

Ohio
Department of Medicaid
John R. Kasich, Governor
John B. McCarthy, Director

October 28, 2014

Dear Vendor:

This letter is to announce the release of The Ohio Department of Medicaid (ODM) Request for Letterhead Bid (RLB) for the purpose of obtaining an Ohio Certified Minority Business Enterprise (MBE) travel agency (vendor or Contractor) to provide full-service travel arrangements for any traveler requiring such services while conducting official business on behalf of ODM. The vendor must be a travel agency capable of providing a full scope of travel requirements to include, but not limited to, commercial air transportation at the lowest available cost, lodging in commercial establishments in accordance with the per diem rates established by the U.S. General Service Administration (GSA), and authorized automobile rental to meet the required needs. The vendor must be experienced in making transportation and accommodation arrangements. The vendor will only make travel arrangements upon request of the approved ODM representatives responsible for requesting official travel for the agency. ODM will only accept quotes from vendors that are certified by the Ohio Department of Administrative Services (DAS) as a Minority Business Enterprise (MBE) prior to the closing of this RLB.

Interested Parties may ask clarifying questions regarding this RLB. To ask a question, Interested Parties must use the following Internet process:

1. Access the ODM Web Page at <http://jfs.ohio.gov/>
2. Select "About Us" on the front page;
3. Select "Doing Business with ODM;"
4. Select "Requests for Proposals, Letterhead Solicitations, and Other Invitations;"
5. Select RLB Number **ODM14159009**;
6. Click the "Submit an Inquiry" Button to ask a question about the RLB; and,
7. Follow the instructions to send an e-mail question.

If you experience problems opening the above referenced DAS URL, please contact the ODM Office of Contracts and Procurement at the following telephone number: (614) 752-2505.

Thank you for your attention to this request.

Sincerely,

(Signature on File)

Jessica Gaston Mathews
Deputy Director
Office of Contracts and Procurement

Request for Letterhead Bid # R-1415-9009

Airfare and Travel Service Procurement for Official Business

Section I – General Information

The Ohio Department of Medicaid (“ODM” or “agency”) releases this Request for Letterhead Bid (RLB) for the purpose of obtaining an Ohio Certified Minority Business Enterprise (MBE) travel agency (vendor or Contractor) to provide full-service travel arrangements for any traveler requiring such services while conducting official business on behalf of ODM. The vendor must be a travel agency capable of providing a full scope of travel requirements to include, but not limited to, commercial air transportation at the lowest available cost, lodging in commercial establishments in accordance with the per diem rates established by the U.S. General Service Administration (GSA), and authorized automobile rental to meet the required needs. The vendor must be experienced in making transportation and accommodation arrangements. The vendor will only make travel arrangements upon request of the approved ODM representatives responsible for requesting official travel for the agency. ODM will only accept quotes from vendors that are certified by the Ohio Department of Administrative Services (DAS) as a Minority Business Enterprise (MBE) prior to the closing of this RLB. All bids/proposals must clearly demonstrate the vendor’s capability of providing the following services:

General Requirements:

1. Plan and coordinate travel for the employees of the Ohio Department of Medicaid for official travel, including the purchase of airline tickets, flight changes, hotel accommodations and rental car reservations at the State rate and in accordance with the Office of Budget and Management (OBM) regulations.
2. Provide itineraries with full travel detail.
3. Offer alternate flight itinerary routing options and times.
4. The option for ODM to utilize frequent flier miles for agency use.
5. House all ODM travel correspondence and documentation at the vendor’s location and make available to ODM upon request.
6. Lodging and hotel reservations are to be made to accommodate the traveler’s requirements and to meet per diem rates established by GSA in accordance with location, unless otherwise approved by the agency.
7. Provide a toll-free number with twenty-four hour services seven days a week, making travel agents available to provide changes required by the traveler at any time, or ensuring the traveler is able to make changes at any time.
8. Lost or stolen baggage claim assistance.

9. An annual report to ODM at the end of each Calendar Year that will provide all agency travel costs, according to type of travel, dates, hotel accommodations, rental car reservations, and associated State agent's name.

