RESOLUTION APPROVING SENIOR SERVICES SUBGRANT AGREEMENTS WITH VARIOUS ENTITIES FOR CHORE, HOME DELIVERED MEALS, HOMEMAKER, PERSONAL CARE, PROTECTIVE SERVICES, INDEPENDENCE & WELLNESS PROGRAMS/CONGREGATE MEALS/COMPANIONSHIP SERVICES; AND TRANSPORTATION SERVICES, CONTRACT NO'S: 23-4001-S, 23-4002-S, 23-4003-S, 23-4004-S, 23-4005-S, 23-4006-S, 23-4007-S, 23-4008-S, 23-4009-S, 23-4010-S, 23-4011-S, 23-4012-S, 23-4013-S, 23-4014-S, 23-4015-S, 23-4016-S, 23-4017-S, 23-4018-S, 23-4019-S, 23-4020-S, ACDJFS

WHEREAS, on November 22, 2022 by Resolution No. 2022-449, proposals were awarded for Senior Levy Services; and

WHEREAS, it is now necessary to approve the Senior Levy Service agreements, and:

WHEREAS, Patrick Arcaro, Director of the Dept. of Job and Family Services, has presented the following contracts for the approval of the Board, to-wit:

ALL TERMS ARE EFFECTIVE: January 1, 2023 and ending December 31, 2023

SCOPE OF SERVICES: All sub grant agreements listed below provide specified services to Ashtabula County residents age 60 and older under the Senior Services Levy.

CHORE SERVICES:

ASHTABULA CO. COUNCIL ON AGING **Contract No.:** 23-4003-S
Provider: Ash. Co. Council on Aging, 4148 Main Ave., Ashtabula, OH 44004
Cost: **Not to Exceed, $32,368.00**

CONNEAUT HUMAN RESOURCE CENTER **Contract No.:** 23-4004-S
Provider: Conneaut Human Resource Center, 327 Mills St., Conneaut, OH 44030
Cost: **Not to Exceed, $1,618.40**

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 23-4005-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $7,325.00**

HOMEMAKER SERVICES:

ASHTABULA COUNTY COMMUNITY ACTION AGENCY **Contract No.:** 23-4012-S
Provider: Ashtabula County Community Action Agency, P.O. Box 2610, Ashtabula, OH 44004
Cost: **Not to Exceed, $49,000.00**

CONNEAUT HUMAN RESOURCE CENTER **Contract No.:** 23-4013-S
Provider: Conneaut Human Resource Center, 327 Mills St., Conneaut, OH 44030
Cost: **Not to Exceed, $32,500.00**

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 23-4014-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $90,000.00**

HOME DELIVERED MEALS:

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 23-4001-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $245,490.00**

ASHTABULA COUNTY COMMUNITY ACTION AGENCY **Contract No.:** 23-4002-S
Provider: Ashtabula County Community Action Agency, P.O. Box 2610, Ashtabula, OH 44004
Cost: **Not to Exceed, $333,165.00**

PROTECTIVE SERVICES:

CATHOLIC CHARITIES OF ASHTABULA COUNTY **Contract No.:** 23-4011-S
Provider: Catholic Charities of Ashtabula County, 4200 Park Ave. 3rd Floor, Ashtabula, OH
Cost: **Not to Exceed, $56,868.32**

PERSONAL CARE SERVICES:

ACMC REGIONAL HOME HEALTH SERVICES **Contract No.:** 23-4015-S
Provider: ACMC Regional Home Health Services, P.O. Box 1428, Ashtabula, OH 44005
Cost: **Not to Exceed, $138,158.07**

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 23-4016-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $36,600.00**

SENIOR TRANSPORTATION PROGRAM:

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 23-4018-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $323,950.00**

ASHTABULA COUNTY TRANSPORTATION SYSTEM (ACTS) **Contract No.:** 23-4017-S
Provider: Ashtabula County Transportation System, 2924 Donahoe Drive, Ashtabula, OH 44004
Cost: **Not to Exceed, $71,572.80**

INDEPENDENCE & WELLNESS PROGRAMS/CONGREGATE MEALS/ COMPANIONSHIP SERVICES:

CONNEAUT HUMAN RESOURCE CENTER **Contract No.:** 23-4006-S
Provider: Conneaut Human Resource Center, 327 Mills St., Conneaut, OH 44030
Cost: **Not to Exceed, $34,900.00**

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 23-4007-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $75,633.60**

ASHTABULA COUNTY COMMUNITY ACTION AGENCY **Contract No.:** 23-4009-S
Provider: Ashtabula County Community Action Agency, P.O. Box 2610, Ashtabula, OH 44004
Cost: **Not to Exceed, $5,500.00**

ASHTABULA CO. COUNCIL ON AGING **Contract No.:** 23-4010-S
Provider: Ash. Co. Council on Aging, 4148 Main Ave., Ashtabula, OH 44004
Cost: **Not to Exceed, $53,833.60**

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 23-4020-S

Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $3,132.00**

GENEVA AREA SENIORS CORP. **Contract No.:** 23-4008-S
Provider: Geneva Area Seniors Corp., 62 W. Main St, Geneva, OH 44041
Cost: **Not to Exceed, $53,892.40**

Ashtabula County YMCA. **Contract No.:** 23-4019-S
Provider: Ashtabula County YMCA, 263 West Prospect Rd, Ashtabula, OH 44004
Cost: **Not to Exceed, $36,614.91**

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio that the Agreements, as noted above, are approved in accordance with the copies now on file in this office.

ASHTABULA COUNTY COMMISSIONERS

CERTIFICATION PAGE

Resolution No. 2022-509 **November 29, 2022**

RESOLUTION APPROVING SENIOR SERVICES SUBGRANT AGREEMENTS WITH VARIOUS ENTITIES FOR CHORE, HOME DELIVERED MEALS, HOMEMAKER, PERSONAL CARE, PROTECTIVE SERVICES, INDEPENDENCE & WELLNESS PROGRAMS/CONGREGATE MEALS/COMPANIONSHIP SERVICES; AND TRANSPORTATION SERVICES, CONTRACT NO'S: 23-4001-S, 23-4002-S, 23-4003-S, 23-4004-S, 23-4005-S, 23-4006-S, 23-4007-S, 23-4008-S, 23-4009-S, 23-4010-S, 23-4011-S, 23-4012-S, 23-4013-S, 23-4014-S, 23-4015-S, 23-4016-S, 23-4017-S, 23-4018-S, 23-4019-S, 23-4020-S, ACDJFS

Upon the motion of Casey R. Kozlowski, seconded by Kathryn L. Whittington.

VOTE:

J.P. Ducro IV	**Aye**
Casey R. Kozlowski	**Aye**
Kathryn L. Whittington	**Aye**

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.

Lisa Hawkins

Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
HOME DELIVERED MEALS

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Country Neighbors Program, Inc.,** located at **39 South Maple Street, Orwell, Ohio 44076** to provide **Home Delivered Meals** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Home Delivered Meals: $245,490.00 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$8.35 per unit of Home Delivered Meals as described in Exhibit II (subgrantee budget)
(A unit = one meal)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor on a monthly basis in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS monthly included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources, or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

11-7-22
Date

Ashtabula County Board of Commissioners

11-29-22
Date

Signature Page

Re: A Subgrant agreement between Ashtabula County Job & Family Services and **Country Neighbor Programs, Inc.** for **Home Delivered Meals** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·10·2022
MJH 11.2.22
2022 CON-0144

EXHIBIT I

Applicant Information

AGENCY / ORGANIZATION NAME: Country Neighbor Program, Inc.

ADDRESS: 39 South Maple Street, PO Box 212, Orwell, OH 44076

PHONE: (440)437-6311 FAX: (440)437-1031

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1331627

EXECUTIVE DIRECTOR/DIRECTOR: Barbara Klingensmith

PROGRAM COORDINATOR: Kelley Kemp EMAIL: kelley.kemp@countryneighbor.org

FISCAL CONTACT: Tina Hansel EMAIL: tina.hansel@countryneighbor.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Barbara Klingensmith SIGNATURE: _____

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 1, 2022

Appendix I
ACJFS RFP #5-23
Ashtabula County Senior Services Levy
Home Delivered Meals
Program Description

Home Delivered Meals

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) meal will be one unit of service.
Area to be served: Ashtabula County or portions thereof.

This program serves Ashtabula County seniors aged 60 and over. Funding is provided through the Ashtabula County Senior Services Levy. The program consists of services or activities designed to prepare and deliver one or more meals a day to an individual's residence to prevent institutionalization, malnutrition, and isolation. A meal must meet the standards established by the Older Americans Act and comply with the Dietary Guidelines for Americans published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture. ACJFS seeks to sustain home delivered meal services in the County to ensure that this service is available to residents who meet the eligibility criteria. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria; aged 60 and older, reside in their home and a resident of Ashtabula County. Applicant proposals must demonstrate ability and experience in providing the service.

Applicants must comply with the following sections of the Ohio Administrative Code: 173-4-02, 173-4-03, 173-4-04.1 (with the exclusion of item B-4), 173-39-02.14

Applicant must be in good standing with the local health department and/or United States Department of Agriculture, as documented by attaching a copy of the most recent Ohio Department of Agriculture/Ohio Department of Health Standard Inspection Report of each preparation site and a copy of a current Food Service License for preparation sites.

Country Neighbor Program, Inc.
Home Delivered Meals
Section 2 (F)
Required Documents
Documents Used for Monitoring Goals and Outcomes

Country Neighbor Program

440-437-6311

June 2022 Menu

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
3 oz. Protein 4 oz. Fruit 4 oz. Vegetable 3 oz. Starch 2 oz. Grain 8 oz. Casserole		Honey Mustard Chicken Baked Potato Buttered Beets Tossed Salad Mandarin Oranges	Fish Sandwich Mac and Cheese Stewed Tomatoes Cucumber/Onion Salad Banana	Italian Sausage with Peppers/Onions on bun Broccoli and Cheese Roasted Potatoes Applesauce
6	7	8	9	10
Creamed Chicken over biscuits with peas/carrots Tropical Fruit 3 Bean Salad	Ham Slice Sweet Potatoes Key West Vegetables Pineapple Beet Salad	Turkey Salad Sandwich with lettuce/tomato Pea/Tortellini Salad Ambrosia Juice	BBQ Pork Chop Baked Potato/Sour Cream Mixed Vegetables Carrot/Raisin Salad Cinnamon Pears	Hot Dog on Bun Baked Beans Macaroni Salad Fruited Jell-O
13	14	15	16	17
Hamburger Gravy over Mashed Potatoes Stewed Tomatoes Corn Salad Juice	Tuna Noodle Casserole Spinach Broccoli Slaw Fruited Jell-O	Baked Chicken Garden Rice Pilaf Buttered Carrots Coleslaw Peaches	Chef Salad w/ham, turkey, and egg Baked Potato w/Broccoli, cheese, and sour cream Applesauce	Cheeseburgers w/ lettuce and tomato Baked Beans Macaroni and Cheese Tomato Cucumber salad Juice
20	21	22	23	24
BBQ Riblet Cheesy Mashed Potatoes Succotash Beet Salad Tropical Fruit	Chicken Bacon Ranch Penne Pasta Cauliflower Cabbage Salad Applesauce	Meatloaf Mashed Potato/gravy Corn Salad Mandarin Oranges	French Toast Casserole Scrambled cheesy eggs with peppers/onions Cinnamon Pears	Ham/Provolone cheese on bun Tortellini Salad w/vegetables Peaches/cream Juice
27	28	29	30	
Salisbury Steak Mac and cheese Green beans Fruit cocktail Cottage cheese salad with Peppers/tomatoes	Sloppy Jo on Bun Roasted Potatoes Mixed Vegetables Coleslaw Juice	BBQ Chicken Baked Beans Macaroni Salad Ambrosia	Polish Kielbasa Pierogi Casserole Corn Applesauce Coleslaw	Milk and bread served with all meals. To request ingredient information, contact Country Neighbor at 440-437-6311

Menu meets nutritional needs of healthy adults MS RD LD CE 5/16/22

Scanned with CamScanner

COUNTRY NEIGHBOR PROGRAM, INC
CONSUMER HOME DELIVERED MEAL ROUTE FORM

CLIENT: PHONE:
ADDRESS: CITY:
TOWNSHIP: COUNTY:
D.O.B. FUNDER:

DATE: 7/11/2022 NUMBER OF MEALS:

CLIENT SIGNATURE:

DRIVER SIGNATURE:

DATE: 7/12/2022 NUMBER OF MEALS:

CLIENT SIGNATURE:

DRIVER SIGNATURE:

DATE: 7/13/2022 NUMBER OF MEALS:

CLIENT SIGNATURE:

DRIVER SIGNATURE:

DATE: 7/14/2022 NUMBER OF MEALS:

CLIENT SIGNATURE:

DRIVER SIGNATURE:

DATE: 7/15/2022 NUMBER OF MEALS:

CLIENT SIGNATURE:

DRIVER SIGNATURE:

SUPERVISOR'S SIGNATURE:

DELIVERY INSTRUCTIONS:

New Restart

ORWELL VILLAGE Route 1

WEEK OF				July 11 - July 15, 2022							Dan	
Funder	MILK	Juice		CLIENT NAME	ADDRESS / TOWNSHIP	Monday	Tuesday	Wednesday	Thursday	Friday	Frozen	Office Use Only
ACSSL	1	1										
ACSSL	1	1										ACSSL 30
ACSSL	1											XX 12
ACSSL	1	1										
ACSSL		1										
ACSSL	1	1										
ACSSL	1	1										
XX		1										
ACSSL	1	1										
ACSSL	1	1										
ACSSL	1	1	Diabetic									
ACSSL	1	1										
ACSSL		1										
ACSSL		1										
ACSSL	1	1										
ACSSL	1	1										
XX	1	1										
XX	1	1										
ACSSL	1	1										
ACSSL	1	1										
XX	1	1										
ACSSL	1	1									1	
xx	1	1										
XX	1	1										
ACSSL	1	1	Diabetic									
ACSSL	1											
ACSSL	1	1										
ACSSL	1	1										
XX	1	1										
ACSSL	1	1										
ACSSL	1	1										
XX		1	no salt									
ACSSL	1	1										
XX		1										
ACSSL	1	1										
ACSSL		1	No Dairy			0		0		0		
XX	1	1										
ACSSL	1	1										
ACSSL		1										
XX	1	1	l/s									
XX	1	1										
ACSSL	1	1	l/s									
	34	40				41	42	41	42	41		

TIME SHEET

CLOCK IN

NAME: _____

DATE: _____

OFFICE USE ONLY

Meal Route

Ashtabula Trumbull Andover CNP

Route: _____

START	END	START MILES	END MILES	ACHDM	TCHDM	PPHDM	Title XX	IIIC TC HDM	Andover CNP

Meal Route

Ashtabula Trumbull Andover CNP

Route: _____

START	END	START MILES	END MILES	ACHDM	TCHDM	PPHDM	Title XX	IIIC TC HDM	Andover CNP

Meal Route

Ashtabula Trumbull Andover CNP

Route: _____

START	END	START MILES	END MILES	ACHDM	TCHDM	PPHDM	Title XX	IIIC TC HDM	Andover CNP

CLOCK OUT	**First meal drop time**_____	**Last meal drop time**_____
	Comments-	

Supervisor Signature: _____

EMPLOYEE SIGNATURE: _____

MEAL ROUTE TEMPERATURE LOG

DATE	TIME	TEMPERATURE	ROUTE	SIGNATURE

COUNTRY NEIGHBOR PROGRAMS, INC
Client Case Notes

DATE	STAFF INITIALS	CLIENT NAME
		Signatures:
		Client:
		Staff:
		Supervisor:
		CNP Staff reporting to Case Manager:
		Name of Case Manager:
		Date and time:

COUNTRY NEIGHBOR PROGRAM, INC.

UNUSUAL INCIDENT REPORT

Please complete all applicable blanks in ink as soon as possible after the incident. Signature, dates, and times are essential. Submit report to Human Resources.

NAME OF PERSON(S) INVOLVED

_____

(Last Name) (First Name) (Middle Initial)

MALE _____ FEMALE _____ AGE _____

DATE OF INCIDENT _____ TIME OF INCIDENT _____

_____ _____

Supervisor's Name Date and Time Reported to Supervisor

_____

Complete Address Where Incident Occurred

1. State reason for presence at this location

2. Describe Incident in your own words. What happened? (Use back of form if more space is needed.)

_____

_____

NAMES OF WITNESS(ES) _____

WHAT ACTION WAS TAKEN AS A RESULT OF INCIDENT? _____

WHAT WOULD YOU SUGGEST TO PREVENT A SIMILAR INCIDENT FROM OCCURRING AGAIN? _____

_____ _____

Signature of person completing report Date and time

_____ _____

Signature of Supervisor Date and time

_____ _____

CNP Staff reporting to Case Manager Date and time

_____

Name of Case Manager

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Country Neighbor Program, Inc.

Company Address: 39 South Maple Street, PO Box 212, Orwell, OH 44076

Telephone Number: (440)437-6311 FAX: (440)437-1031

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

Barbara Klingensmith, Executive Director, (440)437-6311

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

Barbara Klingensmith, Executive Director, (440)437-6311

The legal status of the Applicant's organization 501c(3) Not for Profit

Date of establishment/incorporation: March of 1981

Federal Employer Identification Number (FEIN): 34-1331627

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___ Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

July 2022

Country Neighbor Program, Inc.
Home Delivered Meals
Section 3
Program Planning and Development

SECTION 3
COUNTRY NEIGHBOR PROGRAM, INC.

HOME DELIVERED MEALS PROGRAM
PROGRAM PLANNING AND DEVELOPMENT

A. 1. Program Description and Proposed Service

Country Neighbor is proposing to provide 29,400 hot home delivered meals for 230 unduplicated individuals residing throughout the southern half of Ashtabula County at a unit rate of $8.35 representing a 2% increase. The increase is necessary due to the rising cost of operations and the need to offer more competitive wages in today's job market.

It is not uncommon to receive an average of 5 home delivered meals requests on a weekly basis.

We are projecting voluntary contributions in the amount of $5,000 and rebates on food purchased at $300. Voluntary contributions have declined slightly over the past year.

All meals are packaged in a plastic-type tray which is dual oven approved, either microwave or conventional oven. The tray is also freezer safe. It is not hot to the touch unlike the aluminum trays. The lidding is a clear plastic that is heat sealed with a special machine. The participants have expressed a great deal of satisfaction with our delivery system.

Client needs, likes and dislikes are considered when planning the menu. All meals are labeled with the ingredients, production date, and consume by date. If it is a "special" meal, the client's name is put on a post-it note by the driver so they know who that meal has been specially prepared for.

In 2020, Country Neighbor has expanded from four routes to seven meal routes which cover the southern 3 tiers of townships. Two additional routes go into northern Trumbull County. The Trumbull County routes, at times, deliver to Ashtabula County clients on their way into northern Trumbull County.

Generally, after a referral is received, assessments are completed within 2 to 3 days. Unless there is a waiting list, clients can usually expect service to begin within 24 to 48 hours, after the assessment process. Even if we have a waiting list, clients are pre-assessed so that we can complete the Prioritization Checklist to determine their placement on the list. We always try to serve the Priority 1's as quickly as possible.

Some people are short term participants, dependent upon health conditions but

others have been on the program for an extended period of time. Each individual situation is unique.

The home delivered meal program does more than "just" meet the client's nutritional need. It provides daily contact with individuals who, often times do not have anyone else to check on them. It also provides a warm, friendly smile and conversation in many lonely, isolated lives of our south county neighbors. Over the years, our drivers have found clients who have fallen, suffered a scrious illness, or even passed on.

2. Need for the Service

Statistical data for Ashtabula County indicates that we are 79th out of 88 (1 being the best and 88 the worst) for factors that impact health outcomes. We also have the 6th highest rate of seniors below 200% of poverty among Ohio's 88 counties. Add in the fact that our senior population is growing at an alarming rate and estimates indicate that we will be approximately 35% more or less by 2030. Together these factors are driving the high demand for senior services in Ashtabula County now and in the future. Malnutrition among the senior population is on the forefront at an increased rate, as well.

In 2020/2021, we experienced a tremendous increase in home delivered meal requests. We know the pandemic played a large role in the service requests. Our senior population became more aware of the services available in the County.

We were fortunate to receive CARES funding from Direction Home of Eastern Ohio in 2020 ($41,723.10) and 2021 ($77,102.90) to help ease the strain. This funding provided meals for an additional 49 unduplicated individuals who would be on a waiting list. As we all know, this funding was a result of the pandemic and has now ended.

As referrals are received, we screen to determine if they are Title XX eligible before placing them into Senior Levy home delivered meals which eases the strain on the Levy.

The need continues! As of today, we do not have a waiting list for home delivered meals which is very uncommon.

3. Experience of the Applicant

Country Neighbor has prepared and delivered hot meals throughout Ashtabula County for well over 28 years. Prior to the passage of the Ashtabula County Senior Services Levy, home delivered meals were nonexistent in the southeastern quadrant of Ashtabula County and were extremely limited in the southwestern

corner of the county.

For the past 10 years, Country Neighbor has been a Summer Food for Children sponsor funded through the Ohio Department of Education. We prepare and deliver lunches for children in the southern half of Ashtabula County during the summer months.

We are monitored by PASSPORT, USDA, Ohio Department of Education, Ohio Department of Agriculture, and the Ashtabula County Health Department.
I believe given the number of years we have been providing home delivered meals, congregate, and more recently, the children's Summer Food Program, we are very experienced in providing meals to individuals.

4. **Statistics of Past Performance**

From January 2021 to December 2021, Country Neighbor delivered 27,475 ACSSL meals to 227 individuals and traveled 85,739 miles throughout "south county". Our average mile per meal is 3.12 miles which indicates that our client base is spread throughout the southern half of the county, not in a concentrated populated area.

See chart for past performance.

Below is a chart depicting Country Neighbor's performance from January 2021 through December 2021 with units and clients served in each township.

Service Area Township, Village, City	Units Provided & Unduplicated Age 60 to 75	Proposed Units & Clients To Be Served 60 to 75	Units Provided & Unduplicated Age 75+	Proposed Units & Clients To Be Served 75+
Andover	2,723/30	3,500/30	6,570/53	5,550/49
Cherry Valley	3/1	50/1	135/5	400/3
Colebrook	156/4	275/3	436/5	650/7
Dorset	40/2	175/1	458/2	500/3
Hartsgrove	266/2	50/1	446/4	325/5
Lenox	0/0	50/1	0/0	50/1
Morgan	494/3	1,300/7	1,575/8	1,300/6
New Lyme	83/3	150/1	957/4	1,050/9
Orwell	1,090/9	1,750/12	4,235/26	3,988/21
Richmond	45/3	500/3	440/3	3/1
Rome	955/7	850/5	1,440/8	928/10
Trumbull	0/0	50/1	446/2	616/4
Wayne	36/1	50/1	260/2	292/2
Williamsfield	1,126/9	1,238/10	1,567/11	1,988/15
Windsor	152/1	265/3	1,217/7	1,507/11
Pierpont	0/0	0/0	44/1	0/0

5. **Days and Hours Program Is Available**

All the meals are home cooked and prepared at our Orwell facility, Monday through Friday. Country Neighbor Food Service kitchen staff operate in graduated shifts beginning at 6:00 a.m., with the last person ending their day at 3:00 p.m. Drivers begin delivering meals at approximately 9:00 a.m. Office

hours for Country Neighbor are 7:00 a.m. to 5:00 p.m.

6. **Client Intake**

   a. **Method of Intake**

   Prior to starting services, a complete Service Intake and Assessment tool is completed by the LPN via face-to-face contact in the client's home.

   b. **Intake Process in Detail**

   The Intake Assessment includes name, address, telephone number, date of birth, demographics, financial information, ADL/IADL, service plan, and emergency protocol. All clients will be requested to sign a Release of Information and HIPPA Form. Home delivered meal service will begin within 24 to 48 hours of completed assessment if a waiting list does not exist.

   During the assessment, all clients are assigned a priority number based on a point system from a Nutritional Risk Checklist. Copy of Home Delivered Meal Checklist is included in our RFP packet. Priorities range from Level 1 which is greatest need to Level 5 which is the lowest priority. If we must implement a waiting list only those with a priority number of 1 or 2 are placed on the list. Those with 3 or higher are told they do not qualify at this point, however if their circumstances change, to call the office for a re-evaluation.

   When clients are on a waiting list, the In-Home Services Supervisor will track by spreadsheet the individual's name, date of assessment, priority level, birth date and township. Clients of greatest need are the first ones removed from the waiting list. Referrals from Adult Protective designated as "Priority" are put into service immediately. Country Neighbor staff tries to eliminate a waiting list as soon as a slot becomes available.

   Our experience with all In-Home Services is that the health of our participants is substantially frailer with frequent hospitalizations. Sometimes these become extended with rehabilitation stays or institutionalization (long term or short term). Therefore, the units of services in these programs tend to fluctuate. The need for In-Home Services, including home delivered meals continues to outpace the available funding.

   The drivers are in the homes 5 days per week. They become very familiar with the client's health status. Drivers must physically see the individuals when they deliver the meal. They recognize and immediately report to their supervisor if someone is in a situation that needs attention.

They also report if an individual's health status improves or if a client has family who moves into the home. There is constant communication between the drivers and the office staff so that as situations occur we address them. Therefore, clients are almost assessed daily.

Also, if clients receive homemaker or personal care, the LPN performs in home Supervisory visits, as required by the service specs. If there are no changes reported in a 185-day period, the assessor will do a status update either via the telephone or in home, depending upon the client's situation. If services are no longer appropriate, clients are discharged from the program. Generally, clients will discharge themselves as health status warrants.

c. Client Intake Tool

Client Intake Tool included in RFP.

7. Source and Amounts of Federal, State, And Local Funding For Home Delivered Meals

Country Neighbor is a PASSPORT provider for home delivered in Ashtabula County. PASSPORT serves a very limited number of the population. Less than 1% of our meals are PASSPORT. In 2021, we received $14,206.80 to provide 1,973 meals. The maximum approved rate from PASSPORT is $7.20 per meal, per Medicaid waiver program.

However, in 2020, due to the pandemic, we received $41,723.10 in CARES funding from Direction Home of Eastern Ohio to assist with home delivered meals. The allocation provided 5,151 additional meals at a unit rate of $8.10.

In 2021, we received more CARES funding from Direction Home of Eastern Ohio for additional home delivered meals. We were fortunate to receive an additional $77,102.90 to serve 9,519 meals at a unit rate of $8.10. We were able to serve 42 unduplicated individuals with this funding.

In 2021/2022, we received $44,008 in Title XX funds for home delivered meals which will provide 5,380 meals for 30 unduplicated individuals at a unit rate of $8.18. The priority population for this funding is those individuals under 60 with a medical need for the service or senior citizens over the age of 60 who are income eligible.

8. Service Collaboration/Coordination

Country Neighbor works with the social service agencies, Veterans Administration, Ashtabula County Job & Family Services staff, hospitals, and physician's offices located throughout Ashtabula County. With home delivered meals, Community Action provides the meals in the north and Country Neighbor provides meals in the south. When addressing the central area of the county, we look to see which agency may be the better fit for the specific situation, taking into consideration such things as waiting lists and distance from current clients.

9. Organization's Vision and Mission

The mission of the organization is to help people remain independent by providing supportive services, thus enhancing their quality of life.

Country Neighbor's vision is to provide high quality and effective programs that promote self-sufficiency, independence, address conditions of poverty, promote wellness and education as well as reducing isolation and loneliness.

C. Organizational Structure

Country Neighbor began in 1977 and was incorporated in March of 1981. The mission of the organization is help people remain independent by providing supportive services enhancing their quality of life. Country Neighbor provides a wide variety of services to include, but not limited to, homemaker, chore, transportation, home delivered meals, congregate meals, personal care, prescription assistance, emergency food, rental/utility assistance, socialization, education, and wellness activities.

Generally, our service area consists of the southern most 15 townships in Ashtabula County and the northern most 20 townships in Trumbull County.

The Ashtabula County Food Bank (Country Neighbor) serves 20 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2021, we distributed over 1.2 million pounds of food to the partner organizations.

The largest funding sources are the Ashtabula County Senior Services Levy, Direction Home of Eastern Ohio, Ashtabula County Job & Family Services, Ohio Department of Job and Family Services, United States Department of Agriculture, Trumbull County Senior Services Levy, and the United Way of Ashtabula County.

Country Neighbor is governed by a thirteen-member Board of Directors who meet monthly, generally, the last Monday of each month. **(List attached)**

An Organizational Chart is attached.

D. Provider/Staff Qualifications

1. Staff Associated with the Home Delivered Meals Program

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the project. She has been with the organization since 1983.

Assistant Director: Directly responsible for fiscal responsibilities, payroll, financial reporting processes of the program and the human resources function of staff training schedules and benefit activities of the agency. Also assist the Executive Director with the day-to-day operations of the program.

Administrative Assistant/Bookkeeper: Assist the Assistant Director with fiscal responsibilities, payroll, financial reporting, clerical duties, reporting, etc.

In-Home Services Supervisor: Is responsible for the implementation of the program. She reports to the Executive Director and is responsible for ensuring home visit/assessment completion with the customers in partnership with the LPN and the Registered Nurse. Assists the Executive Director with the overall implementation of the program and employee management.

Receptionist: Perform all clerical responsibilities, answers telephone, directs clients, and filing of records of central filing system.

Data Support/Backup Receptionists: Covers the desk and telephone when the receptionist is not available. Responsible for the daily clerical responsibilities of the home delivered meals program, such as data collection/entry into the data base, run daily delivery sheets for drivers, review of daily service delivery sheets and completion/accuracy of client files

LPN Assessor: Responsible for the initial assessments and ongoing reassessment process.

Facility Maintenance: Responsible for cleaning and maintenance of kitchen area.

Drivers: Responsible for the daily delivery of meals to clients' homes. Training in meal service and delivery is required.

Food Service Supervisor: Her responsibilities include but are not limited to, assisting with menu planning, supply ordering, meal preparation, safety/proper

food handling procedures, inventory control, supervision of service staff and assist with quality assurance.

Food Service Assistants: Assist the Food Service Supervisor with the daily preparation of meals.

Job Descriptions Attached

2. Employee Training Program

Country Neighbor Program, Inc. will provide orientation, initial and ongoing training for food service and delivery staff utilizing the following outline. Food service personnel will receive not less than 4 hours per year of specific training related to food handling, preparation and service, as well as blood borne pathogens training. The Food Service Supervisor and her backup assistant are trained and certified in ServeSafe.

Delivery drivers will receive training specific to food handling, temperature monitoring and emergency response, in addition to their ongoing driving/vehicle inspection training, Distracted Driving and the Defensive Driving Training.

3. Capacity of Volunteers in the Program

Country Neighbor uses volunteers and OWF workers in the kitchen in limited capacity, for example dishwashing. Due to the food regulations, workers come and go and we do not have the ability to "train" them, as required.

Due to the time commitment of the daily routes and the ongoing training requirement, it has been difficult to have volunteer delivery staff on an ongoing basis, therefore, we do not use volunteers in our delivery program.

EXHIBIT II

July 2022

Country Neighbor Program, Inc.
Home Delivered Meals
Section 4
Applicant Budget
Attachment B

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc. (Home Delivered Meals)	
Date From: January 1, 2023	**To: December 31, 2023**

		Amount
I. Staff		
A. Salaries	$	121,767.00
B. Payroll-Related Expenses	$	12,436.00
Total Staff Costs	$	134,203.00
II. Operations		
A. Travel and Short-Term Training	$	1,000.00
B. Consumable Supplies	$	92,845.00
C. Occupancy Costs	$	5,636.00
D. Contract and Professional Services	$	7,100.00
E. Other - Miscellaneous	$	9,256.00
Total Operational Costs	$	115,837.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	750.00
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	750.00
Sub- Total of All Costs	$	250,790.00
IV. Minus Other Program Resources	$	5,300.00
Total Program Costs	$	245,490.00

Budget Computation

Total Operating Expenses	$	245,490.00
Divided by Total Operating Units		29,400.00
= Unit Rate	$	8.35

Unit Rate	$	8.35
X number of units purchased		29,400.00
= Total Contract Amount	$	245,490.00

Unit = 1 mile

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$80,500	Annual	4.00%	$ 3,220.00
Assistant Director	$46,500	Annual	7.00%	$ 3,255.00
Administrative Assistant/Bkkp	$33,500	Annual	5.00%	$ 1,675.00
In-Home Services Supervisor	$30,160	Annual	5.00%	$ 1,508.00
Receptionist I	$24,635	Annual	2.01%	$ 495.00
Data Support/Backup Recpt	$49,920	Annual	3.50%	$ 1,748.00
LPN Assessor	$27,300	Annual	17.33%	$ 4,732.00
RN Supervisor	$ 2,575.00	Annual	5.05%	$ 130.00
Facility Maintenance	$ 8,000.00	Annual	25.00%	$ 2,000.00
Delivery Drivers	$ 111,495.00	Annual	42.85%	$ 47,780.00
Food Service Supervisor	$ 31,200.00	Annual	60.00%	$ 18,720.00
Food Service Assistants	$ 60,840.00	Annual	60.00%	$ 36,504.00
Total Salaries				$ 121,767.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 9,315.00
Worker's Compensation	$ 2,131.00
Unemployment Insurance	$ 600.00
Retirement Expenses	$ 260.00
Hospitalization	$ -
Other (Life Insurance)	$ 130.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 12,436.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: .62.5 per mile	$ 800.00
Short-Term, Training	$ 200.00
Total Travel and Short-Term Training	$ 1,000.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 725.00
Cleaning Supplies	$ 120.00
Other *(Fuel)*	$ 12,000.00
Other *(Food/Nonfood)*	$ 80,000.00
Total Consumable Supplies	$ 92,845.00

II. C. Occupancy Costs

	Amount
Rent	$ 1,200.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ 300.00
Utilities (if not included in rent) must be itemized	
Heat	$ 1,200.00
Electric	$ 1,500.00
Water	$ 500.00
Telephone	$ 576.00
Sewer	$ -
Other *(Garbage)*	$ 360.00
Other *(identify)*	
Total Occupancy Costs	$ 5,636.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	$ 1,500.00
D & O Insurance	$ 350.00
Liability Insurance	$ 500.00
Vehicle Insurance	$ 2,650.00
Technology	$ 1,800.00
Employee Testing	$ 200.00
Contract Labor	$ 100.00
Total Contract & Services Costs	$ 7,100.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Licensure	$ 250.00
Advertising	$ 50.00
Dues & Subscriptions	$ 50.00
Equipment Maintenance & Repair	$ 350.00
Vehicle Maintenance & Repair	$ 8,500.00
Miscellaneous Expense	$ 56.00
Total Miscellaneous Costs	$ 9,256.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Delivery Bags/Coolers Replacements	4	$ 500.00
Packaging Equipment Replacements		$ 250.00
Total Small Equipment Purchases		$ 750.00

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Participant Contributions	$ 5,000.00
Rebates	$ 300.00
Total Other Resources	$ 5,300.00

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Country Neighbor Program Inc.**
Date: **11/2/2022 3:12:22 PM**

This search produced the following list of **7** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
Lawrence County Educational Service Center	304 N. 2nd Street
Lawrence County Schools Council of Governments	304 N. 2nd Street
Lucas County Republican Party	10 S. Superior St.
Lucas County Republican Party	10 S. Superior Street
Noble County Law Library Association	300 County Court House
Village of Bethel Mayor's Court	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: A Subgrant agreement between Ashtabula County Job & Family Services and **Country Neighbor Programs, Inc.** for **Home Delivered Meals** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·10·2022
MJH 11.2.22
2022-CON-5144

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
HOME DELIVERED MEALS

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Ashtabula County Community Action Agency,** located at **4200 State Road, Ashtabula, Ohio 44004** to provide **Home Delivered Meals** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements, and restrictions of federal, state, and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

Home Delivered Meals: **$333,165.00** and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$8.35 per unit of Home Delivered Meals as described in Exhibit II (subgrantee budget)
(A unit = one meal)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS monthly included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements, or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/2022
Date

Judith Barris, Executive Director
Ashtabula County Community Action Agency

11/3/22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An Subgrant agreement between Ashtabula County Job & Family Services and **Ashtabula County Community Action Agency** for **Home Delivered Meals** program

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0145

EXHIBIT I

Applicant Information

AGENCY / ORGANIZATION NAME: Ashtabula County Community Action Agency

ADDRESS: P.O. Box 2610, Ashtabula, OH 44005-2610

PHONE: 440-997-5957 FAX: 440-992-3319

SERVICE SITE (if different than above): Community Action – State Road Site

ADDRESS: 4200 State Road, Ashtabula, OH 44004

PHONE: 440-990-1778 FAX: 440-998-0973

FEDERAL TAX I.D. NUMBER: 34-1059824

EXECUTIVE DIRECTOR/DIRECTOR: Judith Barris

PROGRAM COORDINATOR: Diana Brook, Home Delivered Meals EMAIL: dbrook@accaa.org

FISCAL CONTACT: Renee Sherman EMAIL: rsherman@accaa.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Judith Barris SIGNATURE: Judith Barris

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 7/21/22

Appendix I
ACJFS RFP #5-23
Ashtabula County Senior Services Levy
Home Delivered Meals
Program Description

Home Delivered Meals

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) meal will be one unit of service.
Area to be served: Ashtabula County or portions thereof.

This program serves Ashtabula County seniors aged 60 and over. Funding is provided through the Ashtabula County Senior Services Levy. The program consists of services or activities designed to prepare and deliver one or more meals a day to an individual's residence to prevent institutionalization, malnutrition, and isolation. A meal must meet the standards established by the Older Americans Act and comply with the Dietary Guidelines for Americans published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture. ACJFS seeks to sustain home delivered meal services in the County to ensure that this service is available to residents who meet the eligibility criteria. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria; aged 60 and older, reside in their home and a resident of Ashtabula County. Applicant proposals must demonstrate ability and experience in providing the service.

Applicants must comply with the following sections of the Ohio Administrative Code: 173-4-02, 173-4-03, 173-4-04.1 (with the exclusion of item B-4), 173-39-02.14

Applicant must be in good standing with the local health department and/or United States Department of Agriculture, as documented by attaching a copy of the most recent Ohio Department of Agriculture/Ohio Department of Health Standard Inspection Report of each preparation site and a copy of a current Food Service License for preparation sites.

