

August 19, 2026

Board of Stark County Commissioners on behalf of Stark County Job and Family Services

Request for Proposals (RFP) # 26-01

TITLE XX SERVICES FOR STARK COUNTY COMMUNITY

To be considered for funding, applicants must complete and submit one (1) signed original Proposal, with original signatures throughout of all required materials by

4:00 pm on Friday, September 18, 2026

SUBMIT PROPOSAL VIA EMAIL TO:

Stark-Finance@jfs.ohio.gov

TABLE OF CONTENTS

INVITATION FOR PROPOSALS	3
TITLE XX GOALS	4
GENERAL INFORMATION	5
PROVIDER EXPERIENCE AND QUALIFICATIONS	5
SCOPE OF WORK AND SPECIFICATIONS	6
PROPOSAL CONTENT, FORMAT AND SUBMISSION	8
CRITERIA FOR EVALUATION AND SELECTION	10
CONDITIONS AND OTHER REQUIREMENTS	11
ATTACHMENTS	
Rating Criteria (RFP Rating Sheet)	13
Form of Non-Collusion Affidavit	14
Statement of Non-Liability for Delinquent Personal Property Taxes	15
Statement of Liability for Delinquent Personal Property Taxes	16
Sample Corporate Resolution	17

Invitation for Proposals

Sealed Proposals (**per ORC 307.862**), in accordance with Stark County's Specifications, for **TITLE XX SERVICES FOR STARK COUNTY COMMUNITY** for Stark County Job & Family Services, Human Services Division, must be emailed to Stark-Finance@jfs.ohio.gov **no later than 4:00 P.M.**, local time on **Friday, September 18, 2026**.

Proposals must be submitted using the forms furnished with the specifications, include the full name of each person or agency/company submitting the proposal, and must be signed by an official authorized to execute a contract. Proposals shall be marked: **"TITLE XX SERVICES FOR STARK COUNTY COMMUNITY FOR SCJFS, PROPOSAL NO. 26-01."**

Beginning August 25, 2026, copies of the specification can be obtained for review and/or pickup from 9:00 A.M. to Noon and 2:00 P.M. to 4:00 P.M., Monday through Friday (excluding holidays) from: **Trisha Tipple SCJFS, 221 – 3rd Street SE, Canton, Ohio 44702.**

Each proposal and all certificates must be completed using the forms furnished with the specifications and emailed to Stark-Finance@jfs.ohio.gov on or prior to the date and hour specified for receiving proposals. The County is not responsible if documents are received after the proposals are opened.

Each proposer must ensure that all employees and applicants for employment are not discriminated against because of race, color, religion, sex, handicap or national origin, disability, age, veteran status, or genetic information.

Terms of payment shall be as provided in the specifications.

The Board of County Commissioners of Stark County, Ohio reserves the right to reject any or all proposals, to waive any informalities or irregularities in the proposal received, and to accept any proposal or combination of proposals which are deemed most favorable to the County at the time and under the conditions stipulated.

Notice is posted at https://www.starkcountyohio.gov/government/offices/job_family_services/human_services/index.php. Click the Request for Proposals link on the homepage.

BY ORDER OF THE BOARD OF STARK COUNTY COMMISSIONERS CANTON, OHIO

JERRY COLEMAN, EXECUTIVE DIRECTOR STARK COUNTY JOB AND FAMILY SERVICES

Published in: The Repository

Publication date: August 25, 2026

Title XX is a federal Social Services Block Grant funded under CFDA #93.667. There are five goals of this funding:

Goal I: To achieve or maintain economic self-support to prevent, reduce, or eliminate dependency;

Goal II: To achieve or maintain self-sufficiency including reduction or prevention of dependency;

Goal III: To prevent or remedy neglect, abuse or exploitation of children or adults unable to protect their own interest or preserving, rehabilitating or reuniting families;

Goal IV: To prevent or reduce inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care; and

Goal V: To secure referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

GENERAL INFORMATION

PURPOSE

The purpose and release of this Request for Proposal (RFP) is to solicit competitive proposals from providers qualified to provide Title XX services to the residents of Stark County.

This RFP and all agency agreements are contingent upon the availability of funds.

PROVIDER EXPERIENCE AND QUALIFICATIONS

SCJFS will prefer and/or offer the award of agreements to providers who are most advantageous in terms of cost efficiency, quality of services and have demonstrated measurable customer-based outcomes.