Requirement Details:

1. Airline Reservations:

- a. Provide comparative pricing, scheduling, coordinating and purchase travel arrangement accommodations as requested by the agency.
- b. Issue electronic ticketing, or paper commercial airline tickets upon request, purchased at the lowest available cost. The tickets issued must be fully refundable and exchangeable to allow for substituted travelers. The option to make short-notice travel arrangements or changes to travel must be available if indicated on the request form received from the agency at minimal cost to the agency. Any changes or cancellations will be kept to a minimum within the agency. Nonrefundable tickets will **only** be issued upon request of ODM.
- c. Arrange seating assignments at the request of the traveler when the option is available from the airline.
- d. Inform traveler in writing of any new federal travel restrictions or regulations which may affect their travel.
- e. Issue a Passenger Name Record (PNR) to the agency and/or traveler upon confirmation of a reservation/itinerary providing full travel detail. Itinerary information must include the ticket number and all pertinent flight and hotel information.
- f. Provide regular travel services, at a minimum, from 8 a.m. to 5 p.m., Monday through Friday, except state of Ohio designated holidays.
- g. Provide a local telephone number for use by authorized users of the Contract, in addition to a nationwide toll-free telephone number. Outside the designated office hours, the Contractor shall provide access to a twenty-four (24) hour, seven (7) days a week, nationwide toll-free telephone number for emergency services.
- h. Monitor agency frequent flier mileage and provide the option for usage.
- i. Assist traveler with lost or stolen baggage claim processes by working with the applicable airline until baggage is recovered or a final outcome is determined.

2. Hotel Reservation Accommodations:

The Contractor shall provide lodging reservations, including initiating and confirming the reservation rate. The Contractor shall book lodging at the lowest applicable and available rate, including, but not limited to government, commercial, corporate or other discounted rates, not exceeding the Continental United States (CONUS) rates by location at the time of the reservation.

Lodging rates may not include any exclusion named in the OBM Travel Rule Regulations; i.e.; fees for movies, food, alcohol, phone calls, etc.

3. Rental Car Reservations:

Rental car reservations will be made upon request of the agency or traveler and will be made for economy car rental rates when available.

Interested Parties may ask clarifying questions regarding this RLB. To ask a question, Interested Parties must use the following Internet process:

1. Access the DAS Web Page at <http://procure.ohio.gov/proc/index.asp>
2. Select "Find it Fast" in the left navigation bar;
3. Select "Doc/Bid/Schedule#;"
4. Type in RLB Number ODMR14159009;
5. Click the "Find it Fast" Button to locate the RLB; and,
6. Follow the instructions to send an e-mail question.

Questions about this RLB must reference the relevant part of this RLB, the heading for the provision under question, and the page number of the RLB where the provision can be found. The Interested Party must also include the name of a representative of the Interested Party, the company name and business phone number. ODM may, at its option, disregard any questions which do not appropriately reference an RLB provision or location, or which do not include identification for the originator of the question. ODM will not respond to any questions submitted after 10:00 a.m. on the date the Q&A period closes.

The answers provided by ODM may be accessed by following the instructions above, once the Q&A period closes and ODM posts the Q&A Document.

ODM responses to all questions asked via the Internet will be posted on the Internet website dedicated to this RLB, for reference by all Interested Parties. Interested Parties questions shall only be answered inside this forum. Clarifying questions asked and ODM responses to them comprise the "ODM Q&A Document" for this RLB. ODM reserves the right to determine when to post (i.e., as received or after the closing of the Q&A period) official answers to vendor questions.

Vendor bids in response to this RLB are to take into account any information communicated by ODM in the Final Q&A Document for the RLB. It is the responsibility of all Interested Parties to check this site for responses to questions, as well as for any amendments or other pertinent information regarding this RLB.

Anticipated Timetable

DATE	EVENT/ACTIVITY
October 28, 2014	-ODM releases the RLB to the Vendor Community on the internet: Q&A period opens -RLB becomes active -Interested Parties may submit inquiries.

