

OHIO DEPARTMENT OF HEALTH

Mobile Dental Van

Request for Proposals (RFP)
RFP Number: Fam-32478

Notice: This RFP is not an offer or a contract. Contractor's written response to this RFP offering shall be considered as a formal offer to provide the services requested in this RFP.

Proposals received after the due date and time will not be evaluated.

ENCOURAGING DIVERSITY, GROWTH AND EQUITY (EDGE). ODH is committed to making more state contracts, services, benefits and opportunities available to small socially and economically disadvantaged Ohio businesses. EDGE is a contract assistance program designed to assist such businesses by facilitating access to state government contracts and business services for businesses certified in the program. For more information regarding EDGE and EDGE certification requirements, including a list of certified EDGE firms, please visit the DAS Equal Opportunity Division Web site at: <http://das.ohio.gov/Eod/Edge/Index.htm>. Additional information is also available at the DAS Office of Procurement Services Web site at: <http://www.ohio.gov/procure> .

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Community Health Services
246 North High Street
Columbus, Ohio 43215

Release Date: December 9, 2011
Response Due Date: January 31, 2012

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1. Introduction

The Ohio Department of Health (ODH) is seeking proposals from qualified agencies or organizations interested in establishing a new or expanding an existing safety net dental care program using a mobile dental van owned by ODH. The van must be used to provide comprehensive and emergency dental care services for a significant number of Ohioans who would otherwise be unlikely to receive dental care. Clinical comprehensive and emergency dental care must be regularly available at least 36 hours per week (25 hours per week for school-based programs) using the mobile dental van owned by the ODH. Any cost associated with the operation of this van will be borne by the successful bidder. The successful bidder is required to follow the day to day maintenance required for the mobile dental van to efficiently operate and must document or log any scheduled maintenance and repairs the mobile dental van requires.

If a suitable offer is made in response to this RFP, ODH may enter into a contract (the Contract) to have the selected Offeror (the Contractor) perform all or part of the Project (the Work). This RFP provides details on what is required to submit a Proposal for the Work, how ODH will evaluate the Proposals, and what will be required of the Contractor in performing the Work.

2. Project Background

ODH owns a mobile dental van which was purchased with an ODH grant and has been operating in Ohio since 2004. The purpose of this RFP is to solicit proposals that fulfill the requirements, performance expectations and deliverables as outlined in the Scope of Work (SOW) for operating ODH's mobile dental van. The van will be loaned to the agency in lieu of other compensation. The agency operating the mobile van will be eligible to apply for future competitive grant funds from ODH as they become available. There is, however, no guarantee of future funds from ODH.

3. Contract Award, Negotiations and Duration

Contingent upon approval by the Director of Health, one contract will be awarded. The resultant contract shall be in effect from approximately February 25, 2012 through June 30, 2013. ODH shall have the right to extend or renew the resultant contract for two additional one year periods.

The successful Contractor will be required to contract with ODH to perform the work and deliver the deliverables as set forth in a contract substantially similar to the sample in Attachment A-1. ODH may, but is not required to, initiate negotiations with the potential successful Contractor. The potential successful Contractor shall negotiate in good faith.

4. Qualifications of the Contractors

4.1 Qualified Contractors are agencies or organizations that have submitted a letter of interest in response to ODH's solicitation letter of August 9, 2011 and all other safety net clinics.

4.2 Contractors must have the technical and financial ability to operate the mobile dental van.

4.3 Contractors must be in compliance with Executive Order 2011-12K for the work that the Contractor is proposing to do under this RFP.

- 4.4 Contractors are not qualified if they are subject to a finding for recovery under section 9.24 of the O.R.C. except if they have taken the appropriate remedial steps required under section 9.24 of the O.R.C. or otherwise qualifies under that section.
- 4.5 Contractors are not qualified if they are debarred or suspended from entering into state of Ohio contracts pursuant to section 125.25 of the O.R.C.

5. Project Scope of Work and Deliverables

The successful Contractor shall perform all of the following activities for which there is an executed contract in consultation with, and with the approval of the ODH Contract Manager:

5.1 Scope of Work

5.1.1 The successful bidder shall provide a project plan that addresses:

5.1.1.1 Substantiality: Services will be provided to a significant number of patients who are uninsured or covered by Medicaid or a Medicaid-contracting managed care plan. The projected number of patients should include detailed assumptions underlying that projection (e.g., availability of patients). ODH uses the federal benchmark of the number of patient visits equivalent to, or more than, a full-time practice (approximately 2,500 patient visits per full-time dentist per year and 1,300 patient visits per full-time dental hygienist per year). ODH desires to maximize the amount of care provided using the van through this program.

5.1.1.2 Readiness: The successful bidder will begin providing services as soon as possible following execution of a contract with ODH.

5.1.2 The successful bidder shall provide clinical services which include, but are not limited to, diagnosis/preventive care (e.g., exams x-rays, cleanings, fluoride treatments, sealants), emergency care (e.g., extractions, pain relief and trauma care), restorative care (e.g., amalgam and resin restorations, stainless steel crowns and pulpotomies for children), and provision must be made for other services (e.g., complete and partial dentures, pulp therapy) when necessary. Comprehensive dental care is the provision of all of the above services, based upon the individual patient's needs.

5.1.3 The successful bidder shall provide clinical comprehensive and emergency dental care, including restorative care, for at least 36 hours per week (25 hours per week for school-based programs). ODH prefers that services include hours that are convenient (e.g., evening, weekends) for the patients.

5.1.4 The successful bidder shall make dental care accessible by billing Medicaid or the appropriate Medicaid managed care plan for all eligible services provided; using funds collected from Medicaid to support the dental program; utilizing a sliding fee schedule based on income and family size or offering other fee arrangement that makes care affordable for low-income patients and, assuring that no one is denied care based on inability to pay.

5.2 Deliverables

- 5.1.5.1 The successful bidder shall deliver to ODH a Contract Program Report to be completed and submitted electronically by the following dates: April 15, 2012, July 15, 2012, October 15, 2012, January 15, 2013, April 15, 2013 and July 15, 2013. The report form will be provided as an electronic file to the selected bidder after approval of the contract.

6. Proposal Format

All contractors shall submit a proposal directly responsive to the terms and conditions of this RFP. If a contractor chooses to submit an alternative proposal, the contractor must, at the same time, submit a proposal directly responsive hereto for any alternative proposal to even be considered. Such alternative proposal shall clearly identify why the acceptance of the proposal would be advantageous to ODH. Any deviations from the terms and conditions of the solicitation, as well as the comparative advantage to ODH shall be clearly identified and explicitly defined. ODH reserves the right to amend the solicitation to allow all contractors an opportunity to submit revised proposals based on the revised requirements. Proposals shall be submitted with an original with three copies and an electronic version in Microsoft Word format. Proposals shall contain the sections listed in 6.2 through 6.6 below separated by tabbed and labeled dividers.

6.1 Addenda to the RFP.

- 6.1.1 If ODH decides to revise this RFP before the proposal due date, addenda will be announced on the Ohio Business Gateway Web site. When an addendum to this RFP is necessary, ODH may extend the proposal due date through an announcement on the Ohio Business Gateway Web site. Addendum announcements may be provided any time before 5:00 p.m. on the day before the proposal is due. It is the responsibility of each prospective contractor to check for announcements and other current information regarding the RFP.
- 6.1.2 After the submission of proposals, addenda will be distributed only to those contractors whose submissions are under active consideration. When ODH makes an addendum to the RFP after proposals have been submitted, ODH will permit contractors to withdraw their proposals. This withdrawal option will allow any contractor to remove its proposal from active consideration should the contractor feel that the addendum changes the nature of the transaction so much that the contractor's proposal is no longer in its interests. Alternatively, ODH may allow contractors that have proposals under active consideration to modify their proposals in response to the addendum.
- 6.1.3 If, however, ODH makes an addendum after the proposal due date, ODH will tell all contractors whose proposals are under active consideration whether they have the option to modify their proposals in response to the addendum. Any time ODH amends the RFP after the proposal due date, a contractor will have the option to withdraw its proposal even if ODH permits modifications to the proposals. If the contractors are allowed to modify their proposals, ODH may limit the nature and scope of the modifications. Unless otherwise stated in ODH's notice, modifications and withdrawals must be made in writing and must be submitted within 10 business days after the addendum is issued. If this RFP provides for a negotiation phase, this procedure will not apply to changes negotiated during that phase. Withdrawals and modifications must be made in writing and submitted to ODH at the address and in the same manner required for the submission

of the original proposals. Any modification that is broader in scope than ODH has authorized may be rejected and treated as a withdrawal of the contractor's proposal

- 6.2 Proposal Cover Sheet
 - 6.2.1 Contractor's name, address and federal tax identification number;
 - 6.2.2 Name of contractor's contact person, title, address, telephone and fax numbers and e-mail address; and
 - 6.2.3 RFP number and project title.
- 6.3 Table of Contents
- 6.4 Technical Proposal
 - 6.4.1 Profile of the bidder (limit of seven pages, which applies to 6.4.1 through 6.4.1.6)
 - 6.4.1.1 The technical proposal shall include a description of the bidder's organizational structure (agency, organization or individual).
 - 6.4.1.2 The technical proposal shall describe the bidder's experience and expertise in the operation of a safety net dental clinic.
 - 6.4.1.3 The proposal will describe the bidder's experience and expertise in the operation of a mobile dental van that provides comprehensive dental care.
 - 6.4.1.4 The bidder should also attach a list of three (3) references by previous users of the bidder's services in performing similar projects. Include contact name and appropriate phone number. ODH may, at its sole discretion, contact the references. There is no obligation on the part of ODH to contact any reference.
 - 6.4.1.5 Identification and description of the bidder's subcontractors to be used, if any. Subcontractors must be approved by ODH. However, the successful bidder may subcontract without ODH's approval for the purchase of articles, supplies, components, or special mechanical services that do not involve the type of work or services described in the Scope of Work or Deliverables in this RFP, but which are required for its satisfactory completion.
 - 6.4.1.6 Identification, qualifications and resumes of key project personnel and their responsibilities to the project.
 - 6.4.1.6 A description of the bidder's Affirmative Action activities and program.
- 6.4.2 Project Implementation
 - 6.4.2.1 The bidder will provide ODH a technical project plan, implementation timeline, budget planning worksheet (Attachment A-5) and narrative.
 - 6.4.2.1.1 The technical project plan will describe how all of the requirements specific to this project will be implemented, including staffing and operating the van; deploying the

van (e.g., specific sites, number of days per site); and assuring the day to day maintenance required for the mobile van to efficiently operate. This includes documenting or logging any scheduled maintenance and repairs the mobile dental van receives.