QUALIFICATIONS

- The provider must show proof of experience or otherwise demonstrate the ability to provide quality Title XX services to the residents of Stark County.
- The provider must provide names and titles, addresses, telephone numbers, and email addresses of three (3) professional references.
- The provider must submit copies of the provider's Certificates of Insurance as verification of adequate insurance (general, professional, and auto) as follows, or alternative comparable coverage that is acceptable to the Board of Stark County Commissioners: Commercial general liability insurance of at least \$1,000,000.00 per occurrence and \$3,000,000.00 in the aggregate. Professional liability insurance of at least \$1,000,000.00 per claim and \$1,000,000.00 in the aggregate. Business auto liability insurance of at least \$1,000,000.00 combined single limit, on all owned, non-owned, leased and hired automobiles.
- If applicable, the provider must submit a copy of their sliding fee scale based upon family income.
- The provider must submit proof of current license/certification in accordance with State Law as applicable to the services provided. Further, the provider must be able to certify that all personnel or other resources incorporated in the programming and services offered by the provider are licensed or certified, as required, by the proper authority including, however not limited to, the Ohio Department of Job & Family Services, the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Health, the Ohio Department of Developmental Disabilities, and the Ohio Counselor, Social Worker and Marriage and Family Therapist Board.
- One or more of the following certifications is/are strongly preferred:

OMHAS, Ohio Department of Mental Health and Addiction Services
DODD, Ohio Department of Developmental Disabilities (Community Alternative Funding System)
COA, Council on Accreditation
JCAHO, Joint Commission on Accreditation of Healthcare Organizations
NCQA, National Committee for Quality Assurance

- The provider must demonstrate compliance and cooperation with any Child Support Enforcement Agency regarding payment requirements.
- The provider shall include a statement affirming the provider is in compliance with federal laws and regulations, including a statement the provider does not discriminate against in its employment practices.
- The provider certifies that the provider is not subject to a finding of recovery under section 9.24 of the Ohio Revised Code or it has taken the appropriate remedial steps required under ORC 9.24 or otherwise qualifies under that section to agreement with the Board of Stark County Commissioners.
- The provider certifies that the provider is in full compliance with all statutes and regulations pertaining to the Americans with Disabilities Act of 1990 and with section 504 of the Rehabilitation Act of 1973.
- The provider certifies that the provider is not excluded from doing business with federal agreements.

SCOPE OF WORK AND SPECIFICATIONS

SCOPE OF WORK - SCJFS IS SEEKING SERVICES IN ANY OF THE FOLLOWING:

Day Care Services for Adults

<u>Service Code</u>	<u>Standard Unit</u>	<u>Description</u>
771.01	Hour	Provision of one hour of services or activities which may include opportunity for social interaction; companionship and self-education; health support or assistance in obtaining health services; counseling; recreation and general leisure time activities; meals; personal care services; plan development; and transportation.
771.02	Day	Provision of a day of care and supervision services or activities in a protective setting for a portion of a twenty-four-hour day (five or more hours of care).

Protective Services for Adults

<u>Service Code</u>	<u>Standard Unit</u>	<u>Description</u>
776.01	Hour	Provision of one hour of services designed to prevent or remedy abuse, neglect, or exploitation of adults who are unable to protect their own interest due to maltreatment or domestic violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of financial or other resources. Services/activities may include investigation; immediate intervention; arranging emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and family; assessment/evaluation of family circumstances; arranging alternative or improved living arrangements; preparing for foster care placement, if needed; and case management and referral to service providers.

Prevention and Intervention Services

<u>Service Code</u>	<u>Standard Unit</u>	<u>Description</u>
758.01	Month	Provision of services or activities designed to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of abuse, neglect, or domestic violence, or to assist in making arrangements for alternate placement or living arrangements where necessary. Such services may also be provided to prevent the removal of a child or adult from the home.