November 12, 2014	-Q&A period closes; 10:00 a.m. (for inquiries for RLB clarification) -No further inquiries will be accepted -ODM will provide answers to the inquiries as they come in that will make up the Final Q&A Document
November 25, 2014	Deadline for Interested Parties to submit responses to ODM (3 p.m.)
TBD	Interested Party interviews (at ODM discretion)

Section II – Background

The Ohio Department of Medicaid currently procures travel arrangement services directly through commercial airline carriers for air travel and ground transportation companies for in-transit services required for official state business. ODM’s travel requirements are primarily within the CONUS. Travel arrangements are normally made in advance, but short-notice travel may also be required, especially for the Director of Medicaid. As a state agency, ODM is committed to utilizing Ohio Certified MBE vendors whenever possible. The MBE vendor selected for this contract must be able to provide full support of the travel requirements for ODM, be able to research travel fares and costs, and provide the best quality product at the lowest possible cost to the agency. ODM purchased approximately 70 commercial airline tickets in State Fiscal Year (SFY) 2014, for a total cost of \$10,056.70. Additionally ODM expended approximately \$15,512.15 for hotel accommodations and \$253.00 for car rental fees. The expenditure for ODM’s official travel needs totaled \$25,821.85 in SFY 2014. Although this information can be used as a benchmark, the travel requirements of the department may fluctuate from year to year.

Section III - Content of Response

Generally:

Vendors responding to this RLB will need to submit a detailed synopsis of the types of travel services provided by their company, as well as any experience with providing official travel arrangements for governmental entities. Vendors must express the ability to procure the agency’s required travel arrangements with payment to the chosen vendors in advance of the specified travel dates. The selected vendor will invoice ODM for reimbursement of actual costs incurred, along with the requested administrative fee amount from ODM on a monthly or quarterly basis. The time period for reimbursement will be at the vendor’s discretion, and upon approval of ODM. Cost bids presented must be inclusive of all factors that will affect the administrative fee requested. Responses must include a photocopy of the vendor’s current Ohio MBE certification letter. Responses should also include a brief summary of the travel agency’s background, experience, and references

Section IV – Mandatory Requirements

1. Vendor must be a licensed travel agency at the time of submittal of the response;
2. Have a minimum of three (3) years of experience providing travel services comparable to those required under this RLB for corporate and/or government entities;

3. Vendor must have the financial stability to procure all travel requirements for ODM in advance and request reimbursement either monthly or quarterly; and
4. Meet all required standards as specified in the Mandatory Requirements of the Technical Proposal Score Sheet.

Section V – Evaluation of Letterhead Bids

Qualifying technical proposals will be collectively scored by a Proposal Review Team (PRT) appointed by ODM. For each of the evaluation criteria given in the following score sheet, reviewers will collectively judge whether the technical proposal exceeds, meets, partially meets or does not meet the requirements expressed in the RFP, and assign the appropriate point value, as follows:

0	6	8	10
Does Not Meet Requirement	Partially Meets Requirement	Meets Requirement	Exceeds Requirement

Technical Performance Scoring Definitions:

“Does Not Meet Requirement”- A particular RFP requirement was not addressed in the vendor’s proposal, **Score: 0**

“Partially Meets Requirement”-Vendor proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt falls below acceptable level, **Score: 6**

“Meets Requirement”-Vendor proposal fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation, **Score: 8**

“Exceeds Requirement”-Vendor proposal fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of ODM expectations, **Score: 10**

A technical proposal’s total PHASE II score will be the sum of the point value for all the evaluation criteria. The review team will collectively score each individual qualifying proposal. Technical proposals that do not meet or exceed a total score of at least **319** points (a score which represents that the selected vendor has the capability to successfully perform the project/program services) out of a maximum of **420** points, will be disqualified from further consideration. Only those vendors whose Technical Proposals meet or exceed the minimum required technical points will advance to PHASE III of the technical proposal score sheet.

