

Ohio Mental Health and Addiction Services

Central Office

30 East Broad Street, Columbus OH 43215

Request for Proposal Number: MHA15053

Request for Proposal Issued: March 30, 2015

Request for Proposal Due: April 7, 2015 – by 2:00pm

A. Project Overview

The OhioMHAS is seeking a qualified vendor to operate a 24 hour, 365 days a year Ohio Problem Gambling Helpline for caller crisis intervention and information and referral as needed. Vendor will provide monthly reporting and accurate, easy-to-use web resources for Ohio residents to obtain information and referrals for help with the consequences of problem gambling.

B. Scope of Work

1. Vendor will operate a 24 hour, 365 days a year Ohio Problem Gambling Helpline and will provide accurate and easy-to-use web resources for Ohio residents to obtain information and referrals for help with the consequences of problem gambling.
 - a. Ensures adequate training of crisis and information and referral agency staff.
 - b. Must have staff participate in problem gambling-specific training to be provided at OhioMHAS discretion.
 - c. Ensures confidentiality for callers and a records retention and disposal policy that is in line with the state policy related to personally identifiable health information.
 - d. Assures the potential for establishing live texting and/or live chat in the next twelve month period/fiscal year.
 - e. Must gather and retain county-specific and aggregated demographic and related information and report monthly and annually to OhioMHAS and ORG partner agencies. Screening of calls with custom database to provide a monthly report, but also as needed on request including but not limited to: number of PG only calls; calls by state; calls by county of residency, city, zip; demographics, age, sex, type of problem; length of problem; how caller heard of helpline; reason for seeking help; referral assistance; relationship to caller, etc. This also needs to be flexible to change and expand as other information is needed.
 - f. Provides user friendly and accurate website resources and search available to Ohioans.
 - g. Updates web and caller resource list at least once a week, as needed.
 - h. Will work closely with OhioMHAS, the Ohio Casino Control Commission and the Ohio Lottery Commission.
 - i. Dedicated line (1-800-589-9966) with statewide coverage for Ohio Problem Gambling Helpline calls.
 - j. Staff must be certified by Association of Information and Referral Systems (AIRS).

B. Scope of Work, Continued

- k. Must have experience dealing with at risk populations including suicidal, drug or alcohol abusers, and mental illness.
- l. Able to provide real time referrals with potential for text messaging, filtered by area of call and needs.
- m. Must be able to refer for co-occurring issues in addition to gambling, such as suicidal ideation, financial problems, domestic violence, etc.
- n. Ability to expand capacity as need increases.
- o. Ability to monitor calls for customer satisfaction.

C. Vendor Requirements

- 1. Vendor must have at least five years of experience with a 24-hour/365 days/year call center for crisis intervention and information and referral. Vendor will provide monthly reporting and accurate, easy-to-use web resources for Ohio residents to obtain information and referrals for help with the consequences of problem gambling.
- 2. Staff must be certified by Association of Information and Referral Systems (AIRS).
- 3. Vendor agency has the potential for establishing live texting and/or live chat in the twelve month period/fiscal year following effective date of the contract.
- 4. Vendor must have the capability of expanding capacity as need increases.

D. Evaluation of Proposals

- 1. Proposals will be scored and point values given to the following criteria.

Technical Criterion	Weight	Rating (0 – 5)	Technical Score
Staff Capacity			
Years of staff experience operating crisis line or helpline/hotline.	4		
Number of staff with problem gambling-specific training.	4		
Number of staff certified by Association of Information and Referral Systems.	3		
			55 = Possible
Organizational Capacity			
Years of agency experience operating crisis line or helpline/hotline.	4		
Ability to expand capacity as need increases.	2		
Number of successfully managed contracts with State of Ohio, county or city contracts.	2		
Already has texting or live chat.	2		
Ease of adding texting or live chat.	1		
			55 = Possible
Total Technical Score			110 = Possible