- 6.4.2.1.2 The technical project plan will provide a feasible business plan for operating a sustainable safety net dental care program with the van. This will be provided through information in the completed budget planning worksheet (Attachment A-5) and narrative. Documentation of the commitment of non-patient care funding (e.g., from grants, foundations or parent agency) must be provided if such funding is identified in the budget planning worksheet and narrative.
- 6.4.2.1.3 The technical project plan will identify agencies and organizations whose cooperation is necessary for the success of the program (e.g., school administrators for school-based programs), including contact information.
- 6.4.2.1.4 Documentation of commitment from agencies and organizations that is necessary to the success of the program.
- 6.4.2.1.5 A timeline for project implementation, completed budget planning worksheet and budget narrative
- 6.4.2.2 A description of the location and principal office from which the work is to be performed.
- 6.4.2.3 Identification of the amount of time that lead and key project personnel will be expected to work on the project.
- 6.4.2.4 A description of contingency plans for completing the project, should the lead or key project personnel become unavailable for any reason.
- 6.4.2.5 Identification of any anticipated difficulties in meeting the project specifications and a description of proposed solutions to these difficulties.
- 6.4.2.6 Bidders are cautioned that failure to submit the appropriate level of detail for the information required in the sections detailed herein will result in a determination that the bidder's proposal is non-responsive. Such a determination may result in ineligibility for contract award. If a requirement can be exceeded by the bidder, the proposal should state the degree to which the requirement will be exceeded and how this will be accomplished. If a requirement cannot be fully met, the bidder must state the reasons and must provide alternatives that can accomplish all the requirements specified.
- 6.4.2.7 Proposals should be prepared simply and economically, providing a straightforward, concise, yet complete description of the contractor's capabilities to satisfy the contract. Emphasis should be on completeness and on specificity and clarity of content.
- 6.4.2.8 Proposals should include documentation demonstrating how the bidder meets the requirements of section 4.0.

6.5 Cost Proposal

6.5.1 ODH will not compensate the successful bidder for the operation of the mobile dental van, but will allow the successful bidder to use the mobile dental van without charge. However, it is in ODH's best interest for the successful bidder to be able to adequately support and use the van. The budget planning worksheets (Attachment A-5) shall constitute the bidder's cost proposal.

6.6 Other submissions

6.6.1 The contractor shall include a statement that it does not take exception to the terms of the proposed contract. (Attachment A). If the contractor does take an exception, any exceptions must be included in the contractor's proposal. Note: Taking exception to the terms of the contract or RFP may be grounds for eliminating the contractor from consideration for award of a contract.

6.6.2 W-9 Form, Vendor Information Form and Standard Affirmation and Disclosure Form. The Offeror must complete Federal Form W-9, Request for Taxpayer Identification Number and Certification Form, the Vendor Information Form (OBM-5657) and the Standard Affirmation and Disclosure Form in their entirety. At least one (1) original of each form (signed in blue ink) must be submitted in the "original" copy of the Proposal. All other copies of the Proposal may contain duplicates of these completed forms. If a subsidiary company is involved, Offerors must have an original W-9 and OBM-5657 for both the parent and subsidiary companies. These documents and directions can be found on the OBM Web site under the heading "Vendor Forms" at <http://www.ohiosharedservices.ohio.gov/Vendors.aspx>

The form requires either a Standard Industrial Classification (SIC) code or a North American Industry Classification System (NAICS) code. These codes can be found at: http://www.osha.gov/pls/imis/sic_manual.html for the SIC codes or <http://www.census.gov/eos/www/naics/> for the NAICS codes. Offeror shall follow instructions to determine the proper code.

7. Evaluation of Proposals

7.1 Initial Review:

The ODH procurement representative will review all proposals for their compliance with format requirements and completeness. The procurement representative normally rejects any incomplete or incorrectly formatted proposal, although he or she may waive any defects or allow a contractor to submit a correction. Any proposal that is not received by the due date will not be evaluated.

7.2 Committee Review of the Proposals:

The evaluation committee will evaluate each proposal that the procurement representative has determined is timely, complete and properly formatted. The evaluation will be according to the criteria contained in the RFP.

7.3 Proposal Evaluation Criteria:

In the proposal evaluation phase, the evaluation committee will rate the proposal submitted in response to the RFP based on the following criteria and weight assigned to each criterion. If the contractor meets the mandatory requirements in section 7.4, Mandatory Requirements, the contractor's proposal will be included in the next part of the evaluation, i.e., Technical Criterion.

Any proposal that does not meet the mandatory requirements of the RFP will not be considered. All other proposals will be evaluated and scored according to the requirements of the evaluation criteria outlined below. In order to be considered for the project, each proposal must receive at least 60% of the total points available under the technical scoring component. Total technical points available are 500.

Each proposal that meets the 60% or better standard in regard to technical score i.e. at least receives 300 points will move forward. The proposal that is considered the best value or most advantageous to the State/ODH will be awarded the contract.

7.4 Mandatory Requirements

The contractor has met the mandatory requirements stated under Section 4. "Qualifications of the Contractor": Yes or No

Evaluation Committee must document how bidder meets or does not meet the mandatory requirement.

7.5 The scale below (0 – 5) will be used to rate each proposal on the technical criteria.

Does Not Meet (0) – Proposal does not comply with the requirements. Document shortfall or what is missing in the response.

Weak (1) – Response does not substantially meet the requirements. Document shortfalls or what is missing in the response.

Moderate (2) – Proposal meets most of the requirements, however, is weak in some areas. Document the weakness/what is missing. Also, document what is good.

Meets (3) – Proposal generally meets the requirements. Document how proposal meets requirements.

Strong (4) – Proposal exceeds requirement. Document how response exceeds the requirements.

Greatly Exceeds (5) – Proposal significantly exceeds requirements Document how response greatly exceeds the requirements.

Technical Requirements, Evaluation and Scoring: Each Proposal will be scored and numerical technical point values will be assigned according to the criteria listed.

Weight (%) Evaluation Criteria

| Criteria | Weight | Rating (1-5) | Total |
|--|--------|--------------|-------|
| Extent to which bidder's proposal is written in a clear, concise, complete and logically organized manner. | 10 | | |
| Extent to which the bidder's proposal demonstrates sufficient expertise to administer this project. Specifically, bidder experience in successfully operating a safety net dental clinic that provides comprehensive and emergency care primarily for Medicaid and uninsured populations is essential, and experience operating a successful mobile dental van is preferred. | 30 | | |
| Extent to which the bidder's proposal provides a project plan and timeline that fulfills the purpose of this RFP and is feasible and maximizes the amount of care provided. | 30 | | |
| Extent to which the bidder's proposal, budget planning worksheet and narrative provide a reasonable estimate | 30 | | |

| | | | |
|--|-----|--|--|
| of expenses and revenue necessary to operate the van in a manner that will accomplish the purpose of this RFP and document the financial viability of the agency or organization. Proposal must document the commitment of non-patient care revenue (e.g. grants and contracts). | | | |
| | | | |
| | | | |
| Total Technical Score | 100 | | |
| | | | |

The Technical Score is determined by multiplying the Weight by the Rating. The Total Technical Score is obtained by adding each of the individual Technical Scores. Total Points Available 500 points.

Based on the evaluation committee’s evaluation of the proposals and cost, a recommendation of selection will be sent to the Director of the Ohio Department of Health. The Director will make a selection and his decision is final.

7.6 Clarifications & Corrections. During the evaluation process, ODH may request clarifications from any Offeror under active consideration and may give any Offeror the opportunity to correct defects in its Proposal if ODH believes doing so does not result in an unfair advantage for the Offeror and it is in the State’s best interests. Any clarification response that is broader in scope than what ODH has requested may result in the Offeror’s proposal being disqualified.

8. Submission of Proposals

8.1 To be considered, an original and three copies of the proposal must be submitted no later than 4:00 p.m. on January 31, 2012. No FAX proposals will be accepted. Proposals may be mailed or delivered to:

Ohio Department of Health
Office of Financial Affairs
Attention: Paul Maragos
246 North High Street, 4th Floor
Columbus, Ohio 43215

- 8.2 From the issuance date of this RFP, until a contract is awarded to a contractor, there shall be no communications concerning the RFP between any contractor who expects to submit a proposal and any employee of ODH involved in the issuing of the RFP, or other state employee who is in any way involved in the ODH project. The only exception to this prohibition is communications provided through the submission of written questions per section 8.3 below and, if required, communications in a contractor interview.
- 8.3 If a Contractor finds any perceived conflict, error, omission or discrepancy in the RFP documents, the Contractor shall submit a written request for interpretation. Questions can be submitted using the Ohio Department of Administrative Services (DAS) website where the RFP is located. All questions must be submitted by 4:00 pm on January 9, 2012. Answers to the questions will be posted to the DAS website: <http://procure.ohio.gov/proc/searchProcOpps.asp> by January 11, 2012. In order to submit and see responses to questions, you need to search for the procurement number for this item, which is DOH-Fam32478. Telephone inquiries will not be accepted.
9. Protest Procedure
- 9.1 Any potential, or actual, contractor objecting to an award of a contract resulting from the issuance of this RFP may file a protest of the award of the contract, or any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:
- 9.2 A protest may be filed by a prospective or actual contractor objecting to the award of a contract resulting from this RFP. The protest shall be in writing and shall contain the following information:
- 9.2.1 The name, address, and telephone number of the protestor;
- 9.2.2 The name and number of the RFP being protested;
- 9.2.3 A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
- 9.2.4 A request for a ruling by ODH;
- 9.2.5. A statement as to the form of relief requested from ODH; and
- 9.2.6 Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.
- 9.3 A protest shall be considered timely by ODH, if ODH's Office of General Counsel received it, within the following periods:
- 9.3.1 A protest based upon alleged improprieties in the issuance of the RFP or any other event preceding the closing date for receipt of proposals which are apparent or should be apparent prior to the closing date for receipt of proposals shall be filed no later than 4:00 p.m. the closing date for receipt of proposals, which is January 31, 2012.