Section 2 (F)
Documents used for monitoring

Ashtabula County Community Action Agency

CUSTOMER INTAKE FORM

GENERAL HDM _____ PASSPORT _____ OHC _____ PRIVATE PAY _____ TITLE TXX _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt / Lot _____

City: _____ Zip: _____ Township: _____

Home Phone: _____ Cell Phone: _____

DOB ____/____/ 19 ____ AGE _____ CURRENT CUSTOMER: Y N

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Demographic Information

Gender: M F	**Disabled:** Y N	**Farmer:** Y N	**Veteran:** Y N **Veteran Dependent:** Y N
Ethnicity: African-American Asian Caucasian Hispanic Native American Other Refused			
Education: 8 or less 9-11 12/HS Grad 1-3 Years College 4 Years College Unknown GED			
Health Insurance: Medicaid Medicare Private Self-Insured Other None			
Housing Status: Rent Own Homeless Other			
Family Type: Divorced Married Other Partner Separated Single Unknown Widowed			

Additional Household Members

Number in Household: _____

Last Name	First Name	DOB	Gender	Disabled	Race	Type of Insurance	Veteran	Income
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N

Income Information

Last Name	First Name	Income Source	Frequency	Monthly Total

Household Income Total _____

I certify that this statement is try and correct to the best of my knowledge and authorize the release of any or all information necessary for verification purposes and/or effective delivery of services.

Customer Signature:_____ Date:_____

Ashtabula County Community Action Agency

Home Delivered Meals Customer Prioritization Assessment

Client Name: _____ Date: _____

Address: _____ Phone: _____

Overall Customer Prioritization: _____

Customer Status: Homebound ☐ Drives ☐

Wheel Chair ☐ Walker ☐ Cane ☐

Nutritional Risk Assessment (Self Declared)

	Yes	No
1. I have an illness or condition that made me change the king and/or amount of food I eat.	☐ 2	☐
2. I eat fewer than 2 meals per day.	☐ 3	☐
3. I eat few fruits, vegetables, or milk products.	☐ 2	☐
4. I don't always have enough money to buy the food that I need.	☐ 4	☐
5. I have tooth or mouth problems that make it hard for me to eat.	☐ 2	☐
6. I eat alone most of the time.	☐ 1	☐
7. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	☐ 2	☐
8. I am not physically able to shop, cook, and/or feed myself. All of the time:	☐ 4	☐
Most of the time:	☐ 3	
Some of the time:	☐ 2	
9. I have 3 or more drinks of beer, liquor or wine almost every day.	☐ 2	☐
10. I take 3 or more different prescribed or over-the-counter drugs per day.	☐ 1	☐
11. I am homebound.	☐ 4	☐
12. I have no meal support.	☐ 4	☐

Total Score: 0 - 2 = Low Risk; 3 - 5 = Moderate Risk; 6 or more = High Risk

Nutrition Risk Score: _____

Circumstantial Risk Assessment

1 A 25 point rating will be given to those customers who are active Adult Protective Service customers or who are Hospice patients ☐ 25

2 A 20 point priority rating will be given to those customers who are considered to be at high nutritional risk (6 or more points) and be strictly homebound and have no meal support service and are receiving SSI, Medicaid, OWF, or DA (Disability Assistance) or have income levels which fall with in the Free service category. ☐ 20

3 A 15 point priority rating will be given to those customers who are considered to be moderate risk (3 - 5 points) and be strictly homebound and have no meal support service. ☐ 15

4 A person who does not qualify for 25 point, 20 point, or 15 point rating, but who has a high nutritional risk (6 or more points) and will be given a 10 point priority rating. ☐ 10

5 A person who does not qualify for the 25 point, 20 point, 15 point, or 10 point rating, but who has a moderate nutritional risk (3 - 5 points) will be given a 5 point priority rating. ☐ 5

6 A person who does not qualify for the 25 point, 20 point, 15 point, or 10 point rating, or 5 point rating but is considered to need home delivered meal service will be given a 1 point ☐ 1

7 A person who does not qualify for any of the above priority point ratings will be given a 0 priority rating. ☐ 0

Customer Priority Rating: _____

Who provides client with weekend meals? _____

Assessment Comments: _____

_____

_____

_____

_____

_____

_____

Assessor Signature: _____ **Date:** _____

Form
ODA0010
(Rev. 05/28/2009)
Ohio Department of Aging

Determine Your Own Nutritional Health

What you eat does affect your health. Use this checklist to find out if you or someone you know is at nutritional risk.

Instructions: For each question, answer "yes" or "no". Then circle the number that appears in the appropriate column. Add the circled numbers to determine your total score.

Nutrition Checklist		Yes	No
	1. Have you made any changes in lifelong eating habits because of health problems?	2	
	2. Do you eat fewer than two (2) meals a day?	3	
	3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables every day?	1	
	4. Do you eat fewer than two (2) servings of dairy products (such as milk, yogurt, or cheese) every day?	1	
	5. Do you sometimes not have enough money to buy food?	4	
	6. Do you have trouble eating well due to problems with chewing/swallowing?	2	
	7. Do you eat alone most of the time?	1	
	8. Without wanting to, have you lost or gained ten (10) pounds in the past six (6) months?	2	
	9. Are you not always physically able to shop, cook, and/or feed yourself (or to get someone to do it for you)?	2	
	10. Do you have three (3) or more drinks of beer, liquor, or wine almost every day?	2	
	11. Do you take three (3) or more prescription or over-the-counter drugs per day?	1	
	Total Score Today		

Total your score from the Nutrition Checklist. If it's:

0 - 2.... Good! Recheck you nutritional score in six (6) months.

3 - 5.... You are at moderate nutritional risk. See what you can do to improve your eating habits. Your office on aging, senior nutrition program, senior citizens center, health department and/or physician can help. Recheck your score in three (3) months.

6 or more.... You are at high nutritional risk. Talk with your doctor, dietitian or other qualified health or social service professional about any problems you may have. Ask for help to improve your nutritional health.

Adapted from the Determine Your Nutritional Health Checklist developed by the Nutrition Screening Initiative, Washington, DC.

MEALS ON WHEELS REQUEST FORM

Date: _____ Homebound: Yes / No Staff: _____ Age: ( )

Client Name: _____ Client DOB: _____

Address: _____

City/ Township: _____ Phone Number: _____

Emergency Contact: _____

Details: _____

_____

_____

_____

_____

Referral Source: _____ Phone Number: _____

MEALS ON WHEELS REQUEST FORM

Date: _____ Homebound: Yes / No Staff: _____ Age: ( )

Client Name: _____ Client DOB: _____

Address: _____

City/ Township: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Details: _____

_____

_____

_____

_____

Referral Source: _____ Phone Number: _____

Ashtabula County Community Action Agency
SERVtracker Client Intake

Client ID: 9058 Registration/Intake Date: 7/15/2021 Institution ☐
Last name: Blank First name: Blank MI:
Family Id: Family member: Member ID: 0 # Clients: 0
About this client:
Special Notes:

RESIDENCE ADDRESS
Address: Bldg/Apt:
Address 2: Nick:
City: State/Province: Postal Code:

MAILING ADDRESS, IF DIFFERENT
Address: Bldg/Apt:
City: State: Zip:

County:
Township:
Rural: ☐ City Resident: ☐

H_Phone: No phone ☐
W_Phone: Ext:
Mobile:
Email:

DOB: Sex: U
Age Verify
SS#:

Refer by: Date:
Refer phone:
How did you hear about us?: Unknown

Race:
African American Non-Hispanic ☐
Asian/Pacific Islander ☐
Hispanic ☐
Native American/Alaskan ☐
Refuse to answer ☐
White ☐
Unknown ☑
Other ☐ Multi-racial: ☐

Marital Status:
Divorced ☐
Married ☐
Other ☐
Partner ☐
Separated ☐
Single ☐
Unknown ☑
Widowed ☐

Family Members:

Ethnicity:
Primary language: English
Citizenship:
Veteran: Unknown

Number of Living Children: Daughters : 0 Sons : 0
Pets: Cat: ☐ Animeal: No Cat Total:
Dog: ☐ Animeal: No Dog Total:
Other: ☐ Animeal: No Other Total:
Family involvement :

Household qty : 1 Sliding scale% : 100

Mo. income : ◉ Individual OR ○ Family

Percent of Poverty:

Legal status: Unassigned

ADL Score: IADL Score: NRA Score:

Owns home: ☐ Rents: ☐ # Steps : 0

Rent/mo $0.00 Asst'd living qtrs: ☐ Score 0

Employment Status:

- Fully Employed ☐
- Homemaker ☐
- Other ☐
- Retired but works part time ☐
- Self employed ☐
- Unemployed ☐
- Unknown ☐
- Works full-time ☐
- Works part-time ☐
- Retired ☐

Education Level:

- completed 8th grade or less ☐
- completed 9th-11th grade ☐
- completed 12th grade ☐
- 1-3 years of college ☐
- 4 years of college ☐
- over 4 yr college ☐
- Unknown ☐

Level of Care:

- I ☐
- II ☐
- III ☐
- IV ☐

Client group: Unassigned

Target group:

Employer:

Church pref:

Census:

Advanced directive(living will): ☐

File/vial of life: ☐ Updated:

Does client smoke or use tobacco products?: ☐

Has client ever smoked or used tobacco products? ☐

How long? (yrs): 0

Do you live with others that smoke?: ☐

Directions:

Emergency Contact

Doctor Information

Hospital Information

Pharmacy Information

ComCare ID:

ESP ID:

MORC ID:

Passport ID:

Ashtabula County Community Action Agency

Printed: 7/15/2021 8:43:36 AM

Client Name: Blank, Blank

Client ID: 9058
Member ID: 0

Address:
Bld/Apt:
City/State: ,
DOB:

Phone:
Mobile:
Case mgr: Unassigned, - Ext
Race: Unknown race

Last assessment:
Next assessment:
Last RX or Dr. appt date:
Doctor:

Medical problems/diagnosis:

Most Recent Suspension:

Agreement Date:

Neighborhood Concerns:

Meal Type / Diet	M	T	W	T	F	S	S	Funding	Beverage	Qty	Start / End	End Reason	P. Pay / Pledge	Frequency	Delivery Day	Site / Alt Site	Route / Alt Route	Seq / Alt Seq
Hot lunch / Regular	1	1	1	1	1	0	0	HDM General	Milk, 2%	1	7/1/2020	Being provided	$0.00 / $0.00	Weekly	As Assigned	UNASSIGNED	UN	0

Residence Direct:
Major intersection:
Spcl meal reqmts:
Driver instruct:
Special Notes:

Setup fee:
☐ Disabled
Restricted meals:
☐ Driver/emp meal
☐ Mwave Container
☐ No Envelope

Cat ☐ Size: Animeal: ☐

Dog ☐ Size: Animeal: ☐

Other ☐ Animeal: ☐

Emergency Contacts:
Family Members:
Family involvement:

SERVtracker by Accessible Solutions, Inc.
Version 10.41b

Ashtabula County Community Action Agency

Home Delivered Meals Client Remarks - [redacted]

Category: All, Case Manager: SNP ACCAA

Report Between 1/1/2001 and 12/31/2001

Printed: 7/16/2021 12:41:32 PM

Date	Entered By	Note
1/1/2001	rleonard	Sample of where progress notes are recorded

Ashtabula County Community Action Agency

Daily Route Sheet

Phone: 440-998-3244

Rte Group: Ashtabula SC

7/15/2021

Total Stops: 17 Total Clients: 17

Route: ASH4 Route Desc: Ashtabula 4

Thursday

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 9013

Signature: _____

1 -- Milk, 2%

Delivered: Not Del:

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 9010

Signature: _____

1 -- Milk, 2%

Delivered: Not Del:

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 5

1 - 2 frozen pack Regular 5

Signature: _____

3 -- Milk, 2%

Delivered: Not Del:

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Diabetic 9010

Signature: _____

1 -- Milk, 2%

Delivered: Not Del:

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Diabetic 5

1 - 2 frozen pack Diabetic 5

Signature: _____

3 -- Milk, 2%

Delivered: Not Del:

Driver Instructions: HOH, CAN SIGN WITH INITIALS

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 5

1 - 2 frozen pack Regular 5

Signature: _____

3 -- Milk, None

Delivered: Not Del:

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 9011

Signature: _____

1 -- Milk, 2%

Delivered: Not Del:

[redacted]
[redacted]

1 - Hot lunch Regular 9013

Signature: _____

Delivered: Not Del:

1 -- Milk, None

Driver Instructions: ***Knock loudly***

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Diabetic 5
1 - 2 frozen pack Diabetic 5

Signature: _____

Delivered: Not Del:

3 -- Milk, 2%

Driver Instructions: client placing bag and ok sign on doorknob, please place meal in bag, knock and she will confirm she is home, wants no face to face contac[redacted]

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 5
1 - 2 frozen pack Regular 5

Signature: _____

Delivered: Not Del:

3 -- Milk, 2%

Driver Instructions: Right hand side, white house, red car is usually in the driveway, go to front door - Knock and go in ... Generally if red car is gone[redacted]

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 9010

Signature: _____

Delivered: Not Del:

1 -- Milk, 2%

Driver Instructions: knock hard
Special meal requirements: >> NO FROZEN MEALS <<

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 9010

Signature: _____

Delivered: Not Del:

1 -- Milk, 2%

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Regular 5
1 - 2 frozen pack Regular 5

Signature: _____

Delivered: Not Del:

3 -- Milk, 2%

Driver Instructions: *Knock, If no answer, crack the door and announce Meals on Wheels*

[redacted]
Ashtabula, OH 44004

1 - Hot lunch Diabetic 5
1 - 2 frozen pack Diabetic 5

Signature: _____

Delivered: Not Del:

3 -- Milk, 2%

Ashtabula SC | Route: ASH4 | 7/15/2021 | Thursday

[redacted] Ashtabula, OH 44004

1 - Hot lunch Regular 9010

Signature: _____

1 -- Milk, 2%

Delivered: Not Del:

Driver Instructions: Knock, walk in, go to the right to the bedroom, she is usually sleeping in bed

[redacted] Ashtabula, OH 44004

1 - Hot lunch Regular 9010

Signature: _____

1 -- Milk, 2%

Delivered: Not Del:

Driver Instructions: Visually Impaired

[redacted] Ashtabula, OH 44004

1 - Hot lunch Regular 9010

Signature: _____

1 -- Milk, Skim

Delivered: Not Del:

Special meal requirements: ** NO SAUSAGE, AT ALL: Including...patties, links, Italian sasuage, mixed in other foods, kielbasse **

Route Summary

Hot lunch Regular	13
Hot lunch Diabetic	4
Totals: Hot lunch	17
2 frozen pac Regular	4
2 frozen pac Diabetic	3
Totals: 2 frozen pack	7
Total meals:	24

Milk, 2%	26
Milk, None	4
Milk, Skim	1
Total beverage:	31

Stops: 17

Time First Meal Delivered: _____ **Time Last Meal Delivered:** _____

Driver's Signature: _____

By signing here I am certifying this route is complete.

Supervisor Signature: _____

<<<<<<>>>>>>

Ashtabula SC | Route: ASH4 | 7/1/2021 | Thursday

Clients assigned to this route on temporary hold

Client	Start Hold	Long
[redacted]		

Route Summary

Hot lunch	Regular	8
Hot lunch	Diabetic	3
Totals: Hot lunch		11
2 frozen pac	Regular	2
2 frozen pac	Diabetic	2
Totals: 2 frozen pack		4
4 frozen pac	Regular	1
Totals: 4 frozen pack		1
Total meals:		16

Milk, 2%	19
Milk, None	4
Total beverage:	23

Initial temperature	Meal:
	Liquid:
Time of initial temperature	Time:
Packing temperature	Meal:
	Liquid:
Packing time	Time:
Temperature of LAST meal delivered	Meal:
	Liquid:

Stops: 10

Time First Meal Delivered: _____ **Time Last Meal Delivered:** _____

Driver's Signature: _____

By signing here I am certifying this route is complete.

Supervisor Signature: _____

<<<<<<>>>>>>

Ashtabula County Community Action Agency

Customer Satisfaction Survey

Your feedback is important to us! Please take a moment to help us improve your experience by filling out the survey below.

About You *(optional)*

Name: _____ Address: _____

Township: _____ Phone: _____

About Your Meal *(Please check one option for each*

Diet Served: **Regular** _____ **Diabetic** _____ **Liberalized Renal** _____

Milk Choice **2%** _____ **Skim** _____ **No Milk** _____

Service Evaluation

Driver's Name: **NAME** is he / she courteous and professional? Yes____ No_____

What time do your meals arrive, approximately?

As early as: _____ As late as: _____

Do you know what to do about your meal if you are not going to be home to receive it?

Yes_____ No_____

Do you know what phone number to call to contact the Meals on Wheels office?

Yes_____ No_____

Do you feel that receiving home delivered meals has helped you to remain living in your own home and avoid moving in with a relative or into a senior living facility?

Yes_____ No_____

Please explain: _____

_____

_____

_____

_____

(Please do both sides of Survey)

Do you feel that receiving the fresh, frozen and shelf stable meals has helped keep you safe during the Covid-19 pandemic?

Yes_____ No_____

Please explain: _____

_____

_____

_____

_____

Additional Comments

Do you have any comments or suggestions to improve your meal service?

_____

_____

_____

_____

How would you rate your Home Delivered Meal Service?	**How do the meals taste?**
☐ Excellent ☐ Good ☐ Average ☐ Poor	☐ Excellent ☐ Good ☐ Average ☐ Poor
Of the meals we provide for you, please list your three (3) favorite meals: 1. _____ 2. _____ 3. _____	**Of the meals we provide for you, please list your three (3) least favorite meals:** 1. _____ 2. _____ 3. _____

Thank you for completing this survey! It is our pleasure to serve you!

Customer Signature *(Optional)*:_____ Date: _____

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Ashtabula County Community Action Agency

Company Address: P.O. Box 2610, Ashtabula, OH 44005-2610

Telephone Number: 440-997-5957 FAX: 440-992-3319

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

Diana Brook, 440-990-1778

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

Judith Barris, 440-997-5957

The legal status of the Applicant's organization 501(c)3

Date of establishment/incorporation: 1965

Federal Employer Identification Number (FEIN): 34-1059824

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: N/A

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___ Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

Section 3
Program Planning and Development

Ashtabula County Community Action Agency
Senior Services Levy – FY 2023 Home Delivered Meal Program
Section 3 - Program Planning and Development

A. Program Description

1. The ACCAA Home Delivered Meal Program provides fresh, nutritious meals to homebound seniors, ages 60 and older, who cannot obtain or prepare meals for themselves on a daily basis due to poor physical or mental health. The delivery of these meals to older individuals enables them to remain in the familiarity of their homes and prevents premature institutionalization, malnutrition and isolation. ACCAA offers a client-centered approach to this meal service that allows seniors to choose the type of entrée (hot, frozen or special diet) and delivery schedule (daily, weekly or combination.) Meal delivery drivers conduct safety and wellness checks of the seniors with each delivery. Research studies consistently show that the provision of home delivered meals, especially on a daily delivery cycle, improves the health and well-being of seniors and is less costly than long-term facility care.

The Ashtabula County Community Action Agency (ACCAA) prepares meals daily at its kitchen facility located in Jefferson, Ohio. The nutritious meals meet the standards established by the Older Americans Act and comply with the Dietary Guidelines for Americans published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture. ACCAA has registered dietitians on staff that develop and review the menus for compliance to these standards. Experienced cooks in the agency's food service program prepare the meals each morning and package them using an automated heat-sealing system. The meals are then packed by route and delivered to homebound individuals by a team of meal delivery drivers in the northern half of Ashtabula County.

The ACCAA kitchen is licensed as a frozen food establishment through the Ohio Department of Agriculture and prepares all frozen meals provided to seniors. Frozen meals are used for supper, weekend and holiday meals. They are also available for clients who are not home to accept the daily meal delivery due to dialysis and other medical appointments. Clients who opt for a weekly delivery or combination delivery schedule also receive these frozen meals.

A choice of entrées is available to seniors. Seniors can choose to receive the daily hot meal or a frozen meal. All meals are prepared with no added salt and sugar free options are available when requested. The ACCAA kitchen is certified by the state of Ohio to provide therapeutic renal diets for clients with a doctor's prescription. Renal diets are the most requested special diet. Other requests for special diets are considered, if received. These varied entrée options allow the program to meet individual dietary preferences and restrictions of participating seniors.

A choice of delivery schedules is also available. Seniors may choose to receive a daily delivery of hot or cold meals - Monday through Friday, a one-time weekly delivery of one hot meal and four frozen meals or a different combination of hot and frozen meals. Currently, ninety-two percent (92%) of seniors participating in the program have chosen the daily delivery schedule, six percent (6%) have chosen to receive two or more deliveries per week and only two percent (2%) have chosen to receive a weekly delivery. The choice to receive the daily delivery is usually made because of the safety and wellness checks conducted by the drivers on each individual receiving the meals and the convenience of receiving a fresh, ready-to-eat meal.

Daily contact with the drivers is an important component of the program and cannot be overstated. These frequent contacts help to reduce the isolation experienced by many seniors. Drivers also identify minor

changes in a senior's physical or mental state. Once detected, the senior's emergency contact is notified of the change in condition. Detecting small health issues early and receiving medical attention in a timely manner helps to prevent more serious emergency situations later. When a driver encounters a senior in a serious level of distress, 9-1-1 is contacted immediately and the driver waits with the senior until EMS arrives. On average, drivers find one senior per week with a change in condition or in a level of distress that requires additional attention. Research also exists to document the importance of the daily contact with drivers. Numerous studies, such as the *More Than a Meal* pilot research study conducted by Brown University's Center for Gerontology and HealthCare Research, show that seniors receiving daily meal deliveries experience improved mental health, improved physical health, have less feelings of isolation and loneliness, experience a reduction in falls, feel safer in their homes and have a higher likelihood of eating healthy than seniors receiving weekly deliveries of frozen meals.

In anticipation of dangerous driving conditions due to excessive snow or other emergency situations that do not permit meal deliveries, shelf stable meals are provided to clients for consumption. Program closures are advertised on all local radio and television stations and are posted on the ACCAA Facebook page and website. Information regarding where to find program closure information along with the shelf stable meals is provided to all seniors receiving meals at the start of every winter.

To ensure the safety of clients and drivers from COVID-19 exposure, recommendations from the Ohio Department of Health and the Ashtabula County Health Department are followed. Drivers are provided with facemasks, face shields, gloves and hand sanitizer. Social distancing is practiced at each delivery. Precautionary measures such as waiving signature requirements at the time of meal delivery and in-person assessments are followed with permission from the appropriate funding source.

The preparation of meals by ACCAA instead of purchasing them from a caterer has enabled the agency to efficiently control costs when purchasing and preparing quality raw food for the meals. It has also allowed the program to tailor meals to the likes and dislikes of clients. Preparing meals at the Jefferson facility keeps Senior Services Levy dollars in the county and supports the local economy as opposed to paying an out-of-county vendor. Because of significant increases in raw food, transportation and labor costs due to the current economic environment, the unit rate for a home delivered meal has increased from $8.10 to $8.35 per meal for fiscal year 2023.

To ensure the efficient delivery of quality meals, client satisfaction is routinely monitored through informal and formal means. Informally, each meal delivery driver asks participants daily about the most recent meal they have consumed. These comments are documented and submitted to the Health and Nutrition Services Director and the ACCAA Food Service Manager. A formal satisfaction survey is conducted annually with all meal recipients to evaluate the quality of the meals and the service delivery. Feedback from the home delivered meal clients is used to develop future menus/recipes, improve the delivery of service and to measure the overall impact of the service on the lives of seniors participating in the program.

A copy of the Customer Satisfaction Survey is included in the grant application.

2. Census population data from 2021 shows that 20.0 percent of Ashtabula County's residents are age 65 and older. This figure is projected to increase significantly due to our aging population. Projections by the Scripps Gerontology Center at Miami University indicate that this segment of the population will increase to 25.8 percent or 25,445 individuals by the year 2030. Moreover, the population aged 85 and over is projected to increase significantly until the year 2050. In order to meet the needs of this growing senior

population, a strong network of agencies and service providers is needed to help older individuals maintain independence and quality of life.

In the area of senior nutrition, such a network exists between funders and service providers. Due to its large geographic size, Ashtabula County is divided into two service areas. This division of service areas helps to ensure the efficient and cost effective delivery of meals. ACCAA serves seniors in the northern half of Ashtabula County while the Country Neighbor Program provides meals to seniors in the southern part of the county. This partnership works very well to ensure continuity of service throughout the county.

3. ACCAA has provided the Home Delivered Meal program for more than fifty (50) years in the county. ACCAA is currently the home delivered meal provider for several funding sources including: Ashtabula County Senior Services Levy, PASSPORT, Ohio Home Care, Title XX, and the Older Americans Act (Title III-C2.) ACCAA has been awarded the Older Americans Act funding (Title III-C2) through the year 2023.

4. The table below shows the number of meals and the unduplicated number of seniors who received meals through Senior Services Levy funding for the period of 1/1/2021 – 12/31/2021.

Ashtabula County Community Action Agency
Home Delivered Meal Statistics

Service Area Township, Village or City	Ages 60 - 75				Ages 76+			
	Served in 2021		*Proposed 2023*		Served in 2021		*Proposed 2023*	
	Units	Unduplicated Clients	*Units*	*Unduplicated Clients*	Units	Unduplicated Clients	*Units*	*Unduplicated Clients*
Ashtabula City	4,557	35	*4,655*	*35*	6,213	49	*6,650*	*50*
Ashtabula Township	1,421	12	*1,330*	*10*	3,295	21	*2,660*	*20*
Austinburg Township	244	2	*133*	*1*	880	4	*532*	*4*
Conneaut City	2,523	15	*1,995*	*15*	3,501	30	*3,990*	*30*
Denmark Township	0	0	*133*	*1*	562	4	*266*	*2*
Dorset	0	0	*133*	*1*	160	1	*266*	*2*
Geneva City	1,025	10	*1,197*	*9*	2,421	16	*2,128*	*16*
Geneva-on-the-Lake	23	1	*133*	*1*	21	1	*266*	*2*
Geneva Township	259	1	*133*	*1*	764	4	*665*	*5*
Harpersfield Township	205	2	*133*	*1*	0	0	*133*	*1*
Jefferson Township	221	1	*266*	*2*	1,005	6	*798*	*6*
Jefferson Village	892	6	*665*	*5*	1,402	11	*1,330*	*10*
Kingsville Township	299	2	*399*	*3*	641	7	*931*	*7*
Lenox Township	0	0	*0*	*0*	194	1	*133*	*1*
Monroe Township	61	1	*133*	*1*	355	3	*399*	*3*
Morgan Township	0	0	*133*	*1*	0	0	*133*	*1*
New Lyme	0	0	*133*	*1*	259	1	*133*	*1*
North Kingsville Township	33	2	*133*	*1*	822	4	*532*	*4*
Pierpont Township	91	1	*133*	*1*	255	1	*266*	*2*

Plymouth Township	467	4	*532*	*4*	482	4	*532*	*4*
Richmond Township	0	0	*133*	*1*	240	1	*133*	*1*
Rock Creek	139	2	*266*	*2*	0	0	*266*	*2*
Saybrook Township	1,482	6	*1,064*	*8*	1,569	12	*1,995*	*15*
Sheffield Township	202	1	*0*	*0*	554	3	*532*	*4*
Trumbull Township	0	0	*133*	*1*	161	2	*133*	*1*
Totals	**14,144**	**104**	*14,098*	*106*	**25,756**	**186**	*25,802*	*194*

5. The days and hours of meal deliveries for the Home Delivered Meal program are Monday through Friday, between 10:00 a.m. and 1:00 p.m. All meals are prepared, packaged and distributed from the agency's kitchen located at the Giddings Park Hall, 104 East Jefferson Street, Jefferson, Ohio, 44004. The kitchen is open from 6:30 a.m. until 3:30 p.m., Monday through Friday.

6. Referrals to the program are received from various sources—self-referrals, relatives, friends, neighbors, ministers, hospital nurses, social workers, Adult Protective Services, and senior centers. Referrals are responded to within 24 hours during the regular business week. An initial interview is conducted by phone to determine the urgency of the request, collect basic information, perform a nutrition checklist/assessment, determine preliminary eligibility and identify emergency contacts. If the need is immediate, a meal is ordered and delivered no later than the next day. If the need is not immediate, the referred senior will receive a meal two days after the telephone interview or when requested. The individual is temporarily enrolled in the Home Delivered Meal program until a home visit is conducted. An appointment for the home visit is scheduled within two weeks. This visit allows for further assessment of the need for meals and the completion of program paperwork. Additional needs that may require referrals to other programs and services are also identified. If the senior is not able to prepare regularly his or her own meals, lacks any other support to acquire nutritious meals, and is not able to attend a senior dining site due to physical or emotional difficulties, the individual will continue to receive home delivered meals. When a wait list exists for meals, the person's name and nutrition checklist/assessment score and other factors are recorded for prioritization. As openings become available, individuals with the highest priority scores are added to the program in chronological order.

The home delivered meal is often an integral part of a comprehensive package of in-home services. Referrals to other social service or health care agencies are frequently made during the initial interview and home visit. If additional needs are identified during the assessment process, information about the 2-1-1 Information and Referral service is provided to the individual.

Adult Protective Service clients referred for meals and identified as priority by ACDJFS will be served immediately regardless of a wait list. All APS clients will be assessed for nutritional risk and program eligibility every ninety days to determine continued need/eligibility for program services. All other meal recipients will be assessed at least annually and after any significant interruption in service.

Copies of the customer intake and assessment tools are included in this application.

7. Please refer to the attached chart for funding and unit rate information for the past five years.

8. ACCAA believes in the importance of fostering strong collaborative relationships with key stakeholders including community service providers, governmental entities, funding sources and others that serve seniors

in our county. An example of this is the coordination of the delivery of meals between ACCAA and the Country Neighbor Program. ACCAA is funded to serve customers in the northern half of the county and CNP is the provider of meals in the southern half. When clients live along the service borders, both agencies work together to determine the most efficient delivery route for those customers. The agency also coordinates with other community partners including Adult Protective Services, Catholic Charities, Regional Home Health, the Village of Jefferson, hospice providers, senior centers, libraries, churches, physicians and hospitals in providing meals. ACCAA is a member of various collaborative networks and councils that address issues that affect seniors such as the Ashtabula County Transportation Advisory Committee, Ashtabula County Housing Council, Ashtabula County Health Assessment Committee, START, Second Chance, Ashtabula County Public Advisory Team, Building Resiliency Together and the Broadband Taskforce.

The ACCAA Home Delivered Meal Program also participates in other community activities including the Lunch-n-Learn Library program for home delivery of books to seniors, the HALO program and the All County Senior Picnic.

9. The ACCAA mission is as follows:

Ashtabula County Community Action Agency will help people achieve self-sufficiency and rise above issues of poverty.

The ACCAA mission statement aligns closely with the Senior Levy's vision and mission, especially in the areas of increasing self-sufficiency and alleviating the conditions of poverty. All programs provided by ACCAA offer services to county residents with the vision of helping people to attain and achieve their goals in life. This is accomplished by maximizing available resources, coordinating and collaborating with community agencies and offering supportive services to clients at all stages of their lives. The agency takes great pride in the outstanding quality of the services provided to its clients and the passion of the agency staff who provide them.

B. The Section 3 - Program Planning and Development, B is no longer a part of the SSL RFP.

C. Organizational Structure

1. Ashtabula County Community Action Agency (ACCAA) was established in 1965 as an Economic Opportunity Committee by a resolution of the County Commissioners, under the provision of the Economic Opportunity Act. The County Commissioners enacted resolutions to abolish the Committee and create the Agency with a governing board in 1972. The status is a non-government public agency. ACCAA has a separate governing board; the agency is not a department of the county government. Ashtabula County Community Action Agency is a 501(c) (3) non-profit organization having received the Internal Revenue Service (IRS) designation on February 26, 1974. ACCAA is not incorporated.

Community Action has five (5) divisions: Housing & Energy, Head Start, Health & Nutrition Services, Community Development and Planning. The Home Delivered Meals Program is located in the Health & Nutrition Services Division. The Director of the Health & Nutrition Services division reports directly to the agency Executive Director. Reporting to the Division Director is the Senior Services Program Coordinator. Reporting to the Senior Services Program Coordinator are the Client Service Specialist, the Client Service Specialist/Billing Clerk and the Meal Delivery Drivers. Organizational charts are included as attachments.

The main source of ACCAA's financial support is local, state, and federal grants, as well as some private contributions.

Community Action has a Board of Directors that is composed of 15 members. The composition of the board is mandated by the Community Services Block Grant Act. The composition is as follows: one third-government or elected public officials or their representatives, not less than one third-democratically selected low-income individuals or their representatives, and the remainder are officials or members of business, industry, religious, law enforcement, education, or other major community groups. The Board reviews all programs, accepts budgets and applications, and hires the Executive Director of the Agency.

A current roster of the ACCAA Board of Directors is included in this grant application.

D. Provider/Staff Qualifications

1. Passionate, experienced and dedicated are some of the words that describe the ACCAA staff involved with the Home Delivered Meal Program. The Project Director has 38 years of social service program/administrative experience and is responsible for the overall program direction, compliance, budgeting and reporting of the program. The Senior Services Program Coordinator reports to the Project Director.

The Senior Services Program Coordinator is responsible for managing the day-to-day operations of all Senior Nutrition Program activities, including the Home Delivered Meal Program. The Client Service Specialist, the Client Service Specialist/Billing Clerk and the Meal Delivery Drivers report directly to the Senior Services Program Coordinator. The Senior Services Program Coordinator is certified as a ServSafe Level II Food Manager.

The CSS/Billing Clerk is responsible for all billing and various program reports and has worked in the program for five years. The Client Service Specialists are responsible for the processing of program referrals and conducting home visits to determine eligibility for services. The Client Service Specialists also act as substitutes for the Meal Delivery Drivers. The Client Service Specialists are certified as ServSafe Level I Food Handlers.

Most of the personnel in the Home Delivered Meal Program are involved in delivery of the meals to the customers. There are currently ten routes, each staffed by a Meal Delivery Driver. All Meal Delivery Drivers are certified as ServSafe Level I Food Handlers and are responsible for compliance with food safety procedures involved with packaging, delivery and monitoring of food temperatures. Years of program experience among the drivers range from one to 13 years.

Others with responsibility in this program include: the Executive Director, the Administrative and Fiscal Directors, the IT Director, the Executive and Administrative Assistants and fiscal staff.

Job descriptions for all personnel directly involved with the Home Delivered Meal Program are included with this proposal as attachments.

2. New agency staff members meet monthly for the first twelve months of employment as part of the agency onboarding program. Topics specific to ACCAA are covered such as agency policies and procedures, agency programs and the agency mission. Other topics presented include ethics, cultural diversity, time management,

trauma informed care, community resources, communication, and professionalism. Mid-level staff members participate in quarterly education and training sessions to foster and promote better leadership skills. Agency staff members are also required to participate in the *Bridges out of Poverty* training.

Each new Senior Nutrition employee attends training that is specific to program responsibilities and needs. Training topics covered with new employees include ServSafe food handling procedures, record keeping and documentation, code of ethics, confidentiality, body mechanics, emergency procedures, mandatory reporting, universal/pandemic precautions, safe driving practices and program policies/procedures. New SNP staff members shadow the coordinator and other experienced staff members who work in the same position. New staff members begin to work independently when they can demonstrate competency with all job duties.

Throughout the year, mandatory in-service trainings are provided for all staff. These trainings include topics that pertain to seniors and the provision of home delivered meals.

3. Volunteers assist with the preparation/packaging of meals, and other activities related to the operation of the program. The kitchen was re-opened to volunteers in the fourth quarter of FY21 after not allowing non-agency personnel to enter the kitchen during the pandemic. Four volunteers worked a total of 385 hours during that quarter. The program also served as a work study program through the Ashtabula County Educational Service Center. At total of five students participated in this program and received kitchen work experience and job readiness training.

EXHIBIT II

Section 4
Applicant Budget
(Attachment B)

Applicant Budget
Summary

Applicant: Ashtabula County Community Action Agency - Home Delivered Meal	
Date From: 1/1/23	**To: 12/31/23**

		Amount
I. Staff		
A. Salaries	$	87,891.18
B. Payroll-Related Expenses	$	17,780.02
Total Staff Costs	$	105,671.20
II. Operations		
A. Travel and Short-Term Training	$	17,500.00
B. Consumable Supplies	$	2,600.00
C. Occupancy Costs	$	2,765.00
D. Contract and Professional Services	$	198,903.80
E. Other - Miscellaneous	$	5,725.00
Total Operational Costs	$	227,493.80
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	333,165.00
IV. Minus Other Program Resources	$	-
Total Program Costs	$	333,165.00

Budget Computation

Total Operating Expenses	$	333,165.00
Divided by Total Operating Units		39,900.00
= Unit Rate	$	8.35

Unit Rate	$	8.35
X number of units purchased		39,900.00
= Total Contract Amount	$	333,165.00

Unit = 1 Meal

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 99,395.00	Annual	3.20%	$ 3,180.64
IT Manager	$ 66,843.00	Annual	3.20%	$ 2,138.97
Human Resource Manager	$ 64,272.00	Annual	3.20%	$ 2,056.70
Executive Assistant	$ 39,720.00	Annual	3.20%	$ 1,271.04
Director, Fiscal Services	$ 65,520.00	Annual	3.20%	$ 2,096.64
Accountant	$ 61,680.00	Annual	3.20%	$ 1,973.76
Administrative Assistant	$ 30,306.90	Annual	3.20%	$ 969.82
Accounts Payable Specialist	$ 32,672.00	Annual	3.20%	$ 1,045.50
Receptionist	$ 21,840.00	Annual	3.67%	$ 801.72
Customer Service Specialist	$ 32,136.00	Annual	39.14%	$ 12,578.03
CSS/Billing Assistant	$ 24,507.60	Annual	35.02%	$ 8,582.56
Senior Services Coordinator	$ 40,996.80	Annual	35.43%	$ 14,525.98
Custodian	$ 11,251.00	Annual	3.30%	$ 370.82
Food Deliverers (15)	$ 88,104.00	Annual	41.20%	$ 36,299.00
Total Salaries				$ 87,891.18

I. B. Payroll-Related Expenses

		Amount
PERS or Social Security		$ 6,723.68
Worker's Compensation		$ 1,400.81
Unemployment Insurance		$ 1,519.63
Retirement Expenses		$ 3,846.12
Hospitalization		$ 4,034.11
Other (*identify*)	Dental Insurance	$ 133.89
Other (*identify*)	Life Insurance	$ 121.78
Other (*identify*)		
Total Payroll-Related Expenses		$ 17,780.02

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.55	$ 17,500.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 17,500.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 300.00
Cleaning Supplies	$ 300.00
Meal Delivery Supplies (Probe Wipes, Thermometer, Hand Sanitizer, Fa	$ 800.00
Gasoline for Delivery Vans	$ 1,200.00
Total Consumable Supplies	$ 2,600.00

II. C. Occupancy Costs

	Amount
Rent	$ 1,200.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ -
Utilities (if not included in rent) must be itemized	
Heat	$ 150.00
Electric	$ 350.00
Water	$ 40.00
Telephone	$ 800.00
Sewer	$ 25.00
Trash Removal	$ 165.00
Security/Fire	$ 35.00
Total Occupancy Costs	$ 2,765.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Meals	$ 196,555.80
Workers' Compensation Consultant	$ 115.00
Audit	$ 500.00
Employee Assistance Program	$ 163.00
Background Checks/Drug Testing	$ 360.00
Insurances (Liability, D&O, Vehicle)	$ 1,200.00
COBRA Consultant	$ 10.00
Total Contract & Services Costs	$ 198,903.80

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Postage	$ 500.00
Memberships	$ 150.00
Copying/Printing	$ 500.00
Software Fees	$ 1,550.00
Staff Recruitment/Advertising	$ 25.00
Non-Personnel Admin/Fiscal Expenses	$ 3,000.00
Total Miscellaneous Costs	$ 5,725.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
N/A								
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
N/A		
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
N/A		
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
TIII-C2 Funding - $205,994	
NSIP (USDA) - $67,057	
State Block Grant - $4,770	
Passport - $110,000	
TXX - $23,170	
Program Generated Income - $30,000	
Total Other Resources	$ -

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Ashtabula County Community Action Agency**
Date: **11/2/2022 3:14:15 PM**

This search produced the following list of **6** possible matches:

Name/Organization	Address
Ashe Cultural Center	2125 Superior Ave.
ASHE Culture Center, Inc.	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy P2	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy S1	2125 Superior Avenue
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260
George Washington Carver Preparatory Academy	2283 Sunbury Road

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The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An Subgrant agreement between Ashtabula County Job & Family Services and **Ashtabula County Community Action Agency** for **Home Delivered Meals** program

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0145

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job & Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Ashtabula County Council on Aging,** located at **4148 Main Ave. Ashtabula, Ohio 44004** to provide **Chore Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Chore: $32,368.00 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$23.12 per unit of Chore as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant . Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Lisa Bruckman, Executive Director
Ashtabula County Council on Aging

11-9-22
Date

Ashtabula County Board of Commissioners

11-29-22
Date

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County Council on Aging** for **Chore** Services programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11-8-2022

CD 11/4/2022
2022-CON-0146

EXHIBIT I

Appendix III
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Chore Services
Program Description

Chore

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Chore Services for Seniors

The basic purpose of this program is to provide seniors with minor home repair and maintenance, so they may continue to live independently in a safe environment.