Technical Proposal Score Sheet

ITEM #	MANDATORY REQUIREMENTS	YES	NO
1	Was the vendor’s proposal received by the deadline as specified in the RLB?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does the vendor’s proposal include all required affirmative statements and certifications, signed (in all required parts) by the vendor’s responsible representative?	<input type="checkbox"/>	<input type="checkbox"/>

3	Is the vendor free from being prohibited to enter into a contract with ODM, due to restrictions related to the federal debarment list, unfair labor findings, or as established in ORC 9.24?		
4	The vendor was not listed on the Auditor of State's website as a party excluded from contracting with ODM by O.R.C. § 9.24 for an unresolved finding for recovery;		
5	Did the vendor include proof that they are a licensed travel agency at the time of submittal of the response?		
6	Has the vendor demonstrated a minimum of three (3) years of experience providing travel services comparable to those required under this RLB for corporate and/or government entities?		
7	Has the vendor affirmed the financial stability to procure all travel requirements for ODM in advance and request reimbursement either monthly or quarterly?		
8	Did the review team (in its initial/cursory review of the vendor's proposal) determine that the proposal was free of trade secret/proprietary information as specified/restricted in the RLB?		

ITEM #	EVALUATION CRITERIA	Weighting	Doesn't Meet 0	Partially Meets 6	Meets 8	Exceeds 10
GENERAL & DETAILED REQUIREMENTS						
1	Provide comparative pricing, scheduling, coordinating and purchase travel arrangement accommodations as requested by the agency	5				
2	Issue electronic ticketing, or paper commercial airline tickets upon request, purchased at the lowest available cost. The tickets issued must be fully refundable and exchangeable to allow for substituted travelers. The option to make short-notice travel arrangements or changes to travel must be available if indicated on the request form received from the agency at minimal cost to the agency. Any changes or cancellations will be kept to a minimum within the agency. Nonrefundable tickets will only be issued upon request of ODM.	5				
3	Arrange seating assignments at the request of the traveler when the option is available from the airline.	3				
4	Inform traveler in writing of any new federal travel restrictions or regulations which may affect their travel.	3				
5	Issue a Passenger Name Record (PNR) to the agency and/or traveler upon confirmation of a reservation/itinerary providing full travel detail. Itinerary information must include the ticket number and all pertinent flight and hotel information.	4				
6	Provide travel services, at a minimum, from 8 a.m. to 5 p.m., Monday through Friday, except state of Ohio designated holidays.	5				
7	Provide a local telephone number for use by authorized users of the Contract, in addition to a nationwide toll-free telephone number. Outside the designated office hours, the Contractor shall provide access to a twenty-four (24) hour, seven (7) days a week, nationwide toll-free telephone number for emergency services.	4				
8	Monitor agency frequent flier mileage and provide the option for usage.	2				
9	Assist traveler with lost or stolen baggage claim processes by working with the applicable airline until baggage is recovered or a final outcome is determined.	2				
10	Hotel Reservation Accommodations	5				
11	Rental Car Reservations	4				
GRAND TOTAL SCORE:						

Section VI - Trade Secrets Prohibition; Public Information Disclaimer

Vendors are prohibited from including any trade secret information, as defined in ORC section 1333.61, in their bids in responses to any procurement efforts. ODM shall consider all bids or similar responses voluntarily submitted to ODM to be free of trade secrets, and such bids if opened by ODM will, in their entirety, be made part of the public record, and shall become the property of ODM.

Any bid(s) received in response to any procurement effort and opened, reviewed by ODM are deemed to be public records pursuant to ORC section 149.43. For purposes of this section, the term “proposal” shall mean both the technical bid (or application or other response documentation) and the cost bid submitted by vendors/applicants and any attachments, addenda, appendices, or sample products.

Section VII – Submission

ODM requests submissions in both paper and electronic format. The information should be prepared and submitted in accordance with instructions found in this section. The submission must include:

- **Two (2)** paper copies (one signed original and one copy) and one CD-ROM copy of the submission;

Please ensure that all copies and all formats of the bid are identical.