9.3.2 If the protest relates to the announced intent to award a contract, the protest shall be filed no later than 3:00 pm of the tenth (10th) business day after the announcement of intent to award.

9.4 An untimely protest may be considered by ODH if ODH determines that the protest raises issues significant to ODH's procurement system. An untimely protest is one received by ODH's Office of General Counsel after the time period set forth in paragraph 2 sections 9.3.1 and 9.3.2 of this section.

9.5 All protests must be filed with the following:

Chief Legal Counsel
Ohio Department of Health
246 North High Street, 7th floor
Columbus, Ohio 43215

9.6 When a timely protest is filed, a contract award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Director of ODH determines that a delay will severely disadvantage ODH. The contractor(s) who would have been awarded the contract shall be notified of the receipt of the protest.

9.7. ODH shall issue written decisions on all timely protests and shall notify any contractor who filed an untimely protest as to whether or not the protest will be considered.

10. Certifications

10.1 Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization (DMA). The Offeror being awarded this Contract must be registered with the Ohio Business Gateway (OBG) at <http://obg.ohio.gov> to file for DMA pre-certification; if you are not already registered you must:

a. Register with the Ohio Business Gateway (OBG) at:

<http://obg.ohio.gov>

b. Review the Terrorist Exclusion List at:

http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf

c. Complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form at:

<http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

Submit a hardcopy of this completed form with your RFP response. You must then return to the OBG and complete the form for online submission under "Electronic Filing." It is important that you submit the DMA form online at OBG and in hardcopy with the Proposal.

Failure to complete the certification may result in the Offeror being deemed not responsive and/or may invalidate any Contract award. If not submitted with the proposal

response, the Offeror will have seven (7) calendar days, after notification, to submit the form.

- 10.2 Affirmative Action. Before a contract can be awarded or renewed, an Affirmative Action Program Verification Form must be completed using:

<http://das.ohio.gov/Divisions/EqualOpportunity/AffirmativeActionProgramVerification/tabid/133/Default.aspx>.

Approved Affirmative Action Plans can be found by going to the Equal Opportunity Department's Web site:

<http://eodreporting.oit.ohio.gov/searchAffirmativeAction.aspx>

Copies of approved Affirmative Action plans shall be supplied by the Offeror as part of its Proposal or inclusion of an attestation to the fact that the Offeror has completed the process and is pending approval by the EOD office.

- 10.3 Executive Order 2011-12K

- 10.3.1 The Bidder shall affirm as a condition of award of a contract that it has read and understands Executive Order 2011-12K and shall abide by those requirements in the performance of the resultant contract, and shall perform no services required under that contract outside of the United States.

The Bidder also as a condition of award of a contract affirm, understand, and agree to immediately notify the ODH of any change or shift in the location(s) of services performed by the Bidder or its subcontractors under the resultant contract, and no services shall be changed or shifted to a location(s) that are outside of the United States.

11. Other Conditions

- 11.1 ODH is under no obligation to pay any costs incurred in the preparation of proposal submissions.

- 11.2 ODH reserves the right to reject, in whole or in part, any and all proposals where ODH, taking into consideration factors including but not limited to, price and the results of the evaluation process, has determined that award of a contract would not be in the best interest of ODH or the state.

- 11.3 ODH reserves the right to reject any and all proposals where the offeror takes exception to the terms and conditions of the RFP or fails to meet the terms and conditions, including but not limited to, standards, specifications, and requirements as specified in the RFP.

- 11.4 ODH may cancel and/or re-issue the RFP, in whole or in part, when the services offered are not in compliance with the requirements, specifications, and terms and conditions set forth in the RFP, or pricing offered is considered to be excessive in comparison with existing market conditions or exceeds the available funds of ODH, or it is determined that award of a contract would not be in the best interests of ODH and/or the State.

- 11.5 ODH reserves the right to waive minor defects and to provide contractors with the opportunity to correct material defects when no prejudice to the rights of other contractors or the public will result. Contractors shall be afforded fair and equal treatment regarding any clarification and/or correction.
- 11.6 ODH reserves the right to amend or withdraw the RFP any time prior to the award of a contract. The contractor may withdraw a response/proposal to the RFP any time prior to the award of a contract.
- 11.7 All products which result from the proposed contractual agreement will be the sole property of ODH.
- 11.8 All proposals will be considered firm and in the event a contract ensues as a result of this RFP, the contractor selected will be required to fulfill the contractual obligations quoted in the contractor's cost proposal, if applicable.
- 11.9 Pursuant to section 149.43 of the Ohio Revised Code (O.R.C.), the proposal may be considered a public record and be released upon request, but not before the closing and evaluation of bids pursuant to section 125.071(C) of the O.R.C. Any requests by Contractor for nondisclosure of confidential or proprietary information or trade secrets or assertions by Contractor that information in its proposal, or the entire proposal, is confidential, proprietary or a trade secret shall be examined by ODH to determine the validity of the request or assertion. Contractor requests or assertions must be in writing. If the parties do not agree, the Contractor shall be informed in writing by ODH regarding what portions of the proposal shall be disclosed. Contractor may withdraw its proposal at any time prior to award of a contract. The RFP and all proposals, documents and other information, unless confidential, proprietary or a trade secret, concerning the RFP process shall be open to public inspection upon award of a contract.
- 11.10 ODH may, from time to time as it deems appropriate, communicate specific instructions and requests to the successful contractor or contractors concerning the performance of the work described in the RFP and/or the contract. Upon such notice and within ten (10) days after receipt of instructions, the successful contractor shall comply with such instructions and fulfill such requests to the satisfaction of ODH. It is expressly understood by ODH and the successful contractor that these instructions and requests are for the sole purpose of ensuring satisfactory completion of the work described in the RFP and/or the contract. They are not intended to amend or alter the RFP and/or contract or any part thereof.
- 11.11 The state reserves the right not to award a contract under this RFP. The state reserves the right to award only one or multiple contracts under this RFP.

12 – Attachments

**ATTACHMENT A-1
SAMPLE CONTRACT**

**PERSONAL SERVICE CONTRACT
BY AND BETWEEN
THE OHIO DEPARTMENT OF HEALTH
AND**

PREAMBLE

The Ohio Department of Health (hereinafter referred to as "ODH"), whose address is 246 North High Street, Columbus, Ohio 43215, and the (hereinafter referred to as the "CONTRACTOR"), whose address is , hereby enter into this contract. For the purposes of this contract, the term "party" means ODH and the CONTRACTOR respectively and "parties" means ODH and CONTRACTOR collectively. ODH and the CONTRACTOR, in consideration of the mutual promises expressed below and intending to be legally bound, agree to the following provisions.

ARTICLE I

Scope of Work and Deliverables

A. The purpose of this contract is to specify the agreement between ODH and the CONTRACTOR regarding the use of a certain mobile dental van that is the property of ODH. The mobile dental van is to be used by the CONTRACTOR to provide access to comprehensive and emergency dental care services for a significant number of Ohioans who cannot afford and would not otherwise receive dental care. Therefore, the CONTRACTOR shall provide the services and perform the work as specified in the following:

1. Report to ODH's contract manager, Mona Taylor , the Ohio Department of Health, 246 North High Street, Columbus, Ohio 43215 (Telephone Number (614) 466-4180 ; FAX Number (614) 564-2421 ; Email: Mona.Taylor@odh.ohio.gov).
2. Scope of Work
 - a The CONTRACTOR will use the mobile dental van to provide clinical dental care services predominantly for patients who are uninsured or covered by Medicaid or a Medicaid-contracting managed care plan.
 - b. The CONTRACTOR will provide clinical dental care services for a minimum of 36 hours per week (25 hours per week for school-based programs). ODH prefers that services are available during convenient hours (e.g., evening, weekends) for the patients.
 - c. The CONTRACTOR will begin services within 30 days of the execution of this contract.

3. Deliverables

- a. The CONTRACTOR will provide, at a minimum, the following scope of clinical dental care services based on individual patient needs:
 - Diagnosis/preventive care (e.g., exams, x-rays, cleanings, fluoride treatments, sealants).
 - Emergency care (e.g., extractions, pain relief and trauma care).
 - Restorative care (e.g., amalgam and resin restorations, stainless steel crowns and pulpotomies for children).
 - If CONTRACTOR does not provide additional services (e.g., complete and partial dentures, pulp therapy), provision must be made for such services when necessary.
 - b. The CONTRACTOR will utilize a sliding fee schedule based on income and family size or offer other fee arrangements that make care affordable for low-income patients.
 - c. The CONTRACTOR assures that no patient will be denied care based on inability to pay.
 - d. The CONTRACTOR will use a form provided by ODH to report progress. A Contract Program Report must be completed and submitted electronically by the following dates: April 15, 2012, July 15, 2012, October 15, 2012, January 15, 2013, April 15, 2013 and July 15, 2013. The report form will be provided as an electronic file to the selected applicant after approval of the contract.
 - e. The CONTRACTOR will notify the ODH Oral Health Section Administrator or the contract manager immediately should the CONTRACTOR determine that it is unable to successfully operate the program, if the program becomes a financial burden or if utilization does not meet the expected need. ODH, upon notification from the CONTRACTOR, will secure an appropriate service provider to which the mobile unit would be transferred. The CONTRACTOR will transfer the mobile dental van to another agency per ODH's instructions. At the completion of this agreement or any extension of it, CONTRACTOR will transfer the mobile dental van to another agency per ODH's instructions.
- B. The CONTRACTOR shall furnish its own support staff and services as necessary for the satisfactory performance of the work described in ARTICLE I, Section A, above. Unless otherwise specified in this contract, ODH will not provide any staff, services, or material to the CONTRACTOR for the purpose of assisting the CONTRACTOR in the performance of this contract.
- C. ODH may, from time to time as it deems appropriate, communicate specific instructions and requests to the CONTRACTOR concerning the performance of the work described in this contract. Upon such notice and within ten (10) days after receipt of instructions, the CONTRACTOR shall comply with such instructions and fulfill such requests to the satisfaction of ODH. It is expressly understood by the parties that these instructions and requests are for the sole purpose of ensuring satisfactory completion of the work described in this contract. They are not intended to amend or alter this contract or any part thereof. All

such instructions and requests shall be communicated to the CONTRACTOR by the ODH contract manager.