Chore service is designed to improve, restore, or maintain a clean, sanitary, and safe living environment through the performance of minor tasks in and around the home that are beyond the senior's capability, and the removal of hazards that may pose a threat to the seniors' health and welfare. Chore services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially provide for the services, and where no relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service, b) be age 60 or over, c) and reside in Ashtabula County.

Examples of a chore service are:
Simple household repair(s), including, but not limited to repairing water faucets, unclogging drains, replacing furnace filters, pest control, and disposal of garbage.

Heavy household cleaning, including, but not limited to washing walls and ceilings; washing the outside of windows, washing the inside of windows that are difficult to reach; removing, cleaning, and re-hanging curtains or drapery; and shampooing carpets or furniture.

Chore services are limited to those activities that are not the legal or contractual responsibility of a landlord. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

This service is for the participant and specifically excludes services for all other household members. The participant must be present during the delivery of the service.

Applicant's program description must:

A. Include an itemization of tasks that will be performed (an example: fixing a leaky faucet).
B. Define any specific tasks that will not be performed (example: re-wiring a kitchen outlet).
C. Describe the extent of the equipment that will be provided by the provider.
D. Describe the extent of the consumables that will be supplied by the provider.

Applicant Information

AGENCY / ORGANIZATION NAME: Ashtabula County Council on Aging, Inc

ADDRESS: 4148 Main Avenue, Ashtabula, Oh 44004

PHONE: 440-998-6750 FAX: 440-998-1640

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 23-7263183

EXECUTIVE DIRECTOR/DIRECTOR: Lisa Bruckman

PROGRAM COORDINATOR: Lisa Bruckman EMAIL: program@ashtabulaseniors.org

FISCAL CONTACT: Carol Billig EMAIL: bkeep@ashtabulaseniors.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Lisa Bruckman SIGNATURE: Lisa Bruckman

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 2, 2022

Ashtabula County Council on Aging, Inc.
Section 2 (F)
Chore Services Documents used for monitoring

Gmail

Lisa B <program@ashtabulaseniors.org>

Lawn Mowing Service Program

1 message

cheryl siss <cherylsiss@twc.com>
To: "Program@ashtabulaseniors.org" <Program@ashtabulaseniors.org>

Sat, Jun 11, 2022 at 9:44 AM

I am writing to thank you for allowing me to take part in the lawn-mowing service program provided through the Ashtabula Seniors Center. Thursday, June 9th was the first day that I received service from Greg who was assigned to my property. Greg was friendly and he and his partner did a very nice job; I am quite pleased with their work.

I have the largest lot on our block and, due to the usual senior physical limitations, I am unable to take care of the necessary upkeep at this time. With today's cost of living skyrocketing and living on a fixed income, it is also difficult to afford paying for this service on a regular basis. I am so grateful that this program is available and hope that it will continue as I am sure that there are many other seniors who have the same needs.

Thank you again for your help.

Sincerely,

Cheryl Siss

Ashtabula, OH

Sent from Mail for Windows

Avast This email has been checked for viruses by Avast antivirus software.
www.avast.com

Lucy Jontony

8115 Center Rd.

Ashtabula, OH 44044

Lisa Ann

ACCOA

4148 Main Ave.

Ashtabula, OH 44004

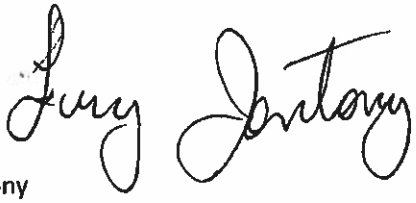
March 14, 2022

Dear Lisa,

I am writing to express my appreciation for the ACCOA program. During the preceeding year, I was assisted by both the snow plow services and the handyman services, who did some plumbing and other household repairs.

I cannot begin to express how important these services are to myself and the community. As a senior, who lives alone, without these provided services, I would be unable to complete these tasks. Myself and many other seniors in our community rely on these services to assist with tasks, that we might have been unable to attain otherwise.

Sincerely,



Lucy Jontony

Dear Sir:

Just a short note to thank the young man that did my snow removal. We couldn't of made it this winter without him

Thank You
Jack & Ann Bruckman

Senior Citizens

Having my driveway snow plowed
by senior citizens was much appreciated.
Thank you very much for a job well done.

Toni DaPascale

Center for active living

I would just like to thank you for the services you provide for Ashtabula county people. I was glad you could help me when I needed my drive way plowed this past winter. Also for lunch every week day. It helps alot of families. I will be voting again this year so our senior levy passes.

Thank you
Mary Martin

March 9, 2022

ACCOA
4148 Main Ave.
Ashtabula, OH 44004

ACCOA Board:

Thanks to the Handyman Program and all the help that I have received, it has been a great help in maintaining my home. Listed is the help that I have received over several years.

- Replaced wax ring on toilet
- Repaired clothes dryer
- Repaired garage door opener
- Replaced kitchen spigot
- Changed several washers
- Replaced light switch in Kitchen

I am sure that there are other items that the program has helped me with, these are the ones that I remember.

Sincerely,

Olive K. Jones

Olive K. Jones

I'd like to thank the Ashtabula Senior Center for all it does for me and other seniors in Ashtabula. Through its many programs, services and activities, it enriches our lives immensely. Several of the services the Center offers help me maintain my freedom and independence.

First, offering the service of snow plowing for seniors is a life saver to me. I will be 91 in May, and am not physically able to shovel snow or in any way remove snow from my driveway. Knowing that the Senior Center provides plowing for its seniors allows me to get to the grocery and drug stores for supplies over the winter. I am able to get out and go to the Center for socialization and activities. I am able to leave my home during the long winter months and have the peace of mind in knowing that emergency vehicles can access my driveway, if needed.

Secondly, the Center offers the services of a handyman. Obviously, there are many physical things I am incapable of doing because of my age. For example, installing and removing a window air conditioner which I cannot lift on my own and installing a ceiling fan for me. Both of which help improve my quality of life and help me keep my home.

Finally, the overall gift of having the Center and its Director, Lisa Bruckman, is a blessing. The Center offers us a place to gather, eat and socialize. Lisa provides holiday and birthday parties for the seniors. She cares about each of us as if we are family. Actually, we feel like family there because of her. She works endlessly to provide the best atmosphere she can for us. I am truly grateful.

Evelyn Thomas

HANDYMAN CALL LOG MONTH OF MAY 2021 - **MUST BE 60 OR OLDER**							
	DATE	CALLER NAME	BIRTH DATE	ADDRESS	CALLER PHONE	Nature of the repair	Notified Handyman on
1	3/1/20	MICKEY MOUSE	3/1/1950	123 Pluto Lane, Ashtabula	440-344-1478	Leaky Toilet	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Handyman Services
Monitoring and Follow up Survey

Date: _____ Reviewed by: _____

Client: _____

Age: _____ Resident: _____

Formed signed by Client: _____

Date work performed: _____

What work was performed: _____

Was the work request completed? _____

Was the work completed satisfactorily?

Was worker courteous? _____

Was the work done as promised? _____

Where you given information about other services that you may be eligible for: _____

Would you recommend the Handyman program to others? _____

Comments:

_____
_____
_____
_____
_____
_____

N:/term6/forms/handyman services follow up survey 5 2004

Work Order Request

Date _____,2021 Employee: _____ Twp. _____

Client: _____
Last First

Address: _____
Street City Zip

DOB: _____ Phone #: _____

___Own ___ Rent Request Date: _____

Job Request:

_____
_____
_____
_____
_____
_____
_____

Materials required: Customer provides all necessary supplies;
Ashtabula Senior Center provides the labor. _____

Assessment Date: _____2021 Time In: _____ Time Out_____

Follow Up: Date: _____2021 Time In: _____ Time Out_____

Completed: Date: _____2021 Time In: _____ Time Out_____

Total Hours: _____ Customer Signature: _____

Employee Signature: _____

Notes:

_____
_____

The repair work indicated above has been completed to my full satisfaction.

_____
Customer Signature Date

CHORE SERVICES EXIT SURVEY

Take a moment to answer the following questions.

Did your repair pose a safety hazard for you? ___ YES ___NO

If yes what type of hazard (Check all that apply)

___Falls,	___Lighting	___Flooring
___Reaching/bending	___Grabrails/Handrails	___Low Toilet
___Stair Design/repair	___Unsafe Chairs	___Other _____

Did the service performed by the handyman allow you to avoid a costly repair that you could not afford? ___ YES ___NO

Do you feel that the service performed by the handyman in your home helped you to successfully age in place, by avoiding or delaying or preventing unwanted institutionalization, by allowing you to remain in your home? ___ YES ___NO

Do you feel that the services performed by the handyman in your home helped you to feel more independent and less dependent on family or friends? ___ YES ___NO

Do you feel that you have increased social ties and/or perceived social support as a result of this valuable service? ___ YES ___NO

Do you feel safer, less isolated, as a result of the repair? ___ YES ___NO

CHORE SERVICES EXIT SURVEY

Take a moment to answer the following questions.

Did your repair pose a safety hazard for you? ___ YES ___NO

If yes what type of hazard (Check all that apply)

___Falls,	___Lighting	___Flooring
___Reaching/bending	___Grabrails/Handrails	___Low Toilet
___Stair Design/repair	___Unsafe Chairs	___Other _____

Did the service performed by the handyman allow you to avoid a costly repair that you could not afford? ___ YES ___NO

Do you feel that the service performed by the handyman in your home helped you to successfully age in place, by avoiding or delaying or preventing unwanted institutionalization, by allowing you to remain in your home? ___ YES ___NO

Do you feel that the services performed by the handyman in your home helped you to feel more independent and less dependent on family or friends? ___ YES ___NO

Do you feel that you have increased social ties and/or perceived social support as a result of this valuable service? ___ YES ___NO

Do you feel safer, less isolated, as a result of the repair? ___ YES ___NO

ACCOA Lawn Care Application

PLEASE PRINT CLEARLY

Name: _____ Phone: _____

Address: _____

City: _____ Township: _____ Zip: _____

Email: _____

Date of Birth: _____ Last 4 digits SS#: _____ Veteran: __Yes __ No

Primary Ethnic Race: __ Hispanic/Latino __ Not Hispanic or Latino Female Head of Household: __Yes __ No

Do you own your home: __Yes __ No Total House Hold Income: _____ Disabled: __Yes __ No

Number of people living in the home age 60 and older: _____ Home Bound: __Yes __ No

Number of people living in the home under age 60: _____ Abused/Neglected/Exploited: __Yes __ No

Employment: __Retired __Disability __Working full-time __Working part-time

Emergency Contact: _____ Phone: _____

Were you referred by anyone: _____

General Terms:

- You must be at least 60 years old, live in Ashtabula County and own and reside at the property you are requesting mowing services.
- Basic lawn maintenance will cover mowing and trimming of an average city lot (not exceeding 1 acre) twice a month (NOT EVERY OTHER WEEK), weather permitting.
- This service is not intended to provide a manicured golf course lawn, it is intended to keep the property off the areas high grass violation list.
- If the property has already been mowed when the Contractor two times you will be removed from the mowing program. ACCOA is charged for a "service ordered not able to provide"
- The Customer will grant the Contractor access to the lawn during regular business hours Monday through Sunday and from the times 8:00am to 7:30pm local time and additional mutually agreed upon times.
- The Mowing Contractor will provide all labor, material, and equipment to perform the basic lawn mowing services in accordance with the requirements herein specified.
- Customer will pay MOWING CONTRACTOR DIRECTLY for any additional lawn maintenance that they may require for the lawn to sustain an acceptable appearance of their liking.
- The Contractor shall bill the CUSTOMER DIRECTLY for the cost of work that is above and beyond what is considered basic lawn maintenance.
- The additional above and beyond work will be billed to the homeowner at the Mowing Contractors regular rate. ACCOA advises that you ask the Mowing Contractor for the cost of any additional work before you agree to have them perform the additional work.

By singing below, should my application be accepted, I understand and agree to the terms and conditions listed above:

Homeowner Signature: _____ Date: _____

Date Received: _____2021 ___Approved ___Declined.

Dispatched To: _____

Entered into SAMS_____Date_____2021 Entered into SchedulePlus_____Date_____2021.

ACCOA Snow Plowing Application

PLEASE PRINT CLEARLY

Name: _____ Phone: _____

Address: _____

City: _____ Township: _____ Zip: _____

Email: _____

Date of Birth: _____ Last 4 digits SS#: _____ Veteran: __Yes __No

Primary Ethnic Race: __ Hispanic/Latino __ Not Hispanic or Latino Female Head of Household: __Yes __No

Do you own your home: __Yes __No Total House Hold Income: _____ Disabled: __Yes __No

Number of people living in the home age 60 and older: _____ Home Bound: __Yes __No

Number of people living in the home under age 60: _____ Abused/Neglected/Exploited: __Yes __No

Employment: __Retired __Disability __Working full-time __Working part-time

Emergency Contact: _____ Phone: _____

Were you referred by anyone: _____

General Terms:

- You must be at least 60 years old, live in Ashtabula County, own, and reside at the property you are requesting snow removal services.
- Snow removal service will begin November 15 and end February 28.
- Contractor will provide customer with snow removal once a snow, on an as needed basis, only when the snow fall accumulates to a minimum of two (2) inches. Contractor agrees to remove fresh within eight (8) hours after the end of the snowfall.
- The customer may request an additional plow within the same snow fall, however, THE CONTRACTOR WILL BILL THE CUSTOMER DIRECTLY, at the contractor's regular rate, for the additional plow. The customer agrees that if they request an additional plow within the same snow fall, the CUSTOMER WILL PAY THE CONTRACTOR DIRECTLY for the additional plow that they requested. ACCOA advises that you ask the Mowing Contractor for the cost of any additional work before you agree to have them perform the additional work.
- Contractor reserves the right to suspend service if payment for additional plows is not current.
- If a vehicle or other obstacle impedes snow removal operations, contractor will decide if they are able to remove snow around the impeding object or refuse to provide service due to inaccessibility to the driveway. If contractor refuses to provide service due to inaccessibility to the driveway, customer may request the contractor to come back out at the customer's expense.
- If the contractor comes out to provide snow removal and the customer has already had the snow removed, it will be considered a "plow ordered, not used" and the contractor will not return. The customer may request the contractor to come back out at the customer's expense.

By singing below, should my application be accepted, I understand and agree to the terms and conditions listed above:

Homeowner Signature: _____ Date: _____

Date Received: _____2021 ___Approved ___Declined.

Dispatched To: _____

Entered into SAMS_____Date_____2021 Entered into SchedulePlus_____Date_____2021.

ACCOA Lawn Care Application

PLEASE PRINT CLEARLY

Name: _____ Phone: _____

Address: _____

City: _____ Township: _____ Zip: _____

Email: _____

Date of Birth: _____ Last 4 digits SS#: _____ Veteran: __Yes __ No

Primary Ethnic Race: __ Hispanic/Latino __ Not Hispanic or Latino Female Head of Household: __Yes __ No

Do you own your home: __Yes __ No Total House Hold Income: _____ Disabled: __Yes __ No

Number of people living in the home age 60 and older: _____ Home Bound: __Yes __ No

Number of people living in the home under age 60: _____ Abused/Neglected/Exploited: __Yes __ No

Employment: __Retired __Disability __Working full-time __Working part-time

Emergency Contact: _____ Phone: _____

Were you referred by anyone: _____

General Terms:

- This service is not intended to provide a manicured golf course lawn, it is intended to keep the property off the areas high grass violation list.
- You must be at least 60 years old, live in Ashtabula County and own and reside at the property you are requesting mowing services.
- Basic lawn maintenance will cover mowing and trimming of an average city lot (not exceeding 1/2 acre) twice a month (NOT EVERY OTHER WEEK), weather permitting.
- If the property has already been mowed when the Contractor arrives after two occurrences, you will be removed from the mowing program. ACCOA is charged for a "service ordered not able to provide"
- The Customer will grant the Contractor access to the lawn during regular business hours Monday through Sunday and from the times 8:00am to 7:30pm local time and additional mutually agreed upon times.
- The Mowing Contractor will provide all labor, material, and equipment to perform the basic lawn mowing services in accordance with the requirements herein specified.
- Customer will pay MOWING CONTRACTOR DIRECTLY for any additional lawn maintenance that they may require for the lawn to sustain an acceptable appearance of their liking.
- The Contractor shall bill the CUSTOMER DIRECTLY for the cost of work that is above and beyond what is considered basic lawn maintenance.
- The additional above and beyond work will be billed to the homeowner at the Mowing Contractors regular rate. ACCOA advises that you ask the Mowing Contractor for the cost of any additional work before you agree to have them perform the additional work.

By singing below, should my application be accepted, I understand and agree to the terms and conditions listed above:

Homeowner Signature: _____ Date: _____

Date Received: ___ 2022 Approved Declined

Application for: ___

Referral Information: Date: 2022 Referral Date Scheduled: Date: 2022

Handyman Work Order Request

Date _____,2022 Employee: _____ Twp. _____

Client: _____
Last First

Address: _____
Street City Zip

DOB: _____ Phone #: _____

___Own ___ Rent Last Four Digits of SS#: _____

Grab Bars Installed: _____ ACCOA Provided: ___ Yes ___ No

Job Request: Request Date: _____

_____

_____

_____

_____

_____

_____

Materials required: Customer provides all necessary supplies; ACCOA provides the labor.

Call to setup appointment Date: _____2022 (15 minutes) = .25

Assessment: Date: _____2022 Time: In: _____ Out_____ = _____

Travel Miles: _____ Time (1 mile = 1 minute) = _____

Follow Up: Date: _____2022 Time: In: _____ Out_____ = _____

Travel Miles: _____ Time (1 mile = 1 minute) = _____

Completed: Date: _____2022 Time: In: _____ Out_____ = _____

Travel Miles: _____ Time (1 mile = 1 minute) = _____

Employee Signature: _____ Total Hours: _____

Notes:

_____

_____

_____

_____

The repair work indicated above has been completed to my full satisfaction.

2022

_____

Customer Signature Date

TELEPHONE REASSURANCE Today's Date: _____, 2019

Client Name: _____ Male ___ Female ___

Address: _____

City: _____, Ohio Zip Code: _____

What township do you live in? _____

Client Birth date: _____ Client Phone Number: _____

Race: White ___, African American___, Asian___, Hispanic___, Indian___, Other___

Are you handicapped: Yes ___ No ___ Do you live alone: Yes ___ No ___

Marital Status: Married ___, Divorced ___, Widowed ___, Single ___, Separated___

Are you physically and financially able to prepare your own meals? Yes___, No___

Monthly income? _____ Number of people in your household? _____

Police Department _____ Phone_____

Ambulance/Rescue _____ Phone_____

Emergency Contact: _____ Phone_____

TELEPHONE REASSURANCE Today's Date: _____, 2019

Client Name: _____ Male ___ Female ___

Address: _____

City: _____, Ohio Zip Code: _____

What township do you live in? _____

Client Birth date: _____ Client Phone Number: _____

Race: White ___, African American___, Asian___, Hispanic___, Indian___, Other___

Are you handicapped: Yes ___ No ___ Do you live alone: Yes ___ No ___

Marital Status: Married ___, Divorced ___, Widowed ___, Single ___, Separated___

Are you physically and financially able to prepare your own meals? Yes___, No___

Monthly income? _____ Number of people in your household? _____

Police Department _____ Phone_____

Ambulance/Rescue _____ Phone_____

Emergency Contact: _____ Phone_____

HANDYMAN CALL LOG MONTH OF MAY 2021 - **MUST BE 60 OR OLDER**

	DATE	CALLER NAME	BIRTH DATE	ADDRESS	CALLER PHONE	Nature of the repair	Notified Handyman on
1	3/1/20	MICKEY MOUSE	3/1/1950	123 Pluto Lane, Ashtabula	440-344-1478	Leaky Toilet	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

HANDYMAN WAIT LIST 2021- **MUST BE 60 OR OLDER**

	Call in Date	CALLER NAME	BIRTH DATE	ADDRESS	City	CALLER PHONE	Nature of the repair
1					Ashtabula		Floor Joyce?
2					Ashtabula		Grab Bars / Trash Disposal
3					Ashtabula		Faucet
4					Ashtabula		Ceiling Fan
5					Ashtabula		3 Switches - replace
6					Ashtabula		Light
7					Ashtabula		Drain
8					Ashtabula		Roof Repair
9					Ashtabula		fix leaky toilet??
10					Ashtabula		Door broke
11					Ashtabula		Toilet, back step
12					Ashtabula		Board on porch
13					Ashtabula		Toilet
14					Ashtabula		Down Spout
15					Ashtabula		Gutter, Hole in roof
16					Austinburg		Garage Door Opener
17					Austinburg		Sink/ Window/Door
18					Conneaut		Toilet

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: ASHTABULA COUNTY COUNCIL ON AGING, INC

Company Address: 4148 MAIN AVE, ASHTABULA, OH 44004

Telephone Number: 440-998-6750 FAX: 440-998-1640

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

LISA BRUCKMAN Office 440-998-6750, Cell 440-344-1691

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

LISA BRUCKMAN Office 440-998-6750, Cell 440-344-1691

The legal status of the Applicant's organization 501C3

Date of establishment/incorporation: SEPTEMBER 29, 1973

Federal Employer Identification Number (FEIN): 23-7263183

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? _X_ Yes ___ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

July 2022

Ashtabula County Council on Aging, Inc.
Section 3
Program Planning and Development
Chore Services for Seniors

Program description

1. **Narrative that describes proposed service, that clearly demonstrates that services can be delivered efficiently:**

Ashtabula County Council on Aging, Inc. (ACCOA) is respectfully requesting your consideration of funding in the amount of $30,058.56 to provide 1400 units of service at a unit rate of $23.12 in the Chore Service for Seniors Program.

The Chore Service is open to seniors in Ashtabula County, age 60 and over, to remain safe and secure in their homes by performing minor household repairs that they can neither do themselves nor get anyone else to do. There is no charge for Chore's services, other than basic consumables; clients are expected to pay for the materials necessary to complete the repair. Chore Service is designed to improve, restore, and maintain a safe, clean, and sanitary living environment to allow older adults to "*age in place*".

ACCOA is proposing to continue to provide all the services they currently provide under the Chore Service for Seniors Program as well as to add snow removal services to the list of services available. Additionally, rising costs of fuel, lumber and materials, utilities, and services, as well as finding and retaining quality employees at a reasonable rate, is practically impossible it is necessary to increase ACCOAs unit rate.

Include an itemization of tasks that will be performed (an example: fixing a leaky faucet): Work is performed by Chore Service handyperson; they are not licensed carpenters, plumbers, or electricians. They are individuals who have the knowledge to perform simple household repairs. Each Chore person will determine if a project is within their realm of expertise.

As part of Chore Services, ACCOA Center for Active Living will provide seasonal maintenance that an older adult is unable to complete and/or is needed to help him or her maintain a clean, safe, and sanitary living environment.

- Minor Plumbing
  - Repair water faucets,
  - Repair toilets,
  - Replace washer hoses,
  - Replace sink stoppers,
  - Repair floats in toilets,

- Repair or Replace
  - Door locks, handles, springs, and closers,
  - Filters and batteries,
  - Replace/repair porch steps,
  - Replace glass panes,
  - Repair cabinet doors,
  - Re-glue furniture,
  - Replace furnace filters,

- Minor Electrical
  - Replace or repair doorbells,
  - Replace light bulbs,
  - Replace existing light fixture (if appropriate),
  - Replace electrical outlets, sockets, and switches,

- Install
  - Smoke alarms/carbon monoxide detectors,
  - Grab bars in bath area,
  - Internal railings,
  - Weather stripping,
  - Air conditioners (also remove),
  - Install curtain rods,
  - Install/remove storm windows and screens.

- Lawn Care
  - Service will begin mid-May and continue through mid-October, service will be provided no more than twice a month per client, yard must be free of animal waste, and clients with citations will be serviced first, if the Chore program is notified.
    - 2021 ACCOA serviced 25 lawn care clients and provided 632 units of service.
    - 2020 ACCOA serviced 21 lawn care clients and provided 495 units of service.
- Snow Removal
  - Service will begin with the first snowfall that reaches one inch and will end in March.
    - 2021 ACCOA serviced 30 snow removal clients and provided 240 units of service.
    - 2020 ACCOA serviced 18 snow removal clients and provided 214 units of service.

Define any specific tasks that will not be performed (example: re-wiring a kitchen outlet):

- Service emergencies,
- Do outdoor yard work,
- Painting, Tiling,
- Door or window replacements,
- Work requiring high ladders,
- Heavy lifting,
- New plumbing,
- Appliance repairs,
- Cosmetic repairs,
- Interior decorating services,
- Build or replace fencing,
- New wiring,
- Repairs for apartment dwellers are limited to personal items only. (Other repairs are the responsibility of the landlord).

The Chore Services is not a home remodeling program, nor does it replace professional contracted work. It is a "fixit" program geared toward providing handyman type repairs around the house. The participant must be present. The handyman will respond as quickly as possible to meet a request. They will not do any jobs involving ladders over four feet. It will be limited to repairs that are not the legal or contractual responsibility of a landlord. The Chore Services handyman will not discriminate because of handicap, sex, race, creed, national origin, or any other protected class. Chore services are limited to those people aged 60 and older in the household and will exclude services for all other household members.

Describe the extent of the equipment that will be provided by the provider: Equipment such as ladders, plumbing, electrical and hand tools will be provided by the Center for Active Living or the employee,

Describe the extent of the consumables that will be supplied by the provider: Basic consumables such as nuts, screws, bolts, washers, basic light switches, basic outlets, and covers, pipe dope, solder, electrical tape as well as other basic incidentals to perform minor home repairs.

Materials Not Provided: Items such as doors, door hardware, windows, window hardware, toilets, bathroom sinks, faucets, kitchen sinks, faucets as well as other expensive items will not be provided free of charge, the senior may be asked to provide a portion of the cost to purchase the item.

2. **Explain the need for the proposed program in applicant's service area and provide supporting evidence.**

Ashtabula County Council on Aging, offer Chore services to seniors. This service is designed to improve, restore, and maintain a clean and safe living environment through the performance of minor household repairs that are beyond the senior's capability. This service offers seniors assistance while still allowing them to maintain a sense of self sufficiency.

Often, seniors wishing to "*age in place*" within their own homes may find that even their personal homes can become a challenging environment to maneuver. Homes that lack safety options and modifications for an aging senior may present hazards for that senior. Chore Services Program can help seniors; increase their sense of well-being by helping them feel safer, and less isolated within their respective communities.

Many seniors on fixed incomes cannot afford to hire carpenters for minor home modifications that can help prevent accidents, falls, and may help increase self-sufficiency while improving in-home mobility and safety for seniors who continue to live independently in their own homes. As the senior population continues to increase the need for these services continues to grow, the Chore Services Program remains a vital resource for senior citizens in Ashtabula County.

When the snow falls and accumulates, emergency room professionals can be assured of one thing – it is likely they will see an increased incidence of injuries related to snow removal. The injuries run the gamut in severity and can range from strained backs and broken bones to serious cuts and even fatal heart attacks. According to the 2009 U.S. Consumer Product Safety Commission, about 22% of the senior population trying to manually remove snow from their walks and driveways were treated in hospital emergency rooms for injuries sustained when trying to remove snow.

Many people, especially seniors, can underestimate the time, strength, and stamina it takes to shovel snow. It is a homeowner's responsibility to clear snow from sidewalks on his or her property, so seniors often feel compelled to take steps to shovel the snow. Moreover, if an emergency vehicle needs to access a house and the snow is not cleared, it could cause a significant delay in necessary treatment. Therefore, ACCOA is proposing to add snow removal as an additional service to the Chore Service program.

3. **Experience of applicant in administering the proposed service**

The ACCOA Center for Active Living has been providing the Chore Service with funds made available from the Ashtabula County Senior Levy since 2004. Our follow up calls indicate that the service is much needed, and our wait list indicates that there is a far greater need for this service then what is being provided.

Each Handyman is required to complete a form listing the types of maintenance and repair projects they are capable and willing to perform, as well as ensuring that they have the necessary tools required to complete specific tasks. The Handymen reserve the right to refuse service to anyone where he/she believes the working conditions are unsafe or unhealthy; he/she will be required to report the conditions to the Center for Active Living's attention for mandated reporting. Also, a complete background check is performed on each Handyman to further ensure the safety and protection of area seniors.

4. **Provide the units of service and number of unduplicated clients for prior year and the same numbers for proposed year.**

STATISTICS		
	Prior Year	Proposed Year
	2021	2023
Service Area	Ashtabula County	Ashtabula County
Units of service provided	1473.75	1300
Unduplicated clients served	91	90

5. **Days and hours program are available**

The Chore Service, with funds made available from this grant, will provide Chore Services, 35 hours a week, on a schedule as determined by the number of calls and work order received each week. Chore Services will be offered Monday thru Friday 9:00 am – 4:30 pm or other times by appointment.

6. **Client Intake**

a. **Describe the method of client intake**

Referrals to the Chore Service Program will be made by Area County Health and Human Services departments, Community Action, 211, community social workers, area non-profit organizations, and previous clients who have utilized the Chore Service Program. A handyman is placed with respective clients based on abilities, specific jobs, and previous experience.

b. **Explain the intake process**

Intake and Assessment: ACCOA's receptionist fields the initial call from the client. All clients are recorded on "*call logs*". The "*call log*" is given to the director to prioritize and repair requests are referred to the Handyman by the director. The handyman will call the and complete a "*Work Order Request*" documenting clients name, address, date of birth, telephone number and nature of the repair on the "*Work Order Request*" form; then an appointment is scheduled to assess the repair and documented on the "*Work Order Request*". Once the chore is performed it will be documented on the "*Service Log*" and a completed "*Work Order Request*" form is submitted to the Director.

The Handyman will report to the Director. The Director is given a daily schedule and is notified of all expenditures as they occur. The handyman will facilitate the Chore Service Program and will only provide services to those individuals which are 60 years of age, legal Ashtabula County residents, and have a verified need for the services.

Reassessment: Service calls are closed when the chore is completed, therefore reassessments are not necessary. In cases where the chore is not priority and placed on a waiting list, periodic calls are made to the client to determine if the work is still needed and is rescheduled when time allows. On a monthly basis, two to four clients are selected randomly, and a "*customer satisfaction survey*" is performed over the phone to assess the client's level of satisfaction with the work performed.

Clients utilizing the Chore service will be asked to answer a simple "exit survey" to indicate if services performed in their homes helped these individuals to successfully "*age in place*" as well as if they felt having increased social ties and/or perceived social support because of this valuable service.

Prioritization policy: The funding available provides a limited number of service hours; therefore, we have had to implement a "*Waiting List*". Generally, assessments are completed within seven business days and the service is scheduled to begin within ten business days. Priority will be placed on safety repairs; heating and cooling issues are considered second, next repairs that may cost the seniors money such as leaky faucets or light switches that will not turn off, then convenience repairs are considered last. The handyman will base his time spent on a client dependent upon on his schedule and the repairs that are requested. Other needs will be addressed on a first come first serve basis taking into consideration the availability of the senior to be home when the Handyman is working and the location of the senior's home. To conserve resources, service calls in the same geographic location are scheduled together. The Director will generate a wait list and will determine who comes off and who stays on that list. Anything that cannot be completed in the week that it has been requested will go on the "wait list".

c. Client intake tool

See Attachments

7. Provide source and amounts of any federal, state, or local funding received for the proposed services within the past five years

The ACCOA Center for Active Living does not receive any federal or state funding for the Chore Service Program. For 2022/2023 $3,500.00 was awarded from United Way to purchase grab bars for seniors over the age of 60 that the Handyman will install.

d. Unit rate applicable to each funding source

No applicable unit rate.

8. Describe your service collaboration/coordination with other community providers, programs, and funding sources

Collaboration: Given the nature of the chore requested, and if ACCOA believes they may qualify, some individuals are referred to other organizations such as:

- Community Action Home Weatherization Assistance Program (HQAP)
- Veterans Services Commission when a Veteran or Veteran's spouse needs ramp assistance.
- In addition, ACCOA works with Conneaut Human Resources Center to provide Chore services to the east and Country Neighbors to provide Chore services in South County.

Furthermore, should ACCOA receive a request for a service in a central area they try to verify which organization is best equipped to cover the job, regarding wait lists, distance to the chore and who has the handyman that has the knowledge and skill to make the repair.

9. **Describe how your organization's vision and mission align with the Senior Levy Mission Statement, "Our mission is to provide superior service, promote well-being and self-sufficiency, alleviate conditions of poverty and improve health and safety."**

The mission of the Ashtabula County Council on Aging, Inc (ACCOA), is: *"to stimulate the intellectual, physical, and spiritual wellbeing of participants by providing supportive and innovative programs that help maintain the independence and dignity of those 55 years and older."*

ACCOA's vision and mission aligns with the Senior Levy mission statement as their entire focus is on seniors and ways to provide exceptional service, encourage well-being and self-sufficiency, as well as locating programs to lesson the effects of poverty and promote health and safety.

ACCOA accomplishes this by providing outstanding, creative programing that provides participants with opportunities and resources for social interaction, recreation, basic support and needs services, education, volunteerism, and community activism. As well as physical and mental stimulation, nutrition, and to allow for fellowship of those who share common interests and goals.

ACCOA's services are designed to help older adults remain safely in their own homes and delay or prevent institutionalization. Older adults who participate in ACCOAs programs learn to manage and delay the onset of chronic disease and experience noticeable improvements in their overall well-being. While aging can sometimes make independent living difficult, small supports, can help seniors maintain independence in their own homes.

ACCOA's mission in two words is aging positively.

EXHIBIT II

Attachment B
Budget Template

CHORE SERVICES

Applicant Budget Summary

ACJFS RFP #8-23

Applicant: Ashtabula County Council on Aging, Inc.	
Date From: January 1, 2023	**To: December 31, 2023**

		Amount
I. Staff		
A. Salaries	$	26,572.00
B. Payroll-Related Expenses	$	1,525.00
Total Staff Costs	$	28,097.00
II. Operations		
A. Travel and Short-Term Training	$	1,764.00
B. Consumable Supplies	$	1,350.00
C. Occupancy Costs	$	3,050.00
D. Contract and Professional Services	$	-
E. Other - Miscellaneous	$	1,000.00
Total Operational Costs	$	7,164.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	350.00
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	350.00
Sub- Total of All Costs	$	35,611.00
IV. Minus Other Program Resources	$	350.00
Total Program Costs	$	35,261.00

Budget Computation

Total Operating Expenses	$	35,261.00
Divided by Total Operating Units		1,525.00
= Unit Rate	$	23.12

Unit Rate	$	23.12
X number of units purchased		1,400.00
= Total Contract Amount	$	32,368.00

1 Unit = Example: 1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Handyman	$ 22,750.00	Annual	100.00%	$ 22,750.00
Director	$ 41,600.00	Annual	6.00%	$ 2,496.00
Fiscal Clerk	$ 15,600.00	Annual	4.00%	$ 624.00
Receptionist #1	$ 11,700.00	Annual	3.00%	$ 351.00
Receptionist #2	$ 11,700.00	Annual	3.00%	$ 351.00
Total Salaries				$ 26,572.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 600.00
Worker's Compensation	$ 525.00
Unemployment Insurance	$ 400.00
Retirement Expenses	
Hospitalization	
Other (*identify*)	
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 1,525.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.63	$ 1,764.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 1,764.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 100.00
Cleaning Supplies	$ 100.00
Other *(Postage .60, Copies, Faxes)*	$ 150.00
Nut, screw, bolt, washers, light switche, outlet, cover, pipe dope,	$ 1,000.00
solder, electrical tape	
Total Consumable Supplies	$ 1,350.00

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized	
Heat	$ 650.00
Electric	$ 850.00
Water	$ 300.00
Telephone	$ 900.00
Sewer	$ 100.00
Other *(Maintenance/Janitorial)*	$ 100.00
Other *(Trash/Snow Removal)*	$ 150.00
Total Occupancy Costs	$ 3,050.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	**Amount**
Total Contract & Services Costs	$ -

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	**Amount**
Handyman Insurance Rider	$ 1,000.00
Total Miscellaneous Costs	$ 1,000.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Hand Held Power Tools	4	$ 350.00
Total Small Equipment Purchases		$ 350.00

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Participant Contributions	$ 350.00
Total Other Resources	$ 350.00

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321(

(614) 46(
(800) 28:

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Ashtabula County Council on Aging**
Date: **11/2/2022 3:15:29 PM**

This search produced the following list of **6** possible matches:

Name/Organization	Address
Ashe Cultural Center	2125 Superior Ave.
ASHE Culture Center, Inc.	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy P2	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy S1	2125 Superior Avenue
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260
George Washington Carver Preparatory Academy	2283 Sunbury Road

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The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County Council on Aging** for **Chore** Services programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0146

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Conneaut Human Resource Center,** located at **327 Mill Street, Conneaut, Ohio 44030** to provide **Chore Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements, and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Chore Services: $1,618.40 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$23.12 per unit of Chore as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Ryan Tattrie, Executive Director
Conneaut Human Resource Center

11-7-22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Conneaut Human Resource Center** for **Chore** Services programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0147

EXHIBIT I

Appendix III
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Chore Services
Program Description

Chore

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Chore Services for Seniors

The basic purpose of this program is to provide seniors with minor home repair and maintenance, so they may continue to live independently in a safe environment.