The vendor’s total submission must be received by the Office of Contracts and Procurement (OCP) no later than **3:00 p.m.** on **November 25, 2014**. Faxes or e-mailed submissions will not be accepted. Vendors are encouraged to hand-deliver to the address below, or use a private delivery company (e.g., FedEx, UPS) to deliver their submissions, as these types of companies deliver directly to ODM’s security desk in the building lobby where it will be received and date and time stamped.

Address for hand delivery or delivery by a private delivery company:

**Office of Contracts and Procurement
Ohio Department of Medicaid
R-1415-9009
50 West Town Street
Columbus, Ohio 43215
ATTN: RFP/RLB Unit**

Address for postal deliveries:

**Ohio Department of Medicaid
Office of Contracts and Procurement
R-1415-9009
PO Box 182709
Columbus, Ohio 43218-2709
ATTN: RFP/RLB Unit**

Please convert the entire submission into one single secure .pdf document saved to the CD-ROM submitted to ODM. If the submission’s size necessitates more than a single .pdf document to contain the entire bid, please use the fewest separate .pdf documents possible.

CD-ROMs should be labeled with the organization’s name, the RLB number, and the submission date or due date. The requested CD-ROMs will be used by ODM for archiving purposes and for fulfillment of Public Records Requests.

All submissions must be received by OCP by the specified deadline. Materials received after the date and time as stated above will not be added to any previously received submissions.

OCP will accept submissions at any time during normal ODM business hours prior to the posted submission deadline (date and time). ODM is not responsible for submissions incorrectly addressed or for delivery to any ODM location other than the addresses specified above. No confirmation of mailed submissions can be provided.

Thank you for your interest in this project.

Attachment A

Attachment A consists of 2 distinct and different sections. Both sections must be completed and included in Tab 1 of the proposal.

Section I – Required Vendor Information

Section II - Location of Business Form

Attachment A—Section I.

REQUIRED VENDOR INFORMATION and CERTIFICATIONS

Purpose: ODM requires the following information on vendors who submit proposals or bids in response to any ODM Requests for Proposals (RFPs) or Requests for Letterhead Bids (RLBs), in order to facilitate the development of the contract (or finalization of a purchase) with the selected vendor. ODM reserves the right to reject your proposal if you fail to provide this information fully, accurately, and by the deadline set by ODM. Further, some of this information (as identified below) **must** be provided in order for ODM to accept and consider your proposal\bid. **Failure to provide such required information will result in your proposal’s immediate disqualification.**

Instructions: Provide the following information regarding the vendor submitting the proposal or bid. Vendors may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their proposals. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the vendor. Vendors are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODM.

IMPORTANT: If the RFP\RLB specified a maximum page limit for vendor proposals\bids, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will **NOT** be counted against that page limit.

Vendors must provide all information

1. ODM RFP/RLB #:	2. Proposal Due Date:
3. Vendor Name: (legal name of the vendor – person or organization – to whom contract\purchase payments would be made)	
3a. Vendor’s Ohio Administrative Knowledge System (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: http://ohiosharedservices.ohio.gov/Vendors.aspx . The necessary forms to be completed and remitted to Ohio Shared Services are the Vendor Information Form (OBM-5657) and the IRS Form W-9. Completion and/or submission of these forms to Ohio Shared Services <u>does not</u> assume a vendor/applicant award of any ODM contract\grant.]	
4. Vendor Corporate Address:	5. Vendor Remittance Address: (or “same” if same as Item # 5)
6. Print or type information on the vendor representative/contact person <u>authorized to answer questions on the proposal\bid</u>: Vendor Representative NAME and TITLE: Address: _____ E-Mail Address: _____ Phone #: _____ Fax #: _____	
7. Print or type the name of the vendor representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent</u> (if not the same individual as in #7, provide the following information on each such representative and specify their function): Vendor Representative NAME and TITLE: Address: _____ E-Mail Address: _____ Phone #: _____ Fax #: _____	
8. Is this vendor an Ohio certified MBE? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of current certification to proposal\bid. (If ODM has specified the RFP\RLB\purchase document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)	