- D. The CONTRACTOR shall consult with the ODH contract manager as necessary to assure mutual understanding of the work to be performed and the satisfactory completion thereof.
- E. The CONTRACTOR is responsible for any cost associated with the operation of this van and will be paid for by the CONTRACTOR. The CONTRACTOR is required to follow the day to day maintenance required for the mobile dental van to efficiently operate and must document or log any scheduled maintenance and any needed repairs the mobile dental van requires.

ARTICLE II Time of Performance

- A. This contract shall be in effect from February 25, 2012 or upon execution by both parties, whichever is later, through June 30, 2013, unless this contract is suspended or terminated pursuant to ARTICLE XI prior to the termination date.
- B. It is expressly understood by both ODH and the CONTRACTOR that this contract shall not be valid and enforceable until the Director of the Office of Budget and Management certifies, pursuant to section 126.07 of the Ohio Revised Code (O.R.C.), that there is a balance in the appropriation not already encumbered to pay obligations resulting from this contract.
- C. The CONTRACTOR shall neither perform work under this contract for any time period prior to receipt of written notification from the ODH contract manager that the requirements of section 126.07 and, if applicable, section 127.16 of the O.R.C. have been met.
- D. The CONTRACTOR shall neither perform work under this contract for any time period after the termination date set forth in ARTICLE II, Section A, above.

ARTICLE III Compensation for Services

- A. In consideration of the services provided pursuant to ARTICLE I of this contract, ODH agrees to loan the mobile dental unit in lieu of other compensation for services rendered under this contract. It is expressly understood by ODH and the CONTRACTOR that the terms of this contract limit the total compensation for services, travel and miscellaneous expenses to the value of the use of the mobile dental unit. CONTRACTOR shall bear the expenses to maintain, insure and use the mobile dental unit in accordance with the provisions of this contract. The execution of this contract will have no adverse impact on future funding requests submitted by CONTRACTOR to ODH. Any future funding requests submitted by CONTRACTOR to ODH shall be awarded on their own merit and in accordance with the needs and situations at the time of the submission of the future funding requests.
- B. ODH shall not reimburse CONTRACTOR for expenses related to travel.

- C. Subject to the provisions of sections 126.07 and 131.33 of the O.R.C., which shall at all times govern this contract, ODH represents that:
1. It intends to maintain this agreement for the full period set forth herein and has no reason to believe that it will not have sufficient funds to enable it to make all payments due hereunder during such period; and
 2. It will use its best effort to obtain the appropriation of any necessary funds during the term of this agreement.

However, it is understood by the CONTRACTOR that the availability of funds is contingent on appropriations made by the Ohio General Assembly and, if applicable, the federal funding source. If the Ohio General Assembly or the federal funding source fails at any time to continue funding ODH for the payments due hereunder, this agreement is terminated as of the date funding expires without further obligation of ODH or the State of Ohio.

- E. ODH will not compensate the CONTRACTOR for any work performed prior to receipt of written notification from the ODH contract manager that the requirements of section 126.07 and, if applicable, section 127.16 of the O.R.C. have been met as set forth in ARTICLE II, Sections B and C. ODH will not compensate the CONTRACTOR for any work performed after the termination date set forth in ARTICLE II, Section A.

ARTICLE IV Independent Contractor

- A. No agency, employment, joint venture or partnership has been or will be created between the parties hereto pursuant to the terms and conditions of this agreement. Inasmuch as ODH is interested in the CONTRACTOR's end product, ODH does not control the manner in which the CONTRACTOR performs this contract. ODH is not liable for the workers' compensation or unemployment compensation payments required by Chapters 4123 and 4141 of the O.R.C., respectively. In addition, the CONTRACTOR assumes responsibility for tax liabilities that result from compensation paid to the CONTRACTOR by ODH. ODH will report any payment made under this contract to the Internal Revenue Service on Form 1099.
- B. No provision contained in this contract shall be construed as entitling the CONTRACTOR to participate in hospital plans, medical plans, sick leave benefits, vacation, and other benefits available to employees of ODH or to become a member of the Public Employees Retirement System (Chapter 145. of the O.R.C.).

ARTICLE V Conflict of Interest and Ethics Laws

- A. The CONTRACTOR hereby covenants that neither the CONTRACTOR nor any officer, member or employee of the CONTRACTOR has any interest, personal or otherwise, direct or indirect, which is incompatible or in conflict with or would compromise in any manner or degree with the discharge and fulfillment of his or her functions and responsibilities under this contract.
- B. Neither the CONTRACTOR nor any officer, member or employee of the CONTRACTOR shall, prior to the completion of such work, acquire any interest, personal or otherwise, direct

or indirect, which is incompatible or in conflict with or would compromise in any manner or degree with the discharge and fulfillment of his or her functions and responsibilities with respect to the carrying out of such work.

- C. The CONTRACTOR shall not promise or give to any ODH employee anything of value that is of such a character as to manifest a substantial and improper influence upon the employee with respect to his or her duties. The CONTRACTOR shall not solicit an ODH employee to violate any ODH rule or policy relating to the conduct of contracting parties or to violate sections 102.03, 102.04 or 2921.42 of the O.R.C.
- D. The CONTRACTOR hereby covenants that the CONTRACTOR and any officer, member or employee of the CONTRACTOR are in compliance with section 102.04 of the O.R.C. and that if the CONTRACTOR is required to file a statement pursuant to section 102.04(D)(2) of the O.R.C., such statement has been filed with the ODH General Counsel in addition to any other required filings.
- E. The CONTRACTOR hereby certifies compliance with the executive agency lobbying requirements of sections 121.60 to 121.69 of the O.R.C.
- F. The CONTRACTOR hereby certifies and affirms that, as applicable to the CONTRACTOR, no party listed in Division (I) or (J) of section 3517.13 of the O.R.C. or spouse of such party has made, as an individual, within the two previous calendar years, one or more contributions in excess of \$1,000.00 to the Governor or to his campaign committees. If it is determined that the CONTRACTOR's certification of this requirement is false or misleading, notwithstanding any criminal or civil liabilities imposed by law, the CONTRACTOR shall return to ODH all monies paid to the CONTRACTOR under this contract. The provisions of this section shall survive the expiration or termination of this contract.

ARTICLE VI Equal Employment Opportunity

- A. In carrying out this agreement, the CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, handicap, disability, national origin, ancestry, veteran status, or any other factor specified in section 125.111 of the O.R.C., in the Civil Rights Act of 1964, as amended, or in section 504 of the Rehabilitation Act of 1973, as amended, and in any subsequent legislation pertaining to civil rights.
- B. The CONTRACTOR shall incorporate the foregoing requirements of ARTICLE VI, Section A in all of its contracts for performance of any of the work prescribed herein, and shall require all of its subcontractors for any part of such work to incorporate such requirements in all subcontracts for such work.
- C. The CONTRACTOR hereby certifies that the CONTRACTOR has a written affirmative action program for the employment and effective utilization of economically disadvantaged persons and shall file a description of the affirmative action program and a progress report on its implementation with the Equal Employment Opportunity Office of the Ohio Department of Administrative Services.

ARTICLE VII
“Sweatshop Free” Certification

The CONTRACTOR hereby certifies that all facilities used for the production of the supplies or performance of services offered in this contract are in compliance with applicable domestic labor, employment, health and safety, environmental and building laws. This certification applies to any and all suppliers and/or subcontractors used by the CONTRACTOR in furnishing the supplies or services pursuant to this contract. If it is determined that the CONTRACTOR's certification of this requirement is false or misleading, then the CONTRACTOR understands that it shall be grounds for the termination of this contract and may result in the loss of other contracts or grants with the State of Ohio.

ARTICLE VIII
Records, Documents and Information

All records, documents, writings or other information produced or used by the CONTRACTOR in the performance of this contract shall be treated according to the following terms:

- A. All ODH information which, under the laws of the State of Ohio, is classified as public or private will be treated as such by CONTRACTOR. Where there is a question as to whether information is public or private, ODH shall make the final determination. The CONTRACTOR shall not use any information, systems, or records made available to it for any purpose other than to fulfill the contractual duties specified herein. The CONTRACTOR agrees to be bound by the same standards of confidentiality that apply to the employees of ODH and the State of Ohio. The terms of this section shall be included in any subcontracts executed by the CONTRACTOR for work under this contract.
- B. All proprietary information of the CONTRACTOR shall be held to be strictly confidential by ODH. Proprietary information is information which, if made public, would put the CONTRACTOR at a disadvantage in the market place and trade of which the CONTRACTOR is a part. The CONTRACTOR is responsible for notifying ODH of the nature of the information prior to its release to ODH. ODH reserves the right to require reasonable evidence of the CONTRACTOR's assertion of the proprietary nature of any information to be provided.
- C. All records relating to costs, work performed by the CONTRACTOR shall be retained and made available by the CONTRACTOR for audit by the State of Ohio (including, but not limited to, ODH, the Auditor of the State of Ohio, the Inspector General or duly authorized law enforcement officials) and agencies of the United States government for a minimum of three years after payment for work performed under this contract. If an audit, litigation, or other action is initiated during this time period, the CONTRACTOR shall retain such records until the action is concluded and all issues resolved or the three years end, whichever is later.

ARTICLE IX
Rights in Deliverables, Data and Copyrights

The Deliverables provided by the CONTRACTOR under ARTICLE I and any item produced under this contract, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the Deliverables.

The CONTRACTOR shall not obtain copyright, patent, or other proprietary protection for the Deliverables. The CONTRACTOR shall not include in any Deliverable any copyrighted matter, unless the copyright owner gives prior written approval to use such copyrighted matter.

ARTICLE X
Disclosure of Personal Health Information

- A. CONTRACTOR hereby agrees that the information provided or made available by ODH shall not be used or disclosed other than as permitted or required by the contract or as required by law. CONTRACTOR will establish and maintain appropriate safeguards to prevent any use or disclosure of the information, other than as provided for by this contract .CONTRACTOR shall comply with 45 C.F.R.1 § 64.504(e)(2)(ii). CONTRACTOR shall immediately report to ODH any discovery of use or disclosure of information not provided for or allowed by the contract.

