



## Department of Medicaid

**John R. Kasich**, Governor

**John B. McCarthy**, Director

**Ohio Department of Medicaid  
Drug Utilization Review Director  
Request for Application  
ODMR-1617-1004**

### **SECTION I. General Purpose**

#### **1.1 Purpose**

The Ohio Department of Medicaid (ODM) releases this Request for Application (RFA) for the purpose of obtaining a qualified Ohio-based licensed pharmacist to serve as the Drug Utilization Review (DUR) Director. The selected vendor shall be responsible for determining the direction of the DUR program, which is designed to safeguard the health of Medicaid consumers. The Director's duties include researching and preparing treatment guidelines, educational materials, and therapeutic exception criteria, as well as preparing an annual report for the Centers for Medicare & Medicaid Services (CMS). The selected vendor must have considerable knowledge of and experience with Ohio's Medicaid program, federal requirements for the Medicaid program, particularly Social Security Section 1927(g) and retrospective DUR requirements. Only applications submitted by individuals licensed to practice pharmacy in Ohio will be considered.

For the purpose of this RFA, "vendor(s)" and "applicant(s)" shall refer to qualified pharmacists submitting an application. ODM will only accept applications from pharmacists that demonstrate their capability of providing services as described in this RFA. The terms 'contractor' or 'selected vendor' may be used interchangeably in reference to a vendor selected by ODM through this RFA. Any subsequent contract(s) expected to result from this RFA will be a contract between the vendor and ODM.

ODM's Office of Clinical Quality and Research (OCQR) will designate a staff member as contract manager to provide ongoing supervision of the contractor selected through this RFA process. The contract period will be from approximately July 1, 2015 through June 30, 2017, with the possibility of two renewal contracts that would be in effect from July 1, 2017 through June 30, 2021, contingent upon satisfactory performance, operational need, continued availability of funding, and all required approvals.

#### **1.2 Background**

Ohio's DUR program is a provider-oriented, educational outreach program designed to alert prescribers, pharmacists and Medicaid recipients to inappropriate care or pharmacological care that is not medically necessary. The purpose of the program is to safeguard the health of Medicaid recipients, to assess the appropriateness of drug therapy and to reduce the frequency of fraud, abuse and gross overuse of prescribed drugs. State Medicaid programs are required to perform DUR functions under the Social Security Act, Section 1927(g) and Ohio Revised Code (ORC) Section 5164.759.

### 1.3 Overview of the Project

The DUR Director will manage the Ohio DUR Program and serve as the Chair for the Ohio Medicaid DUR Committee. The DUR Committee consists of up to eight pharmacists who meet monthly to evaluate patient claim profiles as part of a focused DUR process, and to help ODM determine specific review criteria for interventions deemed necessary to ensure adherence to appropriate drug utilization.

## SECTION II. **Timeline and Submission Details**

### 2.1 Time/Date and Format of Submission

Vendors who are interested in submitting applications must make their submission no later than **11:59 p.m. Eastern (local) Time** April 9, 2015. Vendor responses for RFAs must be submitted by email to the following address: [ODM\\_Bid-Request@medicaid.ohio.gov](mailto:ODM_Bid-Request@medicaid.ohio.gov).

All completed submissions must be received by ODM by the above date and time. Materials received after the submission deadline date will not be added to previous submissions, nor be considered responsive to this RFA. Delivery confirmation will be provided for received responses via email by the close of business the next business day. ODM is not responsible for responses not received due to technical issues that prevent delays in the receipt of responses.

Vendors must convert electronic submissions into one-.pdf document. If the submission's size necessitates more than a single .pdf document to contain the entire response, please use the fewest separate .pdf documents possible. The Vendor's total submission must be received by the Office of Contracts and Procurement (OCP) in accordance with this Section. All responses must contain the Vendor's name, the RFA number, and the submission date.

Submission of a response indicates acceptance by the vendor of the conditions contained in this RFA, unless clearly and specifically noted in the response submitted and confirmed in the contract between ODM and the selected vendor.

