

RFP COVER PAGE

Bidder Organization:

Contact Person:

Address:

City, State Zip:

Telephone(s):

Fax:

Contact Person Email:

FEIN:

Implementing Organization:
(if different than Bidder Organization)

Contact Person:

Address:

City, State Zip:

Telephone(s):

Fax:

Contact Person Email:

FEIN:

Type of Entity (check one):

Government	<input type="checkbox"/>	For-Profit	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>
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Program Area (check one):

"Green-collar" Healthcare
 Pre-Vocational/Pre-Apprenticeship Training in Construction-Based

Training Curriculum(s):

Total Number of Clients Proposed to be Served:

Total Estimated Program Costs:

Estimated Cost per Client:

The Bidder certifies to the best of their knowledge and beliefs, data and information in this application are true and correct and the governing body of the Bidder has duly authorized this document. Further, the Bidder certifies, if the application is approved, that said project will be conducted in accordance with the project application and any special condition included in the RFP.

Authorized Representative:

Name: _____

Signature: _____

Title: _____

Date: _____

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 1 - TRAINING SUMMARY

Select Program Area (please check one): <input type="checkbox"/> "Green Collar" <input type="checkbox"/> Healthcare <input type="checkbox"/> Pre-Vocational/Pre-Apprenticeship Training in Construction-Based Fields	
Title of Training:	
Brief Description of Training Program (limited to one page):	
Start date(s):	End date(s):
Number of trainees proposed:	
Attach a Training Curriculum for the training program covered by this Training Description. <input type="checkbox"/> Curriculum attached	
Location of training:	

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 2 - TRAINING DEMAND

Please describe, as specifically as possible, current employer demand for this training (limited to one page):

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 3 - TRAINING SUPPLY

Please list other offerors of similar types of training in the Lucas County area. Why is this training expected to be in high demand at this time? (limited to one page):

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 4 - ORGANIZATIONAL CAPACITY

Describe your organizational capacity (limited to two pages):

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 4 - ORGANIZATIONAL CAPACITY

Organizational capacity continued:

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 5 - EXPERIENCE WITH TARGET POPULATION

Describe your experience with the target population (limited to two pages):

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 5 - EXPERIENCE WITH TARGET POPULATION

Experience with population continued:

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 6 - PROGRAM AND SERVICE DELIVERY OBJECTIVES

Describe, in detail, your program and service delivery objectives (limited to three pages):

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 6 - PROGRAM AND SERVICE DELIVERY OBJECTIVES

Program/service objectives continued:

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 6 - PROGRAM AND SERVICE DELIVERY OBJECTIVES

Program/service objectives continued:

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 7 - INTERNAL EVALUATION AND ACCOUNTABILITY

Please describe, in detail, your internal evaluation and accountability procedures (limited to two pages):

TRAINING DESCRIPTION

Include a separate Training Description Packet (forms 1-7) for each training curriculum.

FORM 7 - INTERNAL EVALUATION AND ACCOUNTABILITY

Internal evaluation and accountability continued:

NON-DISCRIMINATION & EQUAL EMPLOYMENT OPPORTUNITY AFFIDAVIT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED

STATE OF _____ COUNTY OF _____

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

_____ of _____
Title Company

the party that made the foregoing Proposal; that such party as Bidder does not and shall not discriminate against any employee or Bidder for employment because of race, religion, color, sex or national origin. If awarded the Proposal and contract under this Proposal, said party shall take affirmative action to insure that Bidders are employed and that employees are treated, during employment, without regard to their race, religion, color, sex or national origin. If successful as the lowest and best Bidder under the foregoing Proposal this party shall post non-discrimination notices in conspicuous places available to employees and Bidders for employment setting forth the provision of this affidavit.

Furthermore, said party agrees to abide by the assurances found in Section 153.59 of the Ohio Revised Code in the Contract Provisions with the Owner if selected as the successful Bidder by the owner.

_____ Affiant Signature Date

_____ Affiant Title

_____ Company/Corporations

_____ Address

_____ City/State/Zip Code

Sworn to and subscribed before me this _____ day of _____, 20 .