- B. CONTRACTOR hereby agrees that anytime information is provided or made available to any subcontractor or agent, CONTRACTOR must enter into a subcontract with the subcontractor or agent that contains the same terms, conditions, and restrictions on the use and disclosure of information as contained in this contract. CONTRACTOR must obtain ODH approval prior to entering into such agreements. Further, CONTRACTOR agrees to make available and provide right of access to an individual of their protected health information when that protected health information is obtained in the performance of CONTRACTOR's obligations under this contract.

ARTICLE XI
Suspension and Termination

- A. ODH may suspend or terminate this contract for any reason thirty (30) days after delivery of written notice to the CONTRACTOR. ODH may suspend or terminate this contract immediately after delivery of written notice to the CONTRACTOR if ODH:
 - 1. Discovers any illegal conduct on the part of the CONTRACTOR;
 - 2. Discovers a violation of ARTICLE V or ARTICLE XVII;
 - 3. Is subject to a loss of funding as set forth in ARTICLE III, Section D;
 - 4. Discovers a petition in bankruptcy or similar proceeding has been filed by or against the CONTRACTOR. If at any time during the contractual period a bankruptcy or similar proceeding has been filed by or against the CONTRACTOR, the CONTRACTOR shall immediately notify ODH of the filing; or
 - 5. Discovers that CONTRACTOR or any of its subcontractors has performed any services under this contract outside the United States and is not in compliance with ARTICLE XV of this contract.

- B. The CONTRACTOR, upon receipt of notice of suspension or termination, shall cease work on the suspended or terminated activities under this contract, suspend or terminate any subcontracts relating to such suspended or terminated activities, take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report, as of the

date of receipt of notice of suspension or termination describing the status of all work under this contract, including without limitation, results accomplished, conclusions resulting therefrom, and such other matters as ODH may require.

- C. In the event of suspension or termination under this Article, the CONTRACTOR shall be entitled to compensation, upon submission of a proper invoice, for the work performed prior to receipt of notice of termination or suspension, which shall be calculated by ODH based on the rate set forth in ARTICLE III, less any funds previously paid by or on behalf of ODH. In the case of services for which the CONTRACTOR charges a flat rate, compensation shall be based on a reasonable percentage of the total services performed, as determined by ODH, less any funds previously paid by or on behalf of ODH. ODH shall not be liable for any further claims, and the claims submitted by the CONTRACTOR shall not exceed the total amount of compensation allowed by this contract.

ARTICLE XII Breach or Default

- A. Upon breach or default by the CONTRACTOR of any of the provisions, obligations or duties embodied in this contract, ODH may exercise all administrative, contractual, equitable or legal remedies available, without limitation. The waiver of any occurrence of breach or default is not a waiver of subsequent occurrences, and ODH retains the right to exercise all remedies hereinabove mentioned.
- B. If ODH or the CONTRACTOR fails to perform an obligation or obligations under this contract and thereafter such failure is waived by the other party, such waiver shall be limited to the particular failure so waived and shall not be deemed to waive other failures hereunder. Waiver by ODH shall not be effective unless it is in writing and signed by the ODH contract manager.
- C. This Article is subject to the provisions of ARTICLE XV, Section B with regard to circumstances dealing with offshore outsourcing.

ARTICLE XIII Amendments

This writing constitutes the entire agreement between the parties with respect to all matters herein. This contract may be amended only by a writing signed by both parties. However, it is agreed by the parties that any amendments to laws or regulations cited herein will result in the correlative modification of this contract, without the necessity for executing written amendments. Any written amendments to this contract shall be prospective in nature. When a new or different term or condition is added, additional consideration is not necessary to bind the parties.

ARTICLE XIV Limitation of Liability

- A. The CONTRACTOR holds ODH harmless from any and all liability, suits, losses, judgments, damages, or any other demands arising out of the actions or omissions of the CONTRACTOR while performing this contract.
- B. ODH's liability for damages, whether in contract or in tort, shall not exceed the total amount of compensation payable to the CONTRACTOR under ARTICLE III or the amount of direct

damages incurred by the CONTRACTOR, whichever is less. The CONTRACTOR's sole and exclusive remedies for ODH's failure to perform under the contract shall be as set forth in this article. In no event shall ODH be liable for any indirect or consequential damages, including loss of profit, even if ODH knew or should have known of the possibility of such damages.

- C. Neither party is responsible to the other party for nonperformance or delay in performance of the terms of the contract due to acts of God, wars, riots, strikes, or other causes beyond the control of the parties.

ARTICLE XV

Governing the Expenditure of Public Funds on Offshore Services

- A. The CONTRACTOR affirms to have read and understands Executive Order 2011-12K and shall abide by those requirements in the performance of this Contract. Notwithstanding any other terms of this Contract, the State reserves the right to recover any funds paid for services the Contractor performs outside of the United States for which it did not receive a waiver. The State does not waive any other rights and remedies provided the State in this Contract.

The CONTRACTOR also affirms, understands, and agrees to immediately notify the State (ODH) of any change or shift in the location(s) of services performed by the CONTRACTOR or its subcontractors under this contract, and no services shall be changed or shifted to a location(s) that are outside of the United States.

- B. Termination, Sanction, Damages

- 1 If CONTRACTOR or any of its subcontractors perform services under this contract outside of the United States, the performance of such services shall be treated as a material breach of the contract. The State (ODH) is not obligated to pay and shall not pay for such services. If CONTRACTOR or any of its subcontractors perform any such services, CONTRACTOR shall immediately return to the State (ODH) all funds paid for those services. The State (ODH) may also recover from the CONTRACTOR all costs associated with any corrective action the State (ODH) may undertake, including but not limited to an audit or a risk analysis, as a result of the CONTRACTOR performing services outside the United States.
- 2 The State (ODH) may, at any time after the breach, terminate the contract, upon written notice to the CONTRACTOR. The State (ODH) may recover all accounting, administrative, legal and other expenses reasonably necessary for the preparation of the termination of the contract and costs associated with the acquisition of substitute services from a third party.
- 3 If the State (ODH) determines that actual and direct damages are uncertain or difficult to ascertain, the State (ODH) in its sole discretion may recover a payment of liquidated damages in the amount of 1% of the value of the contract.
- 4 The State (ODH), in its sole discretion, may provide written notice to

CONTRACTOR of a breach and permit the CONTRACTOR to cure the breach. Such cure period shall be no longer than 14 calendar days. During the cure period, the State (ODH) may buy substitute services from a third party and recover from the CONTRACTOR any costs associated with acquiring those substitute services.

- 5 Notwithstanding the State (ODH) permitting a period of time to cure the breach or the CONTRACTOR's cure of the breach, the State (ODH) does not waive any of its rights and remedies provided the State (ODH) in this contract, including but not limited to recovery of funds paid for services the CONTRACTOR performed outside of the United States, costs associated with corrective action, or liquidated damages.

ARTICLE XVI Assignment

The CONTRACTOR will not assign any of its rights nor delegate any of its duties and responsibilities under this contract without prior written consent of ODH. Any assignment or delegation not consented to may be deemed void by the ODH.

ARTICLE XVII Drug Free Workplace

The CONTRACTOR shall comply with all applicable state and federal rules, regulations and statutes pertaining to a drug free workplace. The CONTRACTOR shall make a good faith effort to ensure that all employees of the CONTRACTOR do not purchase, transfer, use or possess illegal drugs or alcohol or abuse prescription drugs in any way while working on state, county, or municipal property.

ARTICLE XVIII Good Standing

- A. CONTRACTOR affirmatively represents and warrants to ODH that it is not subject to a finding for recovery under section 9.24 of the O.R.C. or that it has taken the appropriate remedial steps required under section 9.24 of the O.R.C. or otherwise qualifies under that section. CONTRACTOR further affirmatively represents and warrants to ODH that it is not debarred or suspended from entering into state of Ohio contracts pursuant to section 125.25 of the O.R.C. and is not subject to exclusion, disqualification or ineligibility as defined in 2 Code of Federal Regulations (C.F.R.) §180.110. CONTRACTOR agrees that if this representation and warranty is deemed false, the contract will be void *ab initio* as between the parties to this contract, and any funds paid by ODH hereunder shall be immediately repaid to ODH, or an action for recovery may be immediately commenced by ODH for the recovery of said funds.
- B. The CONTRACTOR certifies that the CONTRACTOR is not federally debarred from participating in government contracts funded by federal money as described in 2 C.F.R. §180.220. If at any time during the contractual period the CONTRACTOR is federally debarred from participating in government contracts funded by federal money, for whatever reason, the CONTRACTOR shall immediately notify ODH of the debarment.

- C. The CONTRACTOR certifies that all approvals, licenses or other qualifications necessary to conduct business in Ohio have been obtained and are operative. If at any time during the contractual period the CONTRACTOR becomes disqualified from conducting business in Ohio, for whatever reason, the CONTRACTOR shall immediately notify ODH of the disqualification.

ARTICLE XIX
Insurance

CONTRACTOR will provide the following insurance at its own expense:

- A. Workers' Compensation insurance, as required by Ohio law or the laws of any other state where work under this contract will be done. CONTRACTOR will also maintain employer's liability insurance.
- B. Personal injury, bodily injury, and property damage liability insurance, including automobile coverage, with personal injury and bodily injury coverage.

ARTICLE XX
Compliance with O.R.C. § 2909.33 (C)

Check One Box:

- The CONTRACTOR certifies that the CONTRACTOR does not receive funding in the aggregate amount greater than \$100,000.00 annually from the state of Ohio, any instrumentality of the state of Ohio, and any political subdivision of the state of Ohio.

-OR-

- The CONTRACTOR certifies that the CONTRACTOR is currently in compliance with section 2909.33(C) of the O.R.C. in that the CONTRACTOR has not and does not provide material assistance to any organization listed on the United States Department of State terrorist exclusion list or any such similar lists referenced in section 2909.33(C) of the O.R.C. "Material assistance" or "material support or resources" means currency, payment instruments, other financial securities, funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation, or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials. The CONTRACTOR further certifies that that the CONTRACTOR is not, nor has been, a member of any organization referenced above and that the CONTRACTOR shall notify ODH in any change of status regarding this certification. CONTRACTOR agrees that if this representation and warranty is deemed false, the contract will be void *ab initio* as between the parties to this contract and any funds paid to the CONTRACTOR shall be immediately repaid to ODH or an action for recovery may be immediately commenced by ODH for the recovery of said funds.