### 2.2 Anticipated Procurement Timetable

DATE	EVENT/ACTIVITY
March 9, 2015	ODM Releases RFA to Potential vendors on the Department of Administrative Services (DAS) and ODM Web Sites; Question & Answer (Q&A) Period Opens - RFA becomes active. - Vendors may submit inquiries for RFA clarification.
March 24, 2015	Vendor Q&A Period Closes, 8 a.m. (for inquiries and requests for clarification) - No further inquiries for RFA clarification will be accepted after this date and time.
April 9, 2015	<b>Deadline for vendors to Submit Applications to ODM (11:59 p.m.)</b> - This is the day prior to the proposal opening date, beginning the ODM process of application review <b>LATE APPLICATIONS WILL NOT BE CONSIDERED. THERE WILL BE NO EXCEPTIONS MADE.</b>
April 16, 2015	ODM Issues Contract Award Notification Letter (estimated) - Vendors that submitted applications in response to this RFA will be sent letters stating whether their application was accepted for award of the contract

In accordance with ORC Section 126.07, ODM contracts are not valid and enforceable until the Office of Budget and Management (OBM) certifies the availability of appropriate funding, as indicated by the approval of the Purchase Order (PO). The selected vendor may neither perform work nor submit an invoice for payment for work performed for this project for any time period prior to the PO approval date. The ODM contract manager will notify the selected vendor when the requirements of ORC Section 126.07 have been met.

ODM reserves the right to revise this schedule in the best interest of the state of Ohio and/or to comply with the state of Ohio procurement procedures and regulations and after providing reasonable notice.

### **2.3 Internet Q & A Period; RFA Clarification Opportunity**

Interested parties may ask clarifying questions regarding this RFA via the Internet during the Q & A Period as outlined in Section 2.2, Anticipated Procurement Timetable. To ask a question, interested parties must use the following Internet process:

1. Access the ODM Web Page at <http://medicaid.ohio.gov>;
2. Go to the "Resources" tab and select "Legal and Contracts";
3. Select "RFPs", under "Current Solicitation", select the appropriate posting;
4. Select the "Submit Inquiry" option button; and
5. Provide requested information and submit question.

Questions regarding this RFA must reference the relevant part of this RFA, the heading for the provision under question, and the page number of the RFA where the provision can be found. The name of the interested party, phone number, and e-mail address must be provided to submit an inquiry. ODM may, at its option, disregard any questions that do not appropriately reference an RFA provision or location within the RFA, or which do not include identification for the originator of the question. ODM will not respond to any questions submitted after **8:00 a.m.** on the date that the Q & A period closes.

ODM responses to all questions asked via the Internet will be posted on the Internet web site dedicated to this RFA, for reference by all potential applicants. Clarifying questions asked, and ODM responses to them comprise the "ODM Q & A Document" for this RFA. **It is the responsibility of all potential applicants to check this site on a regular basis for responses to questions, as well as for any amendments or other pertinent information regarding any RFA.**

Requests for copies of any previous RFAs or for past DUR Director's contracts, are Public Records Requests (PRRs) and should be submitted to: [legal@medicaid.ohio.gov](mailto:legal@medicaid.ohio.gov).

**Please Note:** PRRs are not a part of the RFA Q&A process and OCP cannot dictate the timeline for a response of these requests.

## **SECTION III. Qualifications**

### **3.1 Qualifications and Experience**

In order to be considered for the contract that is expected to result from this RFA, ODM requires that interested vendors **MUST**, at minimum, meet the following requirement in Paragraph A. below. Vendors shall also provide information and documentation as requested in Paragraph B. below.

- A. Interested individuals must be licensed to practice pharmacy in Ohio and have experience with drug utilization review. Vendors are required to include a copy of their **current Ohio pharmacy license** with their application.
- B. Interested individuals must also provide, at minimum, all of the following,:
1. Curriculum vitae or resume outlining relevant experience;
  2. Statement of the pharmacist's experience with retrospective DUR;
  3. Description of experience with the Medicaid program (not necessarily Ohio's Medicaid program);
  4. Description of experience participating on a Medicaid or other health payer DUR committee, Pharmacy and Therapeutics (P&T) Committee, or similar kind of committee;
  5. Examples of educational materials, treatment guidelines, intervention letters, and other relevant documents that have been prepared by the applicant;
  6. Experience with development of program policy, specifically utilization criteria and cost savings;
  7. An affirmation that the vendor will be able to work a minimum of 75 hours per month as well as a statement of how many hours the vendor is available per month to perform the specified work; and
  8. If the vendor is an Ohio certified Minority Business Enterprise (MBE), a photocopy of the vendor's current certification letter.