_____ Notary (Seal)

My Commission Expires: _____

NON-COLLUSION AFFIDAVIT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED

STATE OF _____ COUNTY OF _____

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

_____ of _____
Title Company

that such Proposal is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any other Bidder or person, to submit a sham Proposal, or refrain from bidding; has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the Proposal price of affiant or any other Bidder, to fix any overhead, profit or cost element of said Proposal price, or of that of any other Bidder; to secure any advantage against the County of Lucas or any person or persons interested in the proposed contract; that all statements contained in said Proposal of Proposal are true and that, such Bidder has not, directly or indirectly submitted this Proposal, or the contents thereof, or divulged information or data relative thereto to any other potential Bidder.

Further, Affiant affirms that no county employee has any financial interest in this company or the Proposal being submitted.

_____ Affiant Signature Date

_____ Affiant Title

_____ Company/Corporations

_____ Address

_____ City/State/Zip Code

Sworn to and subscribed before me this _____ day of _____, 20 .

_____ Notary

(Seal)

My Commission Expires: _____

LCDJFS PERFORMANCE MEASURES FORM

Provider:	Program:
Project Activity:	
Outcome Goals:	
Method used to measure outcome:	
Projected # to be served:	

		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Annual Total
A	Projected % of clients who will attain outcomes.					
B	# of eligible clients in training program.					0
C	# of clients placed in qualified employment*.					0
D	# of clients placed in unqualified employment.					0
E	Total # clients employed (C+D=E) (Count each client only once.)	0	0	0	0	0
F	% of clients who have attained outcomes (C/B=F)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
G	Met goals? If G meets or exceeds A then answer yes, if not, answer no.					
Comments						

*Qualified Employment is 32 hours worked per week paid at \$11.67 or more, per hour.

NO FINDINGS FOR RECOVERY AFFIDAVIT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED

I, _____ of _____
NAME TITLE NAME OF BIDDER

affirm that at the time that I submitted the bid for _____
BID TITLE

to the Board of Lucas County Commissioners on _____ that _____
DATE NAME OF BIDDER

has an/ has no _____ unresolved finding for recovery from the State Auditor per Ohio Revised Code Section 9.24.
(CIRCLE ONE)

If there is unresolved finding for recovery from the State Auditor, complete the following section.

The amount of unresolved finding for recovery due the State Auditor is _____
AMOUNT

and unpaid penalties and interest are _____
AMOUNT

Affiant Signature Date

Affiant Title

Company/Corporations

Address

City/State/Zip Code

Sworn to and subscribed before me this _____ day of _____, 20 .

Notary (Seal)

My Commission Expires: _____

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.
- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol
- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.



GOVERNMENT BUSINESS AND FUNDING CONTRACTS
 In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of 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.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE ()		WORK PHONE ()		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			PHONE ()	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. 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 the company, business or organization referenced on page 1 of this declaration.

APPLICANT SIGNATURE X	DATE
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OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

Terrorist Exclusion List

As of March 16, 2009

U.S. Department of State List of Designated Foreign Terrorist Organizations

1. Abu Nidal Organization (ANO) (International, Palestinian)
2. Abu Sayyaf Group (ASG) (Philippines)
3. Al-Aqsa Martyrs Brigade (Palestinian)
4. Al-Shabaab (Somali)
5. Ansar al-Islam (Iraqi Kurdistan)
6. Armed Islamic Group (GIA) (Algeria)
7. Asbat al-Ansar (Lebanon)
8. Aum Shinrikyo (Japan)
9. Basque Fatherland and Liberty (ETA) (Spain, France)
10. Communist Party of the Philippines/New People's Army (CPP/NPA) (Philippines)
11. Continuity Irish Republican Army (Northern Ireland)
12. Gama'a al-Islamiyya (Egypt)
13. HAMAS (Islamic Resistance Movement) (Palestinian)
14. Harakat ul-Jihad-i-Islami/Bangladesh (HUJI-B) (Bangladesh)
15. Harakat ul-Mujahidin (HUM) (Kashmir, India)
16. Hizballah (Party of God) (Lebanon)
17. Islamic Jihad Group (Syria)
18. Islamic Movement of Uzbekistan (IMU) (Uzbekistan)
19. Jaish-e-Mohammed (Army of Mohammed) (JEM) (Kashmir, India)
20. Jemaah Islamiya organization (JI) (Southeast Asia)
21. al-Jihad (Egyptian Islamic Jihad) (Egypt)
22. Kahane Chai (Kach) (Israel)
23. Kongra-Gel (KGK, formerly Kurdistan Workers' Party, PKK, KADEK, Kongra-Gel) (Turkey, Iran, Iraq, Syria)
24. Lashkar-e Tayyiba (Army of the Righteous) (LT) (Kashmir)
25. Lashkar i Jhangvi
26. Liberation Tigers of Tamil Eelam (LTTE) (Sri Lanka)
27. Libyan Islamic Fighting Group (LIFG) (Libya)
28. Moroccan Islamic Combatant Group (GICM) (Morocco)
29. Mujahedin-e Khalq Organization (MEK) (Iran)
30. National Liberation Army (ELN) (Colombia)
31. Palestine Liberation Front (PLF) (Palestinian)
32. Palestinian Islamic Jihad (PIJ) (Palestinian)
33. Popular Front for the Liberation of Palestine (PFLP) (Palestinian)
34. PFLP-General Command (PFLP-GC) (Palestinian)
35. Tanzim Qa'idat al-Jihad fi Bilad al-Rafidayn (QJBR) (al-Qaida in Iraq) (formerly Jama'at al-Tawhid wa'al-Jihad, JTJ, al-Zarqawi Network) (Iraq)
36. al-Qa'ida (Global)
37. al-Qa'ida in the Islamic Maghreb (formerly GSPC) (The Maghreb)
38. Real IRA (Northern Ireland)
39. Revolutionary Armed Forces of Colombia (FARC) (Colombia)
40. Revolutionary Nuclei (formerly ELA) (Greece)
41. Revolutionary Organization 17 November (Greece)
42. Revolutionary People's Liberation Party/Front (DHKP/C) (Turkey)
43. Shining Path (Sendero Luminoso, SL) (Peru)
44. United Self-Defense Forces of Colombia (AUC) (Colombia)