E. Submission of Proposal

- Bids are to be submitted on your company's letterhead before **2:00pm on April 7, 2015**. Bids must include: vendor name, address, Federal Tax Identification Number, contact person, phone number, signature, total cost, Vendor Information Form, W9 Form, Required Certification for Bidding Form (if applicable), and documentation identifying experience relevant to proposals.
- Electronic bids must be sent to OhioMHASBidOpportunity@mha.ohio.gov . Enter Request for Proposal Number MHA15053 in the subject line of the email. Bids must be received by the Request for Proposal due date and time. Bids received after the due date and time will not be reviewed.
- Bids may be sent via U.S. mail to: **Attn: Duane Casto, OhioMHAS - Office of Fiscal Administration, 30 East Broad Street – 11th Floor, Columbus, Ohio 43215**. The bid number MHA15053 must be clearly marked on the sealed envelope. Bids must be received by the Request for Proposal due date and time. Bids received after the due date and time will not be reviewed.
- Questions regarding the Request for Proposal must be sent via the State of Ohio Procurement Website at <http://procure.ohio.gov/proc/viewWhatsNewSolicitations.asp> > Select document number MHA15053 > View Opportunity > Submit Inquiry



VENDOR INFORMATION FORM

Required sections must be completed or the form will not be processed. **Incomplete forms will be returned.** All information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION (REQUIRED)

NEW (**W-9 OR W-8ECI FORM ATTACHED**) CHANGE OF CONTACT PERSON/INFORMATON

ADDITIONAL ADDRESS

CHANGE OF ADDRESS – (**PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER**)

ADDRESS TO BE REPLACED:

CHANGE OF TIN (**W-9 & A CHANGE OF TIN FORM**) CHANGE OF NAME (**W-9 & A CHANGE OF NAME FORM**)

CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER _____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION (REQUIRED)

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

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

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)¹:

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SECTION 3 – REMIT TO ADDRESS (REQUIRED)

ADDRESS: _____ COUNTY: _____

ADDRESS (CONT.): _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____

PHONE: _____ FAX: _____ E-MAIL: _____

SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS: _____ COUNTY: _____

ADDRESS (CONT.): _____

CITY: _____ STATE: _____ ZIP CODE: _____

SECTION 5 – CONTACT PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE E-MAIL ADDRESS BELOW – (BUSINESSES ONLY)

NAME:

E-MAIL:

TO ADD AN ADDITIONAL OR TO REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT

ADDITIONAL STRATEGIC SOURCING CONTACT

REPLACE SS CONTACT **(WILL BE MARKED INACTIVE)**

NAME:

E-MAIL:

SECTION 6 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY

Invoices will be paid in 30 days from invoice date unless an alternate pay-term is selected below

2/10 NET 30

NET 30

NET 45

NET 60

NET 90

SECTION 7 – PURCHASE ORDER DISTRIBUTION–OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)

E-MAIL OR FAX:

SECTION 8 – PLEASE SIGN & DATE (REQUIRED)

PRINT NAME:

SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED)

DATE:

SECTION 9 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)

AGENCY CONTACT NAME/E-MAIL/PHONE:

COMMENTS:

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.
Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each vendor.

SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:

Email: vendor@ohio.gov

Fax: 1 (614) 485-1052

Mail: Ohio Shared Services
Attn: Vendor Maintenance
P.O. Box 182880 Col., OH 43218-2880

QUESTIONS? PLEASE CONTACT:

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

Website: www.ohiosharedservices.ohio.gov/

Email: vendor@ohio.gov

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.	1 Name (as shown on your income tax return) Name is required on this line; do not leave this line blank	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
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or								
Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

REQUIRED CERTIFICATION FOR BIDDING

Print Form

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 125:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

A. DOMESTIC PREFERENCE (BUY AMERICA):

[Not applicable to "Excepted Products"]

1. Where is each product/services being offered mined, raised, grown, produced or manufactured? (Go to B-1)

United States: _____ Canada _____ Mexico _____

Other: (Specify Country) _____ (Go to A-2)

2. End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.

Yes (Go to Section B-1) No (Go to Section A-3)

3. The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.

_____ (Item) _____ (Country of Origin)

_____ (Item) _____ (Country of Origin)

A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory or Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

B. OHIO PREFERENCE (BUY OHIO):

1. The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.

Yes (Go to C) No (Go to B-2)

2. Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) No (Go to B-3)

a) Bidder has paid the required taxes due the state of Ohio. Yes No

b) Bidder is registered with the Ohio Secretary of State.