**Sensitive Personal Information:** It is the responsibility of the vendor submitting a response to remove all personal confidential information (such as home addresses and social security numbers) from curriculum vitae or any other part of the response package. Following submission to ODM, all responses submitted become part of the public record. Any vendor who provides this information shall be disqualified.

**Applications that do not meet all the above qualifications and experience may be disqualified from further consideration.**

## **SECTION IV. Scope of Work and Deliverables**

### **4.1 Scope of Work**

Retrospective DUR involves evaluating patterns of drug therapy either concurrent with therapy or after a Medicaid patient has completed therapy. Interventions may be necessary in specific cases and may be in the form of letters, newsletters, bulletins or medical literature to Medicaid providers and/or recipients. The retrospective DUR intervention program is aimed at improving the quality of care for patients who are at risk of drug-induced illness, potential drug over-utilization or under-utilization issues and the monitoring of physicians' prescribing patterns.

The DUR Director is required to work a minimum of 75 hours per month on site at ODM, located at 50 West Town Street, Columbus, Ohio, and serve as the Chair for the Ohio Medicaid DUR Committee.

## 4.2 Specifications of Deliverables

The contracted services shall include, but may not be limited to, the following:

- A. Direct the Ohio DUR Program to safeguard the health of Medicaid consumers, to assess the appropriateness of drug therapy, and to reduce the frequency of fraud, abuse, and gross overuse;
- B. Lead and participate in drug therapy quality improvement and oversight activities for ODM and statewide workgroups;
- C. Serve as Chair of the Ohio Medicaid DUR Committee and lead committee discussions;
- D. Plan and attend quarterly DUR Board meetings to update and advise the DUR Board on interventions;
- E. Work with ODM staff and vendors that support the ODM DUR program with prospective DUR, prior authorization, claims processing, letter generation, data analysis, and clinical support;
- F. Work with ODM-contracted managed care plans to coordinate DUR efforts;
- G. Review and analyze consumer medical and pharmacy history profiles for specific drug therapy problems;
- H. Create provider and consumer intervention letters, response forms, and follow-up letters;
- I. Review and respond to provider feedback;
- J. Research literature, prepare and update therapeutic exception criteria annually;
- K. Research and prepare treatment guidelines;
- L. Prepare educational materials (bulletins, newsletters) and publishable original research;
- M. Coordinate with data/research team on profile screens and appropriateness of therapeutic criteria;
- N. Represent Ohio Medicaid in the American Drug Utilization Review Society (ADURS);
- O. Attend ODM P&T Committee meetings and perform any required follow-up activities;
- P. Represent ODM on the Ohio Interdepartmental P&T Committee;
- Q. Prepare annual report to CMS;
- R. Ensure compliance with federal requirements, in particular Social Security Act Section 1927(g); and
- S. Work a minimum of 75 hours per month on site at the ODM office.

## 4.3 Interview

Vendors submitting applications may be requested to participate in an in-depth interview as part of the evaluation process. The interview, if necessary, may include participants from ODM and any representatives it may appoint. ODM reserves the right to select from responding vendors for interviews and may not interview all vendors submitting applications. The vendor shall assume all costs of any scheduled interview.

## **SECTION V. Compensation**

### **5.1 Compensation**

Vendors applying for the DUR Director position are to propose their firm, fixed, hourly cost. Vendors are to use their business expertise in pricing the work described in this RFA, taking into consideration any intervening steps or activities that must be performed in order to complete the work, and offer their costs accordingly, even if ODM does not explicitly identify those intervening costs in this RFA. No separate travel expenses or any other type of expenses will be paid under the contract to result from this RFA.

## **SECTION VI. Miscellaneous Conditions**

### **6.1 Trade Secrets Prohibition; Public Information Disclaimer**

Prospective vendors are prohibited from including any trade secret information as defined in ORC Section 1333.61 in their responses to this RFA. ODM shall consider all responses voluntarily submitted in response to any ODM RFA to be free of trade secrets and such applications shall, in their entirety, be made a part of the public record.

All letters of interest and any other documents submitted to ODM in response to this RFA shall become the property of ODM. After the selection of the contractor, any documents submitted in response to an RFA are deemed to be public records pursuant to ORC Section 149.43.