Chore service is designed to improve, restore, or maintain a clean, sanitary, and safe living environment through the performance of minor tasks in and around the home that are beyond the senior's capability, and the removal of hazards that may pose a threat to the seniors' health and welfare. Chore services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially provide for the services, and where no relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service, b) be age 60 or over, c) and reside in Ashtabula County.

Examples of a chore service are:
Simple household repair(s), including, but not limited to repairing water faucets, unclogging drains, replacing furnace filters, pest control, and disposal of garbage.

Heavy household cleaning, including, but not limited to washing walls and ceilings; washing the outside of windows, washing the inside of windows that are difficult to reach; removing, cleaning, and re-hanging curtains or drapery; and shampooing carpets or furniture.

Chore services are limited to those activities that are not the legal or contractual responsibility of a landlord. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

This service is for the participant and specifically excludes services for all other household members. The participant must be present during the delivery of the service.

Applicant's program description must:

A. Include an itemization of tasks that will be performed (an example: fixing a leaky faucet).
B. Define any specific tasks that will not be performed (example: re-wiring a kitchen outlet).
C. Describe the extent of the equipment that will be provided by the provider.
D. Describe the extent of the consumables that will be supplied by the provider.

Applicant Information

AGENCY / ORGANIZATION NAME: Conneaut Human Resources Council, Inc.

ADDRESS: 327 Mill Street Conneaut, Ohio 44030

PHONE: 440-593-5273 FAX: 440-599-7441

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1381897

EXECUTIVE DIRECTOR/DIRECTOR: Ryan Tattrie

PROGRAM COORDINATOR: Ryan Tattrie EMAIL: Director@conneauthrc.org

FISCAL CONTACT: Diana Spencer EMAIL: Dianap1999@gmail.com

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Ryan Tattrie SIGNATURE: R E Tattrie

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 8-1-22

July 2022

Section 2 (F)
Documents used for monitoring

Conneaut Human Resources Center
Senior Service Request Form
Seniors 60 and over

Inquiry Date: _____ Staff Initials: _____
Assessment Date: _____ Staff Initials: _____

Client Name: _____

Address: _____
City/Township/State: _____

Telephone#: _____ Client Date of Birth: _____

Type of Service Requested: Chore/Handyman ☐ Homemaker ☐
Has consumer had service in the past? Yes ☐ No ☐
If yes, when? _____

Additional Information:

_____

_____

_____

_____

_____

How many People in household? _____

Any family members living in town? _____

Date of Service: _____ Staff Initials: _____

Client Signature: _____ Date: _____

CHRC - Client Assessment Form

Homemaker Services

Home Visit Date:	Time:	Staff Signature:
Personal Information		
Client Name:		DOB:
Address:		Gender:
City:	Zip	Phone:
Driver License/ID#		DOB Verified: Y/N
Type/# of Household Pets:_____ Day of Service:	Names of Pets: _____ Time of Service:	
Emergency Information		
Preferred Contact Name:	Relationship:	
Phone:	Work/Cell Phone:	
Preferred Hospital:	Primary Physician:	
Home Safety Status		
Checklist of potential conditions and/or methods to assist in preventing injury.		
Impaired Sight	Working Smoke Detectors	3-Prong Adapters in use
Impaired Hearing	Bedroom	Plumbing in working condition
Impaired Speech	Living Area	Water Leakage
Able to follow instructions	Working Fire Extinguisher	Kitchen
Home Fire Plan	Stairs Obstructed	Bathroom
Exits Obstructed	Handrail Available	Working Refrigerator
Hallways Obstructed	Extension Cords in use	Working Stove/Oven
Evidence of Violence	Evidence of Infestation	Throw Rugs in use
Evidence of Abuse	Evidence of Exploitation	Evidence of Neglect
Homemaking/Nutritional Needs		
Appropriate Temperature	Bathroom linens clean	Microwave Available
No foul odors	Washcloths available	Stovetop/Oven Available
No soiled furniture	Special Diet for medical reasons:	Typical Meals:
No trash accumulation		Breakfast:
No stacked mail/newspapers	Fresh food available	Lunch:
Home appears to be lived in	Canned goods available	Dinner:
Kitchen/Refrigerator clean	Snacks readily available	Snacks:
Bedroom linens clean	Left-overs preserved	
Clothes put away	No evidence of spoilage	

Observations/Recommendations: _____

_____

_____

_____

Conneaut Human Resources Center Priority Score:_____

Chore/ Handyman & Homemaker Assessment Prioritization Tool

Client:_____ Assessment Date:_____
(Last Name, First Name)
City/Township:_____

•Client requires cane, walker, wheelchair for mobility	No___	Yes___	(3)___
•Client exhibits breathing problems made worse by exertion, dust, dirt, or chemicals.	No___	Yes___	(3)___
•Client is significantly visually impaired or legally blind	No___	Yes___	(3)___
•Client is unable to sweep, mop, or vacuum	No___	Yes___	(2)___
•Client is unable to bend over or lift arms above his/her head	No___	Yes___	(2)___
•Client is unable to stand for long periods	No___	Yes___	(2)___
•Client is unable to lift heavy objects	No___	Yes___	(2)___

Subtotal _____

****
*

Client referred by Adult Protective Services	20 points	_____
Client lives alone, homebound, 8+ Score	15 points	_____
Client lives alone, homebound, 5-7 Score	10 points	_____
Client has local/community support, 8+ Score	5 points	_____

Subtotal _____

Total Priority Points___/___=_____=Level____Priority

Conneaut Human Resources Center

"Providing human services that enhance the quality of life."

327 Mill Street, Conneaut, Ohio 44030
Phone: 440-593-5273
Fax: 440-599-7441
Website: www.conneauthrc.org

Dear _____:

We would like to take this opportunity to welcome you to our Homemaker Program and for allowing us to provide services for you through the Ashtabula County Senior Services Levy. CHRC aims to provide services in a professional manner and to provide them efficiently so that the funding can be utilized to the fullest extent possible. All staff will do their best to provide services at the proper time(s) and day(s) and will notify you if there will be any change from the regular schedule.

_____ is your CHRC Homemaker and will be providing service to you every other _____ starting on _____from_____. **If you are going out of town, hospitalized or unavailable on your cleaning date, please call the office to reschedule or cancel.**

Attached are all the services that CHRC provides (Service Procedure Plan) and if you would like any other services with our office, please call the CHRC.

Thank you for your cooperation. If you have any problems, please feel free to call the Center at 440-593-5273, Extension 300, and we will be glad to assist you further.

Sincerely

Ryan Tattrie
Executive Director
Enclosure

DATE: _____

CONNEAUT HUMAN RESOURCES CENTER
PLAN OF CARE FOR HOMEMAKING

NAME: _____ PHONE: _____

ADDRESS: _____ DOB: _____

EMERGENCY CONTACT: _____ PHONE: _____

DAY/ TIME OF SERVICE: _____

PLEASE CIRCLE APPROPRIATED ITEMS

HOUSECLEANING

1. Dusting and straightening furniture
2. Clean floors/rugs by wet/dry mop vacuum
3. Clean kitchen includes dishes, pots, and pans
4. Clean outside of appliances, counters and cabinets
5. Wipe down inside of refrigerator if necessary
6. Clean bathroom, tub, shower, sink, toilets, urinal
7. Change linens make beds
8. Wash inside windows/mirrors
9. Remove trash from the home

LAUNDRY

1. Wash and dry client's clothes and linens
2. Fold and iron clothes and linens
3. Put finished laundry away

_____
Client Signature

_____
Homemaker Signature

CONNEAUT HUMAN RESOURCES CENTER
HOMEMAKER REVIEW

NAME: _____ DATE: _____

PHONE: _____ SERVICE DAYS/HOURS: _____

HOMEMAKER: _____

	Excellent	Good	Average	Unsatisfactory
Promptness				
Attendance				
Adherence to Care Plan				
Quality of Service				
Rapport				
Dress Code				

Comments: _____

_____

_____

_____

CLIENT SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

Seniors Together
Quality Scale Survey

Name:_____ Age:_____ Gender: _____

I participate in (please circle all that qualify):

Bingo/Games/Puzzles	UHHS Healthy Series	Parties
Crochet/Looming	Special Guests	Walking
Picnics	D-Day	Craft Day

What part of the service or activity was most helpful to you?

What part of the service or activity was the least helpful to you?

What would you change about the service or activity?

Circle the number that best fits the following (5- excellent, 1- poor):

Quality of staff **1 2 3 4 5**

Usefulness of information **1 2 3 4 5**

Your own participation in the program or service **1 2 3 4 5**

The number of services & programs at CHRC offered to seniors **1 2 3 4 5**

Cleanliness of hall and senior room **1 2 3 4 5**

How do you feel overall about the service of activities that the Senior Program offers

Satisfied **Dissatisfied**

Comments:

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Conneaut Human Resource Center

Company Address: 327 Mill Street Conneuat, Ohio 44030

Telephone Number: 440-593-5273 FAX: 440-599-7441

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

Ryan Tattrie 440-593-5273

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

Ryan Tattrie 440-593-5273

The legal status of the Applicant's organization NON PROFIT 501 c(3)

Date of establishment/incorporation: 7/11/1983

Federal Employer Identification Number (FEIN): 34-1381897

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? ___ Yes _X_ No

If yes, has the company filed all required EEO reports to the necessary agencies? ___ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___ Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

CONNEAUT HUMAN RESOURCES COUNCIL INC.
CHORE SERVICES RFP#8-23

A. PROGRAM PLANNING & DEVELOPMENT:

The chore service will be available to those individuals age 60 and over who cannot perform simple tasks due to medical conditions, lack of family support or financial capability to afford simple, small repairs and lawn mowing services. Many elderly people in the community live independently in their home or apartment and have difficulty maintaining all aspects of home ownership and perform necessary repairs as they become older. Many senior citizens want to remain in their homes as long as possible and maintain their independence. The chore service for lawn mowing will also assist them since the City of Conneaut requires regular mowing of lawns and residents can be cited for non-compliance. Lawns mowed in the spring require mowing approximately every seven (7) to ten (10) days and summer every ten (10 to fourteen (14) days again dependent upon weather situations. The lawn mowing program runs from May through October dependent upon weather conditions.

Demand increases for assistance too during the spring, summer and fall. The program for example provides the repair of water faucets, unclog of drains, light or relight a pilot light, hanging curtain or draperies, replace furnace filters, pest control, clean refrigerator, wash windows, ceilings or walls, lawn mowing, minimal snow shoveling, changing light bulbs, fixing a broken board on the steps, maintaining smoke and CO detectors, minimal painting/patching, shampoo carpets or furniture, changing their window screens and storm windows with seasonal weather. These services are also dependent upon workers abilities.

Staff will not provide services that are the responsibility of the landlord pursuant to lease agreement. Also large driveway or walkways for snow removal will not be possible without providing staff with snow-blowers or other equipment at this time.

All equipment and consumables to complete tasks must be provided by the Client. Depending on financial circumstances, the client will provide the supplies such as light bulbs, faucet washers, etc., and CHRC will work closely with local service organizations and the Conneaut Ministerial Association if necessary to find the client the supplies they need in order to perform the chore service.

The Chore service helps to improve and maintain a safe living environment through the performance of these tasks outlined above and improve the health, safety and welfare of the clients. CHRC direct service staff communicates daily with the senior population and will assist in identifying these issues and also recommending clients.

Current staff and/or part-time employees will be utilized based on the demand. If available. the CHRC director will supervise the staff with the assistance of the Office Assistants.

CHRC has provided this program since 2011 and proposes to provide a total of 160 hours of chore/handyman and lawn mowing services for 70 units of service for clients residing throughout the CHRC service area. The proposed unit rate is $28.00 per hour for a total cost of $1,960.00. CHRC current Rate increase is due to hopefully being able to provide better handy man services with a higher qualified service provider.

Following is the Statistical Data for January through December, 2021. Chore services were not offered during the 2020 year. Not because of COVID but because the contract was not submitted. Total Units of Service during 2021 Ages 60+: _24_____.

SERVICE AREA Township, City, Or Village	Units Provided & Unduplicated Clients AGE 60-75 2019	Proposed # of Units & Unduplicated Clients AGE 60-75 2022	Units Provided & Unduplicated Clients AGE 76 + 2019	Proposed # of Units & Unduplicated Clients AGE 76 + 2022
Conneaut	Units 24 Undup. 9	Units 50 Undup. 12	Units 0 Undup. 0	Units 0 Undup. 0
Kingsville	Units 0 Undup. 0	Units 0 Undup. 0	Units 0 Undup. 0	Units 0 Undup. 0
N. Kingsville	Units 0 Undup. 0	Units 0 Undup 0	Units 0 Undup. 0	Units 0 Undup. 0
Pierpont	Units 0 Undup. 0	Units 0 Undup. 0	Units 0 Undup. 0	Units 0 Undup. 0
TOTAL	**Units 24 Undup. 9**	**Units 50 Undup. 12**	**Units 0 Undup. 0**	**Units 0 Undup. 0**

*Idividual statistics for 2021 by category are unavailable.

CHRC utilizes an assessment process to define the needs of the client with current staff members. Many CHRC clients receive multiple services from the Center currently and assessment tools are already in place for all other services. The majority of clients at CHRC have become multi-service users and this provides a clearer understanding of their physical, emotional and unmet needs.

Monitoring of the program will be provided by the Executive Director for implementation and decision making based on the assessment process. CHRC utilizes a quality assurance survey with all other support staff. The staff at the CHRC has been crossed trained to handle different programs and have developed a working relationship with the Conneaut Health Department for information and referral services as well.

All services will be available, generally, Monday through Thursday, 12:00 pm through 4:00 p.m. and Fridays from 10:00 a.m. to 2:00 p.m. All service will be coordinated from the Conneaut Human Resources Center located at 327 Mill Street, Conneaut, Ohio. The goal is to complete assessments within 48 hours and service scheduled to begin within two weeks dependent on scheduling.

Clients are screened and an assessment form is completed. Medical conditions and family support determine client eligibility.

Volunteers assist CHRC on a regular basis but volunteers will ONLY accompany the CHRC staff if needed.

CHRC coordinates all services and programs, as appropriate. With the myriad of services provided at CHRC, staff is able to identify client needs as situations arise and at times change due to unforeseen circumstances. If other services are more appropriate for that client and that client meets eligibility requirements, CHRC will make referrals as necessary.

There is no other funding sources for the Chore Service.

The ability to have help when one grows older is paramount to being independent. The chore service is one of those programs, like the homemaker program, that allows older Ohioans to remain in their home for much longer than if the services were not provided. Our vision and mission align perfectly with the Senior Levy Mission.

B. ORGANIZATIONAL STRUCTURE

Formed in 1978, the Conneaut Human Resources Center (CHRC) is a nonprofit corporation operated by a volunteer Board of Directors and managed by an Executive Director. The facility located in Ashtabula County, Conneaut, Ohio serves the communities of Conneaut, Kingsville, N. Kingsville, and townships of Monroe, Pierpont, Dorset, Sheffield, Richmond and the northern part of Andover.

In 1985, through the funds that were granted by the Civic Development Corporation of Ashtabula County, the Conneaut Human Resources Center was able to move its operations from a home on Broad Street to a facility that was formerly a grocery store. This 20,000 square foot location on Mill Street is home to programs, agencies & organizations that are designed to help improve the quality of life.

Our agency partners include The Country Neighbor Program in Orwell, Ohio and the Cleveland Food Bank. The Conneaut Human Resources Center houses the Conneaut Food and Emergency Assistance Program; the HALO (Holiday Angels Loving Others) Program; Conneaut Health Department; Right Track for Kids (After School and Summer Program); Seniors Together Program which includes Prescription/Health Related programs, Education and Wellness, Homemaker and Chore/Handyman for Seniors; Salvation Army Utility Assistance; Conneaut Civil Service Commission; GED/ABLE (Adult Basic Literacy) Classes; WIC (Woman-Infants & Children); Ashtabula County Community Action Agency (Congregate Meal Site and HEAP/PIPP); Summer Food Program for Kids; Signature Health Counseling Services; Signature Health; Free Income Tax Filing Assistance and counselors for the Ohio Benefit Bank.

Conneaut Human Resources Center through their bylaws has a fifteen (15)-member board and currently the board is comprised of nine (13) members. The Board of Directors meets the third Wednesday of every month. *List of Directors Attached*

The CHRC funding in part has been provided by United Way of Ashtabula County, the Ashtabula County Senior Services Levy, and the rental of the facilities and hall and from community donations.

The Conneaut Human Resources Center is an equal opportunity employer/service provider.
Organizational Chart Attached

C. PROVIDER/STAFF QUALIFICATIONS

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the program and reports directly to the CHRC Board of Directors. The Director will be responsible for ensuring assessment completion and quality assurance with the clients. The Director is also responsible for billing, record keeping, assignments, monitoring clients, and reporting statistical data in a confidential manner. Support Staff will be responsible to assist in recordkeeping, scheduling of the homemakers, monitoring clients, statistical data, and quality assurance as needed.

Financial Director: Responsible for the fiscal accountability, payroll, and fiscal report processes of the program and assist with the administrative responsibility, the benefits management and the completion of unit report processing of the project.

Chore/Handyman: To provide the direct service for the minor home repair and lawn mowing services. The Handyman/Mower will also be responsible for accurate completion of service documentation and equipment maintenance.

Morning/Afternoon Office Assistant: Answers telephone, directs calls/walk-ins to appropriate staff, time sheets for all staff, initial inquiry forms, active client lists, assessment schedules, weekly work calendar, and performs general office duties to assist administration, as requested.
Job Descriptions Attached

/rt2022

EXHIBIT II

Attachment B
Budget Template

Applicant Budget
Summary

Applicant: Conneaut Human Resources Center	Chore Services
Date From: January 1, 2023	To: December 31, 2023

	Amount
I. Staff	
A. Salaries	$ 889.00
B. Payroll-Related Expenses	$ 393.00
Total Staff Costs	$ 1,282.00
II. Operations	
A. Travel and Short-Term Training	$ 50.00
B. Consumable Supplies	$ -
C. Occupancy Costs	$ -
D. Contract and Professional Services	$ 75.00
E. Other - Miscellaneous	$ 639.00
Total Operational Costs	$ 764.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 2,046.00
IV. Minus Other Program Resources	$ 427.60
Total Program Costs	$ 1,618.40

Budget Computation

Total Operating Expenses	$	1,618.40
Divided by Total Operating Units		70.00
= Unit Rate	$	23.12

Unit Rate	$	23.12
X number of units purchased		70.00
= Total Contract Amount	$	1,618.40

Unit = 1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Chore Service Person	$ 650.00	1 hr/week	100.00%	$ 650.00
Finance Director	$ 12,870.00	15 hr/week	1.00%	$ 129.00
Receptionist	$ 11,000.00	26 hr/ week	1.00%	$ 110.00
Total Salaries				$ 889.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 55.00
Worker's Compensation	$ 325.00
Unemployment Insurance	
Retirement Expenses	
Hospitalization	
Other (*identify*) Medicare	$ 13.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 393.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.48	$ 50.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 50.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	
Cleaning Supplies	
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ -

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized Heat Electric Water Telephone Sewer Other *(identify)* Other *(identify)*	
Total Occupancy Costs	$ -

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Copier Service	$ 75.00
Total Contract & Services Costs	$ 75.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Liability Insurance	$ 639.00
Total Miscellaneous Costs	$ 639.00

III. Equipment
A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Donations	$ 427.60
Total Other Resources	$ 427.60

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321(

(614) 46(
(800) 28(

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Conneaut Human Resource Center**
Date: **11/2/2022 3:16:15 PM**

This search produced the following list of **10** possible matches:

Name/Organization	Address
Bright Ideas Management and Consulting	801 S. Copper Key Court
Chaney Cement Contractors	4500 Timber Ridge Dr.
Congo, H. Marie	5170 Poets Way
Conley, Loyd	P.O. Box 62
Connell, Steve	8851 Cedar Hills Road
Crane Run Construction	15589 Holman Rd
Dudley, Sr. (LED Consulting), Edward	2720 Airport Drive
LED Consulting	576 Brook Hollow
LED Consulting	676 Brook Hollow
Ohio Works First Program, Prevention, Retention and Contingency	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Conneaut Human Resource Center** for **Chore** Services programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0147

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Country Neighbor Program, Inc.,** located at **39 South Maple Street Orwell, Ohio 44076** to provide **Chore Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement. the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to. eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions. requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Chore: $7,325.00 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$26.16 per unit of Chore as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions. requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant . Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted. nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty. If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Aicaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

11-7-22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Chore Services** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11-8-2022

CD 11/4/2022
2022-CON-0148

EXHIBIT I

Appendix III
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Chore Services
Program Description

Chore

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Chore Services for Seniors

The basic purpose of this program is to provide seniors with minor home repair and maintenance, so they may continue to live independently in a safe environment.

Chore service is designed to improve, restore, or maintain a clean, sanitary, and safe living environment through the performance of minor tasks in and around the home that are beyond the senior's capability, and the removal of hazards that may pose a threat to the seniors' health and welfare. Chore services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially provide for the services, and where no relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service, b) be age 60 or over, c) and reside in Ashtabula County.

Examples of a chore service are:
Simple household repair(s), including, but not limited to repairing water faucets, unclogging drains, replacing furnace filters, pest control, and disposal of garbage.

Heavy household cleaning, including, but not limited to washing walls and ceilings; washing the outside of windows, washing the inside of windows that are difficult to reach; removing, cleaning, and re-hanging curtains or drapery; and shampooing carpets or furniture.

Chore services are limited to those activities that are not the legal or contractual responsibility of a landlord. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

This service is for the participant and specifically excludes services for all other household members. The participant must be present during the delivery of the service.

Applicant's program description must:

A. Include an itemization of tasks that will be performed (an example: fixing a leaky faucet).
B. Define any specific tasks that will not be performed (example: re-wiring a kitchen outlet).
C. Describe the extent of the equipment that will be provided by the provider.
D. Describe the extent of the consumables that will be supplied by the provider.

Applicant Information

AGENCY / ORGANIZATION NAME: Country Neighbor Program, Inc.

ADDRESS: 39 South Maple Street, PO Box 212, Orwell, OH 44076

PHONE: (440)437-6311 FAX: (440)437-1031

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1331627

EXECUTIVE DIRECTOR/DIRECTOR: Barbara Klingensmith

PROGRAM COORDINATOR: Kelley Kemp EMAIL: kelley.kemp@countryneighbor.org

FISCAL CONTACT: Tina Hansel EMAIL: tina.hansel@countryneighbor.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Barbara Klingensmith SIGNATURE: _____
(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 1, 2022

ACJFS RFP #8-23
Independence & Wellness

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Section 2 (F)
Documents Used for Monitoring Goals and Outcomes
Chore Services

COUNTRY NEIGHBOR PROGRAM, INC.

ACSSL

ASHTABULA COUNTY SENIOR SERVICES LEVY
LAWN MOWING / SNOW REMOVAL / HANDYMAN

PARTICIPANT'S NAME _____ TELEPHONE _____

ADDRESS _____ DATE OF BIRTH _____

MAILING _____ TOWNSHIP _____

_____

EMERGENCY CONTACT _____ COUNTY _____

TELEPHONE _____ AGE _____

RELATIONSHIP _____ PRIORITY LEVEL _____

DATE OF SERVICE _____ TOTAL HOURS _____

START TIME _____ END TIME _____

SERVICE PROVIDED

☐ LAWN MOWING ☐ HANDY MAN (EXPLAIN) _____ ☐ SNOW REMOVAL

_____

PARTICIPANT SIGNATURE _____ DATE _____

STAFF SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

DATE OF SERVICE _____ TOTAL HOURS _____

START TIME _____ END TIME _____

SERVICE PROVIDED

☐ LAWN MOWING ☐ HANDY MAN (EXPLAIN) _____ ☐ SNOW REMOVAL

_____

PARTICIPANT SIGNATURE _____ DATE _____

STAFF SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Country Neighbor Program, Inc.

Company Address: 39 South Maple Street, PO Box 212, Orwell, OH 44076

Telephone Number: (440)437-6311 FAX: (440)437-1031

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

Barbara Klingensmith, Executive Director, (440)437-6311

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

Barbara Klingensmith, Executive Director, (440)437-6311

The legal status of the Applicant's organization 501c(3) Not for Profit

Date of establishment/incorporation: March of 1981

Federal Employer Identification Number (FEIN): 34-1331627

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___ Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

ACIFS RFP #8-23
Independence & Wellness

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Section 3
Programming Planning and Development
Chore Services

COUNTRY NEIGHBOR PROGRAM, INC.
CHORE LAWN MOWING/HANDYMAN/SNOW REMOVAL
PROGRAM PLANNING AND DEVELOPMENT

A. PROGRAM DESCRIPTION:

1. SERVICE DESCRIPTION

LAWN MOWING:

The clients who receive the lawn mowing service are unable to do the task themselves due to medical conditions. They do not have family members available and do not have the financial means to pay for ongoing professional lawn care service. Most reside in homes that they have lived in for many, many years. As we all know, our senior citizens want to remain in their homes for as long as possible. The lawn mowing service, where appropriate, has enabled them to do that.

Based on conditions we are familiar with, we anticipate mowing 35 lawns, beginning in late April, early May through the middle of October, depending upon weather conditions. Again, dependent upon weather conditions and growth patterns, lawns must be mowed every seven to ten days, especially in early spring. As the summer progresses, we generally mow every ten to fourteen days, depending upon the variables. Total hours of lawn mowing service will be estimated at 255 hours.

Through experience, we have found it is easier to use one of our current part-time staff positions and include the lawn mowing, handyman, and snow removal responsibilities in their job description. It has been difficult to hire only for the summer, plus administratively, it has been less costly, i.e. unemployment compensation, etc. CNP has all the equipment we need for the service.

SNOW REMOVAL:

As we all know, we live in northeastern Ohio where it snows in the winter. In the rural area of our county, we all receive rural mail delivery. For many senior citizens, the daily mail is the one thing they all look forward to. Therefore, when the mailperson delivers the mail, they try going to the mailbox to get it. On snowy days this can be a very difficult and dangerous feat especially for the frail older adult. They take great risks in falling and hurting themselves. Also, depending on the amount of snow, CNP transportation has had to park on the highways to home deliver meals or to pick up clients for medical appointments which is a REAL danger in many respects. Therefore, we are proposing to continue the snow removal program in "south county".

CNP will use our snow blower to clear the driveways and sidewalks for clients.

Based on conditions we are familiar with, we anticipate providing the service for 10 individuals, during the winter season. Total hours of snow removal service will be estimated at 15 hours. Again, the weather plays a major role in this project, it is hard to predict "Mother Nature".

The same staff member who does the lawn mowing and handyman will provide snow removal. We believe the program warrants continuance.

HANDYMAN SERVICE:

Senior citizens find it difficult to do minor home repairs such as changing light bulbs, fixing leaky faucets, fixing a broken board on the steps, putting up and maintaining smoke/CO detectors, changing their window screens and storm windows with seasonal weather, putting in a new mailbox, winterizing air conditioners, etc. Jobs not included in handyman are tasks that require licensed professionals such as, electrical such as wiring, roof replacement, etc.

Country Neighbor is proposing to provide 20 hours of handyman service for 10 individuals. Depending on the need of the customer, we request them to buy the supplies such as light bulbs, faucet washers, etc. We also work with local service organizations, if necessary, to get the supplies needed for the jobs, i.e. new mailbox and post.

The same staff member who does the lawn mowing and snow removal will provide minor home maintenance.

2. NEED FOR THE SERVICE

As discussed in our Service Description, many of our customers live in homes that they have lived in most of their life. Many are on very limited incomes and are not able to pay professional services for their lawn care, snow removal and small "fix-it" needs. All of our proposed services are needed to help them remain in their home, safely, for as long as possible.

We are requesting $7,325 at a unit rate of $26.16., which is an increase from $23.00 in 2021. The need to request the increase is due to the necessity to increase our staff salaries and benefits to be more competitive in the job market for employees and we have experienced an increase in operational costs such as gasoline, workers compensation, etc.

3. EXPERIENCE OF PROVIDER ORGANIZATION IN PROPOSED SERVICE

Country Neighbor has been providing chore/handyman services for over 11 years with Levy dollars.

4. STATISTICS ABOUT PAST PERFORMANCE

Below are the statistics for January 2021 through December 2021.

JANUARY 2021 THROUGH DECEMBER 2021

Service Area Township, Village or City	Units Provided & Unduplicated Clients 60 to 74	Proposed Units & Unduplicated Clients 60 to 74	Units Provided & Unduplicated Clients 75+	Proposed Units & Unduplicated Clients 75+
Andover	13/2	21.25/2	3/2	11.75/5
Cherry Valley	0/0	0/0	15.25/1	15/1
Colebrook	0/0	0/0	15.5/2	15/2
Dorset	0/0	0/0	0/0	5/1
Hartsgrove	0/0	15/1	0/0	0/0
Lenox	13/1	25/3	0/0	0/0
Morgan	13/1	15/2	28/5	20/2
New Lyme	14/1	0/0	0/0	22/1
Orwell	33/3	10/2	39/5	15/4
Richmond	0/0	0/0	0/0	5/1
Rome	0/0	5/3	28/4	10/3
Trumbull	0/0	0/0	0/0	0/0
Wayne	0/0	0/0	6/1	5/1
Williamsfield	0/0	5/1	23/2	25/5
Windsor	0/0	10/2	26/2	10/2
Jefferson	10/1	0/0	1/1	0/0
Austinburg	0/0	0/0	13/1	15/1

5. DAYS AND HOURS SERVICE AVAILABLE

All services will be available, generally, Monday through Friday, 7:00 a.m. through 5:00 p.m. All service will be coordinated from the Orwell office of Country Neighbor, 39 South Maple Street. Generally, assessments are completed within 48 hours and service is scheduled to begin within one week.

6. CLIENT INTAKE AND ASSESSMENT

a. Description of Client Intake

When Country Neighbor receives a referral for chore/handyman services, the In-Home Services Supervisor completes a Basic NAPIS form, prioritization form and documents the needs of the client. We look to see the scope of the request and if there are other resources the individual may have access to for the task such as family, finances, etc. We also evaluate the severity of the case taking into consideration physical and/or mental condition of the individual. Whenever possible we try to work with other service organizations, as appropriate depending on the needs of the client.

b. Provider Assessment Process

As in all of our services, we complete an initial assessment upon entry into the program. Generally, in chore/handyman clients receive updated situational assessments once a year as they are considered new each year.

During the assessment process, as with all services, a Prioritization form is completed to determine who is going to receive services. Priority Level 1 is the level of highest priority and level 5 is the lowest. In addition to medical or mental conditions, consideration is given to age, the availability of family or community support and the need for multiple services

Due to the nature of the program, reassessments are generally not required as the service is seasonal or one-time handyman jobs.

c. Client Assessment Tool

Assessment tools are attached.

7. SOURCES AND AMOUNTS OF FEDERAL, STATE OR LOCAL FUNDING WITHIN PAST 5 YEARS AND UNIT RATES

Country Neighbor has received limited Federal funds from the Direction Home of Eastern Ohio for chore services in southern Ashtabula County for the past 4 years. We are required to provide a minimum 15% match, cash and in-kind, and collect project income for the service. Therefore, the rate that we are reimbursed is not the fully allocated unit rate for the service. Also, please note that the unit for the Area Agency on Aging is "one job".

YEAR	AMOUNT	UNIT RATE	FULLYALLOCATED UNIT RATE INCLUDES MATCH
2022	$8,147	$44.04	$51.79
2021	$8,147	$44.04	$51.79
2020	$4,244	$43.75	$55.93
2019	$8,147	$40.00	$47.37
2018	$8,147	$40.00	$48.41

8. Service Collaboration/Coordination

Country Neighbor works with the social service agencies, Veterans Administration, Department of Job & Family Services staff, hospitals, and physician's offices located throughout Ashtabula County. With chore services, the Ashtabula Senior Center and the Conneaut Human Resource Center provide the program in the north and Country Neighbor provides chore/handyman in the south. When we get in the central area of the County, we check to see which agency is the best fit for the specific situation, taking into consideration such things as waiting lists and distance from current clients.

9. Organization's Vision and Mission

The mission of the organization is to help people remain independent by providing supportive services, thus enhancing their quality of life.

Country Neighbor's vision is to provide high quality and effective programs that promote self-sufficiency, independence, address conditions of poverty, promote wellness and education as well as reducing isolation and loneliness.

C. ORGANIZATIONAL STRUCTURE

Country Neighbor began in 1977 and was incorporated in March of 1981. The mission of the organization is help people remain independent by providing supportive services enhancing their quality of life. Country Neighbor provides a wide variety of services to

include, but not limited to, homemaker, chore, transportation, home delivered meals, congregate meals, personal care, prescription assistance, emergency food, rental/utility assistance, socialization, education, and wellness activities.

Generally, our service area consists of the southernmost 15 townships in Ashtabula County and the northern most 15 townships in Trumbull County.

The Ashtabula County Food Bank (Country Neighbor) serves 20 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2021, we distributed over 1.2 million pounds of food to the partner organizations.

The largest funding sources are the Ashtabula County Senior Services Levy, Direction Home of Eastern Ohio, Ashtabula County Job & Family Services, Ohio Department of Job and Family Services, United States Department of Agriculture, Trumbull County Senior Services Levy, and the United Way of Ashtabula County.

Country Neighbor is governed by a thirteen-member Board of Directors who meets monthly, generally, the last Monday of each month. ***(List attached)***

An Organizational Chart is attached.

D. PROVIDER/STAFF QUALIFICATIONS

1. STAFFING

In-Home Services Supervisor: Is responsible for the implementation of the program. She reports to the Executive Director and is responsible for ensuring home visit/assessment completion with the customers in partnership with the Assessor. The Supervisor is also responsible for recordkeeping, assigning the handyman, ongoing monitoring of each client, reporting for statistical data, maintenance of equipment and quality assurance of the service.

Handyman: To provide the direct service of the minor home repair, lawn mowing and snow removal. Also responsible for accurate completion of service documentation and equipment maintenance.

Assistant Director: Directly responsible for fiscal responsibilities, payroll, financial reporting processes of the program and the human resources function of staff training schedules and benefit activities of the agency. Also assist the Executive Director with the day-to-day operations of the program.

Administrative Assistant/Bookkeeper: Assist the Assistant Director with fiscal responsibilities, payroll, financial reporting, clerical duties, reporting, etc.

Receptionist: Answer telephone, directs calls/walk-ins to appropriate staff, clocks in the homemakers on appropriate funding sources when they call in from each customer's home, perform general office duties to assist administration, as requested

Back up Receptionist/Data Entry: Covers the desk and telephone when the receptionist is not available. Responsible for all data entry and accuracy of client information and perform general office duties to assist administration, as requested.

Assessor: Complete necessary documentation, utilizing assessment tool and determines eligibility.

2. TRAINING

The handyman must know how to operate equipment such as lawn mower, snow blower, and weed eater. They must also be able to perform minor home repair jobs such as changing light bulbs, installing window air conditioners, replacing screens, fixing leaky faucets, etc. Individuals should have experience as Country Neighbor does not provide the training.

We do provide orientation to the program including accurately completing appropriate documentation.

3. Volunteer Capacity

Currently, we do not use volunteers in this program.

EXHIBIT II

Attachment B
Budget Template

ACJFS RFP #8-23
Independence & Wellness

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Section 4
Applicant Budget
Attachment B
Chore Services

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc.	**(Chore/Handyman)**
Date From: January 1, 2023	**To: December 31, 2023**

		Amount
I. Staff		
A. Salaries	$	4,880.00
B. Payroll-Related Expenses	$	490.00
Total Staff Costs	$	5,370.00
II. Operations		
A. Travel and Short-Term Training	$	-
B. Consumable Supplies	$	1,525.00
C. Occupancy Costs	$	30.00
D. Contract and Professional Services	$	285.00
E. Other - Miscellaneous	$	195.00
Total Operational Costs	$	2,035.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	7,405.00
IV. Minus Other Program Resources	$	80.00
Total Program Costs	$	7,325.00

Budget Computation

Total Operating Expenses	$	7,325.00
Divided by Total Operating Units		280.00
= Unit Rate	$	26.16

Unit Rate	$	26.16
X number of units purchased		280.00
= Total Contract Amount	$	7,325.00

Unit = 1 mile 1 Hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Assistant Director	$ 46,500.00	Annual	0.10%	$ 45.00
Receptionist I	$ 24,635.00	Annual	0.10%	$ 25.00
Data Support/Backup Recept	$ 24,960.00	Annual	0.10%	$ 25.00
Handyman	$ 15,675.00	Annual	30.53%	$ 4,785.00
Total Salaries				$ 4,880.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 374.00
Worker's Compensation	$ 85.00
Unemployment Insurance	$ 25.00
Retirement Expenses	$ 3.00
Hospitalization	$ -
Other (*identify*) Life Insurance	$ 3.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 490.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile:	$ -
Short-Term, Training	$ -
Total Travel and Short-Term Training	$ -

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 30.00
Cleaning Supplies	
Other *(identify) Fuel*	$ 1,460.00
Other *(identify) Mowing Supplies*	$ 35.00
Total Consumable Supplies	$ 1,525.00

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized	
Heat	$ -
Electric	$ -
Water	$ -
Telephone	$ 30.00
Sewer	
Other *(identify) Garbage*	$ -
Other *(identify)*	
Total Occupancy Costs	$ 30.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	$ 50.00
D & O Insurance	$ 25.00
Liability Insurance	$ 50.00
Vehicle Insurance	$ 100.00
Technology	$ 60.00
Total Contract & Services Costs	$ 285.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Equipment Maintenance & Repair	$ 50.00
License Plates	$ 35.00
Vehicle Maitenance & Repair	$ 100.00
Miscellaneous Expense	$ 10.00
Total Miscellaneous Costs	$ 195.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Participant Contributions	$ 80.00
Total Other Resources	$ 80.00

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321(

(614) 46(
(800) 28(

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Country Neighbor Program Inc.**
Date: **11/2/2022 3:12:22 PM**

This search produced the following list of **7** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
Lawrence County Educational Service Center	304 N. 2nd Street
Lawrence County Schools Council of Governments	304 N. 2nd Street
Lucas County Republican Party	10 S. Superior St.
Lucas County Republican Party	10 S. Superior Street
Noble County Law Library Association	300 County Court House
Village of Bethel Mayor's Court	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Chore Services** programs

Approved as to Legal Form Only:

By: Colleen M O'Toole

Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11-8-2022

CD 11/4/2022
2022-CON-0148

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Conneaut Human Resource Center,** located at **327 Mill Street, Conneaut, Ohio 44030** to provide **Independence and Wellness Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Independence and Wellness: **$34,900.00** and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$20.00 per unit of Independence & Wellness as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Ryan Tattrie, Executive Director
Conneaut Human Resource Center

11-7-22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Conneaut Human Resource Center** of Ashtabula County for **Independence & Wellness** programs

Approved as to Legal Form Only:

By: Colleen M O'Toole
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11-8-2022

CD 11/4/2022
2022-CON-0149

EXHIBIT I

Appendix I
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Independence and Wellness for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Independence and Wellness for Seniors

The purpose of this program is to provide independence and wellness programs for the senior population of Ashtabula County. Such programs will offer opportunities for socialization, wellness education and promotion, recreational and physical activities, linkage to life-enhancing community services and healthy aging. Participation in these programs will result in seniors experiencing meaningful personal interactions, maintaining their independence and dignity, monitoring their physical well-being, and having access to information related to county-wide senior services and resources. Eligible participants: a) must be age 60 or over, b) and reside in Ashtabula County.

