specified in provider's quote will be paid unless agreed to in writing in advance of services being completed.

The following guidelines should be used when submitting your Respite Hourly rates. Please differentiate between the youth's age and placement or level of care. A category for "Other" has been listed if the provider has additional information/price structure they would like to provide.

Youth's Age	Basic Needs	Specialized Needs	Exceptional Needs	Developmental Disability
5-12				
13-24				
Other				
Other				

PROPOSAL REVIEW AND CONTRACT AWARD:

CCDJFS will contract with the provider that best demonstrate the ability to meet the requirements as specified in this request. All qualifying proposals will be reviewed by representatives for the CDJFS, FCFC and MHRB. CCDJFS, FCFC and MHRB reserve the right to reject any and all proposals, in whole or in part, received in response to this request.

CONTRACT AWARD: The contract(s) will be awarded to the vendor(s) whose quote is most advantageous to the Board.

Potential vendors will be evaluated based on, in order of importance:

- 1 Hourly Rate;
- 2 Ability to meet County insurance requirements;
- 3 Completeness of all required information and forms required and listed in this quote.

INSURANCE REQUIREMENTS: Contracts awarded by CCDJFS must meet Board insurance requirements in order to be considered an eligible vendor. Those requirements can be found on page 7 of this document.

CCDJFS requires three (3) forms (attached) that need to be completed and submitted along with the quote. In addition to these forms, CCDJFS requires a valid Bureau of Worker's Compensation certificate. These forms can be completed electronically and printed for signature or printed and completed by hand. Forms and related contract documents can be found on the CCDJFS website by clicking this link [Related Documents.](#) They are as follows:

- Form 8.2 Campaign Contribution Declaration
- Form 8.5 Certification of Compliance with County Insurance Requirements
- Form 8.6 Non-Collusion Bid Affidavit

If you have any questions, please contact Cole Foster by e-mail at Clark_Contract_Development@jfs.ohio.gov.

Thank you,

The following pages are requirements for CCDJFS

**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: _____

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. ***To be added if professional liability or error and omissions insurance is applicable to Contract:*** Professional liability or errors and omissions insurance for a minimum of \$1,000,000 per incident.
- g. ***To be added if contract deals with children:*** Liability coverage for abuse and molestation in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

*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

NON-COLLUSION AFFIDAVIT

STATE OF _____)

SS:

COUNTY OF _____)

_____, being first duly sworn, deposes and says
that he/she is

(NAME)

(POSITION) for _____

(COMPANY NAME)

the party making the foregoing 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.

AFFIANT

Sworn to and subscribed before me, a Notary Public, on this _____ day of _____, 2025.

NOTARY PUBLIC

My commission expires _____, _____