ARTICLE XXI
Construction

This agreement shall be governed, construed and enforced in accordance with the laws of the State of Ohio. Further, the Ohio courts shall have jurisdiction over the subject matter and the

parties hereto in connection with disputes concerning validity and enforcement of this agreement. Should any portion of this contract be found unenforceable by operation of statute or by administrative or judicial decision, the enforceability of the balance of this contract shall not be affected thereby, provided that the absence of the unenforceable provision does not render the performance of the remainder of the contract impossible.

IN WITNESS WHEREOF, the parties, by signing below, indicate their agreement to the above.

Date

Authorized Representative, Title

Date

Theodore E. Wymyslo, M.D., Director of Health
Ohio Department of Health

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|--------------------------------|
| Social security number |
| or |
| Employer identification number |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Disregarded entity not owned by an individual | The owner |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



VENDOR INFORMATION FORM

All applicable parts of the form must be completed by the vendor and returned to Ohio Shared Services signed.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED) ADDITIONAL ADDRESS (PROVIDE COPY OF INVOICE OR LETTER)
 CHANGE OF ADDRESS (PROVIDE ADDRESS TO BE REPLACED IN THE COMMENTS BOX ON NEXT PAGE)
 CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE ATTACHED)
 CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE ATTACHED)
 CHANGE OF PAYTERMS CHANGE OF CONTACT CHANGE OF PO DISPATCH METHOD

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

TAXPAYER ID # (TIN):

BUSINESS ENTITY: NOTE: IF SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME

- CORPORATION PARTNERSHIP SOLE PROPRIETOR
 NON PROFIT INDIVIDUAL
 OTHER (PLEASE EXPLAIN)

INDUSTRY CLASSIFICATION:

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE

SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP CODE:

SECTION 4 – REMIT TO ADDRESS (IF DIFFERENT THAN ABOVE)

ADDRESS:

CITY:

STATE:

ZIP CODE:

SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEB SITE:

PHONE:

FAX:

E-MAIL:

SECTION 6 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)
 MBE (MINORITY BUSINESS ENTERPRISE)
 EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY)
 N/A
SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)
 2/10 NET 30
 NET 30
 NET 45
 NET 60
 NET 90
SECTION 8 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (INPUT E-MAIL ADDRESS OR FAX # BELOW)

E-MAIL:

FAX:

SECTION 9 – PLEASE SIGN & DATE

SIGNATURE:

DATE:

SECTION 10 – AGENCY CONTACT INFORMATION

AGENCY NAME:

PHONE NUMBER:

E-MAIL:

COMMENTS:

SUBMIT FORM TO:

Mail: Ohio Shared Services
4310 E. Fifth Ave. Columbus, OH 43219

Fax number: (614) 485-1039

E-mail: vendor@ohio.gov

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (614) 338-4781

E-mail: vendor@ohio.gov

STANDARD TERMS AND CONDITIONS

EXECUTIVE ORDER 2011-12K

Governing the Expenditure of Public Funds on Offshore Services

The Contractor affirms to have read and understands Executive Order 2011-12K and shall abide by those requirements in the performance of this Contract. Notwithstanding any other terms of this Contract, the State reserves the right to recover any funds paid for services the Contractor performs outside of the United States for which it did not receive a waiver. The State does not waive any other rights and remedies provided the State in this Contract.

STANDARD AFFIRMATION AND DISCLOSURE FORM
EXECUTIVE ORDER 2011-12K

Governing the Expenditure of Public Funds on Offshore Services

All of the following provisions must be included in all invitations to bid, requests for proposals, state term schedules, multiple award contracts, requests for quotations, informal quotations, and statements of work. This information is to be submitted as part of the response to any of the procurement methods listed.

By the signature affixed hereto, the Contractor affirms, understands and will abide by the requirements of Executive Order 2011-12K. If awarded a contract, both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States.

The Contractor shall provide all the name(s) and location(s) where services under this Contract will be performed in the spaces provided below or by attachment. Failure to provide this information may subject the Contractor to sanctions. If the Contractor will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

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)

Contractor also affirms, understands and agrees that Contractor and its subcontractors are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any Contract with the State. Contractor agrees it shall so notify the State immediately of any such change or shift in location of its services. The State has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States.

On behalf of the Contractor, I acknowledge that I am duly authorized to execute this Affirmation and Disclosure form and have read and understand that this form is a part of any Contract that Contractor may enter into with the State and is incorporated therein.

By: _____
Contractor

Print Name: _____

Title: _____

Date: _____

MOBILE DENTAL VAN PROGRAM INFORMATION REPORT
Attachment #A-5 Part 1-A
 APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

| Answers (Type answers in tan-shaded cells) | |
|--|--|
| Agency Name: | |

1. Restorative care is available, on average, how many hours per week?:

Hours per week:
 List the clinic's hours of operation each day
 (Ex: 9-12; 12-1 lunch,1-6)

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

| |
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2. Provide an estimate of the number of patients in each category for whom your program will provide clinical dental care services. (Include all patients. Therefore, if your program serves 2,000 patients, you should report all 2,000 patients.)

- a) the **number** to receive comprehensive dental care
- b) the **number** to receive diagnostic/preventive care **only**
- c) the **number** to receive emergency care **only**

| |
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| |

3a. Services that will be provided include (place an "X" next to all that apply).

- examination:
- oral prophylaxis:
- fluoride treatment:
- dental sealants:
- amalgam restorations:
- resin restorations:
- pulpotomies:
- stainless steel crowns:
- pulp therapy (endodontics):
- extractions:
- partial dentures:
- dentures:
- emergency care:
- other (explain):

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3b. Referrals will be made for (place an "X" next to all that apply):

- endodontics:
- extractions:
- periodontics:
- other (explain):

| |
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| |

4. Will your program fully comply with all provisions of the Dental Practice Act: Ohio Revised Code Chapter 4715 (laws), and Ohio Administrative Code Chapter 4715 (rules)?

Yes:
No:

5. The Occupational Safety and Health Administration (OSHA) requires that dental staff receive infection control training annually.

- a) Who will provide the training?
- b) Date of the training?
- c) Will your staff be provided with a written protocol for infection control?

Yes:
No:

6. What are the number of operatories:

- a) per dentist per typical clinic session?
- b) per dental hygienist per typical clinic session?
- c) that are unused for a significant amount of time?

7. Has your agency made efforts to leverage ODH dollars with funds and resources from other sources?

Yes:
No:

If yes, describe the efforts and outcomes. Attach documentation of other funding commitments to the program.

8. Is there a dental assistant and/or dental hygienist who is trained in Expanded Functions (EFDA)?

Yes:
No:

9. Describe scheduling practices (e.g., length of appointment determination, double-booking appointments):

10. Describe your agency's broken appointment/"no show" policy:

11. What is your dental clinic's current rate of broken appointment/"no shows"?

12. What is the goal and method to improve the broken appointment/"no show" rate?

13. How are canceled appointments (canceled at least 24 hrs. before scheduled appointment time) filled?

| |
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| |

14a. How long does it take to get an appointment for:
a new patient?
recall?
emergency?
follow-up restorative care?

| |
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| |

14.b. Is there a waiting list?

Yes:
No:

If yes, how many names are on it?

| |
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| |

15. How does your office handle emergency patients, with regard to the daily schedule?

| |
|--|
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| |

16. How is productivity measured? (place an "X" next to all that apply)

- a) by number of encounters per dentist or dental hygienist
- b) by charges generated per dentist or dental hygienist
- c) time spent seeing patients/dentist or dental hygienist
- d) services provided per dentist or dental hygienist
- e) Other (describe):

| |
|--|
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17. a) Are productivity reports generated on a regular basis?

Yes:
No:

b) If so, how frequently?

c) Is practice management software used?

Yes:
No:

If yes, name of software:

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9/21/2011

**DIRECTIONS FOR USING THE MOBILE DENTAL VAN CONTRACT
BUDGET PLANNING WORKSHEETS (2/1/12 - 6/30/13)
Attachment #A-5 Part 2**

There are four budget worksheets contained in this file (Attachment #A-5, Part 2). Each worksheet has a tab below. Click on the tab to activate the worksheet.

PLEASE NOTE: **COMPLETE**
THIS FOR THE CONTRACT BUDGET PERIOD OF APPROXIMATELY 17 MONTHS (February 1, 2012 - June 30, 2013 MONTHS).
Please be certain to submit this revised file with your application.

- STEP 1** Open the Expenses worksheet. **Type your program name in cell A1** (automatically enters this information in the other worksheets). Complete the **unshaded** cells. Column F should represent the total two-year budget.
- STEP 2** Open the Patient Encounters worksheet. Complete the **unshaded** cells. Do not count "hygiene checks" as a dentist patient encounter. The total number of patient visits will automatically appear on the Revenue worksheet.
- STEP 3** Open the Revenue worksheet. Complete the **unshaded** cells. Estimated number of encounters is the total number of Dentist/Hygienist patient visits during contract period calculated in the Patient Encounters worksheet. Be sure the percent of encounters total 100%.
- STEP 4** Summary - "The Bottom Line" worksheet. You do not need to enter any figures into this worksheet. All figures are automatically imported from the Expenses and Revenue worksheets.

General Notes: If you see a **red triangle** in the upper-right hand corner of a cell, roll your mouse pointer over the cell for an explanation or instructions on that item. If you click in the cell, you can then right-click, highlight "show comment" and the comment box will remain displayed even if you move your mouse. You can right-click again, and select "Hide Comment".

 If the print in a comment box is too small, increase the magnification by:

 -clicking "File" on your menu bar at the top of your screen,

 -click "Zoom",

 -select a higher percentage - or enter a higher number next to "custom"

Any references to "chapters", "sections", "topics", or additional resources refer to information which can be found at **www.dentalclinicmanual.com**

If you need to add any rows in the Expenses, Patient Encounters or Revenue worksheets, call the Bureau of Oral Health Services at 614 466-4180 for assistance with this feature. We will help you be certain that your changes are reflected in any cells which calculate totals or sub-totals.