Programs need to promote the health and wellness of older adults by participating in a social community or other groups. Participation in these programs will result in increased knowledge of private and public health insurance programs. Programs provided may include, but are not limited to:

- Recreation and fitness activities
- Health promotion
- Community engagement
- Services that improve the quality of life and encourage community involvement
- Programs allowing seniors the opportunity to gather; supporting social independence and preventing isolation and loneliness that is often the result of disconnection from peers and family
- Programs which offer resources that enable education
- Cultural opportunities to meet the needs of the aging community
- Technological and social media assistance programs
- Obtaining free or reduced cost prescriptions based upon eligibility by:
    - Providing improved access to existing prescription drug patient assistance programs to help meet the needs of individuals who cannot afford their medications
    - Assisting seniors who are Medicare Part D eligible with information to find suitable plans

Applicant Information

AGENCY / ORGANIZATION NAME: Conneaut Human Resources Council, Inc.

ADDRESS: 327 Mill Street Conneaut, Ohio 44030

PHONE: 440-593-5273 FAX: 440-599-7441

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1381897

EXECUTIVE DIRECTOR/DIRECTOR: Ryan Tattrie

PROGRAM COORDINATOR: Ryan Tattrie EMAIL: Director@conneauthrc.org

FISCAL CONTACT: Diana Spencer EMAIL: Dianap1999@gmail.com

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Ryan Tattrie SIGNATURE: R E Tattrie

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 8-1-22

Conneaut Human Resources Center
Senior Service Request Form
Seniors 60 and over

Inquiry Date: _____ Staff Initials: _____
Assessment Date: _____ Staff Initials: _____

Client Name: _____

Address: _____
City/Township/State: _____

Telephone#: _____ Client Date of Birth: _____

Type of Service Requested: Chore/Handyman ☐ Homemaker ☐
Has consumer had service in the past? Yes ☐ No ☐
If yes, when? _____

Additional Information:

_____

_____

_____

_____

_____

How many People in household? _____

Any family members living in town? _____

Date of Service: _____ Staff Initials: _____

Client Signature: _____ Date: _____

CHRC - Client Assessment Form

Homemaker Services

Home Visit Date:	Time:	Staff Signature:
Personal Information		
Client Name:		DOB:
Address:		Gender:
City:	Zip	Phone:
Driver License/ID#		DOB Verified: Y/N
Type/# of Household Pets:_____	Names of Pets: _____	
Day of Service:	Time of Service:	
Emergency Information		
Preferred Contact Name:	Relationship:	
Phone:	Work/Cell Phone:	
Preferred Hospital:	Primary Physician:	
Home Safety Status		
Checklist of potential conditions and/or methods to assist in preventing injury.		
Impaired Sight	Working Smoke Detectors	3-Prong Adapters in use
Impaired Hearing	Bedroom	Plumbing in working condition
Impaired Speech	Living Area	Water Leakage
Able to follow instructions	Working Fire Extinguisher	Kitchen
Home Fire Plan	Stairs Obstructed	Bathroom
Exits Obstructed	Handrail Available	Working Refrigerator
Hallways Obstructed	Extension Cords in use	Working Stove/Oven
Evidence of Violence	Evidence of Infestation	Throw Rugs in use
Evidence of Abuse	Evidence of Exploitation	Evidence of Neglect
Homemaking/Nutritional Needs		
Appropriate Temperature	Bathroom linens clean	Microwave Available
No foul odors	Washcloths available	Stovetop/Oven Available
No soiled furniture	Special Diet for medical reasons:	Typical Meals:
No trash accumulation		Breakfast:
No stacked mail/newspapers	Fresh food available	Lunch:
Home appears to be lived in	Canned goods available	Dinner:
Kitchen/Refrigerator clean	Snacks readily available	Snacks:
Bedroom linens clean	Left-overs preserved	
Clothes put away	No evidence of spoilage	

Observations/Recommendations: _____

_____

_____

_____

Conneaut Human Resources Center Priority Score:_____

Chore/ Handyman & Homemaker Assessment Prioritization Tool

Client:_____ Assessment Date:_____
(Last Name, First Name)
City/Township:_____

•Client requires cane, walker, wheelchair for mobility	No___	Yes___	(3)___
•Client exhibits breathing problems made worse by exertion, dust, dirt, or chemicals.	No___	Yes___	(3)___
•Client is significantly visually impaired or legally blind	No___	Yes___	(3)___
•Client is unable to sweep, mop, or vacuum	No___	Yes___	(2)___
•Client is unable to bend over or lift arms above his/her head	No___	Yes___	(2)___
•Client is unable to stand for long periods	No___	Yes___	(2)___
•Client is unable to lift heavy objects	No___	Yes___	(2)___

Subtotal _____

****
*

Client referred by Adult Protective Services	20 points	_____
Client lives alone, homebound, 8+ Score	15 points	_____
Client lives alone, homebound, 5-7 Score	10 points	_____
Client has local/community support, 8+ Score	5 points	_____

Subtotal _____

Total Priority Points___/___=_____=Level___Priority

Conneaut Human Resources Center

"Providing human services that enhance the quality of life."

327 Mill Street, Conneaut, Ohio 44030
Phone: 440-593-5273
Fax: 440-599-7441
Website: www.conneauthrc.org

Dear _____:

We would like to take this opportunity to welcome you to our Homemaker Program and for allowing us to provide services for you through the Ashtabula County Senior Services Levy. CHRC aims to provide services in a professional manner and to provide them efficiently so that the funding can be utilized to the fullest extent possible. All staff will do their best to provide services at the proper time(s) and day(s) and will notify you if there will be any change from the regular schedule.

_____ is your CHRC Homemaker and will be providing service to you every other _____ starting on _____from_____. **If you are going out of town, hospitalized or unavailable on your cleaning date, please call the office to reschedule or cancel.**

Attached are all the services that CHRC provides (Service Procedure Plan) and if you would like any other services with our office, please call the CHRC.

Thank you for your cooperation. If you have any problems, please feel free to call the Center at 440-593-5273, Extension 300, and we will be glad to assist you further.

Sincerely

Ryan Tattrie
Executive Director
Enclosure

DATE: _____

CONNEAUT HUMAN RESOURCES CENTER
PLAN OF CARE FOR HOMEMAKING

NAME: _____ PHONE: _____

ADDRESS: _____ DOB: _____

EMERGENCY CONTACT: _____ PHONE: _____

DAY/ TIME OF SERVICE: _____

PLEASE CIRCLE APPROPRIATED ITEMS

HOUSECLEANING

1. Dusting and straightening furniture
2. Clean floors/rugs by wet/dry mop vacuum
3. Clean kitchen includes dishes, pots, and pans
4. Clean outside of appliances, counters and cabinets
5. Wipe down inside of refrigerator if necessary
6. Clean bathroom, tub, shower, sink, toilets, urinal
7. Change linens make beds
8. Wash inside windows/mirrors
9. Remove trash from the home

LAUNDRY

1. Wash and dry client's clothes and linens
2. Fold and iron clothes and linens
3. Put finished laundry away

_____
Client Signature

_____
Homemaker Signature

CONNEAUT HUMAN RESOURCES CENTER
HOMEMAKER REVIEW

NAME: _____ DATE: _____

PHONE: _____ SERVICE DAYS/HOURS: _____

HOMEMAKER: _____

	Excellent	Good	Average	Unsatisfactory
Promptness				
Attendance				
Adherence to Care Plan				
Quality of Service				
Rapport				
Dress Code				

Comments: _____

_____

_____

_____

CLIENT SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

Seniors Together
Quality Scale Survey

Name:_____ Age:_____ Gender: _____

I participate in (please circle all that qualify):

Bingo/Games/Puzzles	UHHS Healthy Series	Parties
Crochet/Looming	Special Guests	Walking
Picnics	D-Day	Craft Day

What part of the service or activity was most helpful to you?

What part of the service or activity was the least helpful to you?

What would you change about the service or activity?

Circle the number that best fits the following (5- excellent, 1- poor):

Quality of staff **1 2 3 4 5**

Usefulness of information **1 2 3 4 5**

Your own participation in the program or service **1 2 3 4 5**

The number of services & programs at CHRC offered to seniors **1 2 3 4 5**

Cleanliness of hall and senior room **1 2 3 4 5**

How do you feel overall about the service of activities that the Senior Program offers

Satisfied **Dissatisfied**

Comments:

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Conneaut Human Resource Center

Company Address: 327 Mill Street Conneuat, Ohio 44030

Telephone Number: 440-593-5273 FAX: 440-599-7441

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

Ryan Tattrie 440-593-5273

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

Ryan Tattrie 440-593-5273

The legal status of the Applicant's organization NON PROFIT 501 c(3)

Date of establishment/incorporation: 7/11/1983

Federal Employer Identification Number (FEIN): 34-1381897

Is the Company co-owned or controlled by a parent company? ___Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? ___Yes _X_ No

If yes, has the company filed all required EEO reports to the necessary agencies? ___Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

CONNEAUT HUMAN RESOURCES COUNCIL, INC.
INDEPENDENCE AND WELLNESS RFP #8-23

A. PROGRAM PLANNING AND DEVELOPMENT

The Conneaut Human Resources Center is dedicated to making human social services more available to the community by defining needs and providing programs and access to information for the over 2,500 individuals who utilize our facility each month. The Center provides the Senior Together Education and Wellness Program and acts as a Congregate Meal site for seniors. The program service area includes: Conneaut City, N. Kingsville Village, and the Townships of Kingsville, Monroe, Dorset, Sheffield, Pierpont, Richmond and N. Andover.

In the Independence and Wellness program, CHRC proposes to continue Seniors Together to provide program activities that benefit the individual. The program promotes socialization and helps seniors maintain their individuality and independence. This Program provides seniors a venue to meet new people and learn ways to improve their quality of life in a safe, secure environment.

CHRC program hours are focused on education and wellness, health care, Medicare Part D, prescription assistance, recreation and fitness, social activity, field trips, speakers, health care discussion, healthy lunch programs and community service projects. Programs will also provide opportunities for community engagement, social, intellectual, emotional, cultural, spiritual, physical and personal well-being. Scheduled group activities, picnics, group events and personal interaction will be provided at the CHRC facility in the Senior Together Recreation Room Monday through Friday from 9:00 am to 2 pm.

The "WELL" Call Telephone Reassurance Program makes calls daily to homebound individuals to ensure their safety and provide some sense of security for their family member. The senior staff assists with applications and distribution of the monthly Senior Food Box Program.

Service will be available five (5) days per week and the facility is open from 9:00 a.m. to 3:00p.m. with the Seniors Together Program available from 9:00 a.m. through 2:00 p.m. Senior Sole walkers utilize the facility for walking and exercise from 9:00 am to 10:00 am. All services will be provided from the Conneaut Human Resources Center located at 327 Mill Street, Conneaut, OH 44030.

Participant Information forms are completed for each client with name, address, date of birth, telephone number, financial status, emergency contact, etc. Forms are updated annually or sooner if required. Confidentiality training provided all staff participants including volunteers.

The program is run by a Program Director and Assistant Program Director and volunteers will be utilized in various program activities such as assisting with bingo, craft day, exercise programs, set up, snacks, bible study, support groups, etc. The Conneaut Health Department located in the facility and UHHS-Conneaut Medical Center provides blood pressure checks, health screenings and other information to clients. The Diabetes Management Class meets once per month. Speakers from UHHS; ACMC; Home Health Care; LaECI; Gateway Health, Holly's Hearing; Dairy Queen; Country Club Retirement; 211; churches; local nursing homes; assisted living, and fraternal organizations participate regularly in program activities.

A monthly activities and lunch menu calendar is provided as a quick reference guide for the seniors. Craft day is scheduled one day per month to provide new opportunities and experiences for the seniors. By partnering with Right Track and the Community Garden Program the Senior Together program provides intergenerational activities, such as box tops for students; writing short letters, cards and visits plus gardening activities with the students and the garden coordinator.

Programs that will be continued include Senior Soles Daily Walk, partner with Villa at the Lake D-Day Event, UHHS Healthy Lunch Forum and monthly health screenings. UHHS Annual Picnic at Township Park, events at the Villa and Lake Pointe, Medicare Part D seminars, Spring & Fall celebration, fitness activities, including chair exercise, walking DVD video. Another great hit has been Wii Bowling. Every week seniors challenge each other to a new game and competition is fierce. Partnerships with Signature Health to discuss aging, depression and services were added along with discussion with Conneaut Police Department on drug awareness and safety in the home. Crafting, Bible Study, Monthly Birthday Party, Cooking with Angie, Holiday Parties and deep breathing and relaxation with Intrepid continue to be part of the activities. The seniors host a craft show in December and Pancake Breakfast Raffle in April every year to help benefit the programs. Tickets are made available to seniors for the Conneaut Arts Center Productions, Ashtabula Arts Center and Arlene's on Broadway.

The CHRC provides social evaluation as part of the supportive services. Seniors are immediately referred to the Senior Together Director for information, referral and social evaluation on senior and/or personal issues.

Once again, this past year has been heavily influenced by the COVID-19 virus that has attacked the country and the world, affecting especially the elderly community. While we have made every attempt to open our doors and welcome back seniors there are still many that choose to participate through Virtual Seniors Together. Some seniors are still experiencing fears to the re-opening of the Center to how it was before. They recognize that social distancing and avoiding contact with others could be very difficult if things remained the same. Providing an option for them to participate in programming virtually does ease the stress between having to choose to venture out to the Center or to participate at home through teleconferencing options. Either way they choose, they are always welcome.

Even though there is a vaccine, we feel that opening up our Center to those who are home bound, in the hospital for a procedure and subsequent rehab, or if they just move away to a different area of the country, would allow all of them the ability to join in for a program that they would otherwise be unable to attend. The COVID-19 virus most likely will be with us for years, but the Virtual Seniors Together is a movement to think out of the box that can benefit all seniors.

Concentration on improving core services and maintaining existing programs will be priority. Continued outreach to the community will be maintained to ensure program information is disseminated through local news media, newsletter, mailings and electronic media. CHRC proposes to provide 1,745 program hours per year at $20.00/service hour for up to 160 clients totaling $34,900.00.

Independence & Wellness Services have been provided through the Senior Levy since 2001 to the designated service area identified previously. Following is the Statistical Data for January through December, 2021. The total Units of Service provided during 2021 for Ages 60+: 1988 service hours.

Service Area Township, Village or City	**Units of Service Unduplicated Clients Served 2021 AGE 60-75**	**Proposed Units of Service Unduplicated Clients 2022 AGE 60-75**	**Units of Service Unduplicated Clients Served 2021 AGE: 76+**	**Proposed Units of Service Unduplicated Clients 2022 AGE: 76+**
Conneaut/Monroe	Units 1555 Clients 125	Units 1650 Clients 130	Units 334 Clients 27	Units 250 Clients 20
Kingsville & N. Kingsville	Units 75 Clients 6	Units 100 Clients 8	Units 0 Clients 0	Units 0 Clients 0
Ashtabula*	Units 24 Clients 2	Units 25 Clients 2	Units 0 Clients 0	Units 0 Clients 0
Dorset	Units 0 Clients 0	Units 0 Clients 0	Units 0 Clients 0	Units 0 Clients 0
Pierpont	Units 0 Clients 0	Units 0 Clients 0	Units 0 Clients 0	Units 0 Clients 0
TOTALS	**Units 1654 Clients 133**	**Units 1425 Clients 140**	**Units 334 Clients 27**	**Units 320 Clients 20**

**Ashtabula Mailing Address*

The Seniors Together Program has another funding source from United Way of Ashtabula County. Over the past five year they have funded the senior's program in the amount of $30,611.00. Those funding amounts were received in the following years;

2017	9,714.00
2018	8,765.00
2019	3,132.00
2020	5,000.00
2021	4,000.00
Total	30,611.00

When asked about how our organization's vision and mission align with the Senior Levy Mission Statement, one needs to look no further than one of the opening paragraphs of the RFP we submit every year. Long before this statement was ever asked we believe and stated this;

"In the Independence and Wellness program, CHRC proposes to continue Seniors Together to provide program activities that benefit the individual. The program promotes socialization and helps seniors maintain their individuality and independence. This Program provides seniors a venue to meet new people and learn ways to improve their quality of life in a safe, secure environment."

Our vision and mission align perfectly with the Senior Services Levy.

B. ORGANIZATIONAL STRUCTURE

Formed in 1978, the Conneaut Human Resources Center (CHRC) is a nonprofit corporation operated by a volunteer Board of Directors and managed by an Executive Director. The facility located in Ashtabula County, Conneaut, Ohio serves the communities of Conneaut, Kingsville, N. Kingsville, and townships of Monroe, Pierpont, Dorset, Sheffield, Richmond and the northern part of Andover.

In 1985, through the funds that were granted by the Civic Development Corporation of Ashtabula County, the Conneaut Human Resources Center was able to move its operations from a home on Broad Street to a facility that was formerly a grocery store. This 20,000 square foot location on Mill Street is home to programs, agencies & organizations that are designed to help improve the quality of life.

Our agency partners include The Country Neighbor Program in Orwell, Ohio and the Cleveland Food Bank. The Conneaut Human Resources Center houses the Conneaut Food and Emergency Assistance Program; the HALO (Holiday Angels Loving Others) Program; Conneaut Health Department; Right Track for Kids (After School and Summer Program); Seniors Together Program which includes Prescription/Health

Related programs, Independence and Wellness, WELL Call; Homemaker and Chore/Handyman for Seniors; Senior Food Box Program, Salvation Army Utility Assistance; Conneaut Civil Service Commission; ASPIRE (Adult Basic Literacy) Classes; WIC (Woman-Infants & Children); Diabetes Support Group; Health Lunch Forum; Community Garden; Ashtabula County Community Action Agency (Congregate Meal Site, HEAP/PIPP); Summer Food Program for Kids; and Signature Health Counseling Services.

Conneaut Human Resources Center through their bylaws has a fifteen (15)-member board and currently the board is comprised of nine (13) members. The Board of Directors meets the third Wednesday of every month. ***List of Directors Attached***

The CHRC funding in part has been provided by United Way of Ashtabula County, the Ashtabula County Senior Services Levy, and the rental of the facilities and hall and through the generosity of the community. The Conneaut Human Resources Center is an equal opportunity employer/service provider. ***Organizational Chart Attached***

C. PROVIDER/STAFF QUALIFICATIONS

The Seniors Together Program Director will be responsible for the implementation of the program and reports directly to the Executive Director. The Director will be responsible for ensuring participant registration, designing of program activities, and coordination with other agencies, monthly calendar, and referrals for services, quality assurance and evaluation of the program. The Program Director will be provided with an Assistant Program Director to assist on a daily basis and to oversee the program in the absence of the Program Director. Program volunteers will be under the supervision as well to provide snacks and assistance when needed. Support Staff will be available for record keeping, the "Well Call" program, and statistical data as required. Please note Section 2(G) of this RFP for information regarding employee training requirements. ***Job Descriptions Attached***

I. JOB DUTIES OF PROJECT PERSONNEL

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the project and facility.

Financial Director: Responsible for the fiscal accountability, payroll, and fiscal report processes of the program and assist with the administrative

responsibility, the benefits management and the completion of unit report processing of the project.

Seniors Together Program Director/Assistant Director: Reports to the Executive Director and is responsible for assessments completion with clients and responsible for record keeping, assignments, monitoring clients, reporting for statistical data and quality assurance.

Morning/Afternoon Office Assistant: Answers the telephone, directs calls/walk-ins to appropriate staff, time sheets for all staff and statistical documentation for all programs, intake sheets for client services and performs general office duties to assist administration, as requested.

/rt2022

EXHIBIT II

Attachment B
Budget Template

Applicant Budget

Summary

Applicant: Conneaut Human Resources Center	Srs. Independence & Wellness
Date From: January 1, 2023	To: December 31, 2023

	Amount
I. Staff	
A. Salaries	$ 24,707.00
B. Payroll-Related Expenses	$ 2,369.00
Total Staff Costs	$ 27,076.00
II. Operations	
A. Travel and Short-Term Training	$ -
B. Consumable Supplies	$ 3,700.00
C. Occupancy Costs	$ 6,175.00
D. Contract and Professional Services	$ 1,329.00
E. Other - Miscellaneous	$ 2,220.00
Total Operational Costs	$ 13,424.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 40,500.00
IV. Minus Other Program Resources	$ 5,600.00
Total Program Costs	$ 34,900.00

Budget Computation

Total Operating Expenses	$	34,900.00
Divided by Total Operating Units		1,745.00
= Unit Rate	$	20.00

Unit Rate	$	20.00
X number of units purchased		1,745.00
= Total Contract Amount	$	34,900.00

Unit = 1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Senior Program Director	$ 12,675.00	25 hr/week	100.00%	$ 12,675.00
Executive Director	$ 26,500.00	30 hr/week	10.00%	$ 2,650.00
Finance Director	$ 13,821.00	15 hr/week	10.00%	$ 1,382.00
Senior Program Assistant	$ 8,000.00	12.5 hr/week	100.00%	$ 8,000.00
Total Salaries				$ 24,707.00

I. **B. Payroll-Related Expenses**

	Amount
PERS or Social Security	$ 1,532.00
Worker's Compensation	$ 479.00
Unemployment Insurance	
Retirement Expenses	
Hospitalization	
Other (*identify*) Medicare	$ 358.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 2,369.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	
Short-Term, Training	
Total Travel and Short-Term Training	$ -

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 450.00
Cleaning Supplies	$ 550.00
Other *(identify)* Snacks, Program Supplies	$ 2,700.00
Other *(identify)*	
Total Consumable Supplies	$ 3,700.00

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ 1,000.00
Utilities (if not included in rent) must be itemized	
Heat	$ 2,800.00
Electric	$ 1,565.00
Water	$ 300.00
Telephone	$ 510.00
Sewer	
Other *(identify)*	
Other *(identify)*	
Total Occupancy Costs	$ 6,175.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Copier Service	$ 829.00
Annual Zoom licensing fee	$ 500.00
Total Contract & Services Costs	$ 1,329.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Liability Insurance	$ 2,220.00
Total Miscellaneous Costs	$ 2,220.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
	10	
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
United Way, Donations, Fundraisers	$ 5,000.00
Contributions	$ 600.00
Total Other Resources	$ 5,600.00

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Conneaut Human Resource Center**
Date: **11/2/2022 3:16:15 PM**

This search produced the following list of **10** possible matches:

Name/Organization	Address
Bright Ideas Management and Consulting	801 S. Copper Key Court
Chaney Cement Contractors	4500 Timber Ridge Dr.
Congo, H. Marie	5170 Poets Way
Conley, Loyd	P.O. Box 62
Connell, Steve	8851 Cedar Hills Road
Crane Run Construction	15589 Holman Rd.
Dudley, Sr. (LED Consulting), Edward	2720 Airport Drive
LED Consulting	576 Brook Hollow
LED Consulting	676 Brook Hollow
Ohio Works First Program, Prevention, Retention and Contingency	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Conneaut Human Resource Center** of Ashtabula County for **Independence & Wellness** programs

Approved as to Legal Form Only:

By: Colleen M O'Toole

Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11-8-2022

CD 11/4/2022
2022-CON-0149

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the 1st day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Country Neighbor Program, Inc.,** located at **39 South Maple Street Orwell, Ohio 44076** to provide **Independence and Wellness Programs** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Independence and Wellness: **$53,833.60** and shall not exceed the actual cost of service.
   Congregate Meals: **$21,800.00** and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$24.03 per unit of Independence & Wellness as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)
$ 8.00 per unit of Congregate Meals as described in Exhibit II (subgrantee budget)
(A unit = one meal)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is ***required*** to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the

prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent

amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement. Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

11-7-22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Independence and Wellness** programs.

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0150

EXHIBIT I

Appendix I
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Independence and Wellness for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Independence and Wellness for Seniors

The purpose of this program is to provide independence and wellness programs for the senior population of Ashtabula County. Such programs will offer opportunities for socialization, wellness education and promotion, recreational and physical activities, linkage to life-enhancing community services and healthy aging. Participation in these programs will result in seniors experiencing meaningful personal interactions, maintaining their independence and dignity, monitoring their physical well-being, and having access to information related to county-wide senior services and resources. Eligible participants: a) must be age 60 or over, b) and reside in Ashtabula County.

Programs need to promote the health and wellness of older adults by participating in a social community or other groups. Participation in these programs will result in increased knowledge of private and public health insurance programs. Programs provided may include, but are not limited to:

- Recreation and fitness activities
- Health promotion
- Community engagement
- Services that improve the quality of life and encourage community involvement
- Programs allowing seniors the opportunity to gather; supporting social independence and preventing isolation and loneliness that is often the result of disconnection from peers and family
- Programs which offer resources that enable education
- Cultural opportunities to meet the needs of the aging community
- Technological and social media assistance programs
- Obtaining free or reduced cost prescriptions based upon eligibility by:
    - Providing improved access to existing prescription drug patient assistance programs to help meet the needs of individuals who cannot afford their medications
    - Assisting seniors who are Medicare Part D eligible with information to find suitable plans

Applicant Information

AGENCY / ORGANIZATION NAME: Country Neighbor Program, Inc.

ADDRESS: 39 South Maple Street, PO Box 212, Orwell, OH 44076

PHONE: (440)437-6311 FAX: (440)437-1031

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1331627

EXECUTIVE DIRECTOR/DIRECTOR: Barbara Klingensmith

PROGRAM COORDINATOR: Kelley Kemp EMAIL: kelley.kemp@countryneighbor.org

FISCAL CONTACT: Tina Hansel EMAIL: tina.hansel@countryneighbor.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Barbara Klingensmith SIGNATURE: _____
(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 1, 2022

Country Neighbor Activity Sheet Day:_____ Date:_____

	Name	Age	Township	New to CNP			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please fill out name, age, township and then check all activities that you are participating in. Our funding is dependent on accurate information. Thank you for your help and time.

COUNTRY NEIGHBOR PROGRAM, INC.

ACSSL WELLNESS– PRESCRIPTION ASSISTANCE

DATE: _____ TIME: _____ TOTAL HOURS: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DOB: _____

Emergency Contact (Name and phone): _____

NOTES: _____

CLIENT SIGNATURE: _____

STAFF SIGNATURE: _____

Approval/Denial Report for CNP
First Quarter
1/1/2016 - 03/31/2016

Application Status	Dollar Amount/Month	% of Total	Prescriptions
Approved	$469.50	26.86%	1
No Program	$0.00	0.00%	0
Client Decision	$0.00	0.00%	0
Pending	$1,278.67	73.14%	5
GRAND TOTALS	$1,748.17	100.00%	6

ACJFS RFP #8-23
Independence & Wellness

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Section 2 (K)
Representations, Assurances and Certifications Document

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Country Neighbor Program, Inc.

Company Address: 39 South Maple Street, PO Box 212, Orwell, OH 44076

Telephone Number: (440)437-6311 FAX: (440)437-1031

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

Barbara Klingensmith, Executive Director, (440)437-6311

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

Barbara Klingensmith, Executive Director, (440)437-6311

The legal status of the Applicant's organization 501c(3) Not for Profit

Date of establishment/incorporation: March of 1981

Federal Employer Identification Number (FEIN): 34-1331627

Is the Company co-owned or controlled by a parent company? ___Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

COUNTRY NEIGHBOR PROGRAM, INC.
INDEPENDENCE AND WELLNESS
PROGRAM PLANNING AND DEVELOPMENT

A. PROGRAM DESCRIPTION:

1. Narrative Description

Orwell:

In the Independence and Wellness category, Country Neighbor is proposing to continue to provide health and wellness programming that will promote the well-being of older "south county" individuals. By participating in group activities or personal interaction in recreational and educational opportunities, health promotion and disease prevention programs, along with services that improve quality of life, individuals will alleviate loneliness, gain knowledge and improve health.

Programs will provide opportunities for social, intellectual, emotional, vocational, spiritual, physical and personal well-being. Older persons will participate in scheduled group activities or personal interaction, at the Orwell facility. Participants come from throughout the southwestern quadrant of Ashtabula County.

At the Orwell site, the onsite meals are funded by the United Way of Ashtabula County.

Andover:

In the Independence and Wellness category, Country Neighbor is proposing to provide health and wellness programming that will promote the well-being of older individuals in the Andover area.

Country Neighbor opened a satellite community/senior center in Andover at the Fellowship Hall of the Andover Methodist Church on South Main Street, 3 days per week, 5 hours per day five years ago. The Methodist Church rents the hall to Country Neighbor for the center.

Programs will provide opportunities for social, intellectual, emotional, vocational, spiritual, physical and personal well-being. Participants will come from throughout the southeastern quadrant of Ashtabula County, including the Andover area.

Programs will include but not be limited to well-balanced hot noon meal, wellness clinics, musical enrichment, creative arts, cultural development programs, exercise programs, resistance training, educational opportunities, computer and social media education, card clubs and various support groups.

Andover Meals Program:

The meals are prepared at the Orwell facility and shipped to the Andover Center on the 3 days per week.

Having a physical location in Andover provides a place for seniors to gather and access information. By participating in group activities or personal interaction in recreational and educational opportunities, health promotion and disease prevention programs, along with services that improve quality of life, individuals will alleviate loneliness, gain knowledge and improve their health status.

Total proposed program hours of Independence and Wellness beginning January 1st through December 31st, 2023 will be 2,240 at a unit rate of $24.03 for a cost of $53,833.60 for the operations of both centers. The Independence and Wellness unit rate increased by 6.8%, from $22.50 to $24.03. The increase is necessary due to the rising cost of operations and the need to offer more competitive wages in today's job market.

An additional $21,800 will provide 2,725 meals at a unit rate of $8.00. We are experiencing supply costs 15 to 20% higher in some cases as well as fuel, wages, etc.

I am proposing 2 unit rates as programming is on an hourly rate and a meal is on a per meal rate. Total cost is $75,193.60.

Programs at both the Orwell and Andover Centers, will include but not be limited to the following, as proposed by Country Neighbor to meet the goals of the Senior Wellness definition in the RFP.

COVID-19 has greatly impacted programming and activities beginning in 2020. In the first six months of 2021, all of what we did was through limited virtual venues. Thank you to the Senior Levy Board for purchasing new technology equipment for us to provide virtual programming. It has been a trial and error however we are beginning to make headways.

We opened our centers to in-person activities as of July 6, 2021. It has been a slow process as many seniors are not comfortable in attending and participating with other individuals.

Country Neighbor will continue on the road to a "center without walls" concept whereby we will provide both programming in-house as well as project it out through technology. We will continue to collaborate with our Andover center as well as centers in "sharing" programs.

Blood Pressure/Blood Sugar Screenings: Participants will keep cards with the

readings that can be taken to their physician appointments. If unusually high readings are taken, emergency measures are taken immediately by staff. Program will be provided monthly by a volunteer RN.

Wellness Clinic: A monthly clinic will be provided at CNP. At least 2 areas of health will be addressed at each one. Topics to include, cholesterol screening, foot screening, eye screening, osteoporosis screening, relaxation techniques, hearing screening, fraud/safety issues, melanoma screening, nutrition educational workshops, emergency medical alert, caregiving issues, etc.

Support Groups: Focusing on diabetes and caregiver support

Musical Enrichment: All forms of musical entertainment.

Creative Arts: Programs, including watercolor, adult coloring, acrylic, pencil, clay, tile printing, mosaic media, quilling, glass fusing, jewelry making, quilting, crocheting, etc.

Cultural Development Programs: Programs to include "hands on" visual arts, book reviews, performance, and lecture/workshop series. Also programs recognizing the cultural diversity in our communities.

Historical and Archival Enrichment: Programs focusing on our "south county" senior population and their contributions to the community.

Computer & Social Media: Social Media 101 Workshop Series focusing on "what is Facebook (settings), Twitter, Instagram, Vlogs, Pinterest, You Tube, Facetime/Skype, online banking, bill paying online, safe shopping online, picking appropriate data plans, online library services, Hulu or Netflix (what's best), email safety, and how to use your devices.

Across the Pond: A virtual Pen Pal program connecting seniors from senior centers in other countries with seniors in Ashtabula County using Skype and other forms of social media. The program will focus on developing friendships and exploring cultural diversity.

Wii Tournaments: The Wii gaming system has some excellent programs that make exercise fun and competitive, at the same time.

Gardening Program from Seed to Consumption: Sow seeds, transplant seedlings to outside garden area, nurture growth of plants, harvested vegetables and consumed in onsite meals program.

Senior Safety: Presentations on fraud, scamming, phishing, fire, emergency protocols,

summer and winter safety, etc.

The following exercise programs have been well attended and we will continue them:

Exercise Programs: A variety of mobility enhancing programs will be provided.

Resistance Training: Using resistance bands, participants will work out in stretching exercises.

Prescription Assistance for Seniors: Country Neighbor provides two basic prescription assistance services to the residents of Ashtabula County. The Prescription Assistance for Seniors Program (PAS) assists individuals 60 years of age and older to obtain prescription medications that they otherwise could not afford. Those who do not have Medicare or Medicaid and who do not have health insurance must pay the full retail cost of the medications they take. Depending upon the medication, whether it is generic or a brand name for which no generic is available, the cost can amount to hundreds of dollars a month.

Medicare Part D Counseling: During open enrollment, the Senior Advocate works with the individual to research current Part D plans available in their area to ensure the client has the most cost effective and "best" plan available to them for the next year. This service is ongoing throughout the year as individuals become eligible or if their current plan leaves the area.

Technology: We are working to expand our "social media platform" to reach individuals who may not have the ability to participate in the traditional center setting. We are surveying our clients to see who has access. For those who do not, we are trying to determine how to include them.

We do have Zoom, a conference line, the ability to do "robo" calls to individuals and are utilizing Face Book. We are exploring our own You Tube Channel and other options as well.

Monitoring and implementation of the Wellness Program will be the direct responsibility of the Program Coordinators. Satisfaction surveys by participants will be developed for program evaluations.

2. Need for the Proposed Service

Successful aging is more likely when individuals are actively engaged in life. Activity participation is extremely important to the quality of life. It reduces depression,

alleviates isolation, enhances social connection, provides opportunities for learning and promotes health and wellness. As a family member of a patron stated, "it gave my mother a reason to get up every morning and a place to go".

The congregate meal program is an important piece of the senior center and it's programs as it provides an opportunity for camaraderie and a hot, nutritionally balanced meal.

With the introduction of Medicare Part D, many low-income seniors have been able to reduce their prescription medication costs to manageable levels due to premium assistance, reduced deductibles and low co-pays. However, those whose income is too high to qualify for extra help receive none of the above benefits. As a result, once they hit the coverage gap "donut hole" they can be saddled with prescription medication co-pays that can reach several thousand dollars. Even those with Medicare Part D may need Prescription Assistance services if they happen to take an expensive medication that is not on their company's formulary. For those individuals between 60 and 64 who have no coverage at all and who may still be working, the PAS program can literally save them thousands of dollars per year.

In other areas of the county, "chain drug stores" may now provide the Medicare Part D services during the open enrollment period when individuals are able to change their plans. However, none of the drug stores assist with the prescription assistance programs available through the pharmaceutical companies. In "south county", there is only one drug store in Andover and we have none in Orwell as it closed several years ago.

One of the reasons the PAS program was started was that the physicians do not typically assist with prescription applications, as well. They are dependent upon the PAS program to help their patients. Therefore, it is very critical that we are able to continue to provide this important service for those individuals who need it.

3. Experience of Provider Organization in Providing Proposed Service

Country Neighbor has been in existence since 1977. Since our inception, we have been providing independence and wellness programs for the "south county" community.

Country Neighbor has been a provider of the PAS program since its inception in 2000. Given the broad geographic area we cover, it has been necessary to provide home-based services as well as office hours. The program has been strongly supported during this time and the public has taken advantage not only of the traditional PAS program but also of the Medicare Part D Assistance Program.

4. Past Statistics and Performance

JANUARY 2021 THROUGH JULY 2021
INDEPENDENCE AND WELLNESS PROGRAMMING
(Activity with closed centers to in-person)

Social Media/Activities/Etc.	Engagements
Bob Ross Videos	2,183
Craft Time	2,176
Painting Videos	1,555
Macrame	1,087
Cooking Videos	2,252
Where in the world is Country Neighbor	400
Stable Winery Tour	277
Health Videos	595
Paper Art	216
Garden Video	342
Music with Erie Philharmonic	116
Monthly Activity Packet Distributions	2,100
Educational Seminar	131
Savannah Georgia Tours	245
Ashtabula County Historical Society	250
Taste of Savannah Cooking Experience via Zoom	100
Total Number of Engagements	14,025

JANUARY 1, 2021 THROUGH DECEMBER 31, 2021 INDEPENDENCE AND WELLNESS PROGRAMMING

Service Area Township, Village or City	Units Provided & Unduplicated Clients Served in past 12 months age 60 to 74	Proposed Number of Units & Unduplicated Clients to be Served age 60 to 74	Units Provided & Unduplicated Clients Served in past 12 months age 75+	Proposed Number of Units & Unduplicated Clients to be Served age 75+
Andover	12	20	14	25
Cherry Valley	1	2	3	5
Colebrook	1	2	2	3
Dorset	0	3	1	4
Hartsgrove	0	2	0	2
Lenox	0	1	0	2
Morgan	1	3	3	2
New Lyme	0	3	0	3
Orwell	7	12	8	15
Richmond	1	2	1	3
Rome	1	5	3	2
Trumbull	0	2	0	2
Wayne	0	2	1	3
Williamsfield	1	4	0	5
Windsor	1	5	1	3
Jefferson	0	2	3	3
Ashtabula	2	3	0	0
Pierpont	0	0	1	1
Saybrook	1	1	0	0

JANUARY 1, 2021 THROUGH DECEMBER 31, 2021
ONSITE MEALS PROGRAM – ANDOVER

Service Area Township, Village or City	Units Provided & Unduplicated Clients Served in past 12 months age 60 to 74	Proposed Number of Units & Unduplicated Clients to be Served age 60 to 74	Units Provided & Unduplicated Clients Served in past 12 months age 75+	Proposed Number of Units & Unduplicated Clients to be Served age 75+
Andover	51/8	800/20	45/14	918/15
Cherry Valley	0/0	150/2	14/4	270/3
Colebrook	0/0	25/1	0/0	0/0
Dorset	0	25/1	3/1	25/1
Lenox	0	0/0	0/0	0/0
New Lyme	0/0	0/0	0/0	0/0
Orwell	1/1	0/0	1/1	0/0
Richmond	4/1	125/3	0/0	25/1
Wayne	0/0	135/1	11/1	125/3
Williamsfield	12/	170/5	1/1	150/5
Pierpont	0/0	0/0	2/1	50/1
Rome	0/0	0/0	0/0	0/0
Jefferson	0/0	0/0	0/0	0/0

For 2020, center closed March 16, 2020 by the directive of Governor DeWine and we did not reopen to in-person until July 6, 2021.