Yes Charter/Registration No.: _____ No

c) Bidder has ten or more employees based in Ohio or border state. Yes No (Go to B-2d)

d) Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-3)

3. Border state bidder:

Yes (Specify which state then go to B-2c): KY MI NY PA IN No (Go to B-4)

4. Border state bidder: mined products mined in respective border state Yes No Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business Yes No

For information on E.D.G.E designation, please visit the DAS Equal Opportunity Division website at:

<http://das.ohio.gov/Eod/Edge/index.htm>

D. DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO TERRORIST ORGANIZATION (DMA)

The Bidder being awarded this Contract must:

1. review the Terrorist Exclusion List at http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf

2. complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form <http://www.publicsafety.ohio.gov/links/HLS0038.pdf> and submit this with your bid response.

Failure to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form may result in the bidder being deemed not responsive and/or may invalidate any Contract award. If not submitted with the bid response, the bidder will have seven (7) calendar days, after notification, to submit the form.

Ohio Department of Mental Health and Addiction Services Personal Service Contract

Section A: Contract Parties

This contract is entered into between the Ohio Department of Mental Health and Addiction Services on behalf of the following:

Name of Hospital, Division, or Other Entity	Address (Street, City, State, Zip)
Central Office, Prevention and Wellness	30 East Broad St., 8th FL, Columbus, OH 43215

AND:

Name of Contractor	Address (Street, City, State, Zip)	OAKS Vendor ID	Add. Code
TBD			

Section B: Effective Dates

This contract is effective from 07/01/2015 through 06/30/2017.

Section C: OhioMHAS Coding

Bus. Unit	FUND	Account	ALI	Dept. ID	Prog.	Grant/Proj	Project	Report	Agency Use
DMH01	5JLO								

Personal Service Contract

I. STATEMENT OF WORK

- a. Contractor shall undertake the work and activities set forth in the Scope of Work, which is attached hereto as Exhibit I, and incorporated by reference as if fully written herein. Contractor shall consult with Ohio Department of Mental Health and Addiction Services (OhioMHAS) personnel and other appropriate persons, agencies, and instrumentalities as necessary to assure understanding of the work and satisfactory completion thereof.
- b. It is fully understood and agreed that Contractor and all employees and subcontractors providing services to OhioMHAS under this Contract is/are independent contractor(s) and is/are not an agent, servant, or employee of the State of Ohio or OhioMHAS for any purpose, including for the purposes of Chapter 145 of the Ohio Revised Code. Contractor declares that it is engaged as an independent business and has complied with all applicable federal, state, and local laws regarding business permits and licenses of any kind, including but not limited to any insurance coverage that is required in the normal course of business.
- c. Contractor shall furnish professional services performed in accordance with standards necessary for the satisfactory performance of the work hereunder. OhioMHAS shall not be required to provide any training to the Contractor to enable it to perform services required hereunder. Contractor agrees that it does not have any authority to sign agreements, notes, and/or obligations or to make purchases and/or dispose of property for, or on behalf of, the State of Ohio or OhioMHAS.
- d. Unless stated otherwise in the Scope of Work, Contractor shall furnish its own support staff, materials, tools, equipment, and other supplies necessary for the satisfactory performance of the work hereunder. Contractor shall be responsible for and assume all office and business expenses that are incurred as a result of the performance of this contract, unless stated otherwise.
- e. Any travel-related expenses incurred by the Contractor under this contract shall be at the Contractor's expense.
- f. OhioMHAS may, from time to time as it deems appropriate, communicate specific instructions and requests to Contractor concerning the performance of the work described in this contract. It is expressly understood by the parties that these instructions and requests are for the sole purpose of performing the specific tasks requested to ensure satisfactory completion of the work described in this contract. The management of the work, including the exclusive right to control or direct the manner or means by which the work described herein remains with and is retained by the Contractor. OhioMHAS retains the right to ensure that the work of the Contractor is in conformity with the terms and conditions of the contract.
- g. The Contractor must receive written approval from OhioMHAS prior to entering into any subcontract or joint venture for the delivery of services required by this contract. If the Contractor enters into any agreement with a subcontractor, the Contractor is ultimately responsible for any and all actions or omissions by the subcontractor in the delivery of services under this contract.