SPECIAL NOTE: Similar forms, completed to reflect actual revenues and expenditures by revenue source and patient type, will be due in successful applicants' end of contract report on August 15, 2013. Forms will be sent to contractor, via e-mail, approximately 4-6 weeks prior to the due date.

INSERT PROGRAM-SPECIFIC ESTIMATES IN UN-SHADED CELLS

| EXPENSES | | | | | Total Program Budget |
|---|--|---------------|------------|------------------------|----------------------|
| I. Start-up Costs | | | | | |
| Construction/Remodeling Cost | | | | | |
| # of square feet | | 0 | | | |
| Cost per square foot | | \$0 | | | \$0 |
| Dental Equipment Costs | | | | | |
| Large Equipment (See Dental Clinic Comparison Chart in Ch. 2) or enter your own figures per dental supply company. | | | | | \$0 |
| Supplies, Instruments and Small Equipment (See Dental Clinic Comparison Chart in Ch. 2) or enter your own figures per dental supply company. (\$14,000-\$15,000/operator) | | | | | |
| Office Equipment | | | | | |
| Modular Furniture | | | | | \$0 |
| Record Filing System | | | | | \$0 |
| Phone/intercom system | | | | | \$0 |
| Computer/data/billing | | | | | \$0 |
| Copier/fax | | | | | \$0 |
| Supplies | | | | | \$0 |
| Office Equipment Subtotal | | | | | \$0 |
| START-UP COSTS TOTAL | | | | | \$0 |
| II. Operating Expenses | | | | | |
| Personnel | | | | | |
| Salaries | | | | | |
| | | Annual Salary | % dental | FTE (40hrs/wk=1.0 FTE) | |
| Executive Director | | \$0 | 0% | 0.0 | \$0 |
| Financial Officer | | \$0 | 0% | 0.0 | \$0 |
| Other | | \$0 | 0% | 0.0 | \$0 |
| Billing Clerk | | \$0 | 0% | 0.0 | \$0 |
| Dental Director | | \$0 | 0% | 0.0 | \$0 |
| Clinical Dentist(s) | | \$0 | 0% | 0.0 | \$0 |
| Dental Hygienist(s) | | \$0 | 0% | 0.0 | \$0 |
| Dental Assistants | | \$0 | 0% | 0.0 | \$0 |
| Receptionist | | \$0 | 0% | 0.0 | \$0 |
| Salaries Subtotal | | | | | \$0 |
| Total Fringe Benefit Rate (%): | | | | | 0% |
| Fringe Benefits | | | | | \$0 |
| Personnel Total | | | | | \$0 |
| Miscellaneous Operating Expenses | | | | | |
| Contracts | | | | | |
| Dentist | | \$0 | 0% | 0.0 | \$0 |
| | | QTY | Unit Price | | |
| Clinical Supplies (# of operatories x \$/operator) | | 0 | \$0 | | \$0 |
| Office Supplies | | | | | \$0 |
| Equipment Maintenance (# of operatories x \$/operator) | | 0 | \$0 | | \$0 |
| Housekeeping | | | | | \$0 |
| Utilities | | | | | \$0 |
| Rent/Mortgage (months/yr x \$/mo.) | | 0 | \$0 | | \$0 |
| Staff Training | | | | | \$0 |
| Lab fees | | | | | \$0 |
| Copying and Postage | | | | | \$0 |
| Share of audit | | | | | \$0 |
| Communications (telephone, internet) | | | | | \$0 |
| Insurance | | | | | |
| Bad Debt | | | | | \$0 |
| Equipment Depreciation | | | | | \$0 |
| Equipment Reserve Fund | | | | | \$0 |
| Other--list: | | | | | \$0 |
| | | | | | \$0 |
| | | | | | \$0 |
| Miscellaneous Operating Expenses Subtotal | | | | | \$0 |
| TOTAL START-UP EXPENSES | | | | | \$0 |
| TOTAL ANNUAL OPERATING EXPENSES | | | | | \$0 |

| Program Name | | Attachment #A-5, Part 2: Mobile Van Provider Information and Patient Encounters for Contract Period (February 1, 2012 through June 30, 2013) | | | | | | |
|--------------------------------|--|---|------------------------|---------------------------|--------------------------|----------------------------|--|------------------|
| | | # patient visits per day (do not include "hygiene checks") | # days per week worked | # patient visits per week | # weeks per month worked | # patient visits per month | # months worked during contract period | # patient visits |
| Dentist | | | | | | | | |
| Dentist 1 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Dentist 2 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Dentist 3 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Dentist 4 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Dentist 5 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total | | | | 0.0 | | 0.0 | | 0.0 |
| | | # patient visits per day | # days per week worked | # patient visits per week | # weeks per month worked | # patient visits per month | # months worked during contract period | # patient visits |
| Dental Hygienist | | | | | | | | |
| RDH 1 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| RDH 2 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| RDH 3 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| RDH 4 | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total | | | | 0.0 | | 0.0 | | 0.0 |
| Dentist/Hygienist Total | | | | 0.0 | | 0.0 | | 0.0 |

| | | | | | | | | | | | |
|--|-----------|--|------------------------------|-----------------------|---------------------|-------------------------------------|-------------------------------|----------------------------|---------------------------|---------------------------|------------|
| Program Name | | Attachment #A-5, Part 2: Mobile Dental Van Budget Planning Worksheet - PROJECTED REVENUES | | | | | | | | | |
| INSERT PROGRAM-SPECIFIC ESTIMATES IN UN-SHADED CELLS | | | | | | | | | | | |
| REVENUES | Column: B | C | D | E | F | G | H | I | J | | |
| I. Patient Care Revenue | | | | | | | | | | | |
| <i>Estimated number of encounters during contract</i> | | | | | | | | | | | |
| | | 0 | | | | | | | | | |
| A. Non-Medicaid | | % of encounters | # of encounters | Avg Charge/ encounter | Total Charges (D*E) | Average Adjustment/ encounter (E-I) | Total Charge Reductions (D*G) | Adjusted charge/ encounter | Amount To Be Billed (D*I) | | |
| Self-pay: | | | | | | | | | | | |
| Full | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Sliding Fee Schedule | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Minimum | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Commercial Insurance : | | | | | | | | | | | |
| Indemnity (Fee-for-service) | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other (HMO - PPO)--List dental plans: | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Non-Medicaid Revenue Subtotal | | | | | \$0 | | \$0 | | \$0 | | \$0 |
| B. Medicaid | | | | | | | | | | | |
| ODJFS Fee-for-Service | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | | # of adult co-pay encounters | Rate | | | | | | Amount to Be Billed (D*E) | |
| Adult Patient Co-pay (\$3.00) for ODJFS Fee-for-Service Payments | | | 0 | \$3 | | | | | | \$0 | |
| | | % of encounters | # of encounters | Avg Charge/ encounter | Total Charges (D*E) | Average Adjustment/ encounter (E-I) | Total Charge Reductions (D*G) | Adjusted charge/ encounter | Amount To Be Billed (D*I) | | |
| Managed Care Plans (MCP)--(List): | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | 0% | 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| FQHCs and look-alikes only: | | | | | | | | | | | |
| ODJFS wrap-around (FQHCs only) | | | | \$0 | | | | | | \$0 | |
| | | | | Rate | | | | | | Amount to Be Billed (D*E) | |
| Prospective Payment System (FQHCs and look-alikes only)--PPS | | 0% | 0 | \$0 | | | | | | \$0 | |
| Medicaid Revenue Subtotal | | | | | | | | | | \$0 | |
| PATIENT CARE REVENUE TOTAL | | | | | | | | | | | \$0 |
| II. Non-Patient Care Revenue Sources | | | | | | | | | | | |
| A. Grants and Contracts | | | | | | | | | | | |
| Federal | | | | | | | | | | | \$0 |
| State | | | | | | | | | | | \$0 |
| City/County | | | | | | | | | | | \$0 |
| Foundation(s): | | | | | | | | | | | \$0 |
| | | | | | | | | | | | \$0 |
| | | | | | | | | | | | \$0 |
| Grants and Contracts Subtotal | | | | | | | | | | | \$0 |
| B. Fundraising | | | | | | | | | | | |
| Individual Donations | | | | | | | | | | | \$0 |
| Corporate Donations | | | | | | | | | | | \$0 |
| Events | | | | | | | | | | | \$0 |
| Other | | | | | | | | | | | \$0 |
| Fundraising Subtotal | | | | | | | | | | | \$0 |
| NON-PATIENT CARE REVENUE TOTAL | | | | | | | | | | | \$0 |
| REVENUE ALL SOURCES | | | | | | | | | | | \$0 |

| Program Name | | Attachment #A-5, Part 2: Mobile Dental Van Interactive Budget Planning Worksheet - Summary | |
|--|-----|---|--|
| REVENUES | | EXPENSES | |
| I. PATIENT CARE REVENUE | | I. Start-up Costs | |
| A. Non-Medicaid | | Construction/Remodeling Cost \$0 | |
| <u>Self-Pay:</u> | | Large Equipment \$0 | |
| Full | \$0 | Supplies, Instruments and Small Equipment | |
| Sliding Fee Schedule | \$0 | Office Equipment \$0 | |
| Minimum | \$0 | START-UP COSTS TOTAL \$0 | |
| <u>Commercial Insurance:</u> | | II. Operating Expenses | |
| Indemnity (Fee-for-service) | \$0 | A. Personnel | |
| <u>Other (HMO - PPO)--plans:</u> | | Salaries \$0 | |
| 0 | \$0 | Fringe Benefits \$0 | |
| 0 | \$0 | PERSONNEL TOTAL \$0 | |
| 0 | \$0 | | |
| B. Medicaid | | | |
| Managed Care Counties | | B. Miscellaneous Operating Expenses | |
| ODJFS Fee-for-Service \$0 | | Contracts \$0 | |
| Adult Patient Co-pay (\$3.00) for ODJFS Fee-for-Service payments \$0 | | Clinical Supplies \$0 | |
| <u>Managed Care Plans (MCP):</u> | | Office Supplies \$0 | |
| 0 | \$0 | Equipment Maintenance \$0 | |
| 0 | \$0 | Housekeeping \$0 | |
| 0 | \$0 | Utilities \$0 | |
| ODJFS wraparound (FQHCs & look-alikes only) | \$0 | Rent/Mortgage \$0 | |
| Prospective Payment System (FQHCs & look-alikes only)--PPS | \$0 | Staff Training \$0 | |
| PATIENT CARE REVENUE TOTAL \$0 | | Lab fees \$0 | |
| II. NON-PATIENT CARE REVENUE | | Copying and Postage \$0 | |
| Grants & Contracts \$0 | | Share of audit \$0 | |
| Fundraising \$0 | | Communications \$0 | |
| NON-PATIENT CARE REVENUE TOTAL \$0 | | Insurance \$0 | |
| | | Bad Debt \$0 | |
| | | Depreciation \$0 | |
| | | Equipment Reserve Fund \$0 | |
| | | Other--list: \$0 | |
| | | 0 \$0 | |
| | | 0 \$0 | |
| | | Miscellaneous Operating Expenses Subtotal \$0 | |
| The Bottom Line | | | |
| Non-patient Care REVENUE | | \$0 | TOTAL START-UP EXPENSES \$0 |
| Patient Care REVENUE | | \$0 | TOTAL ANNUAL OPERATING EXPENSES \$0 |
| SHORT | | \$0.00 | |