5. Days and Hours of Service

Generally, the Orwell facility is open Monday through Friday, 7:00 a.m. to 5:00 p.m. but the Independence and Wellness hours are flexible based on community needs. Orwell Independence/Wellness programs are scheduled, most generally between 10:00 a.m. to

3:00 p.m. with some evenings as well.

The Andover Center is open 3 days per week, with programming between the hours of 10:00 a.m. and 2:30 p.m., with some flexibility dependent upon the community input.

6. Client Intake

Depending on the program, we collect name, address, date of birth, income, type of health coverage, emergency contact, allergies, and household size. A record is also maintained in a data base for each individual detailing the medications applied for, their retail cost, number of months applied for, the name of the physician who writes the prescriptions, and the pharmacy they typically use.

a. Method of Intake

Intake is accomplished through a face-to-face interview.

b. Intake Process

See above.

c. Submit Intake Tool

Please see attached Intake Tool

7. Federal and State Money

Country Neighbor does not receive any Federal or State dollars for Independence and Wellness Programs, except for approximately $6,335 for the Matter of Balance certified instructors.

8. Service Collaboration/Coordination

In providing Independence and Wellness programs, Country Neighbor works with the social service agencies, Ohio Consumers Council, Ohio Extension Agency, YMCA, University Hospitals, community volunteers, schools, libraries, local churches, Veterans Administration, Ashtabula County Job & Family Services staff, hospitals, and

physician's offices located throughout Ashtabula County.

C. ORGANIZATIONAL STRUCTURE

Country Neighbor began in 1977 and was incorporated in March of 1981. The mission of the organization is help people remain independent by providing supportive services enhancing their quality of life. Country Neighbor provides a wide variety of services to include, but not limited to, homemaker, chore, transportation, home delivered meals, congregate meals, personal care, prescription assistance, emergency food, rental/utility assistance, socialization, education, and wellness activities.

Generally, our service area consists of the southernmost 15 townships in Ashtabula County and the northern most 15 townships in Trumbull County.

The Ashtabula County Food Bank (Country Neighbor) serves 20 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2021, we distributed over 1.2 million pounds of food to the partner organizations.

The largest funding sources are the Ashtabula County Senior Services Levy, Direction Home of Eastern Ohio, Ashtabula County Job & Family Services, Ohio Department of Job and Family Services, United States Department of Agriculture, Trumbull County Senior Services Levy, and the United Way of Ashtabula County.

Country Neighbor is governed by a thirteen-member Board of Directors who meets monthly, generally, the last Monday of each month. ***(List attached)***

An Organizational Chart is attached.

C. PROVIDER/STAFF QUALIFICATIONS

Program Coordinators. Duties will include coordinating, organizing and implementing programs and activities, quality assurance, and evaluation of the success of the project.

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the project

Assistant Director: Directly responsible for fiscal responsibilities, payroll, financial reporting processes of the program and the human resources function of staff training schedules and benefit activities of the agency. Also assist the Executive Director with the day-to-day operations of the program.

Administrative Assistant/Bookkeeper: Assist the Assistant Director with fiscal responsibilities, payroll, financial reporting, clerical duties, reporting, etc.

Receptionist: Answer telephone, directs calls/walk-ins to appropriate staff, clocks in the home health aides on appropriate funding sources when they call in from each customer's home, perform general office duties to assist administration, as requested.

Back up Receptionist/Data Entry: Covers the desk and telephone when the receptionist is not available. She is responsible for all data entry and accuracy of client information.

In-Home Services Supervisor: She is the liaison between the kitchen staff, the drivers, the clients and the program coordinators. She works directly with the Food Service Supervisor in the development of the menus, ordering, and data processing. She works closely with the Executive Director with the overall implementation of the program and employee management.

Food Service Supervisor: Her responsibilities include but are not limited to, assisting with menu planning, supply ordering, meal preparation, safety/proper food handling procedures, inventory control, and assist with quality assurance.

Food Service Assistants: Assist the Food Service Supervisor with the daily preparation of meals.

Driver: Responsible for the daily delivery of meals to the Andover Center. Training in meal service and delivery is required.

Outreach Advocate: Complete Medicaid/Medicare applications, Ohio Benefits Bank, apply for medications to pharmaceutical companies, Prescription Assistance, Marketplace Insurance counseling, and complete documentation as necessary.

2. Employee Training Requirements

All employees are trained in aging sensitivity, organization policies and procedures, first aid, and ongoing in-service trainings specific to the position. The Senior Advocate needs to be familiar with the individual Prescription Assistance Programs and learn how to maneuver the Medicare website for Medicare Part D. There are also some online resources that are available to the caseworkers. It is a continual learning process as the assistance programs are constantly changing.

3. Volunteers Used in Service

We do use volunteers in various aspects of this program such as assisting with crafts, exercise, support groups, etc. Volunteers such as the nurse from a local health facility does the blood pressure checks, staff from various agencies provide educational speakers and programs, churches provide clergy for Bible study and music, etc.

Currently, we do not log the number of hours volunteers provide to the Independence and Wellness programs nor do we have the exact number of volunteers, as they vary depending upon the programs and activities.

EXHIBIT II

Attachment B
Budget Template

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Independence and Wellness
Section 4
Applicant Budget
Attachment B

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc. (Independence & Wellness)	
Date From: January 1, 2023	To: December 31, 2023

	Amount
I. Staff	
A. Salaries	$ 36,015.00
B. Payroll-Related Expenses	$ 3,661.00
Total Staff Costs	$ 39,676.00
II. Operations	
A. Travel and Short-Term Training	$ 1,570.00
B. Consumable Supplies	$ 1,070.00
C. Occupancy Costs	$ 9,932.00
D. Contract and Professional Services	$ 2,050.00
E. Other - Miscellaneous	$ 258.25
Total Operational Costs	$ 14,880.25
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 54,556.25
IV. Minus Other Program Resources	$ 722.65
Total Program Costs	$ 53,833.60

Budget Computation

Total Operating Expenses	$	53,833.60
Divided by Total Operating Units		2,240.00
= Unit Rate	$	24.03

Unit Rate	$	24.03
X number of units purchased		2,240.00
= Total Contract Amount	$	53,833.60

Unit = 1 mile 1 Hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 80,500.00	Annual	2.00%	$ 1,610.00
Director Assistant	$ 46,500.00	Annual	1.51%	$ 700.00
Administrative Assistant/Bkkp	$ 33,500.00	Annual	1.27%	$ 425.00
In Home Services Supervisor	$ 30,160.00	Annual	0.99%	$ 300.00
Receptionist I	$ 24,635.00	Annual	1.01%	$ 250.00
Data Support/Backup Recpt	$ 49,920.00	Annual	1.26%	$ 630.00
Program Coordinators (A & O)	$ 39,520.00	Annual	70.22%	$ 27,750.00
Prescription Assist Advocate	$ 24,960.00	Annual	15.83%	$ 3,950.00
Facility Maintenance	$ 8,000.00	Annual	5.00%	$ 400.00
Total Salaries				$ 36,015.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 2,756.00
Worker's Compensation	$ 625.00
Unemployment Insurance	$ 180.00
Retirement Expenses	$ 45.00
Hospitalization	$ -
Other (*identify*) Life Insurance	$ 55.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,661.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: 62.5 cents per mile (IRS)	$ 1,170.00
Short-Term, Training	$ 400.00
Total Travel and Short-Term Training	$ 1,570.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 650.00
Cleaning Supplies	$ -
Other *(Program Supplies)*	$ 420.00
Other *(identify)*	
Total Consumable Supplies	$ 1,070.00

II. C. Occupancy Costs

	Amount
Rent	$ 7,620.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ 50.00
Utilities (if not included in rent) must be itemized	
Heat	$ 180.00
Electric	$ 360.00
Water	$ 100.00
Telephone	$ 1,562.00
Sewer	$ -
Other *(identify) Garbage*	$ 60.00
Other *(identify)*	
Total Occupancy Costs	$ 9,932.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	$ 275.00
D & O Insurance	$ 125.00
Liability Insurance	$ 250.00
Instructor Fees	$ 100.00
Technology	$ 1,200.00
Employee Testing	$ 100.00
Total Contract & Services Costs	$ 2,050.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Advertising	$ 100.00
Dues & Subscriptions	$ 50.00
Miscellaneous Expense	$ 108.25
Total Miscellaneous Costs	$ 258.25

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Participant Contributions	$ 722.65
Total Other Resources	$ 722.65

Country Neighbor Program, Inc.
Senior Services Programs
Independence and Wellness (Onsite Meals – Andover)
Section 4
Applicant Budget
Attachment B

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc.	(Andover Onsite Meals)
Date From: January 1, 2023	To: December 31, 2023

	Amount
I. Staff	
A. Salaries	$ 11,902.00
B. Payroll-Related Expenses	$ 1,221.00
Total Staff Costs	$ 13,123.00
II. Operations	
A. Travel and Short-Term Training	$ 200.00
B. Consumable Supplies	$ 8,275.00
C. Occupancy Costs	$ 3,740.00
D. Contract and Professional Services	$ 745.00
E. Other - Miscellaneous	$ 452.00
Total Operational Costs	$ 13,412.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 26,535.00
IV. Minus Other Program Resources	$ 4,735.00
Total Program Costs	$ 21,800.00

Budget Computation

Total Operating Expenses	$	21,800.00
Divided by Total Operating Units		2,725.00
= Unit Rate	$	8.00

Unit Rate	$	8.00
X number of units purchased		2,725.00
= Total Contract Amount	$	21,800.00

Unit = 1 mile 1 meal

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 80,500.00	Annual	0.50%	$ 405.00
Assistant Director	$ 46,500.00	Annual	0.51%	$ 235.00
Administrative Assistant/Bkkp	$ 33,500.00	Annual	0.75%	$ 250.00
In-Home Services Supervisor	$ 30,160.00	Annual	0.51%	$ 155.00
Data Entry/Backup Recpt	$ 49,920.00	Annual	0.50%	$ 250.00
Program Coordinator (Andover)	$ 12,480.00	Annual	25.00%	$ 3,120.00
Food Service Supervisor	$ 31,200.00	Annual	6.00%	$ 1,872.00
Food Service Assistants	$ 60,840.00	Annual	6.00%	$ 3,650.00
Delivery Driver	$ 7,600.00	Annual	22.70%	$ 1,725.00
Facility Maintenance	$ 8,000.00	Annual	3.00%	$ 240.00
Total Salaries				$ 11,902.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 911.00
Worker's Compensation	$ 205.00
Unemployment Insurance	$ 50.00
Retirement Expenses	$ 40.00
Hospitalization	$ -
Other (*identify*) Life Insurance	$ 15.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 1,221.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile 62.5 cents per mile (IRS)	$ 50.00
Short-Term, Training	$ 150.00
Total Travel and Short-Term Training	$ 200.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 155.00
Cleaning Supplies	$ 120.00
Other *(Food/Nonfood)*	$ 7,550.00
Other *(Fuel)*	$ 450.00
Total Consumable Supplies	$ 8,275.00

II. C. Occupancy Costs

	Amount
Rent	$ 2,580.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ 50.00
Utilities (if not included in rent) must be itemized	
Heat	$ 120.00
Electric	$ 360.00
Water	$ 120.00
Telephone	$ 390.00
Sewer	$ -
Other *(identify) Garbage*	$ 120.00
Other *(identify)*	
Total Occupancy Costs	$ 3,740.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	$ 50.00
D & O Insurance	$ 75.00
Liability Insurance	$ 100.00
Vehicle Insurance	$ 200.00
Technology	$ 240.00
Employee Testing	$ 50.00
Contract Labor	$ 30.00
Total Contract & Services Costs	$ 745.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Licensure	$ 70.00
Advertising	$ 30.00
Vehicle Maintenance & Repair	$ 250.00
Equipment Maintenance & Repair	$ 50.00
Miscellaneous Expense	$ 52.00
Total Miscellaneous Costs	$ 452.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Participant Contributions	$ 4,715.00
Rebates	$ 20.00
Total Other Resources	$ 4,735.00

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Country Neighbor Program Inc.**
Date: **11/2/2022 3:12:22 PM**

This search produced the following list of **7** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
Lawrence County Educational Service Center	304 N. 2nd Street
Lawrence County Schools Council of Governments	304 N. 2nd Street
Lucas County Republican Party	10 S. Superior St.
Lucas County Republican Party	10 S. Superior Street
Noble County Law Library Association	300 County Court House
Village of Bethel Mayor's Court	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Independence and Wellness** programs.

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0150

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the 1st day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Geneva Area Seniors Corporation,** located at **62 W Main Street, Geneva, Ohio, 44041** to provide **Independence and Wellness Programs** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Independence and Wellness: $53,892.40 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$20.00 per unit of Independence & Wellness as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor, Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

George Wilson Boomhower, Director
Geneva Area Seniors Corporation

President

11-14-2022
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and Geneva Area **Seniors Corporation** for **Independence and Wellness** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0151

EXHIBIT I

Appendix I
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Independence and Wellness for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Independence and Wellness for Seniors

The purpose of this program is to provide independence and wellness programs for the senior population of Ashtabula County. Such programs will offer opportunities for socialization, wellness education and promotion, recreational and physical activities, linkage to life-enhancing community services and healthy aging. Participation in these programs will result in seniors experiencing meaningful personal interactions, maintaining their independence and dignity, monitoring their physical well-being, and having access to information related to county-wide senior services and resources. Eligible participants: a) must be age 60 or over, b) and reside in Ashtabula County.

Programs need to promote the health and wellness of older adults by participating in a social community or other groups. Participation in these programs will result in increased knowledge of private and public health insurance programs. Programs provided may include, but are not limited to:

- Recreation and fitness activities
- Health promotion
- Community engagement
- Services that improve the quality of life and encourage community involvement
- Programs allowing seniors the opportunity to gather; supporting social independence and preventing isolation and loneliness that is often the result of disconnection from peers and family
- Programs which offer resources that enable education
- Cultural opportunities to meet the needs of the aging community
- Technological and social media assistance programs
- Obtaining free or reduced cost prescriptions based upon eligibility by:
    - Providing improved access to existing prescription drug patient assistance programs to help meet the needs of individuals who cannot afford their medications
    - Assisting seniors who are Medicare Part D eligible with information to find suitable plans

EXHIBIT I

Applicant Information

AGENCY / ORGANIZATION NAME: Geneva Area Senior Corporation

ADDRESS: 62 West Main Street, Geneva Ohio 44041

PHONE: 440-466-3048 FAX: _____

SERVICE SITE (if different than above): same as above

ADDRESS: _____

PHONE: _____ FAX: 440-466-3049

FEDERAL TAX I.D. NUMBER: 16-162994

EXECUTIVE DIRECTOR/DIRECTOR: George Wilson Boomhower

PROGRAM COORDINATOR: Cheryl Bowser EMAIL: _____

FISCAL CONTACT: George Wilson Boomhower EMAIL: gscgeneva@windstream.net

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: George Wilson Boomhower SIGNATURE: George Wilson Boomhower

(Note: original signature must be in blue ink)

TITLE: Director DATE: August 1, 2022

Section 2 (F)
Documents used for monitoring

PAS CLIENT REFILL LIST Nov-17

Last Name	First Name	Physician	Drug	Phone Number	Refill Date	Company	Birthdate	Age	Date Received	Township

Geneva Area Senior Center **Daily Sign-In Sheet - Education and Wellness/PAS** 8/2/2016

| | MM/DD/YY ___/___/___ Day _____ Name | TOWNSHIP | | | | | AGE | | | | ACTIVITY | | | | |

Ashtabula County Council On Aging
Questionnaire

Resident Township: _____ Date: _____

Last Name _____ First _____ Middle _____

House # _____ Street _____ City _____ State _____ ZIP _____

Phone: ( ) _____ e-mail: _____

Date of Birth: _____ Social Security # _____

(Please note this information will not be shared or given to anyone and is only used to collect information necessary for our funding source and statistical reporting.)

I Am:

[ ] Male [ ] Female	Living alone: [ ] Yes [ ] No
Race: White [ ] African Am [ ] Asian [ ] Hispanic [ ] Indian [ ] Other [ ]	*Marital Status:* Married [ ] Divorced [ ] Widowed [ ] Single [ ] Separated [ ]
Handicapped: [ ] Yes [ ] No	Are you physically and financially able to prepare your own meals? Yes [ ] No [ ]

My average annual family income is:

[ ] $8,980 or less	[ ] $24,680 or less
[ ] $12,120 or less	[ ] $27,820 or less
[ ] $15,260 or less	[ ] $30,960 or less
[ ] $18,400 or less	[ ] $30,961 or MORE
[ ] $21,540 or less	[ ] *Number of people in my home including myself*

Contacts:

Doctor:	Phone: ( )
Emergency Contact #1:	Home Phone:
	Work Phone:
Emergency Contact #2:	Home Phone:
	Work Phone:

Clients Medical Concerns: _____

_____

How did you find out about us? _____

AGENCY USE: Hours/Service

District XI [ ] Supportive Service [ ] Telephone Reassurance [ ] Socialization [ ] Medical Assessment
Local Levy [ ] PAS Ash ___ Geneva ___ [ ] Happy Travelers [ ] Geneva Satellite [ ] Bus Coupon
Community Service [ ] MACC [ ] Other _____ Staff Initial _____

GENEVA AREA SENIOR CORPORATION SEXUAL HARASSMENT POLICY

It is improper and against the policy of Geneva Area Senior Corporation for any employee, including supervisors, make or female, to sexually harass another employee by: (a) making, unwelcome sexual advances or request for sexual favors or other verbal or: physical conduct of a sexual nature, a condition of an employee's continued employment. or: (b) making, submission to or rejections of such conduct the basis for employment decisions affecting the employee, or; (c) creating an intimidating, hostile or offensive working environment by such conduct. It is the Geneva Area Senior Corporation policy to prohibit harassment through actions, words, jokes or comments based on an individual's sex, race national origin, age, religion, disability or any other legally protected characteristic. As an example, sexual harassment (both verbal and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relation and is strictly prohibited. Any employee who believes he or she has been the subject of sexual harassment of any other form of harassment must report the alleged act immediately (within thirty (30) working days after the alleged harassment occurs) directly to his/her supervisor or one of the Geneva Area Senior Corporation Board of Trustee's. The Board of Trustee's for the Geneva Area Senior Corporation requires all sexual harassment and harassment claims to be reported even though the harasser is a co-worker, your supervisor or a Board Member of the Geneva Area Senior Corporation. Therefore, you must report. In the event your supervisor is the harasser, you are authorized to by-pass the chain of command and report the incident to any Board Member of the Geneva Area Senior Corporation. If you report sexual harassment or harassment, it will not affect your career with the Senior Center. Any such complaint will be handled in a confidential manner without fear of any retaliation. An investigation of all complaints will be undertaken immediately. Any supervisor or employee of the Senior Center who has been found by the Geneva Area Senior Corporation Board of Trustee's, after appropriate investigation, to have sexually harassed or harassed another employee will be subjected to appropriate and prompt disciplinary action depending on the circumstances, from a warning in his or her file, up to and including immediate discharge. The reporting individual will be informed in writing, of all remedial actions. If called upon, an employee is expected to cooperate during a harassment investigation. If an employee hinders the investigation, or fails to cooperate, he/she may be subject to disciplinary actions. Likewise, any employee who retaliates against another employee for filing a harassment complain, serving as a witness, or otherwise cooperation during an investigation, is subject to disciplinary action. If an investigation results in a finding that the reporting individual falsely and maliciously accused another of sexual harassment or harassment, the reporting individual will be subject to appropriate sanctions, including the possibility of termination. All discipline arising from violations of this policy shall be administered in accordance with the Federal and State laws. The Geneva Area Senior Corporation will publicized and train all employees to follow within the policy. All employees of the Senior Center are expected to act responsibly to establish a work environment free of any sexual harassment and any other form of harassment. The Senior Center shall maintain a complete confidential written record of each complaint and how it was investigated and resolved. Written records shall be maintained in a confidential manner to the extent permitted by law. All written records will be kept in the office of the Site Manage for the Geneva Area Senior Center and shall be kept in separate and locked file.

Geneva Area Senior Corporation (GASC)
Policy Manual
62 West Main Street, Geneva, Ohio 44041

SUBJECT:	TRAINING AND CARRIER DEVELOPMENT EMPLOYEE CONDUCT	SECTION:
EFFECTIVE DATE:	January 1, 2011	REPLACES:
APPROVED BY:	Board of Trustees	
APPROVAL DATE:	October 29, 2010	

TRAINING AND CARRIER DEVELOPMENT:

It is the policy of the GASC to encourage each employee to improve his/her abilities, skills, and knowledge in areas related to the purposes of the agency and to provide opportunities for each employee to do so. All training for employees is subject to the approval of the Site Director.

All employees are encouraged to familiarize themselves with the mental health/social services in the community, their purpose to clients, relevant rules and regulations and the means of making referrals and obtaining assistance.

All employees may participate, where appropriate, to defined duties and responsibilities, in joint training programs with other social services organizations in Ashtabula County.

Where appropriate seminars, workshops, or conferences are available; it shall be the practice of the GASC to provide such external training to each employee. This shall be accomplished at the discretion of the Site Director who shall view all requests from employees for such training in advance of the training. All reasonable and customary expenses incurred in attending approved seminars, workshops, and conferences shall be paid by the GASC.

EMPLOYEE CONDUCT:

No employee of the GASC shall represent the agency in any matter of policy during working hours or on his or her own time without the authorization of the Site Director.

No employee shall accept outside employment that will conflict with the interests of the GASC, or infringe on employment time, or over-extend the employee.

No employee shall provide services for hire within Ashtabula County that are related to employment at the GASC that may otherwise be provided by the employee as a staff member of the GASC, by another employee of the GASC, or that occur as a result of employment with the GASC.

The Training and Development Policy has been revised

Geneva Area Senior Corporation (GASC)
Policy Manual
62 West Main Street, Geneva, Ohio 44041

SUBJECT:	ACCIDENT/INCIDENT POLICY	SECTION:	
EFFECTIVE DATE:	January 1, 2011	REPLACES:	
APPROVED BY:	Board of Trustees		
APPROVAL DATE:	October 29, 2010		

DIRECTIVE:

To provide handling guidance for all accidents and incidents involving transit vehicles.

DEFINITIONS:

Accident: any circumstance involving a transit vehicle, whether in revenue service or not, and/or secondary vehicle(s) resulting in damage to one or more vehicles, property, or bodily injury and requiring the response of local law enforcement and/or emergency services personnel.

Incident: any circumstance involving a transit vehicle, whether in revenue service or not, resulting in damage to the transit vehicle and/or GASC property, bodily injury to a passenger or employee, or violation of any policy on prohibited behavior (i.e. disruptive behavior, prohibited items brought on board, etc.).

PROCEDURE:

Accidents

All drivers, dispatchers, and supervisors must report **all** accidents to the Site Director as soon as possible.

All drivers involved in an accident must perform the following actions:

1. Check for personal injury.
2. Check all passengers for injury.
3. For all accidents involving secondary vehicles, check the driver and passengers of second vehicle for injury.
4. If vehicle(s) is in operational condition, move to a safe area not obstructing the flow of traffic.
5. Notify dispatch of the accident.
    a. If the driver has a cellular telephone, either business or personal, notify local law enforcement and emergency services personnel if required.
6. Remain at the scene until released by law enforcement or emergency services personnel.
7. If necessary, make tow arrangements.
    a. If the transit vehicle requires tow services, the responding Site Director will make arrangements.
    b. If an involved secondary vehicle(s) requires tow services, the driver/owner of that vehicle will be responsible for arrangements.

c. If the Site Director is not able to respond, inform dispatch that tow services are required.

8. Complete any required accident investigation documentation required by the GASC.
9. Report for any required drug and alcohol testing as outlined in the GASC substance abuse policy.

Incidents

All drivers are required to report all incidents to the Site Director as they occur. If it is not possible to report the incidents as they are occurring, the incident must be reported when the driver returns to base or within twenty-four hours from occurrence which ever is most feasible.

All drivers involved in an incident must perform the following action:

1. Check for personal injuries.
2. Check all passengers for injury.
3. Notify dispatch of the incident. If required, inform dispatch that local law enforcement and emergency services personnel are required and provide all necessary location information. Monitor radio traffic for requests of additional information.
4. If the driver is unable to contact dispatch and the driver has a cellular telephone, either business or personal, notify local law enforcement and emergency services personnel if required.
5. If passengers are on board and vehicle is operational:
    a. Complete assigned trips, informing dispatch that a vehicle incident has occurred.
    b. After the final passenger has debarked, park the vehicle in an area as not to obstruct the flow of traffic.
    c. Complete an Incident Report form.
    d. Submit the Incident Report form with all manifests at the end of the shift.
6. If no passengers are on board and the vehicle is operational:
    a. Park the vehicle in an area as not to obstruct the flow of traffic.
    b. Complete an Incident Report form.
    c. Submit the Incident Report form with all manifests at the end of the shift.
7. If the vehicle is inoperative:
    a. Inform dispatch that a vehicle incident has occurred.
    b. Request a back-up vehicle
    c. Inform dispatch that tow services are required.
    d. Complete an Incident Report form.
    e. Submit the Incident Report form with all manifests at the end of the shift.

RESPONSIBILITIES:

It is the responsibility of all drivers to ensure that accidents/incidents are reported to the Site Director in a timely manner.

Drug & Alcohol Policy

Geneva Area Senior Corporation

Purpose:

The objective of this Policy is to identify and remove the adverse effects of alcohol and drugs on job performance, and to protect the health and safety of our employees by providing education and treatment. Use and misuse of alcohol or drugs can and does impair the ability of an employee to perform his/her duties and may endanger the employee, his/her co-workers, and the public as well as property. Geneva Area Senior Corporation or GASC seeks to prevent the use/abuse/misuse of drugs and alcohol by employees in any way which impairs their ability to perform their duties.

Policy:

1. The GASC shall implement probable cause and post accident comprehensive drug and alcohol abuse program.
2. Alcoholism and other drug addictions are recognized as diseases.
3. The manufacture, distribution, dispensing, possession, sale, purchase or use of a controlled substance on GASC property is prohibited.
4. Being under the influence of alcohol or illegal drugs on GASC property is prohibited. The unauthorized use or possession of prescription drugs or over-the-counter drugs on GASC property is prohibited.
5. Employees who violate this Policy are subject to appropriate disciplinary action up to and including termination.
6. The Policy applies to all employees of the GASC employees and volunteer employees.
7. Pre-employment testing is required under this Policy.

Definitions:

GASC Premises - All company property including vehicles, lockers, etc.

GASC Property - All company owned or leased property used by employees such as vehicles, lockers, desks, closets, etc.

Controlled Substance - Any substance listed in the State Road Occupational Medical Facility DOT/Non-DOT Drug Screen levels. Copies of levels screening will be provided to employee(s). A copy will also be maintained for employee review by Site Manager of GASC.

Drug - A drug is any chemical substance that produces physical, mental, emotional change in the user.

Drug Paraphernalia - Equipment, a product or material that is used or intended for use in concealing an illegal drug.

Fitness for Duty - To work in a manner which is suitable for the job. To determine "fitness", a medical evaluation may occur, and include drug and/or alcohol testing.

Illegal Drug - An illegal drug is any drug or derivative thereof which the use, possession, sale, transfer, attempted sale or transfer, manufacture or storage of is illegal or regulated under any federal, state, or local law or regulation and any other drug, including (but not limited to) a prescription drug, used for any reason other than a legitimate medical reason.

Post Accident Testing: Any driver of GASC which is involved in an accident while operating GASC vehicles resulting in damages exceeding $1,000.00 must be tested.

Probably Cause - Supported by evidence strong enough to establish that a Policy violation has occurred.

Testing - Is defined by State Road Occupational Medical Facility guidelines. Testing can occur in the following instance:

1. The employee is engaged in any of the prohibited acts or activities listed in GASC Rules & Regulation Policy that would require a Drug & Alcohol Test.

Under the Influence – GASC will follow the guidelines as required by either DOTNon DOT or State Road Occupational Medical Facility.

General Policy Provisions:

Any of the following actions constitutes a violation of the GASC Drug & Alcohol Policy and the employee may subject to disciplinary action up to and including termination:

- Using, selling, purchasing, transferring, possessing, manufacturing, or storing an illegal drug or drug paraphernalia, or attempting or assisting another to do so, while in the course of employment or engaged in a GASC sponsored activity, on premises, in owned, leased or rented vehicles, or on business.
- Working or reporting to work, conducting GASC business or being on premises or in a GASC owned, leased, or rented vehicle while under the influence of an illegal drug, alcohol or in an impaired condition.

Search:

Search procedures, conducted under reasonable cause, such as inspections of employee's personal property including briefcases, lunch boxes, or tool boxes, will be maintained as part of the company's security measures. All searches shall be conducted by proper law enforcement agencies.

Preventive Acts:

Employees taking drugs prescribed by an attending physician must advise the GASC Site Manager of the possible effects of such medication. This written information must be kept confidential. All medical information will be kept confidential and the employer, without exception, will punish any breach of privacy and confidentiality in this regard. All prescription drugs must be kept in their original container.

Corrective Act:

Although employees will not be subjected to random fitness for duty examinations as a result of the Policy, any employee involved in a work related accident may be subject to testing.

Coordination with Law Enforcement Agencies:

The sale, use, purchase, transfer or possession of an illegal drug or drug paraphernalia is a violation of the law. The GASC will report information concerning possession, distribution, or use of any illegal drugs to law enforcement officials

Reservation of Rights:

The GASC Board of Trustee's reserves the right to interpret, change, suspend, cancel or dispute, with or without notice, all or any part of this Policy, or procedures or benefits discussed herein. Employees will be notified before implementation of any change.

Although adherence to this Policy is considered a condition of continued employment, nothing in this Policy alters an employee's status and shall not constitute nor be deemed a contract or promise of employment. Employees remain free to resign their employment at any time for any or no reason, without notice, and GASC retains the right to terminate any employee at any time.

Other Laws and Regulations:

The provisions of this Policy shall apply in addition to, and shall be subordinated to any requirements imposed by applicable federal, state or local laws. Unenforceable provisions of this policy shall be deemed to be deleted.

ACCIDENT/INCIDENT REPORT FORM
Geneva Area Senior Corporation

Date of incident: _____ Time: _____ AM/PM

Name of driver/employee: _____

What was the event that created the accident?_____

_____

Was an accident report filed with local law enforcement? _____yes _____no

What law enforcement agency responded to call?_____

Were photographs taken of the accident and by whom?_____

Were there any injured person? _____yes _____no

Was anyone in need of medical treatment?_____

What were the conditions of the highways at the time of accident:_____

Name of physician/hospital: _____

Details of the incident: _____

_____

_____

Signature of employee:_____ Date:_____

Return this form to Site Manager of Senior Center within 24 hours of incident.

Witness Statement

Name:_____

Address:_____

_____

Phone Number:_____

PRE TRIP & POST TRIP INSPECTION

Date	
Driver	

Vehicle Number	
Odometer	

	Exterior	Yes	No	Pre	Post
1	Ground under vehicle free of leaks?				
2	Vehicle body free of new damage?				
3	Clean windows and mirrors?				
4	Windshield and wipers free of damage?				
5	Tires properly inflated? Need test.				
6	Tires free of damage?				
7	Tread wear. Need test.				
	Under the hood - check				
1	Oil level.				
2	Hoses.				
3	Belts.				
4	Wndshield washer fluid.				
	Lights - check				
1	Headlights (high & low beams).				
2	Tail.				
3	Brake.				
4	Turn signals.				
5	Back-up.				
6	Hazard.				
7	Interior.				
	Inside the vehicle - Drivers seat -check				
1	Mirrors.				
2	Doors.				
3	Gauges: Oil/Fuel/Temperature.				
4	Horn.				
5	Brakes.				
6	Heaters/defroster/AC.				
	Wheelchair lift				
1	Operate through complete cycle.				
2	Physical damage.				
	Inside the vehicle - Body - check				
1	Seats & seat belts.				
2	Floor.				
3	Clean.				
4	Wheelchair restraints & seat belt.				
	Items stored in the vehicle				
1	Current insurance card & registration.				
2	Biohazard & first aid kit.				
3	Fire extinguisher.				
4	Seat belt cutter.				
5	Flares or reflective triangles.				
6	Blankets (winter only).				

Comments:

Section 2 (K)
Representations, Assurances, and Certifications Document

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: ___Geneva Area Senior Corporation_____

Company Address: _62 West Main Street_____

Telephone Number: __440-466-3048_____ FAX: 440-466-3049_____

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

_Raymond F. Gruber Jr___440-361-3869 and George Wilson Boomhower___440-361-0720___

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

_Raymond F. Gruber Jr._440-361-3869_and George Wilson Boomhower _440-361-0720_____

The legal status of the Applicant's organization __Section 501 (C 3)_____

Date of establishment/incorporation: _February 6, 2001_____

Federal Employer Identification Number (FEIN): _16-162994_____

Is the Company co-owned or controlled by a parent company? ___Yes __X No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? __X_Yes __ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? ___X_Yes __ No

If yes, has the company filed all required EEO reports to the necessary agencies? __X__Yes __ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. ___X_Yes __ No

Does the company have current or future plans for a buyout or sale? ___Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. ___X_Yes __ No

The Applicant certifies it is a drug-free work place? ___X_Yes __ No

The Applicant certifies it is not delinquent on any Federal debt? __X Yes ___ No

Section 3
Program Planning and Development

A. Program description

1. The Geneva Area Senior Corporation provides seniors with a network of services both within and outside the organization. By providing a venue through various programs, seniors also network among themselves, enriching not only their lives, but also the lives around them. The following lists some of the programs and services which allow seniors to be independent, healthy, and live a dignified life:
   a. **Parties** - About 3 to 4 per year with an average attendance of about 125 people. The pandemic began in late 2019. GASC was officially locked down on March 18, 2020. Approximately one month later we reopened with a skeleton crew of no more than two staff at a time in order to maintain communication with clientele; this allowed for wellness checks and some referrals. Our status continued as such until June, 2021.
   b. **Events:** Historically, our agency has been involved in The Geneva Grape Jamboree, the Geneva Sidewalk Sale, Wednesday's Lunch Bunch, Senior Chinese Auction, Yard Sale, Senior Picnics, Trips, Monthly Birthday Celebrations, various tournaments, and more.
   c. **Games:** Bocce, cornhole, pool, miniature golf, pinochle, board games, bingo, Horseshoes, computer games, checkers, chess and more.
   d. **Entertainment** – Live bands, reading materials, socialization.
   e. **Education & Health** – Health Forums, Fire Safety Class, seminar on voter registration and absentee voting, balance testing, blood sugar testing, blood pressure testing, PACE exercise testing, and support and coordination with Geneva University Hospital's monthly Health Forum.
   f. **Classes** – Sewing, Crocheting and Knitting, Computer, Handcrafting, Decorating, Ceramics.
   g. **Services Offered** – Free transportation to and from any place within the Geneva Area School District, notary, smoke alarms, handyman services, Buckeye Card, Postal Service, Rescue Vial, Safe Link phones, Prescription Assistance, Medical Equipment lending, Power of Attorney, Living Wills, ACTS transportation card, Free copying and faxing, help with HEAP and other applications.
   h. **Referrals** – Adult Protective Services, Community Action, Job and Family Services, Geneva Food Pantry, Catholic Charities, Legal Aid, Acquiree 211, ACTS transportation, University Hospital of Geneva, The Ashtabula County Health Department, The VFW, FOE, Vantage Aging, Geneva clothing bank and many others.

2. Many seniors, relatives, friends, and caregivers contact us unaware of the resources offered by Ashtabula County. We are their "first responder". Some join our Center and enjoy what we have to offer. Some even volunteer in the community.
3. We have continuously expanded our services and added new programs since our incorporation in 2001. Having established our performance historically, we ask that you keep in mind the impact of our experience over the past 2+ years. Please find below statistics regarding past and projected performance:
4.

Past Performance and projected Numbers

Service Area Gen. Area S.D. & Ashtabula County	Undupli -cated 60-64	Undupli -cated 65-75	Undupli -cated 76-85	Undupli -cated 86+	Unknown age	**Unduplicated & Units Total**
Number Served 1/1/21 to 12/31/21	**26**	**62**	**88**	**33**	**5**	**214 Units=1509.25**
Projected Number 1/1/22 to 12/31/22	**40**	**85**	**85**	**36**	**5**	**251 Units = 4500**

5. The Geneva Senior Center is open Monday through Friday from 10:00 am to 2:00 pm and occasionally outside those hours and on the weekends for special events.
6. Client intake:
   a. We receive new clients from phone calls requesting help, through our Newsletter that is distributed to local businesses and on the Web, and by referrals from family, friends and local and County organizations.
   b. When a senior arrives, we give them a tour of our facility and inform them of free activities and services of which the may not be aware. We introduce them to staff and other seniors. We ask that they see the Program Coordinator to fill out our Intake Form.
   c. The Intake Form is submitted at the end of Section 3.
7. We receive funding by the Ashtabula County Senior Levy via the Ashtabula County Department of Job and Family Services at a unit rate of $12.38/hour. All other funding is through donations without any restrictions.
8. The Geneva Senior Center collaborates/coordinates with **the Referrals** listed in **Section 3 a1h.** Many times these agencies will refer seniors to us. Together we provide for the health, independence, wellness and happiness for seniors.

B. Our objective is to increase the number of unduplicated and duplicated seniors we see Each year. By observing these seniors in a social setting, we as staff and other seniors Are able to assess potential problems and either address them or initiate referrals to Other agencies.

C. **Organizational Structure:**

The "Geneva Seniors Corporation" was incorporated in the State of Ohio, February 6, 2001. The name was changed on March 15, 2004 to "Geneva Area Senior Corporation". The main source of funding is through the Ashtabula County Senior Levy. The following page indicates our organizational chart. Only the Site Director, Program Coordinator, Assistant Program Coordinator Technology Coordinator, PAS Caseworker, and the Bookkeeper/Grantsman are funded through the Independence and Wellness grant. This Page also includes the names of our current Board of Trustees.