OHIO DEPARTMENT OF PUBLIC SAFETY

Division of Homeland Security

U.S. Department of State Terrorist Exclusion List

1. Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidatul Afghania)
2. Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
3. Al-Hamati Sweets Bakeries
4. Al-Ittihad al-Islami (AI) (AI)
5. Al-Manar
6. Al-Ma'unah
7. Al-Nur Honey Center
8. Al-Rashid Trust
9. Al-Shifa Honey Press for Industry and Commerce
10. Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
11. Alex Boncayao Brigade (ABB)
12. Anarchist Faction for Overthrow
13. Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
14. Asbat al-Ansar
15. Babbar Khalsa International
16. Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
17. Black Star
18. Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)
19. Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
20. Darkazanli Company
21. Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salifiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaatt Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daaoua es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
22. Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
23. First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
24. Harakat ul Jihad i Islami (HUJI)
25. International Sikh Youth Federation
26. Islamic Army of Aden
27. Islamic Renewal and Reform Organization
28. Jamiat al-Ta'awun al-Islamiyya
29. Jamiat ul-Mujahideen (JUM)
30. Japanese Red Army (JRA)
31. Jaysh-e-Mohammed
32. Jayshullah
33. Jerusalem Warriors
34. Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
35. Libyan Islamic Fighting Group
36. Loyalist Volunteer Force (LVF)
37. Makhtab al-Khidmat
38. Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)

OHIO DEPARTMENT OF PUBLIC SAFETY

Division of Homeland Security

39. Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
40. New People's Army (NPA)
41. Orange Volunteers (OV)
42. People Against Gangsterism and Drugs (PAGAD)
43. Red Brigades-Combatant Communist Party (BR-PCC)
44. Red Hand Defenders (RHD)
45. Revival of Islamic Heritage Society (Pakistan and Afghanistan offices -- Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
46. Revolutionary Proletarian Nucleus
47. Revolutionary United Front (RUF)
48. Salafist Group for Call and Combat (GSPC)
49. The Allied Democratic Forces (ADF)
50. The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
51. The Lord's Resistance Army (LRA)
52. The Pentagon Gang
53. The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))
54. The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabilillah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
55. Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
56. Turkish Hizballah
57. Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
58. Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
59. Youssef M. Nada & Co. Gesellschaft M.B.H.