- i. Throughout the term of this contract, the Contractor shall provide OhioMHAS with copies of all current licensure, certification, and/or accreditation, including any renew or re-issuance thereof, for any employee or subcontractor, providing services under this contract.
- ii. The Contractor agrees that while operating in an OhioMHAS facility, the Contractor and/or any employee or subcontractor of the Contractor, shall follow all applicable rules and regulations for that facility.

II. TIME OF PERFORMANCE

- a. This contract shall **commence** on 07/01/2015 and shall **expire** on 06/30/2017.
- b. In the event that the work hereunder is to be done in separate phases or tasks, each phase or task shall be completed within the time prescribed.
- c. Upon the expiration of this contract, OhioMHAS and the Contractor may renew this contract under the same terms and conditions stated herein. Such renewal shall be by written addendum executed by the both parties evidencing their agreement to renew the contract. In the event that the parties hereto do not execute an addendum evidencing the parties' agreement to renew this contract, the contract shall expire on the date set forth above and neither party to this contract shall have any further obligations hereunder.

III. COMPENSATION

- a. In consideration for the promises and performance of Contractor as set forth herein, OhioMHAS agrees: (check one)

- To pay to Contractor, upon completion of each deliverable or task and upon actual receipt of proper invoices, compensation at the rate(s) specified in Exhibit I; or
- To pay to Contractor, upon actual receipt of proper invoices, compensation at the hourly rate(s) specified in Exhibit I for services performed; or
- A lump sum amount of \$ _____ for services performed in accordance with Exhibit I.

- b. It shall be mutually agreed and understood between both parties that the total amount to be paid by OhioMHAS to the Contractor under this contract shall in no event exceed the sum of \$_____ unless Contractor receives prior approval from OhioMHAS or when required, approval of the Controlling Board and is so notified of such approval by OhioMHAS in writing.
- c. In accordance with Section 126.30 of the Revised Code, and any applicable rules thereto, OhioMHAS shall make prompt payment for any services acquired from the Contractor. Upon receipt of a proper invoice and unless otherwise stated, payment shall be made within thirty (30) calendar days. The adequacy and sufficiency of all invoices shall be determined solely by OhioMHAS. If OhioMHAS determines that an invoice is inadequate or insufficient, or determines that further documentation or clarification is required, the burden of providing the required information or documentation is on the Contractor. OhioMHAS shall notify the Contractor in writing of the inadequacy or insufficiency and may provide any information necessary to correct the inadequacy or insufficiency. If such notification of inadequacy or insufficiency is sent, the

required payment date shall be thirty (30) days after receipt of the corrected invoice.

- d. All invoices for services rendered under this contract must be submitted by the Contractor no later than sixty (60) days after the expiration of the contract term. No payment shall be issued for invoices submitted more than sixty (60) days past the expiration of the contract term.
- e. It is expressly understood by the parties that none of the rights, duties, and obligations described in this contract shall be binding on either party until all statutory provisions under the Ohio Revised Code, including but not limited to Section 126.07, have been complied with and until such time as all necessary funds are made available and forthcoming from the appropriate state agencies, and, when required, such expenditure of funds is approved by the General Assembly and the Controlling Board of the State of Ohio or, in the event that federal funds are used, until such time that OhioMHAS gives the Contractor written notice that such funds have been made available to it, by the State's funding source.

IV. GENERAL PROVISIONS

- a. ENTIRE AGREEMENT: The contract, when signed by both parties, along with any attachments, constitutes the entire agreement between the parties herein. No rights herein will be waived, unless specifically agreed upon in writing by the parties hereto. This contract supersedes any and all previous agreements, whether written, or oral, between the parties. A waiver by any party of any breach or default by the other party under this contract shall not constitute a continuing waiver by such party of any subsequent act in breach of or in default hereunder.
- b. AMENDMENTS: OhioMHAS and the Contractor agree that any amendment or modification including, but not limited to a change in the rate(s) or type(s) of service shall require a written agreement signed by both parties.
- c. GOVERNING LAW: This contract and any claims arising in any way out of this contract shall be governed by the laws of the State of Ohio, without regard to choice of law provisions, and only Ohio courts shall have jurisdiction over any action or proceeding concerning the Contract or performance thereunder.
- d. CONTRACT CONSTRUCTION: This contract will be construed in accordance with the plain meaning of its language and neither for nor against the drafting party.
- e. HEADINGS: The headings used in this contract are for convenience only and will not affect the interpretation of any of the contract terms and conditions.
- f. ORDER OF PRIORITY: If there is any inconsistency or conflict between this document and any provision incorporated by reference, this document will prevail.
- g. SEVERABILITY: If any provision of this contract or the application of any provision of this contract is held to be contrary to law, the remaining provisions will remain in full force and effect.
- h. ASSIGNMENT / DELEGATION: 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 OhioMHAS. Any assignment or delegation not consented to may be deemed void bby OhioMHAS.