Any applications submitted in response to any ODM RFA that make claims of trade secret information shall be disqualified from consideration immediately upon the discovery of such unallowable claim.

### **6.2 Ethical and Conflict of Interest Requirements**

- A. No vendor or individual, company or organization seeking a contract shall promise or give to any ODM employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties;
- B. No vendor or individual, company or organization seeking a contract shall solicit any ODM employee to violate any of the conduct requirements for employees;
- C. Any selected vendor acting on behalf of ODM shall refrain from activities that could result in violations of ethics and/or conflicts of interest. Any selected vendor or potential vendor that violates the requirements and prohibitions defined here or in Section 102.04 of the ORC is subject to termination of the contract or refusal by ODM to enter into a contract; and
- D. ODM employees and vendors who violate Sections 102.03, 102.04 2921.42 or 2921.43 of the ORC may be prosecuted for criminal violations.

### **6.3 Health Insurance Portability & Accountability Act (HIPAA) Requirements**

As a condition of receiving a contract from ODM, the selected vendor will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and Sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the selected vendor from or on behalf of ODM that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health & Human Services, specifically 45 CFR164.501 and any amendments thereto. The selected vendor can reasonably anticipate HIPAA language in the contract that results from this RFA.

#### 6.4 Evaluation Process

Applications will be collectively reviewed and evaluated by an Application Review Team (ART) appointed by ODM. The vendor must meet the minimum mandatory requirements, and will be scored based upon the vendor's experience submitted for Qualifications (Section 3.1(B)), Items 1 through 6. The mandatory requirements consists of the following criteria:

ITEM #	MANDATORY REQUIREMENTS	YES	NO
1	Was the vendor's application received by the deadline as specified in the RFA?		
2	Does the vendor's application include all required affirmative statements and certifications, signed (in all required parts) by the vendor?		
3	Is the vendor free from being prohibited to enter into a contract with ODM, due to restrictions related to the federal debarment list, unfair labor findings, or as established in ORC 9.24?		
4	Was the vendor listed on the Auditor of State's website as a party excluded from contracting with ODM by O.R.C. § 9.24 for an unresolved finding for recovery?		
5	Did the vendor include a copy of their current Ohio pharmacy license with their application?		

#### Guidelines for Scoring Applications

Qualifying applications will be collectively scored by the ART. For each of the evaluation criteria given below, reviewers will collectively judge whether the application exceeds, meets, partially meets or does not meet the requirements expressed in the RFA, and assign the appropriate point value, as follows:

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

#### Performance Scoring Definitions:

**“Does Not Meet Requirement”**- A particular RFA requirement was not addressed in the vendor's application, **Score: 0**

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

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

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

An application's total score will be the sum of the point value for all the evaluation criteria. The ART will collectively score each individual qualifying application. Applications that do not meet or exceed a total score of at least **66** points (a score which represents that the selected vendor has the capability to successfully perform the project/program services) out of a maximum of **90** points, will be disqualified from further consideration. The evaluation process for Qualifications consists of the following criteria:

ITEM #	EVALUATION CRITERIA	Weighting	Doesn't Meet 0	Partially Meets 6	Meets 8	Exceeds 10
<b>GENERAL &amp; DETAILED REQUIREMENTS</b>						
1	Did the vendor provide a curriculum vitae or resume outlining relevant experience?	1				
2	Did the vendor provide a statement of their experience with retrospective DUR?	1				
3	Did the vendor provide a description of experience with the Medicaid program? (Not necessarily Ohio's Medicaid program).	1				
4	Did the vendor provide a description of experience in participating on a Medicaid or other health payer DUR committee, Pharmacy and Therapeutics Committee, or similar kind of committee?	2				
5	Did the vendor provide examples of educational materials, treatment guidelines, intervention letters, and other relevant documents that have been prepared by applicant?	2				
6	Did the vendor describe their experience with development of program policy, specifically utilization criteria and cost savings?	2				
<b>TOTAL SCORE:</b>						

## 6.5 Final Selection

ODM may recommend for selection one applicant. Results from the Interview (if appropriate) will be considered if necessary, to clarify application information.