PROPOSAL CONTENT, FORMAT AND SUBMISSION

1. The Proposal must include a narrative description of the provider program(s). Multiple programs will require separate descriptions. The program description should include all services and the frequency of the services provided. Include educational and health related services. Include credentials of staff associated with the program(s) or service(s).
2. Identify and describe any treatment modality and the population intended to benefit from the services. Identify anticipated outcomes (efforts to reduce symptoms, increase functioning) and goal related time frames to meet outcomes as identified. Describe the measurements that are applied to the individual or family's progress in meeting the anticipated outcomes and how that information will be conveyed to SCJFS.
3. Explain how and where the needs of each individual or family will be met. Identify any additional or specialized services or resources that will be made available as appropriate to the individual or family's needs.
4. Provide a listing of the cost(s) associated with the specified service that is to be provided. Presumably, the cost will be reflected as an hourly or unit rate.
5. The proposal must be signed by an individual who is authorized to enter into an agreement that binds the provider and include the names of individuals authorized to negotiate with SCJFS. The

signature must indicate the title or position the individual holds in the provider's organization. Any and all unsigned proposals will be rejected.

CONTACT INFORMATION

Contact Person:	Trisha Tipple
Address:	221 3 rd Street SE, Canton, Ohio 44702
Telephone Number:	(330) 451-8752
Fax Number:	(330) 451-8300
Email address:	Trisha.Tipple@jfs.ohio.gov

PROPOSAL FORMAT

To simplify the process for evaluating proposals, and to assure each proposal receives the same review, proposals must be submitted in the following format and contain all items listed. Proposal sections must be identified according to the following format:

- A. Cover Letter:** Submit a cover letter representing the provider, identifying the type of organization (such as: individual, non-profit corporation, profit-making corporation, or other legal entity) that includes a brief statement describing the provider organization.
- **Also include identifying information:** provider legal name as it appears in articles of incorporation [identify other name(s) if applicable – doing business as...(DBA)]; business address and services address if applicable; telephone; fax; email; World Wide Web address. Include a statement identifying the organization's mission and goals. Provide the name of a contact person relating to this proposal including the person's title, address, telephone, fax, and email. Provide the federal tax identification number.
 - **The letter must be signed** by the person authorized to legally bind the provider along with the position the signer holds in the organization, presumably the Director, CEO, or President.
- B. Rate Sheet:** For each program offered by the provider, include a separate rate sheet demonstrating the cost of the component services provided within the program.
- C. Proposal:** Based on information provided above, and in response to the description of the proposal and finally, in consideration of the proposal evaluation and rating categories that SCJFS will apply; present a narrative that represents the services and programs the provider is proposing that SCJFS purchase. **The entire proposal including any attachments must not exceed 20 pages. The proposal must contain sufficient information for the RFP reviewers to make an informed judgment as to the quality and cost of the services proposed.** SCJFS will not compensate the provider for any expenses incurred as a result of the RFP process. All proposals become the property of SCJFS and are considered public information.

CRITERIA FOR EVALUATION AND SELECTION

ACCEPTANCE OR REJECTION OF PROPOSALS

All providers must carefully review their final proposals. Once opened, proposals cannot be changed; however, SCJFS may request additional information.

The Board of Stark County Commissioners reserves the right to reject any or all proposals, to waive any informalities or irregularities in the proposal received, and to accept any proposal or combination of proposals which are deemed most favorable to Stark County at the time and under the conditions stipulated. SCJFS reserves the right to prioritize the awards according to the needs of the community as determined by SCJFS. The authority of the Board of Stark County Commissioners, which issues the agreement, will be final.

PROPOSAL REVIEW PROCEDURE AND AWARD OF AGREEMENT

The review process will be conducted in two (2) parts: initial review and final review.

Initial Review

The initial review ensures the proposal meets the minimum requirements (and mandatory conditions) specified in the RFP. Proposals not meeting the minimum requirements will be rejected. Proposals submitted in response to the RFP must meet the following requirements:

- The proposal must be received in a timely fashion.
- Proposal signed by an authorized representative of the provider.

Proposals that pass the initial review will be considered valid and will move on to the final review.

Final Review

- All valid proposals will be reviewed, evaluated, and rated by the Review Committee (RC). The RC will be composed of SCJFS staff or designees thereof.
- The RC will evaluate each proposal against the criteria in the RFP. During the review, the RC may request additional information from the provider. Provider's responses must always be in writing.
- All qualified proposals shall be reviewed by the RC using the attached Rating Criteria sheet tailored specifically to this RFP. The number of evaluation points for each section varies according to the value assigned for that particular segment of the program.
- The RC will prioritize the successful proposals based on the needs of the community as determined by SCJFS.

RC rating sheets will be used to focus discussion. The final composite Evaluation Rating Sheet will be maintained on file by SCJFS.