- i. **EQUAL EMPLOYMENT OPPORTUNITY:** The Contractor will comply with all state and federal laws regarding equal employment opportunity, including Ohio Revised Code Section 125.111 and all related Executive Orders.

Before a contract can be awarded or renewed, an Affirmative Action Program Verification Form must be completed using the Ohio Business Gateway Electronic Filing website <http://business.ohio.gov/efiling/>. Approved Affirmative Action Plans may be found at the Equal Opportunity Department's website: <http://eodreporting.oit.ohio.gov/searchAffirmativeAction.aspx>

- j. **BUSINESS ASSOCIATE AGREEMENT:** If applicable, the Contractor agrees to execute the OhioMHAS business associate agreement relating to services rendered under this contract.
- k. **ACCREDITATION STANDARDS:** The services to be performed under this contract shall meet standards required by the Joint Commission, Centers for Medicaid & Medicare Services or other accrediting or certifying organizations, as appropriate.
- l. **AUDITS and RECORDS INSPECTION:** The Contractor must keep all financial records in a manner consistent with generally accepted accounting principles. Additionally, the Contractor must keep separate business records for this project, including records of disbursements and obligations incurred that must be supported by contracts, invoices, vouchers and other data as appropriate.

During the period covered by this contract and until the expiration of three (3) years after final payment under this contract, the Contractor agrees to provide the State, its duly authorized representatives or any person, agency or instrumentality providing financial support to the work undertaken hereunder, with access to and the right to examine any books, documents, papers and records of the Contractor involving transactions related to this contract.

The Contractor shall, for each subcontract in excess of two thousand five hundred dollars (\$2,500), require its subcontractors to agree to the same provisions. The Contractor may not artificially divide contracts with its subcontractors to avoid requiring subcontractors to agree to this provision.

The Contractor must provide access to the requested records no later than five (5) business days after the request by the State or any party with audit rights. If an audit reveals any material deviation from the contract requirements, and misrepresentations or any overcharge to the State or any other provider of funds for the contract, the State or other party will be entitled to recover damages, as well as the cost of the audit.

If this contract or the combination of all other contracts with the Contractor exceeds ten-thousand dollars (\$10,000) over a twelve (12) month period, the Contractor agrees to allow federal government access to the contracts and books, documents, and records needed to verify the Contractor's and/or subcontractor's costs.

- m. **ANTITRUST ASSIGNMENT TO THE STATE:** Contractor assigns to the State of Ohio, through the OhioMHAS, all of its rights to any claims and causes of action the Contractor now has or may acquire under state or federal antitrust laws if the claims or causes of action relate to the services provided under this contract. Additionally, the State of Ohio will not pay excess charges resulting from antitrust violations by Contractor's suppliers and subcontractors.

- n. **DRUG-FREE WORKPLACE:** The Contractor agrees to comply with all applicable state and federal laws regarding smoke-free and drug-free workplaces. The Contractor agrees to require that all its employees, while working on state property, will not purchase, transfer, use or possess illegal drugs or alcohol or abuse prescription drugs in any way.
- o. **OWNERSHIP:** OhioMHAS shall have unrestricted authority to reproduce, distribute and use (in whole or in part) any reports, data or materials prepared by the Contractor, subcontractor or any person acting on behalf of the contractor pursuant to this agreement. No such documents or other materials produced (in whole or in part) with funds provided to the Contractor by OhioMHAS shall be subject to copyright, trademark or patent by the Contractor in the United States or any other country.
- p. **PUBLICITY:** The Contractor will not advertise that it is doing business with the State or use this contract as a marketing or sales tool without prior, written consent of the State.
- q. **OHIO ELECTIONS LAW:** Contractor, by signature affixed on this document, hereby certifies that all applicable parties listed in Division (I)(3) or (J)(3) of ORC 3517.13 are in full compliance with divisions (I)(1) and (J)(1) of ORC 3517.13.
- r. **PROHIBITION OF THE PURCHASE OF OFF-SHORE SERVICES & LOCATION OF SERVICES, DATA:** The Contractor affirms to have read and understands Executive Order 2011-12K issued by Ohio Governor John R. Kasich and shall abide by those requirements in the performance of this contract, and shall perform no services required under this contract outside of the United States. The Executive Order is available at the following website: (<http://www.governor.ohio.gov/Portals/0/pdf/executiveOrders/EO%202011-12K.pdf>).