## 6.6 Protests

Any potential, or actual, vendor objecting to the award of a contract resulting from the issuance of this RFA 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:

- A. A protest may be filed by a prospective or actual responder objecting to the award of a contract resulting from this RFA. The protest shall be in writing and shall contain the following information:
  1. The name, address, and telephone number of the protestor;
  2. The name and number of the RFA being protested;
  3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;

4. A request for a ruling by ODM;
  5. A statement as to the form of relief requested from ODM; and
  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.
- B. A timely protest shall be considered by ODM if it is received by ODM's OCP within the following periods:
1. A protest based on alleged improprieties in the issuance of the RFA or any other event preceding the closing date for receipt of responses which are apparent or should be apparent prior to the closing date for receipt of responses shall be filed no later than 3:00 p.m. the closing date for receipt of responses, as specified in Section 2.1 of this RFA, Anticipated Procurement Timetable.
  2. If the protest relates to the announced intent to award a contract, the protest shall be filed no later than 3:00 p.m. of the seventh (7th) calendar day after the issuance of formal letters sent to all responding vendors regarding ODM's intent to make the award. The date on these ODM letters to responding vendors is the date used to determine if a protest regarding the intent to award is submitted by the end of the protest period.
- C. An untimely protest may be considered by ODM if ODM determines that the protest raises issues significant to the department's procurement system. An untimely protest is one received by ODM's OCP after the time periods set forth in Item B. of this section.
- D. All protests must be filed at the following location:
- Deputy Director  
Office of Contracts and Procurement  
Ohio Department of Medicaid  
50 West Town Street  
Columbus, Ohio 43215
- E. 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 ODM determines that a delay will severely disadvantage the Department. The vendor who would have been awarded the contract shall be notified of the receipt of the protest.
- F. ODM's OCP shall issue written decisions on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.

## **SECTION VII. State Contracts**

Responses must list any current contracts the Vendor has with State of Ohio agencies and universities/colleges. The list must indicate the purpose of the contract, the amount of the contract, the time period covered by the contract, and the percent of the project completed. Vendors must provide this information, and all other requested information listed in the "**Required Vendor Information and Certifications**" form provided as **Attachment A**.

**ODM is under no obligation to issue a contract as a result of this solicitation if, in the opinion of ODM, none of the applications are responsive to the objectives and needs of the Department. ODM reserves the right not to select any vendor should ODM decide not to proceed.**

Thank you for your interest in this project. Attachment A follows this page.

# **Attachment A**

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

**Section I – Required Vendor Information**

**Section II - Location of Business Form**

**Attachment A—Section I.**

**REQUIRED VENDOR INFORMATION and CERTIFICATIONS**

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

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

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

**Vendors must provide all information**

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

**9. Mandatory Vendor Certifications:**

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

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

AND

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

AND

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

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

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

	Nationwide:	Ohio Offices:
<b>Total Number of Employees:</b>	_____	_____
<b>% of those who are Women:</b>	_____	_____
<b>% of those who are Minorities:</b>	_____	_____

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

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

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

**Subcontractor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work To Be** \_\_\_\_\_

**Performed:** \_\_\_\_\_

(a brief description) \_\_\_\_\_

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

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

	Nationwide:	Ohio Offices:
<b>Total Number of Employees:</b>	_____	_____
<b>% of those who are Women:</b>	_____	_____
<b>% of those who are Minorities:</b>	_____	_____

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

Total number of contracts: \_\_\_\_\_

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

State Agency/Educational Institution: \_\_\_\_\_  
Contract Dollar Amount: \_\_\_\_\_

State Agency/Educational Institution: \_\_\_\_\_  
Contract Dollar Amount: \_\_\_\_\_

State Agency/Educational Institution: \_\_\_\_\_  
Contract Dollar Amount: \_\_\_\_\_

Attach additional pages if needed

### 11. Vendor and Grantee Ethics Certification

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

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

\_\_\_\_\_  
Signature of authorized agent

\_\_\_\_\_  
Date

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

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

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

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

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

**Attachment A—Section II.**

**Location of Business Form**

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

1. Principal location of business of Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

2. Location where services will be performed by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

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

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address, City, State, Zip)

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

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

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address, City, State, Zip)

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Address (Principal place of business)

\_\_\_\_\_  
Printed name of individual authorized  
to sign on behalf of entity

\_\_\_\_\_  
City, State, Zip