PROPOSAL SELECTION AND NOTIFICATIONS

Based upon the results of the evaluation, SCJFS will recommend to the Board of Stark County Commissioners provider(s) for the services who it determines to be the most advantageous with price and other factors considered. SCJFS will work with that provider to finalize the details of the agreement document.

All providers will be notified of their non-selection immediately after the preferred provider(s) is/are notified. If the successful provider fails to execute the agreement, the Board of Stark County Commissioners may award the agreement to another provider whose proposal met the requirements of the RFP and any addenda.

The decisions made by the Board of Stark County Commissioners are final. However, questions, clarifications, and additional information in regard to the decision or in regard to this RFP and the completion of a Proposal may be directed to the RFP contact person.

CONDITIONS AND OTHER REQUIREMENTS

AGREEMENT REQUIREMENTS

The agreement will incorporate the requirements of the RFP, the proposed services, and all other agreements that may be reached. If the provider proposes a sub-agreement approach, the agreement must clearly describe the responsibilities of each party and the assurances of the performance offered. Provider must adhere to the applicable code of federal regulations regarding cost principles, administrative requirements and audit authority.

AGREEMENT PERIOD & INVOICING

Agreement will be written for a period not to exceed 12 months. Payment for services rendered is made on a monthly basis and within 45 days of receipt of an accurate invoice and required documentation.

CONFLICT OF INTEREST

No provider will attempt to influence an employee of SCJFS in violation of any procurement policies of the agency, the Ohio Revised Code, or Federal Procurement Regulations.

PROVIDER DISCLOSURES

Provider must provide a disclosure of any pending or threatened court actions and/or claims against the provider. This information may not cause rejection of the proposal, but withholding the information may be cause to reject the proposal.

CONFIDENTIALITY

Provider that has access to confidential information will be required to keep that information private, classified and confidential.

RATING CRITERIA

RFP RATING SHEET

Evaluation Criteria	Maximum	
Initial Review requirements met (If “yes,” continue; if “no,” stop here)	Yes/No	(not a weighted item)
Strength and stability of the provider to provide the requested services	10 points	
Overall responsiveness and completeness of the proposal as well as the likelihood that the proposal best meets or exceeds the specifications	20 points	
Scope of service being proposed	15 points	
Outcomes and measurement of service(s)	10 points	
Price of proposed service(s)	25 points	
Experience with a similar project/program	15 points	
Other factors considered relevant by SCJFS and demonstrated by the bid proposal or investigation by SCJFS	5 points	
Total	100 points	

*NOTE: A rating of at least 75 out of 100 possible points is required for further consideration.

Signature of Reviewer

Date

FORM OF NON-COLLUSION AFFIDAVIT

STATE OF _____)

COUNTY OF _____) SS:
_____)

BEING FIRST DULY SWORN, AND SAYS THAT HE IS _____
_____ (SOLE OWNER, A PARTNER, PRESIDENT, SECRETARY, ETC.) OF _____
_____ THE PARTY MAKING THE FOREGOING PROPOSAL , THAT SUCH PROPOSAL
IS GENUINE AND NOT COLLUSIVE OR SHAM, THAT SAID PROPOSER HAS NOT COLLUDED,
CONSPIRED, CONNIVED, OR AGREED DIRECTLY OR INDIRECTLY WITH ANY PROPOSER OR
PERSON, TO PUT IN A SHAM PROPOSAL, OR THAT SUCH OTHER PERSON SHALL REFRAIN FROM
SUBMITTING A PROPOSAL, AND 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 OF ANY OTHER PROPOSER, OR TO FIX ANY
OVERHEAD, PROFIT OF COST ELEMENT OF SAID PROPOSAL PRICE, OR OF THAT OF ANY OTHER
PROPOSER, OR TO SECURE ANY ADVANTAGE AGAINST STARK COUNTY, OR ANY PERSON
INTERESTED IN THE PROPOSED CONTACT; AND THAT ALL STATEMENTS CONTAINED IN SAID
PROPOSAL ARE TRUE, AND, FURTHER THAT SUCH PROPOSER HAS NOT, DIRECTLY OR
INDIRECTLY SUBMITTED THIS PROPOSAL, OR THE CONTENTS THEREOF, OR DIVULGED
INFORMATION OR DATA RELATIVE THERETO TO ANY ASSOCIATION OR TO ANY MEMBER OR
AGENT THEREOF.

AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC IN AND FOR

MY COMMISSION EXPIRES:
_____, 20_____

PROPOSER'S NAME _____

STATE OF OHIO)

) SS:
STARK COUNTY)

STATEMENT OF NON-LIABILITY
FOR DELINQUENT PERSONAL
PROPERTY TAXES

_____, BEING FIRST DULY SWORN, SAYS THAT HE HAS
(SEE NOTE BELOW)

BEEN AWARDED A CONTRACT BY _____
(NAME OF TAXING DISTRICT)

AFTER COMPETITIVE BIDDING; AND THAT AT THE TIME OF THE SUBMISSION OF
SAID BID SAID AFFIANT WAS NOT CHARGED WITH ANY DELINQUENT PERSONAL
PROPERTY TAX ON THE GENERAL TAX LIST OF PERSONAL PROPERTY OF
STARK COUNTY.

(SEE NOTE BELOW)

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20__.

NOTARY PUBLIC

NOTE: WHERE AN INDIVIDUAL HAS SUBMITTED A BID, THE NAME OF THE
INDIVIDUAL SHOULD APPEAR HERE. WHERE AN INDIVIDUAL SIGNS FOR A
PARTNERSHIP THE NAME OF THE PARTNER SIGNING FOR THE PARTNERSHIP
SHOULD APPEAR TOGETHER WITH THE NAME OF THE PARTNERSHIP. WHERE
A CORPORATION HAS SUBMITTED A BID, THE NAME OF THE OFFICER, HIS
POSITION AND THE NAME OF THE CORPORATION SHOULD APPEAR.

PROPOSER'S NAME: _____

STATE OF OHIO)

) SS:

STARK COUNTY)

STATEMENT OF LIABILITY
FOR DELINQUENT PERSONAL
PROPERTY TAXES

_____, BEING FIRST DULY SWORN, SAYS THAT HE HAS
(SEE NOTE BELOW)

BEEN AWARDED A CONTRACT BY _____
(NAME OF SUBDIVISION)

AFTER COMPETITIVE BIDDING; AND THAT AT THE TIME OF THE SUBMISSION OF
SAID BID SAID AFFIANT WAS CHARGED WITH DELINQUENT PERSONAL
PROPERTY TAX ON THE GENERAL TAX LIST OF PERSONAL PROPERTY OF
STARK COUNTY, OHIO AND THAT THE AMOUNT SUCH DUE AND UNPAID
DELINQUENT TAXES IS \$_____ AND THAT THE AMOUNT OF
THE DUE AND UNPAID PENALTIES AND INTEREST IS \$_____.

(SEE NOTE BELOW)

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20____.

NOTARY PUBLIC

NOTE: WHERE AN INDIVIDUAL HAS SUBMITTED A BID, THE NAME OF THE
INDIVIDUAL SHOULD APPEAR HERE. WHERE AN INDIVIDUAL SIGNS FOR A
PARTNERSHIP THE NAME OF THE PARTNER SIGNING FOR THE PARTNERSHIP
SHOULD APPEAR TOGETHER WITH THE NAME OF THE PARTNERSHIP. WHERE
A CORPORATION HAS SUBMITTED A BID, THE NAME OF THE OFFICER, HIS
POSITION AND THE NAME OF THE CORPORATION SHOULD APPEAR.

SAMPLE

CORPORATE RESOLUTION

_____, Secretary of

and _____ corporation hereby certifies that the following is a true and correct copy
of a resolution duly adopted by the Board of Directors of _____ on
_____, 20__, to wit:

“Resolved, that _____ of this Company, namely,
_____ be and he hereby is
authorized and directed to enter into any and all contracts, bid guaranty and performance
bonds with the Board of Commissioners, Stark County, Ohio, for the purpose of furnishing
labor and materials as to

at such price and upon such terms and conditions, including any amendments or
modifications thereto, as said

in his sole discretion shall deem best, and that said actions shall be binding upon the
corporation.

Resolved, further, that said

be, and he further is hereby authorized and directed to execute and deliver unto said
Board of Commissioners other instruments which in his discretion he shall deem
necessary to carry out the foregoing resolution.”

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said
corporation at _____, _____, this
___ day of _____, 20__, and I further certify that said resolution is still in full
force and effect.

SECRETARY