As part of this contract, the Contractor shall disclose the following:

- 1. The location(s) where all services will be performed by Contractor or subcontractor(s);
- 2. The location(s) where any state data applicable to the contract will be accessed, tested, maintained, backed-up or stored by the Contractor or subcontractor(s); and
- 3. The principal location of business for the Contractor and subcontractor(s)

Neither the Contractor nor its subcontractor(s) shall, during the performance of this contract, change the location(s) of the country where the services are performed or change the location(s) of the country where the data is maintained or made available without prior written approval of the State.

- s. **FORCE MAJEURE:** If OhioMHAS or the Contractor is unable to perform any part of its obligations under this contract by reason of force majeure, the party will be excused from its obligations, to the extent that its performance is prevented by force majeure for the duration of the event. The party must remedy with all reasonable dispatch the cause preventing it from carrying out its obligations under the contract. The term "force majeure" means without limitation: acts of God such as epidemics; lightning; earthquakes; fires; storms; hurricanes; tornadoes; floods; washouts; droughts; other severe weather; explosions; restraint of government and people; war; strikes; and other like events; or any cause that could not be reasonably foreseen in the exercise of ordinary care, and that is beyond the reasonable control of the party.

- t. **STRICT PERFORMANCE:** The failure of either party at any time to demand strict performance by the other party of any of the terms of this contract will not be construed as a waiver of any such term, and either party may at any time demand strict and complete performance by the other party.
- u. **TAXES:** The Contractor affirms that it is not delinquent in the payment of any applicable federal, state, and local taxes and agrees to comply with all applicable federal, state and local laws in the performance of the work hereunder.

The Contractor accepts full responsibility for payment of all taxes, including and without limitation, unemployment compensation, insurance premiums, all income tax deductions, social security deductions, and any and all other taxes or payroll deductions required for all employees engaged by the Contractor in the performance of the work authorized by this Contract. OhioMHAS and the State of Ohio shall not be liable for any taxes under this contract.

- v. **WORKERS' COMPENSATION:** The Contractor must maintain workers' compensation insurance as required by Ohio law and the laws of any other state where work is performed under this contract. The Contractor must submit proof of workers' compensation insurance upon request.
- w. **UNRESOLVED FINDINGS:** The Contractor warrants that it is not subject to an unresolved finding for recovery as defined in O.R.C. 9.24. If the warranty is deemed to be false, this contract is void *ab initio* and the Contractor shall immediately repay the State any funds paid under this contract.
- x. **OHIO ETHICS:** The Contractor is responsible to review and comply with all relevant provisions of O.R.C Chapters 102 and 2921, as interpreted by the courts of the State and by the opinions of the Ohio Ethics Commission. In addition, the Contractor certifies that it is currently in compliance and will continue to adhere to the requirements of the Ohio ethics laws.

V. TERMINATION

- a. **UNILATERAL TERMINATION:** Prior to the expiration of the term of this contract, either party may unilaterally terminate this contract with thirty (30) days written notice to the other party.
- b. **DEFAULT:** *If the Contractor fails to perform any of the requirements of this contract, or is in violation of a specific provision of this contract, OhioMHAS may provide the Contractor written notice of the failure to perform or the violation and shall provide a thirty (30) day period to cure any and all defaults under this contract. During the thirty (30) day cure period, the Contractor shall incur only those obligations or expenditures which are necessary to enable the Contractor to continue its operation and achieve compliance as set forth in the notice. Should the Contractor fail to comply within OhioMHAS's cure period, the Contractor shall be held in default of this contract and the contract shall terminate at the end of the thirty (30) day cure period.*
- c. **TERMINATION OF SERVICES:** In the event of termination, the Contractor shall be entitled to compensation, upon submission of a proper invoice, for the work performed prior to receipt of notice of termination, less any funds previously paid by or on behalf of OhioMHAS. OhioMHAS shall not be liable for any further claims. Any payments made by OhioMHAS in which services have not been rendered by the Contractor shall be returned to OhioMHAS.