D. Provider/Staff Qualifications:

1. As Stated in "C, Organizational Structure", the Site Director, Program Coordinator, Assistant Program Coordinator, Technology Coordinator, PAS Caseworker, and Bookkeeper/Grantsman form the core organizational structure in the Independence and Wellness program. Outlined in the jobs descriptions below, these positions fulfill the Requirements to perform the proposed services. The budget for these employees is covered in Section 4.
2. Training requirements are included in the job descriptions and in Section 2 G.
3. Volunteers are utilized as receptionists, in preparing snacks, in cleaning and housekeeping, in socializing with seniors and in assisting in the events we provide during the year. Some are the very seniors we serve. Some are Job and Family workers, Youth Opportunity workers and those appointed by the Courts who later return to donate their time because they understand our mission. Currently we have two active part-time volunteers. All together we estimate we receive about 500 hours of volunteer service peer year. The following pages address job descriptions, in D. 1.

2022 – 2023 Geneva senior Center Goals

An increased unit rate from $17.25 to $20.25. This center has only requested a unit rate increase once; that was contained in ACJFS #8-22 for the current year. As Bob Gruber noted in his proposal, "This was due to a more passive manner of the past administration". Furthermore, he went on to say "This combined with a more aggressive approach to community education, **marketing and new programming**

will ensure the center remains viable for years to come". Then he noted

- Conversion of the operation from manual tracking of all data to electronic online tracking through My Senior Center.
- The software and hardware are installed
- Training and conversion have been stalled due to continuing setbacks from Covid, its legacy and my arrival to pick up where he left off.
- "greatest value is a saving of time running the day to day Operation of the center".
- Finally, with respect to the future, inflation and social unrest are going to take a toll and the poorest among us will suffer the most. Help us help them.

EXHIBIT II

Attachment B
Budget Template

Applicant Budget

Summary

Geneva Area Senior Corporation	
1/1/2023	12/31/2023

	Amount	
I. Staff		
A. Salaries	$	32,890.00
B. Payroll-Related Expenses	$	4,010.50
Total Staff Costs	$	36,900.50
II. Operations		
A. Travel and Short-Term Training	$	100.00
B. Consumable Supplies	$	3,000.00
C. Occupancy Costs	$	4,584.70
D. Contract and Professional Services	$	6,510.00
E. Other - Miscellaneous	$	1,500.00
Total Operational Costs	$	15,694.70
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	1,297.20
Total Equipment Costs	$	1,297.20
Sub- Total of All Costs	$	53,892.40
IV. Minus Other Program Resources	$	-
Total Program Costs	$	53,892.40

Budget Computation

Total Operating Expenses	$	53,892.40
Divided by Total Operating Units		26,597.00
= Unit Rate	$	20.00

Unit Rate	$	20.00
X number of units purchased		2,694.62
= Total Contract Amount	$	53,892.40

Unit = Example: 1 meal, 1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Site Manager	$ 14,400.00	year	100.00%	$ 14,400.00
Prescription Assist/Caseworker	$ 14,400.00	year	100.00%	$ 14,400.00
Driver				
Bookkeeper/Vacant				
Assistant Program Coordinator				
Program Coordinator	Vantage	year	100.00%	Vantage
Total Salaries				$ 28,800.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$5,714.46
Worker's Compensation	$1,381.00
Unemployment Insurance	$1,608.00
Retirement Expenses	
Hospitalization	
Medicare	$ 208.80
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 8,912.26

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	
Short-Term, Training	$ 100.00
Total Travel and Short-Term Training	$ 100.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$500.00
Cleaning Supplies	$500.00
Giant Eagle	$500.00
Other *(identify)*	
Total Consumable Supplies	$ 1,500.00

II. C. Occupancy Costs

	Amount
	$6,000.00
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of $500.00/month Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized Heat Electric Water Telephone Sewer Other *(identify)* Other *(identify)*	
Total Occupancy Costs	$ 6,000.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Demshar/Eaton CPA	$1,400.00
Crawford Insurance Van, Bus, Facilitoy	$5,200.10
Total Contract & Services Costs	$ 6,600.10

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Postage	$282.84
Entertainment/Seminar Speakers	$400.00
Total Miscellaneous Costs	$ 682.84

III. Equipment
A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Konica Minolta Copier Lease	1	$ 1,297.20
Total Leased and Rented Equipment		$ 1,297.20

IV. Other Program Resources

Source	Amount
Total Other Resources	$ -

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Geneva Area Seniors Corporation**
Date: **11/2/2022 3:16:59 PM**

This search produced the following list of **3** possible matches:

Name/Organization	Address
Ohio Works First Program, Prevention, Retention and Contingency	
Somali Development Agency/Americom	4312 Westport Road
Village's General Fund	432 N. Richardson Ave.

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Geneva Area Seniors Corporation** for **Independence and Wellness** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0151

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Ashtabula County Community Action Agency,** located at **4200 State Road, Ashtabula, Ohio 44004** to provide **Independence and Wellness** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Independence and Wellness: $5,500.00 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$9.29 per unit of Independence and Wellness as described in Exhibit II (subgrantee budget)
(A unit = one contact)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals

should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No

such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order

13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement. Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Judith Barris, Executive Director
Ashtabula County Community Action Agency

11/3/22
Date

Ashtabula County Board of Commissioners

11-29-22
Date

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County Community Action Agency** for **Independence and Wellness** programs

Approved as to Legal Form Only:

By: Colleen O'Toole

Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0152

EXHIBIT I

Appendix I
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Independence and Wellness for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Independence and Wellness for Seniors

The purpose of this program is to provide independence and wellness programs for the senior population of Ashtabula County. Such programs will offer opportunities for socialization, wellness education and promotion, recreational and physical activities, linkage to life-enhancing community services and healthy aging. Participation in these programs will result in seniors experiencing meaningful personal interactions, maintaining their independence and dignity, monitoring their physical well-being, and having access to information related to county-wide senior services and resources. Eligible participants: a) must be age 60 or over, b) and reside in Ashtabula County.

Programs need to promote the health and wellness of older adults by participating in a social community or other groups. Participation in these programs will result in increased knowledge of private and public health insurance programs. Programs provided may include, but are not limited to:

- Recreation and fitness activities
- Health promotion
- Community engagement
- Services that improve the quality of life and encourage community involvement
- Programs allowing seniors the opportunity to gather; supporting social independence and preventing isolation and loneliness that is often the result of disconnection from peers and family
- Programs which offer resources that enable education
- Cultural opportunities to meet the needs of the aging community
- Technological and social media assistance programs
- Obtaining free or reduced cost prescriptions based upon eligibility by:
    - Providing improved access to existing prescription drug patient assistance programs to help meet the needs of individuals who cannot afford their medications
    - Assisting seniors who are Medicare Part D eligible with information to find suitable plans

Applicant Information

AGENCY / ORGANIZATION NAME: Ashtabula County Community Action Agency

ADDRESS: P.O. Box 2610, Ashtabula, OH 44005-2610

PHONE: 440-997-5957 FAX: 440-992-3319

SERVICE SITE (if different than above): Community Action – State Road Site

ADDRESS: 4200 State Road, Ashtabula, OH 44004

PHONE: 440-990-1721 FAX: 440-997-6162

FEDERAL TAX I.D. NUMBER: 34-1059824

EXECUTIVE DIRECTOR/DIRECTOR: Judith Barris

PROGRAM COORDINATOR: Alissa Holdson, Enhanced I&R EMAIL: aholdson@accaa.org

FISCAL CONTACT: Renee Sherman EMAIL: rsherman@accaa.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Judith Barris SIGNATURE: Judith Barris

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 7/21/22

ACJFS RFP #8-23
Independence & Wellness

July 2022

Section 2 (F)
Documents Used for Monitoring
Enhanced Information & Referral for Seniors

Ashtabula County Community Action Agency

Ashtabula County Community Action Agency
Enhanced Information and Referral for Seniors
Section 2(F) – Documents used for Monitoring

We have attached a copy of the "Follow-Up Survey" form we use within the 2-1-1 Ashtabula County Information and Referral service. The I & R service has a policy that addresses the conditions under which follow-up must be conducted. The policy mandates follow-up, when feasible, with inquirers who are at risk and/or vulnerable and in situations where the specialist believes that inquirers do not have the necessary capacity to follow through and resolve their problems. We also follow-up on a percentage of our total calls. However, we follow-up on every call within the Enhanced Information and Referral for Seniors program in order to ensure that they did in fact receive the service that they sought; ensuring that the services referred to addressed all of the Senior's needs; and assessing for additional service needs.

We have attached a copy of the "Follow-Up Survey" form we use within the 2-1-1 Ashtabula County Information and Referral service for Quality Assurance purposes. Each operator is responsible for and trained to perform follow-up quality assurance surveys via telephone within 7-14 days after receiving an initial call or sooner if needed. Operators use a script to capture required information. Follow-up is conducted with the permission of the inquirer, usually within 1-3 days of the original inquiry in more extensive cases and within 7-14 days in other situations. The purpose of this "follow-up" call is three-fold:

1. Verify that the information provided from the call center database is correct
2. Verify that the information provided met the Senior caller's need, and,
3. Create an opportunity to provide additional I&R to the Senior

On average, our call center receives approximately 1,000 calls per month (which could vary from 800 up to 1,200 per month).

It is our goal that 5% of monthly calls will have a quality assurance survey completed. These surveys are done by the 2-1-1 staff directly into SurveyMonkey while on the phone with the caller so that we can easily tally the results/responses.

Calendar Year 2021 (January 1, 2021- December 31, 2021) Quality Assurance Follow-Ups
Inquiries 9,760 Follow-Ups 542

Was the information we provided correct? Yes 99% No 1%

Did the referrals that were provided to you help in resolving the issues you called about?
Yes 76% No 3% Caller Had Not Contacted Referral(s) Yet 21%

14% responded "Yes" when asked "Is there anything that we can help you with today?" Results of 21% of callers not yet contacting referral(s) and 14% stating they needed additional help suggests that follow-ups are key to assisting callers to meet their ongoing needs or offering other referrals if the initial referral did not resolve the problem or issue.

Additionally, the management staff conduct Customer Satisfaction surveys with the goal of determining if our 2-1-1 I&R service is effective, providing a benefit to callers, and treating each inquirer with dignity and respect when seeking information and referrals. Designated employees will randomly select call reports on a monthly basis that have been entered into our database as follow-up calls by 2-1-1 operators. It is our goal that, of the number of monthly customer satisfaction surveys completed, our departmental Positive Outcome Response target is 85%.

During Calendar Year 2021 (January 1, 2021- December 31, 2021) Follow-up results showed:

98% indicated *they felt they were listened to-(the person understand the reason they were calling)- and they felt that the person cared about their situation,*

94% indicated they *received a choice of referrals where appropriate*,

96% said *they would call 2-1-1 again*, and

75% reported *their situation improved as a result of contacting our service.*

Each operator is monitored using the I&R Specialist Observation Form.

In addition our comprehensive information and referral service is reviewed by our various funding sources. Attached is a pie chart that shows the caller needs for the month (example July 2021).

Internally, we monitor overall statistics regarding our call center metrics on a regular basis. Sample reports are attached that shows the number of total calls/inquiries, the number of referrals, and a breakdown of met and unmet needs (the Enhanced Information and Referral for Seniors calls and referrals are included as noted in Section 3- Program Planning and Development, Item A- Program Description.). We can see trends in this way and evaluate what is happening in the community.

2-1-1 Ashtabula County QA

Quality Assurance Follow-Up Survey

1. Name of person completing this survey

- ◯ Kelly, Sandy
- ◯ Holdson, Alissa
- ◯ Morehouse, Tami
- ◯ Dragon, Samantha
- ◯ Christy Fisher

2. Name of operator on original call

- ◯ Kelly, Sandy
- ◯ Holdson, Alissa
- ◯ Morehouse, Tami
- ◯ Dragon, Samantha
- ◯ Christy Fisher

3. Relevant Dates

Original Call Date

Date

MM/DD/YYYY [redacted]

Follow-up Date

Date

MM/DD/YYYY [redacted]

4. Customer Last Name

5. Customer First Name

6. Was the information that we provided correct?

- ◯ Yes
- ◯ No

Comments

7. Did the resources provided help resolve your situation?

- ◯ Yes, the referral(s) helped
- ◯ No, caller did not contact the referral(s) yet
- ◯ No, caller contacted referral(s), but it/they could not help them

Comments

8. Is there anything that we can help you with today?

- ◯ Yes
- ◯ No

Comments

9. Additional Comments

2-1-1 Ashtabula County

2-1-1 Customer Satisfaction Survey

1. Person completing follow-up survey:

- ◯ Sandy Kelly
- ◯ Alissa Holdson
- ◯ Tami Morehouse
- ◯ Samantha Dragon
- ◯ Christy Fisher
- ◯ Other (please specify)

2. Operator that handled original call:

- ◯ Sandy Kelly
- ◯ Alissa Holdson
- ◯ Tami Morehouse
- ◯ Samantha Dragon
- ◯ Christy Fisher
- ◯ Other (please specify)

3. Relevant dates:

Original Call Date

Date

MM/DD/YYYY

Follow-Up Call Date (if applicable)

Date

MM/DD/YYYY

4. Customer information:

Name

Phone Number

5. Was the operator polite and helpful?

- ◯ Yes
- ◯ No

6. Did you feel like you were listened to?
(Did the person understand the reason you were calling? Did you feel that the person cared about your situation?)

- ◯ Yes
- ◯ No

7. Did you receive a choice of referrals where appropriate?

- ◯ Yes
- ◯ No

8. Would you contact the I&R again?

- ◯ Yes
- ◯ No

9. Did the resources provided help resolve your situation?

- ◯ Yes, the referral(s) help
- ◯ No, the caller did not contact the referral(s) yet
- ◯ No, caller contacted referral(s), but it/they could not help them

Other (please specify)

10. Additional comments:

Ashtabula County 2-1-1 Monitoring Form

Call Specialist:_____ **Monitored By:**_____

Date of Call:_____ Date:_____

Time of Call: _____ AM/PM Is this a Follow Up Call?: Yes No

Callers Request(s): _____

_____

Circle the "X" in each row that rate steps completed by Call Specialist. (Not every call will necessitate the completion of each step).

POINTS: 4=Excellent 3= Satisfactory 2= Needs Improvement 1=Unsatisfactory 0= Not Applicable (N/A)

X	X	X	X	X	Call answered welcomingly & appropriately: "Thank you for calling Ashtabula Co. 2-1-1 this is_____how can I help you?"
X	X	X	X	X	Asks for callers permission to gather demographical information to search database
X	X	X	X	X	Acknowledges callers concerns
X	X	X	X	X	Uses Active Listening Skills with minimal encouragers
X	X	X	X	X	Asks the "Second Question," if seems appropriate: "Why? How? Tell me more...."
X	X	X	X	X	Provides all pertinent program information (hours, location, phone #, items needed, etc.)
X	X	X	X	X	Explores callers options and resources (friends, family, caseworkers? Etc.)
X	X	X	X	X	Offers multiple referrals per need, if available
X	X	X	X	X	Asked for Follow-up, if appropriate, and took down name and information of caller
X	X	X	X	X	Reminded caller that we are available 24/7, and to call back any time they need assistance.

Circle the "X" in each row that rate steps completed by Call Specialist. (Not every call will necessitate the completion of each step).

POINTS: 4=Excellent 3= Satisfactory 2= Needs Improvement 1=Unsatisfactory 0= Not Applicable (N/A)

4	3	2	1	0	
Call Evaluation Points					
X	X	X	X	X	Avoids long pauses and "dead air" when searching database; keeps caller informed during searches
X	X	X	X	X	Treats caller with respect, acceptance, non judgmentally
X	X	X	X	X	Showcases ability to communicate & convey ideas clearly and concisely
X	X	X	X	X	Does not give personal opinion/advice
X	X	X	X	X	Handles call efficiently and timely
X	X	X	X	X	Observes caller confidentiality

Comments:

Highest Score possible for this call:_____ Actual Call Specialist Score for this Call: _____

(Note: Total # of items scored X 4 without counting N/A items)

Percentage Score for this call:_____

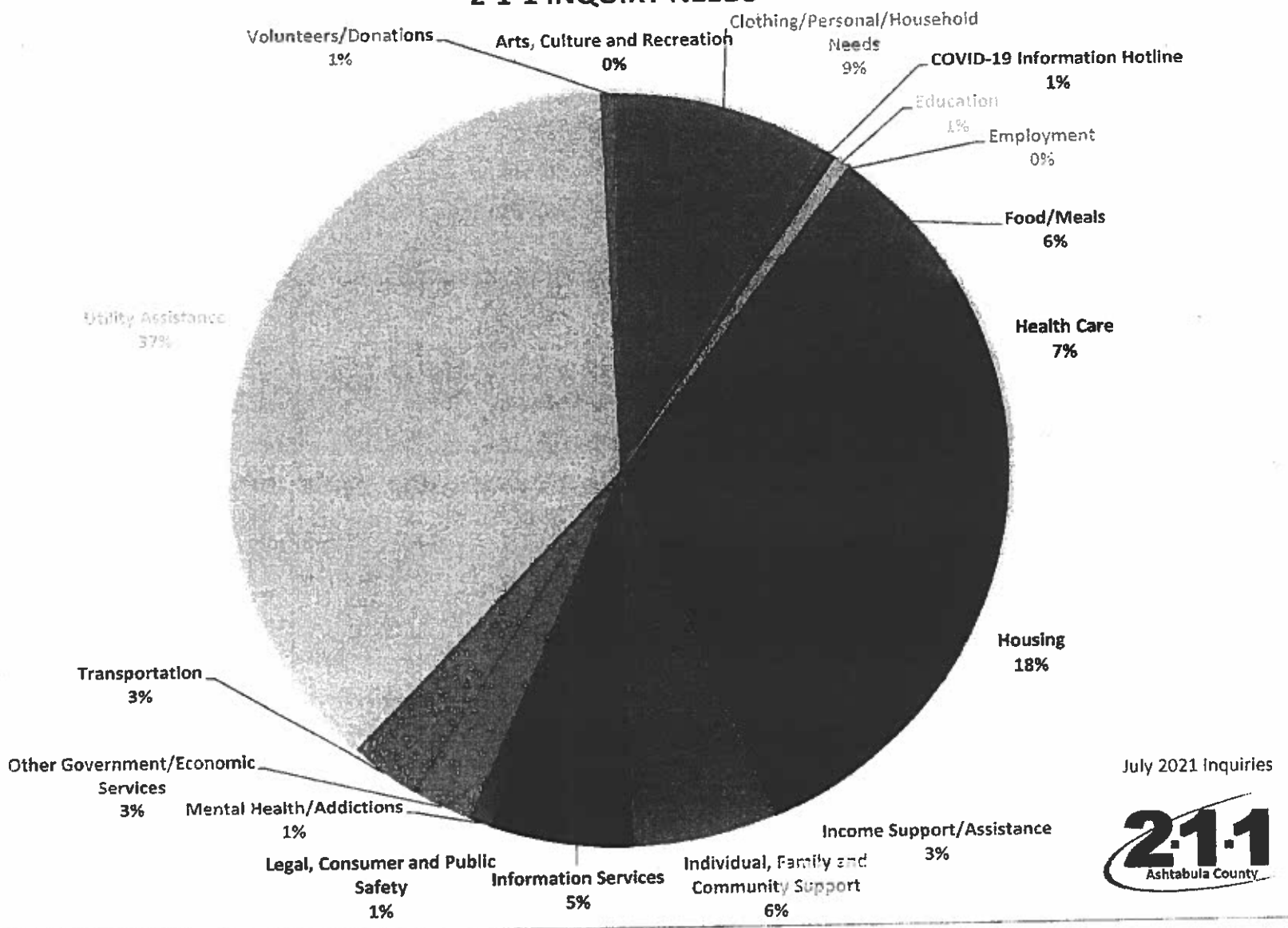
(Note: Divide Call Specialist Score/Highest Score Possible and Multiply by 100)

Rating Category for this Call:	Exceeds	Meets	Below	Unsatisfactory
	100-90%	89-80%	79-70%	[illegible]

Call Specialist Signature: _____ Date: _____

Call Monitor Signature: _____ Date: _____

2-1-1 INQUIRY NEEDS



July 2021 Inquiries

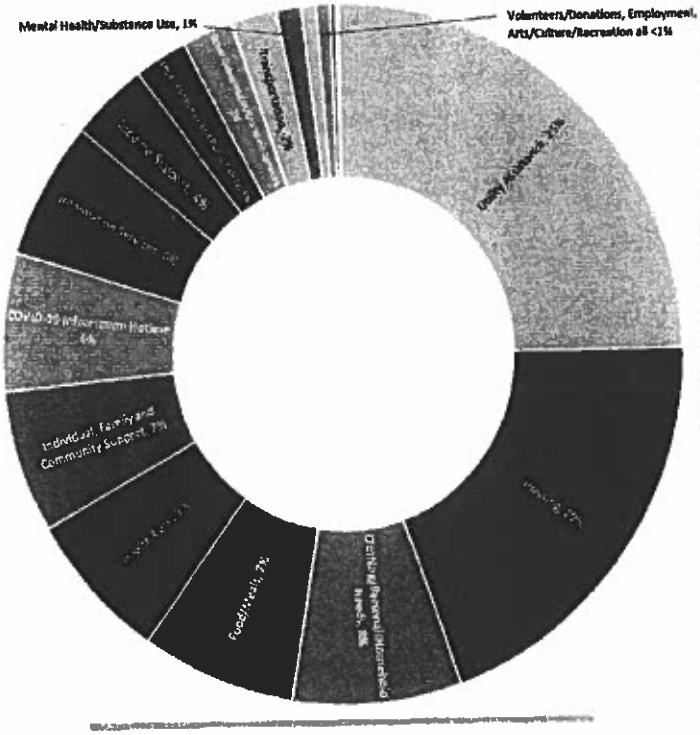
2-1-1 Ashtabula County

2-1-1 ASHTABULA COUNTY
2021 ANNUAL SUMMARY

2-1-1 Ashtabula County

2-1-1 Ashtabula County connects people in need with services, 24 hours a day, 7 days a week. We provide referrals by phone, e-mail, text, and through our online resource database.

2-1-1 Ashtabula County Primary Needs, 2021



For more than 18 years Community Action has been providing the vital link to resources through the 2-1-1 Ashtabula County program.

A service of...

community action
Helping People. Changing Lives.

2-1-1 Provided Assistance Through:

9,760 inquiries

11,934 referrals

2-1-1 Resource Database:

279 agencies

761 programs

Website Visits:

8,831 unique visitors

2-1-1 Demographics

Almost 1 in 4 callers have minor children in their home*

Over 1 in 3 callers are older adults (60+)*

Just over 3 in 4 callers are women*

*out of info gathered

211ashtabula.org 2-1-1 211@acaa.org Text zip code to TXT211

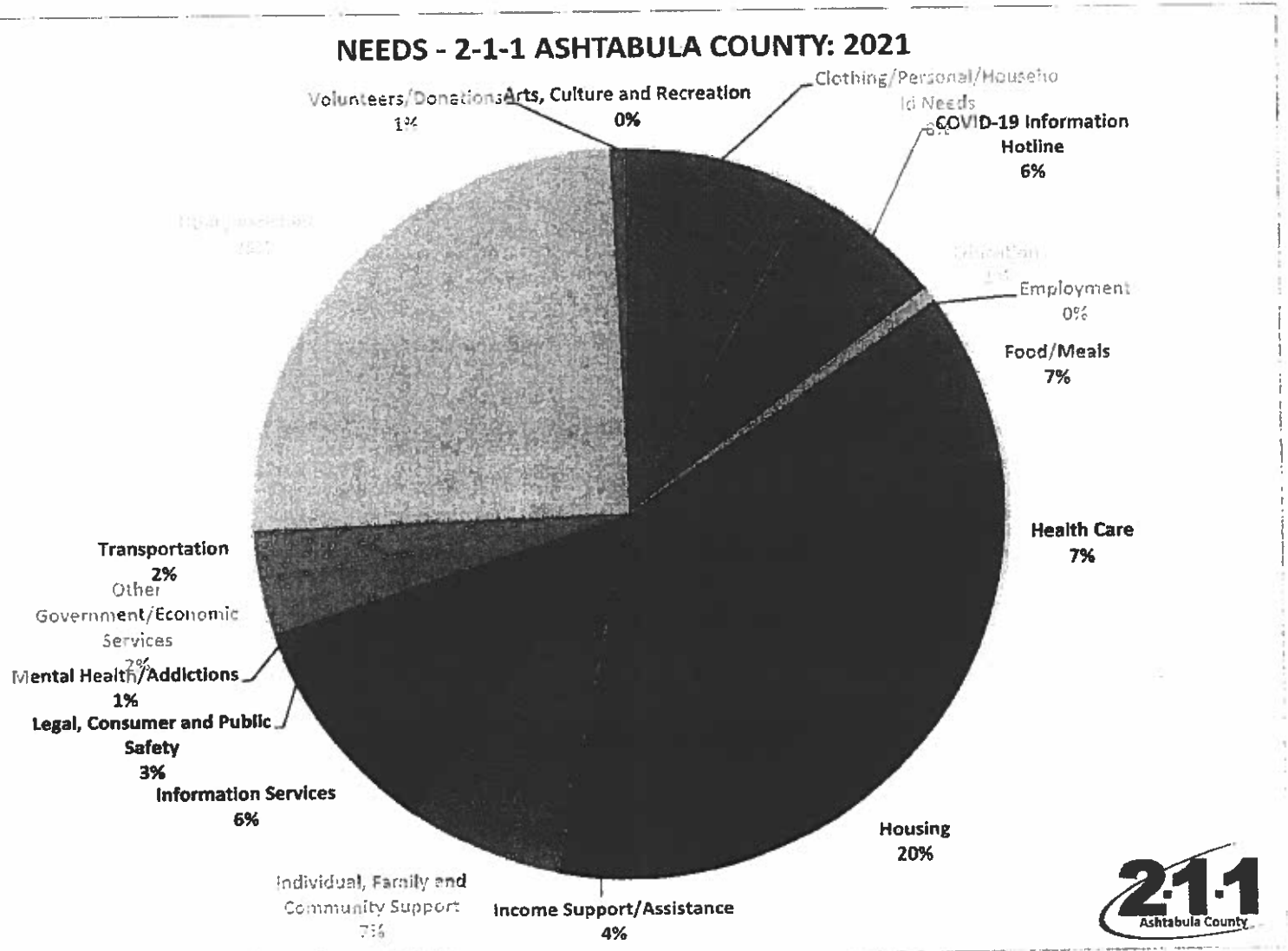
2-1-1 Ashtabula County
Annual Stats Report
January 1 - December 31, 2021

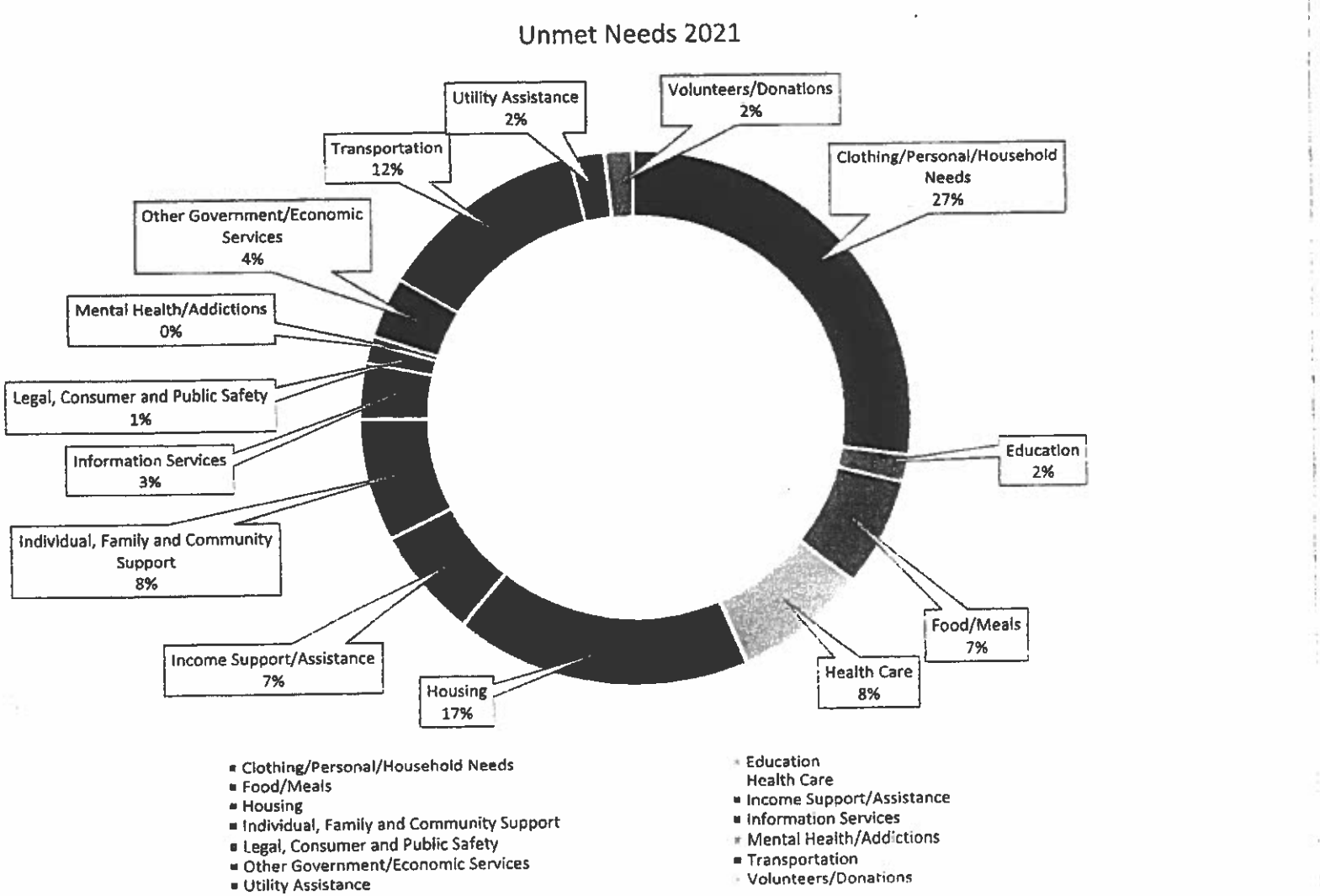
Inquiries	9761
Referrals	11935
Calls by Type	
Standard Referral	8520
Advocacy	146
Crisis	2
Hang Up	120
Help Network	569
Inappropriate Request	17
Information Only	113
Phantom Call	249
Wrong number	25
Ages	
60 and Older	2810
59 and Younger	4055
Unknown	2896
Number of Children	3013
Gender	
Male	624
Female	2340
Unknown	6797
Quality Assurance Follow Ups	
Inquiries	9761
Follow-ups	542
% Followed-Up QA Survey	6%
Was the information that we provided correct?	
Yes	99%
No	1%
Did the resources provided help resolve your situation?	
Yes, the referral(s) helped	76%
No, caller did not contact the referral(s) yet	21%
No, caller contacted referral(s), but it/they could not help them	3%

2-1-1 Ashtabula County
Annual Stats Report
January 1 - December 31, 2021

PN Code	Problem Need Description	Number of Calls
BV	Misc / Not-Listed	6224
BH	Utilities	1566
TJ	Housing/Shelter	1324
BD	Information Services	526
NT	Food	521
PH	Temporary Financial Assistance	324
BM	Individual and Family Support Services	317
NL	Material Goods	239
BT	Public Assistance Programs	111
FT	Transportation	98
LH	Legal Services	82
TI	Health Supportive Services	68
JP	Donor Services	41
RP	Public Health	41
RX	Mental Health Assessment and Treatment	33
PN	Substance Use Disorder Services	30
DF	Mutual Support	28
ND	Consumer Regulation	24
TB	Employment	23
TD	Community Economic Development and Finance	22
NS	Community Groups and Government/Administrative Offices	21
HL	Social Insurance Programs	20
LL	Educational Support Services	17
RR	Inpatient Health Facilities	17
TN	Mental Health Support Services	15
TC	Occupational/Professional Associations	14
FC	Community Facilities/Centers	13
HD	Courts	12
RM	Educational Institutions/Schools	12
LJ	Mental Health Care Facilities	12
DT	Human Reproduction	11
LT	Tax Organizations and Services	11
FF	Specialized Treatment and Prevention	10
TE	Criminal Correctional System	9
PD	Community Planning and Public Works	8
LF	Domestic Animal Services	8
FN	Health Screening/Diagnostic Services	8
DD	Law Enforcement Services	8
LN	Consumer Assistance and Protection	7
LR	Outpatient Health Facilities	6
	Rehabilitation/Habilitation Services	6

	Problem Need Description	Number of Calls
LV	Specialty Medicine	6
TA	Arts and Culture	5
TH	Disaster Services	5
JR	Public Safety	5
RD	Counseling Approaches	4
RF	Counseling Settings	4
LD	Emergency Medical Care	4
HH	Educational Programs	3
JD	Environmental Protection and Improvement	2
FP	Legal Assistance Modalities	2
PS	Social Development and Enrichment	2
FJ	Judicial Services	1
FV	Legal Services Organizations	1
PL	Leisure Activities/Recreation	1
DM	Money Management	1
TQ	Political Organization and Participation	1
PV	Spiritual Enrichment	1
		11935


NEEDS - 2-1-1 ASHTABULA COUNTY: 2021
Volunteers/Donations 1%
Arts, Culture and Recreation 0%
Clothing/Personal/Household Needs
COVID-19 Information Hotline 6%
Employment 0%
Food/Meals 7%
Health Care 7%
Housing 20%
Income Support/Assistance 4%
Individual, Family and Community Support
Information Services 6%
Legal, Consumer and Public Safety 3%
Mental Health/Addictions 1%
Other Government/Economic Services
Transportation 2%
2-1-1 Ashtabula County


Unmet Needs 2021
Utility Assistance 2%
Volunteers/Donations 2%
Transportation 12%
Clothing/Personal/Household Needs 27%
Other Government/Economic Services 4%
Mental Health/Addictions 0%
Legal, Consumer and Public Safety 1%
Information Services 3%
Education 2%
Individual, Family and Community Support 8%
Food/Meals 7%
Income Support/Assistance 7%
Health Care 8%
Housing 17%
Clothing/Personal/Household Needs
Food/Meals
Housing
Individual, Family and Community Support
Legal, Consumer and Public Safety
Other Government/Economic Services
Utility Assistance
Education
Health Care
Income Support/Assistance
Information Services
Mental Health/Addictions
Transportation
Volunteers/Donations

Section 2 (K)
Representations, Assurances, and Certifications Document

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Ashtabula County Community Action Agency

Company Address: P.O. Box 2610, Ashtabula, OH 44005-2610

Telephone Number: 440-997-5957 FAX: 440-992-3319

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

Alissa Holdson, 440-990-1721 and Diana Brook, 440-990-1778

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

Judith Barris, 440-997-5957

The legal status of the Applicant's organization 501(c)3

Date of establishment/incorporation: 1965

Federal Employer Identification Number (FEIN): 34-1059824

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: N/A

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___ Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

ACJFS RFP #8-23
Independence & Wellness

July 2022

Section 3
Program Planning and Development
Enhanced Information & Referral for Seniors

Ashtabula County Community Action Agency

Ashtabula County Community Action Agency
Enhanced Information and Referral for Seniors
Section 3 – Program Planning and Development

A. Program Description

1-3. Proposed Service

The service proposed in this document is our Enhanced Information and Referral for Seniors. This is a specialized type of Information and Referral that caters to the additional needs of Seniors that are trying to gain access to health, human and social services in Ashtabula County. An offshoot of our comprehensive information and referral service, 2-1-1 Ashtabula County, Enhanced Information and Referral for Seniors is designed to provide the extra assistance that an older adult may need to successfully connect with a resource and actually receive the necessary help.

The primary role of the 2-1-1 Ashtabula County comprehensive information and referral service is that of answering calls from individuals seeking assistance for a specific problem or need, and providing referrals to services to meet those needs. For the most part the information is given and the individual is empowered to contact those services on their own. This procedure applies regardless of the age of the caller. And, while we track the number of calls and referrals that are provided to individual's age 60 years of age and older, we do not consider these as units within the Enhanced Information and Referral for Seniors service. Activities that include more extensive follow up, research, or advocacy, as well as resource or supplemental materials, will constitute units within the Enhanced Information and Referral for Seniors service. These activities will help guide the Senior through the complexity of governmental or community programs. When it is determined that a Senior will be unable to follow through, or seems overwhelmed by the action or steps necessary, direct linkages with the other agency or organization will be offered. With the caller on the line, the 2-1-1 Assessor will explain the situation and why the Senior is being connected to them. Once a successful transition is underway, the 2-1-1 Assessor will exit the call. In a sense, creating the "bridge" between the Senior and the provider.

The following is a list of service types to be provided as "units of service" within the Enhanced Information and Referral for Seniors service, along with a brief explanation of what they entail.

- Follow-up – calling a Senior to ensure that they did in fact receive the service that they sought; ensuring that the services referred to addressed all of the Senior's needs; and assessing for additional service needs.

- Materials provided – providing pamphlets, brochures, applications, or other documents regarding a service need, often sent through the mail. Periodically, we send information out to all of the seniors who have contacted us over the year regarding important services or benefits available to assist them (for example when the CARES Act Rent, Utility and Mortgage Assistance became available, or during periods of extreme heat we remind them about the Summer Crisis Program)

- Research – investigation of a customer's situation through contacting different entities that are or may become involved with a customer's situation; deriving the details of a customer's situation; finding solutions to a customer's situation, and
- Advocacy – taking action on behalf of a customer when a customer is unable to get results or a resolution to a situation.

Community Action has served senior citizens for over five decades and has operated the Enhanced Information and Referral for Seniors service since the beginning of the Education and Wellness Programs within the Senior Services Levy. Last year, 2-1-1 Ashtabula County began Information & Referral over text and it has been available on our website. But we find seniors may not have the technical skills, and if they do, they still prefer to speak with a real person over the phone. In our experience we find the following: many Seniors are uncomfortable asking for help and often go without even basic necessities rather than seek help; if they have never sought assistance before, they are unfamiliar with the vocabulary, terminology, and requirements of social or human service programs; and they may also be less mobile or not healthy enough to journey from place to place. For this reason we want to make it as easy as possible for them to contact us and obtain the assistance desired/required. The telephone is their most common means of communication, therefore utilizing the easy-to-remember, three-digit, 2-1-1 phone number provides a simple way for them to gain access to help. So, while advances to technology may allow us to reach more people, there is no substitute for the relationships and person-to-person interactions offered by calling our trusted 2-1-1 assessors.