ATTACHMENT #A-6
Dental Treatment Prioritization Guidelines

During the initial screening exam, treatment should be prioritized according to the guidelines for treatment urgency below:

- Those who need to see a dentist immediately (e.g. facial swelling, parulus)
- Those who need to see a dentist soon for needed treatment (e.g. cavitated carious lesions, temporary fillings)
- Those with no apparent dental problems

**OHIO DEPARTMENT OF HEALTH
REQUEST FOR PROPOSALS (RFP)
Mobile Dental Van Specifications
December 2011**

Exterior Length: 38'

Exterior Width: 102"

Overall Height: 11'10"

Interior load space: 30' from back of driver's seat to rear wall

Interior Width: 96"

Interior Headroom: 80"

Chassis manufacturer: Ford 2003 Class A

Coach manufacturer: 2003 Ford Winnebago customized by Farber Specialty Vehicles, Columbus, Ohio

Type of coach: Cab/chassis – forward control, flat floor, no interior wheel boxes

Transmission: Automatic

Engine: 6.8 L Triton gasoline engine, 310 HP @ 4,250 RPM located in the front of the chassis

Generator: 12 KW Kohler gasoline powered with one-side serviceability for air filter, fuel filter, lube oil filter, oil fill and oil check; remote starting control near driver's seat, engine hour meter on dash

Transmission: Automatic; meets FMVSS 102, 4-speed with overdrive

Alternator: 12-volt, 130-amp

Steering: Heavy duty power system designed for vehicle weight and application; adjustable tilt steering wheel

HVAC system: Three (3) roof-mounted air conditioning/heating packages (Coleman Mach 3, 13,500 BTU output capacity each), each with individual thermostats, centrally ducted in the ceiling with structural reinforcement to the vehicle roof where installed. With coach fully loaded to maximum G.V.W.R. (22,000 lbs) while climbing a seven mile long, 7% grade at a

ATTACHMENT #B-1

minimum speed of 35 mph, cooling system is capable of adequately cooling both the engine and transmission at an ambient temperature of 115°F; heating designed to heat adequately when ambient temperature is above 40°F

Heating System: Suburban LP forced-air furnace with floor vents, designed to keep the coach interior at 72°F when the ambient temperature is 0°F.

Electrical Capacity: One 75-amp converter with charger to convert 120 volts nominal A.C. to 13.6 volts D.C. to include reverse battery polarity protection, brown out input protection

Single fuel filler: Yes, located behind driver's rear wheel on side of coach

Tires/wheels: Comply with FMVSS 119, radial, tubeless with highway tread, 19.5" minimum. Seven tires plus one spare and wheel. Wheels comply with FMVSS 120

Dust sealing and undercoating: Yes

Bumpers: Single piece formed steel to provide maximum protection in a collision

Wheelbase: 248"

Types of axles: Dana 80 axle, Dana 135 axle, Dana 145 axle

Suspension: Spring type, 14,500 lb. rear axle rating

Brakes: Power brakes, front and rear disc with anti-lock feature

Fuel tank: Steel with a 75 gallon capacity

Horns: Dual electric; electronic audible backup alarm that activates when the transmission is placed in reverse

Water system: 40 gallon minimum water capacity (45 gallon holding tank minimum), electric water heater by In-Sink-Erator,; wall mounted monitor panel for water and holding tanks, all plumbing pressure pipes shall be CPVC, 2.8 GPM Shurflo portable water pump, water strainer and accumulator tank, water inlet with locking access door, sewage hose and dump valve for holding tank

Water lines: Heated compartments only

Wheelchair lift: Inside; Braun L200UARS Series

Leveling system: Heavy duty HWH AP19564 leveling system with 310 series computer controlled automatic system with touchpad control located in driver's area console.

Dashboard gauges: Brake system light, brake reserve system warning, ABS, safety belt, charging system, oil pressure, low fuel, fuel reset, door ajar, turn signal, high beams, engine coolant, odometer, speedometer, tripometer, tachometer, battery voltage, engine oil pressure, fuel gauge

Rearview camera system: Yes, with exterior speaker and monitor built into dashboard

Bathroom on board: No

Steps: Right side entrance door has one dual electric step, equipped with permanent magnet motor and control unit, door activated with ignition override, two interior stepwells, each tread is molded ribbed rubber (manufactured by Kwikkee); driver's door on street side includes an electric raise/lower power window

Wall construction: Body framework is welded aluminum designed to be durable, and adequately reinforced at all points where road shock and vibration stress concentration occurs. Exterior panels are smooth one-piece fiberglass to prevent rust, steel plates are located in walls for mounting cabinets and appliances

Insulation: Polyurethane block foam sheet insulation bonded and routed to incorporate framework, ceiling has a minimum R factor of 14, sound package in cab area to reduce engine and road noise

Thickness of studs: No studs, Winnebago patented wall system

Floor plan: Attached. Two (2) fully equipped dental operatories with standard x-ray units (manufactured by Belray)

Autoclave: Yes

Ultrasonic cleaner: BioSonic UC100 (Coltene/Whaledent manufacturer)

Compressor: DentaleZ Group 700 Series

Chairs, stools, handpiece system: Adec Performer III with self-contained water system

Air and water syringes: Adec, autoclavable

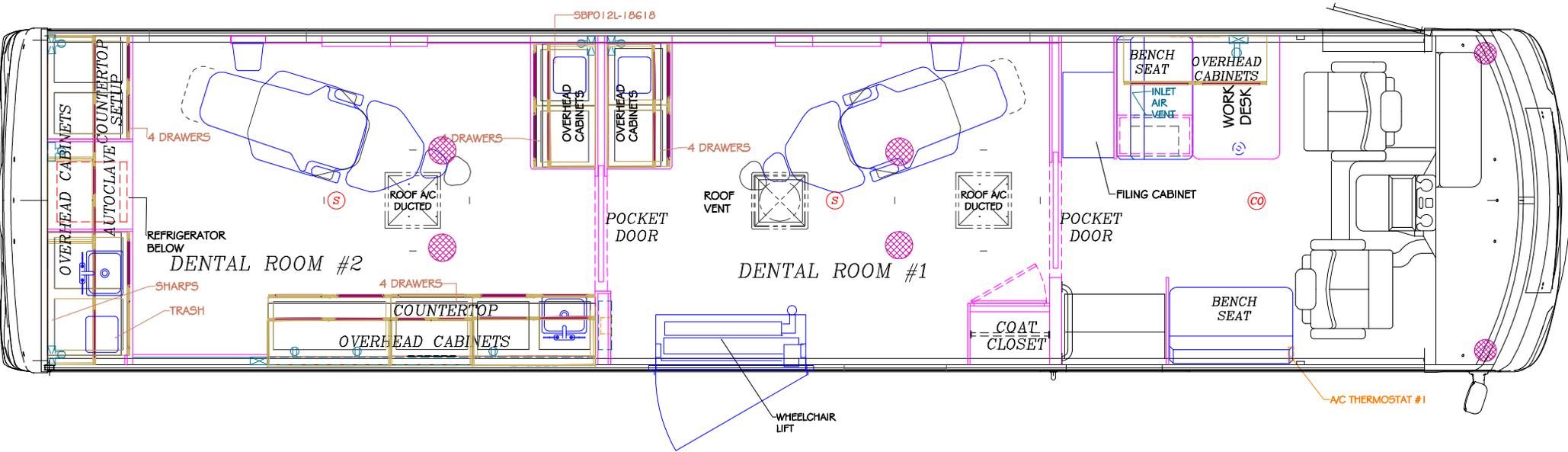
Cabinetry: Midmark and Ritter Modular Casework; three Sterling stainless steel sinks

Repair records: None available

Maintenance schedule: Attached

ATTACHMENT #B-1

Miscellaneous: Two fire extinguishers, battery operated smoke detector, carbon monoxide detector, 3-channel alarm system, Norcold refrigerator (120 volts AC and 12/24 DC), SDS Kerr Optimix and curing light, custom window blinds, 25" television and Winegard Sensar RV-3090 amplified TV antenna, VCR with remote control, weather band radio, AM/FM/CD and cassette stereo with two 6-inch cab area speakers, vacuum fluorescent compass and outside temperature system with display mounted in dash, heated remote control exterior mirrors, Panasonic 1000-watt microwave oven, two sharps containers, two glove dispensers, two 2-drawer legal file cabinets



SBP012L-18G18

OVERHEAD CABINETS
COUNTERTOP
SETUP
AUTOCLAVE

4 DRAWERS

REFRIGERATOR
BELOW

DENTAL ROOM #2

SHARPS

TRASH

4 DRAWERS

COUNTERTOP

OVERHEAD CABINETS

DRAWERS

OVERHEAD
CABINETS

OVERHEAD
CABINETS

4 DRAWERS

POCKET
DOOR

ROOF VENT

DENTAL ROOM #1

WHEELCHAIR
LIFT

ROOF A/C
DUCTED

POCKET
DOOR

FILING CABINET

BENCH
SEAT

OVERHEAD
CABINETS

INLET
AIR
VENT

WORK
DESK

BENCH
SEAT

AC THERMOSTAT #1