VI. CONTRACT REMEDIES

- a. ACTUAL DAMAGES: The Contractor is liable to OhioMHAS for all actual and direct damages caused by Contractor's default. OhioMHAS may buy substitute services from a third party for those that were to be provided by the Contractor. OhioMHAS may recover from the Contractor the costs associated with acquiring substitute services, less any expenses or costs saved by the Contractor's default.
- b. LIQUIDATED DAMAGES: If actual or direct damages are uncertain or difficult to determine, OhioMHAS may recover liquidated damages in the amount of one (1) percent of the value of the deliverable that is the subject of the default, for every day that the default is not cured by the Contractor.

VII. LIMITATION OF LIABILITY: OhioMHAS's liability for damages, whether in contract or in tort, shall not exceed the total amount of compensation payable to the Contractor under this contract. In addition, the Contractor agrees that OhioMHAS and the State of Ohio and any funding source for this contract are held harmless and immune from any and all claims for injury or damages arising from this contract which are attributable to the Contractor's own actions or omissions or those of its trustee, officers, employees, subcontractors, suppliers, and other third parties while acting under this contract. Such claims shall include any claims made under the Fair Labor Standards Act or under any other federal or state law involving wages, overtime, or employment matters and any claims involving patents, copyrights and trademarks. Contractor agrees to bear all costs associated with defending against any such claims or legal actions when requested by OhioMHAS or the State to do so.

VIII. NOTICE: Except as specifically provided otherwise, all notices, consents and communications hereunder shall be given in writing, and be either hand carried or sent by certified mail, return receipt requested, to the respective addresses on the signature page of this document.

Exhibit 1

Contract Parties

OhioMHAS Facility/Division (Name and Address)

Central Office, Office of Prevention and Wellness, Bureau of Problem Gambling, 30 East Broad St., 8th FL,
Columbus, OH 43215

Compensation:

Scope of Work:

Vendor will operate a 24 hour, 365 days a year Ohio Problem Gambling Helpline and will provide accurate and easy-to-use web resources for Ohio residents to obtain information and referrals for help with the consequences of problem gambling.

- a. Ensures adequate training of crisis and information and referral agency staff.
- b. Staff participates in problem gambling-specific training to be provided at OhioMHAS discretion.
- c. Ensures confidentiality for callers and a records retention and disposal policy that is in line with the state policy related to personally identifiable health information.
- d. Assures the potential for establishing live texting and/or live chat in the next 12 month period/fiscal year.
- e. Gather and retain county-specific and aggregated demographic and related information and report monthly and annually to OhioMHAS and ORG partner agencies. Screening of calls with custom database to provide a monthly report, but also as needed on request including but not limited to: number of PG only calls; calls by state; calls by county of residency, city, zip; demographics, age, sex, type of problem; length of problem; how caller heard of helpline; reason for seeking help; referral assistance; relationship to caller, etc. This also needs to be flexible to change and expand as other information is needed.
- f. Provides user friendly and accurate website resources and search available to Ohioans.
- g. Updates web and caller resource list at least once a week, as needed.
- h. Works closely with OhioMHAS, the Ohio Casino Control Commission and the Ohio Lottery Commission.
- i. Dedicated line (1-800-589-9966) with statewide coverage for Ohio Problem Gambling Helpline calls.
- j. Staff must be certified by Association of Information and Referral Systems (AIRS).
- k. Experience dealing with at risk populations including suicidal, substance abusers, mental illness.
- l. Provide real time referrals with potential for text messaging, filtered by area of call and needs.
- m. Must refer for co-occurring issues in addition to gambling, such as suicidal ideation, financial problems, domestic violence, etc.
- n. Expand capacity as need increases.
- o. Monitor calls for customer satisfaction.