9. Mandatory Vendor Certifications:

ODM may not enter into contracts with/make purchases from any vendors who have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Vendors responding to any ODM RFP\RLB or other purchase opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. **Failure to provide proper affirming signature on any of these statements will result in the disqualification of your proposal\bid.**

I _____ (signature of representative shown in Item # 7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), **has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.**

AND

I _____ (signature of representative shown in Item #7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), **is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.**

AND

I _____ (signature of representative shown in Item #7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), **either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.**

10. Equal Employment Opportunity Information on the Vendor and any Subcontractor(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide:	Ohio Offices:
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

B. If you are the selected vendor, will you subcontract any part of the work?

NO -or- YES, but for less than 50% of the work -or- YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: _____

Address: _____

Work To Be _____

Performed: _____

(a brief description) _____

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): _____

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed subcontractors:

	Nationwide:	Ohio Offices:
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

C. Identify all state contracts which the vendor has had approved by the Controlling Board since the beginning of the last fiscal year (i.e., since July 01, 2011) through this fiscal year to date. Also include contracts approved for ODM or institutions of higher education:

Total number of contracts: _____

For each state contract, list the state agency and provide the following information:

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

Attach additional pages if needed

11. Vendor and Grantee Ethics Certification

As a vendor or grantee doing business with* or receiving grants from the State of Ohio, I certify on behalf of _____ (name of vendor or grantee):

- (1) I have reviewed and understand Ohio ethics and conflict of interests laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.
- (2) I acknowledge that failure to comply with this certification, is, by itself, grounds for termination of this contract or grant with the State of Ohio.

Signature of authorized agent

Date

*"Doing business with" includes all contracts for goods and services, excluding purchases made using the State of Ohio's Payment Card Program that cost less than \$1,000.

12. I have read the ODM Model Contract attached to the RFP/RLB, and if awarded a contract, I will not ____ (or) I will ____ request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODM. (If so, ODM will review those requested changes if you are the selected vendor. All requested changes to model contract language are subject to ODM approval.) (NOTE: Item 13 is not applicable and not required when the subject ODM procurement opportunity is offered only to State Term Schedule Vendors.)

13. I _____, (vendor representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of _____ (vendor's name), and I hereby affirm that the cost(s) bid to ODM for the performance of services and/or provision of goods covered in this proposal in response to the ODM RFP/RLB/other purchase opportunity is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal\bid.)

14. Location of Business Declaration: Vendors responding to any ODM RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. **FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODM CONTRACT.**

15. I _____, (vendor representative in Item # 7) hereby attest that I understand that any and all information included in this proposal is not confidential and/or trade secret information (as defined in Sections 3.3, 5.2, D., 8.5, and 8.25 of the RFP or where found in an RLB document) and that the proposal submission may be posted in its entirety on the Internet for public viewing. Following submission to ODM, all proposals submitted may become part of the public record. ODM reserves the right to disqualify any vendor whose proposal is found to contain such prohibited personal information. **The vendor affirms that they shall be solely responsible for any and all information disclosed in the proposal submission and any or all information released by ODM in a public records request(s).**

Attachment A—Section II.

Location of Business Form

Pursuant to Governor’s Executive Order 2011-12K (www.governor.ohio.gov), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

1. Principal location of business of Contractor:

(Address)

(City, State, Zip)

Name/Principal location of business of subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

2. Location where services will be performed by Contractor:

(Address)

(City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

(Address)

(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Contractor:

(Address)

(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

By signing below, I hereby certify and affirm that I have reviewed, understand, and will abide by the Governor's Executive Order 2011-12K. I attest that no funds provided by ODM for this project or any other agreement will be used to purchase services provided outside the United States or to contract with a subcontractor who will use the funds to purchase services provided outside the United States. I will promptly notify ODM if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

Signature

Date

Entity Name

Address (Principal place of business)

Printed name of individual authorized
to sign on behalf of entity

City, State, Zip