U.S. Treasury Department's Designated Charities and Potential Fundraising Front Organizations for FTOs

1. Makhtab al-Khidamat / Al Kifah (formerly U.S.-based, Pakistan)
2. Al Rashid Trust (Pakistan)
3. Wafa Humanitarian Organization (Pakistan, Saudi Arabia, Kuwait, United Arab Emirates)
4. Rabita Trust (Pakistan)
5. Ummah Tameer E-Nau (Pakistan)
6. Revival of Islamic Heritage Society - Pakistan and Afghanistan Branches (Kuwait, Afghanistan, Pakistan)
7. Afghan Support Committee (Afghanistan, Pakistan)
8. Al Haramain Foundation (Indonesia, Kenya, Pakistan, Tanzania, Bosnia, Somalia, Bangladesh, Afghanistan, Albania, Ethiopia, Netherlands, Comoros Islands, and United States branches)
9. Aid Organization of the Ulema (Pakistan)
10. Global Relief Foundation (United States)

OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

11. Benevolence International Foundation (United States):
12. Benevolence International Fund (Canada)
13. Bosanska Idealna Futura (Bosnia)
14. Stichting Benevolence International Nederland (Netherlands)
15. Lajnat al Daawa al Islamiyya (Kuwait, Pakistan, Afghanistan)
16. Al Akhtar Trust (Pakistan)
17. Taibah International (Bosnia)
18. Al Haramain & Al Masjed Al Aqsa Charity Foundation (Bosnia)
19. Al Furqan (Bosnia)
20. Islamic African Relief Agency (IARA) / Islamic Relief Agency (ISRA) (Sudan, United States and 40 other branches throughout the world)
21. The Holy Land Foundation for Relief and Development (United States)
22. Al Aqsa Foundation (United States, Europe, Pakistan, Yemen, South Africa)
23. Comité de Bienfaisance et de Secours aux Palestiniens (France)
24. Association de Secours Palestinien (Switzerland)
25. Interpal (Palestinian Relief & Development Fund) (United Kingdom)
26. Palestinian Association in Austria (Austria)
27. Sanibil Association for Relief and Development (Lebanon)
28. Elehssan Society (Palestinian territories)
29. Aleph (Aum Shinrikyo/Aum Supreme Truth)
30. Rabbi Meir David Kahane Memorial Fund (Kahane Chai and Kach)
American Friends of the United Yeshiva (Kahane Chai and Kach)
American Friends of Yeshivat Rav Meir (Kahane Chai and Kach)
Friends of the Jewish Idea Yeshiva (Kahane Chai and Kach)
31. Irish Republican Prisoners Welfare Association (Real IRA)
32. Socorro Popular Del Peru/People's Aid of Peru (Sendero Luminoso/Shining Path)

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Bidder Name: _____

Bidder Address: _____

Telephone Number: _____ **FAX:** _____ **Email Address:** _____

The name and telephone number of the person(s) who has (have) the authority to submit Proposals:

The name and telephone number of the person(s) who has (have) the authority to sign contracts:

Bidder's organization type (e.g. corporation, sole proprietorship, post-secondary education institution, etc.): _____

Status of bidder's organization or business (check one):

Public agency Private non-profit Private for-profit Other _____

Bidder's date of inception: _____ **Date of establishment/incorporation:** _____ **Federal Employer Identification Number (FEIN):** _____

Worker's Compensation Account Number: _____

Unemployment Insurance Account Number: _____

Is the Bidder independent or controlled by a parent company or organization? **Circle One**
Yes No
If yes, name of parent company or organization: _____

Is the Bidder authorized/licensed to do business in the State of Ohio?

Has Bidder ever filed for reorganization under the bankruptcy laws of Ohio or any other state?
If yes, what was the date and disposition of this action? _____

Do Federal, State, or local Affirmative Action or Equal Employment Opportunity rules bind the Bidder?

If yes, has the Bidder filed all required EEO reports to the necessary agencies?

The Bidder certifies that he is neither debarred nor suspended under Federal and State rulings from receiving Federal funds.

Does the Bidder have current or future plans for a buyout or sale to another person or entity?

The Bidder certifies that he will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this Request for Proposals.

The Bidder certifies he will not use the contract funds to lobby.

The Bidder certifies he is a drug-free work place.

The Bidder certifies he is not delinquent on any Federal debt.

LCDJFS PERFORMANCE MEASURES FORM

Provider:		Program:	
Project Activity:			
Outcome Goals:			
Method used to measure outcome:			
Projected # to be served:			

		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Annual Total
A	Projected % of clients who will attain outcomes.					
B	# of eligible clients in training program.					0
C	# of clients placed in qualified employment*.					0
D	# of clients placed in unqualified employment.					0
E	Total # clients employed (C+D=E) (Count each client only once.)	0	0	0	0	0
F	% of clients who have attained outcomes (C/B=F)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
G	Met goals? If G meets or exceeds A then answer yes, if not, answer no.					
Comments						

*Qualified Employment is 32 hours worked per week paid at \$11.67 or more, per hour.