Once they make that call, our 2-1-1 staff is trained to assess and identify not only the spoken needs, but to listen to what is not being said and uncover needs not being expressed. The staff spends the time necessary to ensure the Senior Citizen receives all available services to enhance their quality of life, delay or avoid premature unnecessary institutional care, and allow them to remain an active member of the community. For many older adults the various enrollment and application processes can be cumbersome to understand and accurately complete, forms can often be hard for those with visual impairments to read due to small print and color choices, and automated menus can confuse and frustrate those with hearing impairments. Further, Agency names seldom clearly identify the services that are available or provided, so many give up before they ever even get to the appropriate agency that can serve them. We work to ensure none of these are a barrier to Seniors receiving the necessary services.

Based on our overall 2-1-1 Information & Referral data, almost 41% of all calls are callers age 60 or older- representing over one in three calls in 2021. We expect to see continued need from those individuals age 60 or older who have been utilizing and relying on the Enhanced Information and Referral for Seniors service. Our 2-1-1 assessors have been assisting some customers/clients regularly throughout the years as they experience new needs and they have developed trust in our service. During the last few years we have seen an increase in senior needs due to the COVID-19 pandemic. We anticipate needs will continue to grow from COVID-19, especially from seniors- some of our most vulnerable callers. At this time, no prioritization policy is needed to serve callers with our Enhanced Information and Referral for Seniors. All Senior callers that need additional assistance of follow-up, materials provided, research, and advocacy are able to be served by our program.

On a broader level, Community Action has operated a comprehensive information and referral service for over twenty (20) years. The comprehensive information and referral service became the designated 2-1-1 call center for Ashtabula County in 2003 and we were recently re-accredited in June 2022 by the national information and referral entity AIRS, Alliance of Information and Referral Systems. This accreditation is similar to the ISO 9000 certification in industry and includes adherence to twenty-seven (27) AIRS Standards and Quality Indicators for Professional Information and Referral. Reaccreditation is required every five (5) years. The Director of Community Development is also a member of the Ohio AIRS Board as an Executive Board Member and Vice President, and is involved with state-level guidance, impacts, and policies of 2-1-1 services. Community Action also has experience complying with program regulations and guidelines set forth by federal, state, private and local funding sources. Community Action has been audited several times and has always been found to be in compliance.

4. Program Statistics

The following chart contains statistics for our Enhanced Information and Referral for Seniors program year January 1, 2021 to December 31, 2021, and the projected service levels Community Action is proposing for 2022. This only represents units "billable" as a Senior Levy service.

Ashtabula County Community Action Agency
Enhanced Information and Referral for Seniors
January 1, 2021 - December 31, 2021

Service Area Township, Village or City	Billable Units Provided and Unduplicated Customers Served in past 12 months age 60-75		Proposed Number of Billable Units and Unduplicated Clients to be Serverd age 60-75		Billable Units Provided and Unduplicated Clients Served in past 12 months age 76+		Proposed Number of Billable Units and Unduplicated Clients to be Serverd age 76+	
	Units	Customers	Units	Customers	Units	Customers	Units	Customers
Andover Township	21	4	23	4	20	3	22	4
Ashtabula	184	17	202	19	95	11	105	12
Austinburg Township	0	0	0	0	0	0	0	0
Cherry Valley Township	0	0	0	0	0	0	0	0
Colebrook Township	0	0	0	0	0	0	0	0
Conneaut	61	6	67	7	8	1	9	2
Denmark Township	0	0	0	0	0	0	0	0
Dorset Township	10	1	11	2	3	1	3	1
Geneva	55	10	61	11	28	4	31	5
Harpersfield Township	0	0	0	0	0	0	0	0
Hartsgrove Township	0	0	0	0	0	0	0	0
Jefferson Township	23	4	25	5	24	1	26	3
Kingsville Township	7	1	8	2	6	1	7	2
Lenox Township	3	1	0	0	0	0	0	0
Monroe Township	0	0	0	0	0	0	0	0
Morgan Township	0	0	0	0	0	0	0	0
New Lyme Township	0	0	0	0	0	0	0	0
North Kingsville Township	0	0	0	0	0	0	0	0
Orwell Township	4	1	5	2	13	2	14	3
Pierpont Township	9	2	10	3	0	0	0	0
Plymouth Township	0	0	0	0	0	0	0	0
Richmond Township	0	0	0	0	0	0	0	0
Rome Township	6	1	7	2	0	0	0	0
Saybrook Township	7	3	8	4	0	0	0	0
Sheffield Township	0	1	0	0	0	0	0	0
Trumbull Township	0	0	0	0	0	0	0	0
Wayne Township	0	0	0	0	0	0	0	0
Williamsfield Township	6	1	7	2	0	0	0	0
Windsor Township	0	0	0	0	0	0	0	0
Totals	396	53	494	68	197	24	217	32

5. Operating Hours

The hours of operation for the Enhanced Information and Referral for Seniors service will be from 8:00 a.m. through 4:30 p.m., Monday through Friday each week. If circumstances warrant time be worked outside of this time window, accommodations will be made to be available.

6. Client Intake

We request zip code, township, age, and number of people in the household of all callers to 2-1-1 Ashtabula County. When an individual age 60 or older calls and as the call proceeds it is determined that they will be served through the Enhanced Information and Referral for Seniors service we obtain their name, address and telephone number, date of birth, and gender. Based on the situation additional information may be gathered. This intake generally all occurs over the telephone with our operators. We can meet with Seniors face-to-face in our office if they come in. We can also respond to inquiries and assist via email or text, but this is not widely used by the Seniors. A record is created with the date(s) of service, number of, and description of Enhanced Information and Referral for Seniors units of service provided.

7. Other Funding

There are no other funds for the activities of Enhanced Information and Referral for Seniors. Over the past five (5) years we have received the following allocations and unit rates for service:

2017	$5,500	$9.00/unit	2018	$5,500	$9.29/unit	2019	$5,500	$9.29/unit
2020	$5,500	$9.29/unit	2021	$5,390	$9.29/unit			

8. Collaboration/Coordination

Community Action has as one of its core values the desire to create partnerships, coordinate, and collaborate to meet needs within the community, maximize resources, and to eliminate duplication. One of the principal tenants of information and referral is the coordination of information within the community. As the 2-1-1 Information and Referral Call Center, it is imperative that we communicate regularly with all of the agencies, organizations, and service providers in the area to ensure that our data regarding their services/programs is up-to-date. During the COVID-19 pandemic, we were in constant contact with community organizations and partners to ensure we had the very most current information. Annually we undertake a comprehensive update of all services in the database. As a component of the 2-1-1 Ashtabula County service, the Enhanced Information and Referral for Seniors service naturally benefits from efforts made along those lines.

Normally, 2-1-1 Ashtabula County performs a significant amount of outreach via health fairs (including the Senior Conference), presentations, and community events; at these events we inform seniors and their families that the service is available to assist them and connect them to opportunities available. Due to the COVID-19 pandemic many of these events did not take place or were held virtually. We did however, provide information in boxes/bags prepared for distributions, and attended food giveaways, supply distributions (some packed for drive-through hands-free pick-up). We are also part of many social and human service groups, coalitions, and meetings. Meetings over the past year switched to virtual platforms where we kept in touch with

service and program changes. We network to link not only customers in nced, but to connect other organizations or entities that share common goals and activities but may not be aware of existing or complimentary efforts. More specific to the Enhanced Information and Referral for Seniors service, there are several different agencies that work with the same Seniors that use this service. When encountering a senior in need of more intensive information and referral services, these agencies will make referrals to the Enhanced Information and Referral for Seniors program. Some of these entities include: Ashtabula County Department of Job & Family Services, Children Services, Catholic Charities, Country Neighbor, Salvation Army, GO Development Corp., Lake Area Recovery Center, governmental offices, local churches, local food pantries, local libraries, and more. All area senior centers and the Senior Care Network providers are also aware of the Enhanced Information and Referral for Seniors program and will refer seniors to it.

9. Senior Levy Mission

We believe our mission aligns well with the Senior Levy's mission to "provide superior service, promote well-being and self-sufficiency, alleviate conditions of poverty and improve health and safety." Ashtabula County Community Action Agency's mission is to "help people achieve self-sufficiency and rise above issues of poverty." There are many similar components in our missions, especially aimed at increasing self-sufficiency and tackling poverty. As mentioned in the agency history section on the following page, ACCAA has a longstanding history of working to combat poverty. We do this by offering an extensive network of services that promote financial well-being (such as rent and utility assistance) and healthy habits (such as WIC and the Senior Nutrition Program). Additionally, all activities of ACCAA are designed to help maximize resources, encourage cooperation and collaboration wherever possible towards the elimination of poverty for the betterment of conditions under which people live, learn, and work.

B. This section no longer required according to ACJFS RFP #8-23 and the Question & Answer session.

C. Organizational Structure

Agency History

The Community Action network was created as part of President Johnson's "War on Poverty". Ashtabula County Community Action Agency was established in 1965 as an Economic Opportunity Committee by a resolution of the County Commissioners, under the provision of the Economic Opportunity Act. With required changes to the structure at the federal level, the County Commissioners enacted resolutions to abolish the Committee and create the Agency with a governing board in 1972. The status is a non-government public agency. Community Action has a separate governing board; the agency is not a department of the county government. Community Action is a 501(c) (3) non-profit organization having received the Internal Revenue Service (IRS) on February 26, 1974. Some of the characteristics of community action agencies are flexibility, partnership, ability to leverage funds, and diverse service offerings based on the needs of the local community. Partners and stakeholders of Community Action consist of social and human service agencies, governmental entities, funding sources, faith based and other non-profit organizations, vendors, personnel and our customers.

There are five (5) service departments and an administrative department within Community Action: Health & Nutrition Services, Head Start, Housing & Energy Services, Planning, and the department that oversees the Enhanced Information & Referral for Seniors, Community Development Services. Through the various departments individuals and families across the age spectrum are provided nutrition and health services for pregnant women, infants, and children, early education services centered around school readiness, building and strengthening the family, home weatherization, rehabilitation and consumer education, as well as, congregate meals and home delivered meals, wrap-around services for area students, utility assistance, homeless housing assistance, household organizational, life goals and budgeting skills, job readiness skills, and connection to resources within the community through the 2-1-1 Ashtabula County information and referral service.

Incorporation

The Ashtabula County Community Action Agency is not incorporated. The Agency is an unincorporated 501(C)(3) organization.

Sources of Financial Support

The Agency's primary source of financial support is federal, state, private and local grants, the majority of which are federal grants. Community Action also receives some program based donations from participants.

Agency Governance

Community Action is an agency governed by a Board of Trustees. The Board of Trustees is comprised of representation from three different population sectors as required through the Community Service Block Grant (CSBG): elected public officials, low income individuals and families, and the private sector. Reporting to the board of trustees is the Executive Director and reporting to the Executive Director are the Program Directors. Agency and departmental organizational charts, as well as a Board of Trustees roster, are included as attachments following directly after this narrative.

D. Provider / Staff Qualifications

Qualifications

Community Action has an established departmental infrastructure that will be used to support the Enhanced Information and Referral service. This infrastructure includes executive management, human resources, fiscal / accounting services, planning, and program development. Most staff in these areas have many years of experience in their respective fields.

Direct program management will be handled via the following positions: Director of Community Development, Program Services Coordinator, and Community Resources Manager. The Director of Community Development has general oversight of the administrative and direct service aspects of the program. The Coordinator and the Manager provide support to the Director and assist with coordination for the 2-1-1 Ashtabula County, the Enhanced Information and Referral for Seniors, and other Community Development programs as well as outreach. They also help to monitor the reporting and data and the day-to-day supervision for the 2-1-1

service. We have mentioned that the Director of Community Development is on the Executive Board of the State Association of Information & Referral Services- Ohio AIRS- in the role of Vice-President. In this role she contributes to shaping the requirements and quality of information and referral state-wide. The 2-1-1 Assessors are the heart of our operation and they take all calls that come in to the 2-1-1 Ashtabula County Information & Referral program. As noted earlier, as they progress through a call with a senior citizen it may become an Enhanced Senior Information & Referral situation. The Community Resources Manager also serves as a 2-1-1 operator as additional coverage during peak hours or as back-up. All relevant job descriptions are included as attachments following directly after this narrative.

In addition, on the executive management team is our IT Manager. The IT Manager assists with the 2-1-1 network infrastructure and our technical needs. Administrative and Fiscal support are also offered through the executive management team.

Employee Training Requirements

Job training is provided in a few different ways. Their training includes an overview of their position as well as the best practices that have been developed. Each staff works in tandem with an experienced staff member that works in a similar position as theirs or supervises them. Typically, employees of the 2-1-1 Information and Referral program begin by reviewing the "AIRS I&R Training Manual- Volume 1 Training the I&R Specialist" which is the training manual provided by the national association- The Alliance for Information & Referral Services (AIRS). The manual takes them through the basics of information and referral service delivery and presents the 27 Standards that are required. They then shadow and observe for a period, before they begin to take calls with a co-worker or supervisor monitoring and guiding. For the Enhanced Information and Referral for Seniors service, an explanation of the enhanced activities is given. Explanation about how to properly document the service is also given. Ongoing training is provided during regular staff meetings, as well as through attendance at workshops or seminars.

As soon as 2-1-1 Assessors are eligible they obtain their Certified Community Resource Specialist (CRS) certification through the national association, Alliance of Information & Referral Systems (AIRS). In order to achieve this certification the staff study, understand and demonstrate their knowledge of the 27 AIRS Standards and Quality Indicators for Professional Information and Referral. To maintain this certification they must renew every two years including submitting documentation of continuing education on topics pertinent for the delivery of information and referral.

Volunteers

At this time, the Enhanced Information and Referral for Seniors service does not use volunteers to perform any of the service tasks.

ASHTABULA COUNTY COMMUNITY ACTION AGENCY

Federal or State financial assistance

PROGRAMS	FUNDING PERIOD	AWARD/RECEIPTS/APPROPRIATION				
		FY2021	FY2020	FY2019	FY2018	FY2017
AAoA HOME REPAIR PROGRAM	January - December	$ 2,634	$ 16,986	$ 13,028	$ 11,856	$ 11,856
CACFP	October - September	$ 175,225	$ 161,537	$ 155,967	$ 36,167	$ 83,403
COMMUNITY SERVICES BLOCK GRANT	January - December	$ 360,306	$ 291,942	$ 243,810	$ 222,667	$ 236,878
EMERGENCY FOOD AND SHELTER PROGRAM	January - December	$ 12,366	$ 3,752	$ 2,858	$ 5,085	$ 6,500
H.E.A.P/Operations	September - August	$ 335,117	$ 183,300	$ 286,945	$ 247,231	$ 242,681
H.E.A.P/Summer Crisis	June - August	$ 123,260	$ 75,174	$ 70,927	$ 114,199	$ 89,176
H.E.A.P/Winter Crisis	November - March	$ 374,030	$ 735,892	$ 602,507	$ 700,000	$ 700,000
HEAD START - Federal	April - March	$ 3,873,659	$ 3,551,151	$ 3,557,923	$ 3,399,685	$ 3,193,539
HWAP - ASHTABULA/GEAUGA (H.H.S.)	April - March	$ 583,180	$ 759,057	$ 473,104	$ 683,221	$ 672,566
HWAP - ASHTABULA/GEAUGA (D.O.E.)	April - March	$ 501,091	$ 440,972	$ 454,108	$ 373,412	$ 347,066
MIECHV	October - September	$ 205,624	$ 190,150	$ 197,903	$ 201,300	$ 165,000
SENIOR NUTRITION PROGRAM - AAOA/Passport/OHC	January - December	$ 421,028	$ 346,449	$ 344,089	$ 268,383	$ 273,689
TANF	April - March	$ 20,688	$ 33,397	$ 26,553	$ 25,225	$ 7,656
I&R	July - June	NA	$ 5,184	NA	NA	NA
WOMEN, INFANTS & CHILDREN	October - September	$ 648,702	$ 665,020	$ 616,809	$ 646,869	$ 658,963
COMMUNITY DEVELOPMENT BLOCK GRANT	January - December	$ 28,002	NA	NA	NA	NA

2-1-1 Ashtabula County Information & Referral

The Key Components of the 2-1-1 Service...

24/7 Call Center

Callers just dial the easy-to-remember, three-digit number... 2-1-1... to speak directly to our certified operators.

We now feature the text option. Callers can just text their zip code to... "TXT211" (898211)

Database Management/ Resource Verification

The 2-1-1 Database has approximately 282 organizations with 770 attached program and service records, catalogued in accordance with Alliance of Information & Referral Systems (AIRS) taxonomy).

Specialized I&R

Additional advocacy and assistance ensuring vulnerable populations are connected with the resources necessary to help alleviate their need.

with ENHANCED Information and Referral for Seniors

2-1-1 Ashtabula County

Online Data

The 2-1-1 Database is available online for those who wish to search for resources on their own.

www.211ashtabula.org

****We always encourage people to call and speak with one of our certified operators in addition to their online search.*

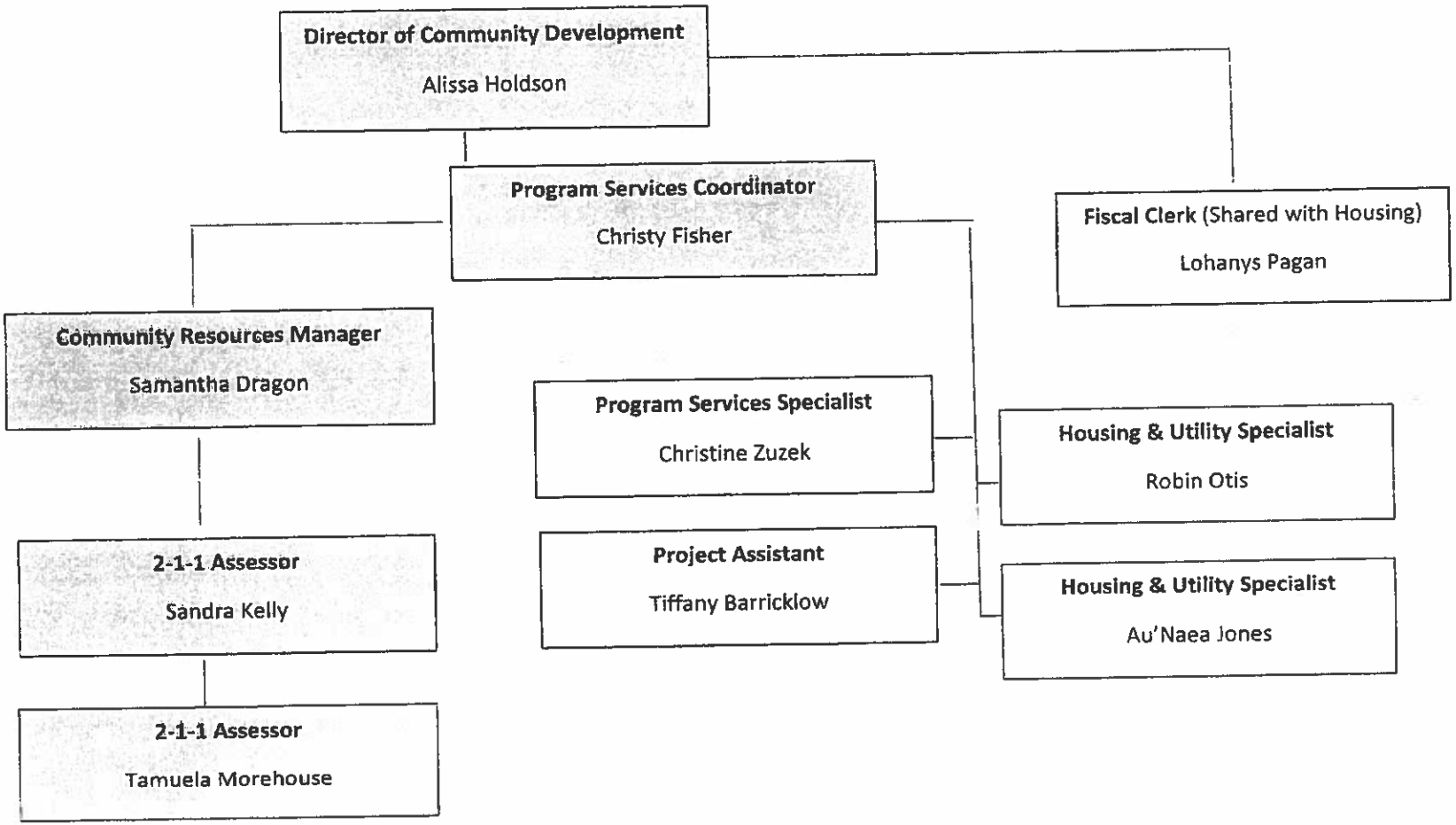
Outreach

2-1-1 Staff conduct presentations, attend health fairs/community events, provide on-site resource days, assist in compiling resource directories, and find many venues to reach out and deliver information.

On the go with what you need to know!

Info 2-1-1 Ashtabula County Roadshow

Community Development Services



**Blue box indicates staff member works regularly in the 2-1-1 Ashtabula County program and is funded by Senior Levy.*

EXHIBIT II

Attachment B
Budget Template

ACJFS RFP #8-23
Independence & Wellness

July 2022

Section 4
Applicant Budget
(Attachment B)
Enhanced Information & Referral for Seniors

Ashtabula County Community Action Agency

Applicant Budget
Summary

Applicant: ACCAA- Enhanced Senior Information & Referral	
Date From: January 1, 2023	**To: December 31, 2023**

	Amount
I. Staff	
A. Salaries	$ 5,027.00
B. Payroll-Related Expenses	$ 473.00
Total Staff Costs	$ 5,500.00
II. Operations	
A. Travel and Short-Term Training	$ -
B. Consumable Supplies	$ -
C. Occupancy Costs	$ -
D. Contract and Professional Services	$ -
E. Other - Miscellaneous	$ -
Total Operational Costs	$ -
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 5,500.00
IV. Minus Other Program Resources	$ -
Total Program Costs	$ 5,500.00

Budget Computation

Total Operating Expenses	$	5,500.00
Divided by Total Operating Units		592.03
= Unit Rate		9.29

Unit Rate	$	9.29
X number of units purchased		592.03
= Total Contract Amount	$	5,500.00

Unit = Example: 1 meal, 1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
2-1-1 Assessor 1	$ 27,040.00	40	7.00%	$ 1,820.00
2-1-1 Assessor 2	$ 20,800.00	32	7.00%	$ 1,456.00
Community Resources Manager	$ 35,360.00	40	3.00%	$ 1,061.00
Program Services Coordinator	$ 39,520.00	40	1.00%	$ 395.00
Director of Comm. Dev.	$ 59,000.00	40	0.50%	$ 295.00
Total Salaries				$ 5,027.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 205.00
Worker's Compensation	$ 20.00
Unemployment Insurance	$ 75.00
Retirement Expenses	$ 25.00
Hospitalization	$ 138.00
Other (*identify*) Miscellaneous Fringe	$ 10.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 473.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	
Short-Term, Training	
Total Travel and Short-Term Training	$ -

II. B. Consumable Supplies

Type	Amount
Office Supplies	
Cleaning Supplies	
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ -

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized Heat Electric Water Telephone Sewer Other *(identify)* Other *(identify)*	
Total Occupancy Costs	$ -

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
N/A	
Total Contract & Services Costs	$ -

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
N/A	
Total Miscellaneous Costs	$ -

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
N/A								
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
N/A		
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
N/A		
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
N/A	
Total Other Resources	$ -

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Ashtabula County Community Action Agency**
Date: **11/2/2022 3:14:15 PM**

This search produced the following list of **6** possible matches:

Name/Organization	Address
Ashe Cultural Center	2125 Superior Ave
ASHE Culture Center, Inc.	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy P2	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy S1	2125 Superior Avenue
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260
George Washington Carver Preparatory Academy	2283 Sunbury Road

---

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County Community Action Agency** for **Independence and Wellness** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0152

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Ashtabula County Council on Aging,** located at **4148 Main Avenue, Ashtabula, OH 44004**to provide **Independence and Wellness** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Independence and Wellness: $53,833.60 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$22.65 per unit of Independence & Wellness as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty. If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Lisa Bruckman, Executive Director
Ashtabula County Council on Aging

11-9-22
Date

Ashtabula County Board of Commissioners

11-29-22
Date

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County Council on Aging** for **Independence and Wellness** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0153

Bonnie McKinney

March 27 2022

Dear Lisa,

The Ashtabula Senior Center is very nice and all the people who work there are very friendly.

I love playing Bingo on Monday. I don't participate in most of the activities because of my health problems.

Also the food box that I receive each month helps a great deal.

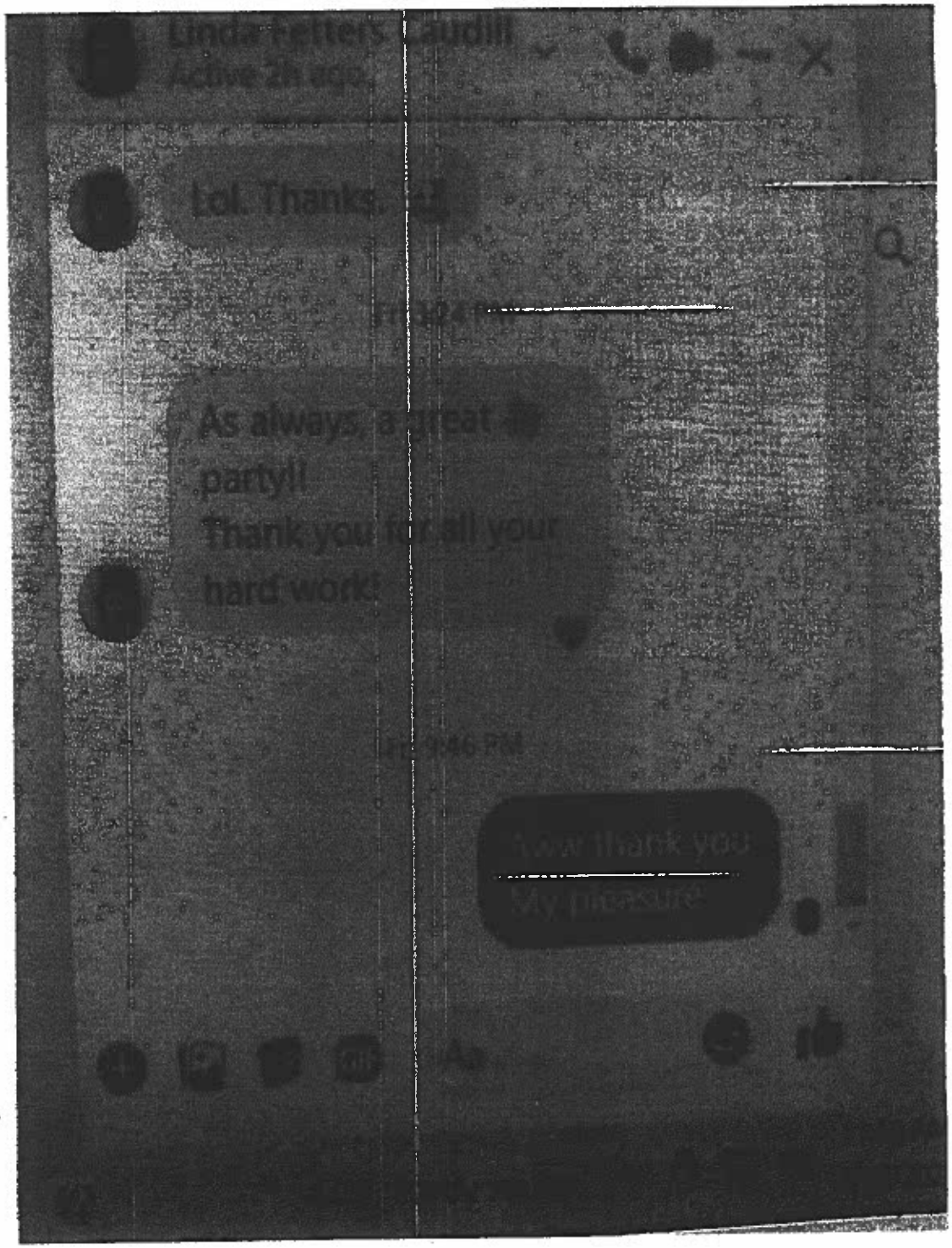
Thank you for doing all the things to help us.

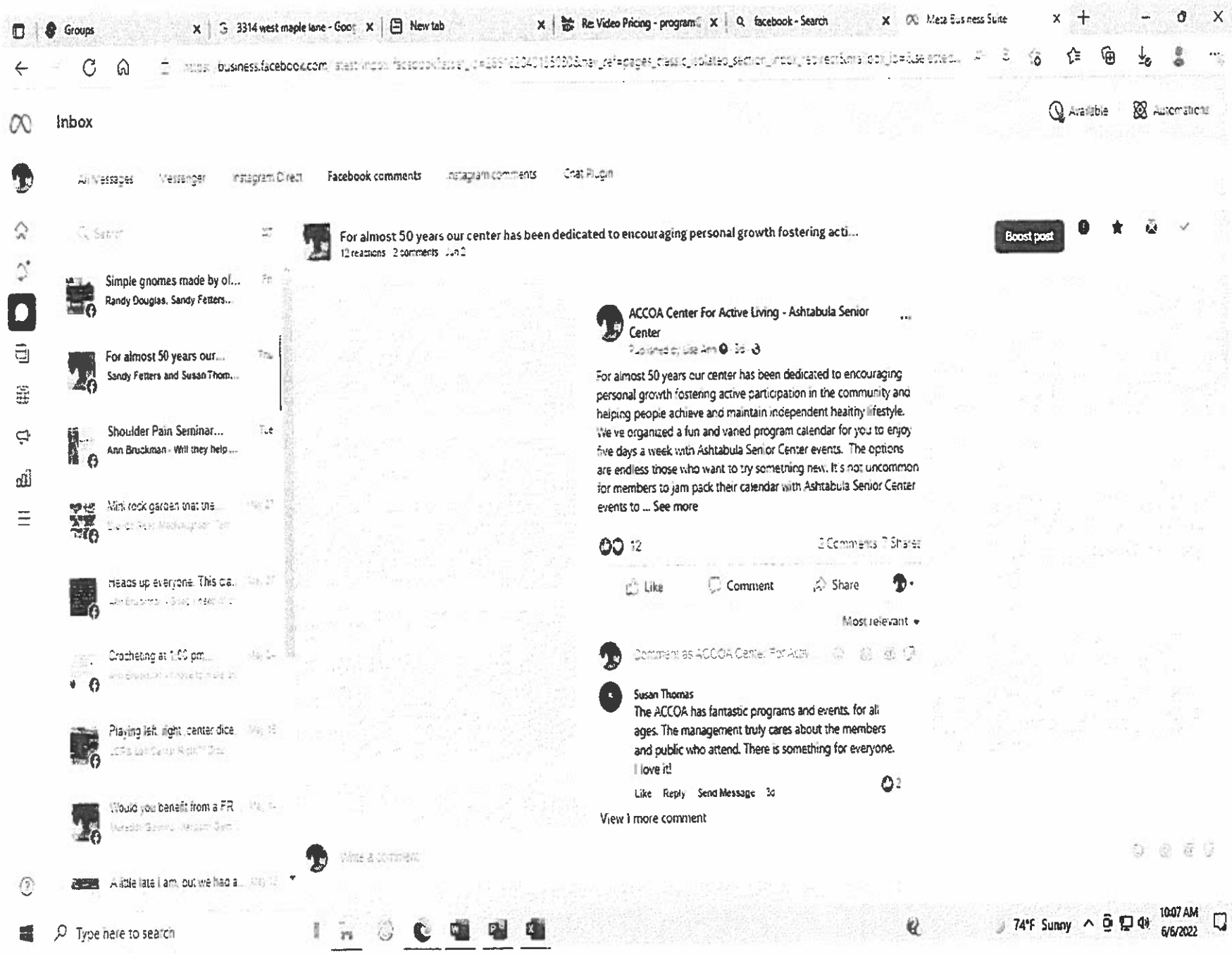
Sincerely
Bonnie McKinney

3/13/22

I like going to the Senior Centers
There is alot of things we can
do there
Bingo Birthday party
Cards ~~Uper~~ Upper Crust
Read a newspaper ~~of~~ a Cook
party for birthdays
Meals every day
Talking to people
Right Left Center game
Exercise
I'm thankful we have
a place to go.
They have different people come
in and talk to us about things
lawyers
blood ~~pressure~~ pressure.

Norma Massena


Lol. Thanks.
As always, a great
party!!
hank you for all your
hard work!
Now thank you
My pleasure


Groups
3314 west maple lane - Goog
New tab
Re: Video Pricing - program
facebook - Search
Meta Business Suite
business.facebook.com
Inbox
Available
Automatic re
All Messages
Messenger
Instagram Direct
Facebook comments
Instagram comments
Chat Plugin
Search
Simple gnomes made by ol...
Randy Douglas, Sandy Fetters...
For almost 50 years our...
Sandy Fetters and Susan Thom...
Shoulder Pain Seminar...
Ann Bruckman - Will they help ...
Mini rock garden that she...
Heads up everyone. This ca...
Crocheting at 1:00 pm...
Playing left, right, center dice
Would you benefit from a FR...
A little late I am, but we had a...
For almost 50 years our center has been dedicated to encouraging personal growth fostering acti...
12 reactions 2 comments
Boost post
ACCOA Center For Active Living - Ashtabula Senior Center
For almost 50 years our center has been dedicated to encouraging personal growth fostering active participation in the community and helping people achieve and maintain independent healthy lifestyle. We've organized a fun and varied program calendar for you to enjoy five days a week with Ashtabula Senior Center events. The options are endless those who want to try something new. It's not uncommon for members to jam pack their calendar with Ashtabula Senior Center events to ... See more
12
2 Comments 1 Share
Like
Comment
Share
Most relevant
Comment as ACCOA Center For Activ...
Susan Thomas
The ACCOA has fantastic programs and events. for all ages. The management truly cares about the members and public who attend. There is something for everyone. I love it!
Like Reply Send Message 3d
2
View 1 more comment
Write a comment...
Type here to search
74°F Sunny
10:07 AM
6/6/2022

I'd like to thank the Ashtabula Senior Center for all it does for me and other seniors in Ashtabula. Through its many programs, services and activities, it enriches our lives immensely. Several of the services the Center offers help me maintain my freedom and independence.

First, offering the service of snow plowing for seniors is a life saver to me. I will be 91 in May, and am not physically able to shovel snow or in any way remove snow from my driveway. Knowing that the Senior Center provides plowing for its seniors allows me to get to the grocery and drug stores for supplies over the winter. I am able to get out and go to the Center for socialization and activities. I am able to leave my home during the long winter months and have the peace of mind in knowing that emergency vehicles can access my driveway, if needed.

Chore.

Secondly, the Center offers the services of a handyman. Obviously, there are many physical things I am incapable of doing because of my age. For example, installing and removing a window air conditioner which I cannot lift on my own and installing a ceiling fan for me. Both of which help improve my quality of life and help me keep my home.

Finally, the overall gift of having the Center and its Director, Lisa Bruckman, is a blessing. The Center offers us a place to gather, eat and socialize. Lisa provides holiday and birthday parties for the seniors. She cares about each of us as if we are family. Actually, we feel like family there because of her. She works endlessly to provide the best atmosphere she can for us. I am truly grateful.

Evelyn Thomas

Evelyn Thomas

Facebook
2022 Renewal Application - pro
Ethel Allen
Active 17m ago
Jan 24, 2022, 9:11 PM
Hi Lisa- ty for excepting my friend request. I just love your mom so much. She brightens my day every day!!!
Jan 24, 2022, 10:26 PM
January 24, 2022 at 10:26 PM
Aww glad to hear that
I am so glad she calls n checks up on me- it makes me feel like someone cares!!!
Learn more
ave
: You
ep
Seconds
ents 8 Sh
driveways
Aa
21°F Cloudy
2:34 PM
2/4/2022

Telephone Reassurance

Just sitting here thinking of you.

I appreciate the morning calls I receive. They are always positive and uplifting and even assess my needs. What a blessing! Thank you for the services.

Sincerely,
Bonnie Deleon

It's a BIG Birthday Bash!

Wednesday, March 15th at 1:30 pm

in the Senior Center Community Room

Guests are welcome with a small donation…

SIGN UP BY: Monday, March 13th

Special Guest: Rose From: Geneva Village

1						
2						
3						
4						
5						
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7						
8						
9						
10						
11						
12						
13						
14						
15						

WE WANT YOUR FEEDBACK!

The Ashtabula County Council on Aging Programming Team includes senior participants, potential center users, volunteers and staff members who work together to develop and implement programs and events. The Ashtabula Senior Center is for you and we want to hear from you! Please feel free to add comments next to each of the questions.

PLEASE CIRCLE YOUR ANSWER

1. What is your age range? 55 – 60 61-69 70-79 80-89 90 and over
2. Do you use Facebook or other social media? Yes No
3. How often do you visit the senior center?
   Daily A few times a month Once a week
   2 – 3 times a week A few times a year
4. What is your primary purpose for visiting the senior center?
   Socialize with friends Drop in activities
   Attend a program or special event Participate on a trip
   Health programs and clinics Volunteer opportunities
   Card games and bingo Educational programs
   Meal program Other (please specify)
5. What educational topics would you like to explore?
   Finance History Health & Wellness
   Politics Science Driving
   Cooking/baking Fashion Resume writing
   Home Maintenance/Interior Design
6. What language classes would you like to take part in?
   English as a second language Spanish Mandarin
   American Sign Language French Italian
7. What cultural offerings should the center provide or expand on?
   Dance classes Music classes
   Dance performances Excursions to off site performances
   Film series Instrumental performances
   Theatrical performances Vocal performances
8. What kind of special or themed events should the center host?
   Holiday themed events One time arts / crafts / baking workshops
   Luncheons and/or dinners Meet the author events / readings
   Potlucks Events to increase cultural awareness and dialogue
   Speed dating Serious Crafts (pallet crafts, no sew craft, wine bottle crafts, etc.)
9. Please share any ideas for special or themed events at the center?

   _____

10. What additional health screenings should the center offer?
    Blood pressure monitoring Support groups
    Blood cholesterol & Glucose screening Height and weight monitoring
    Mental health screenings (i.e. Dementia, Alzheimer's Disease, Mental Illness, etc)
11. On what days are you more likely to attend a center event?
    Monday Tuesday Wednesday Thursday Friday Saturday

12. At what times are you more likely to attend a center event?

Early mornings 8:30 – 10:30 | Late morning 10:30 – 12:00 noon
Early afternoon Noon to 2:00 | Late afternoon 2:00 – 5:00
Evenings 5:00 – 9:00 pm

13. Which trips appeal to you? Local day trips (approximately 6 – 7 hours)
Saturday Getaways (approximately 9-12 hours)
Extended Trips (between 2 – 14 days)

14. What specific destinations would you like to experience through the center?

_____

_____

15. What elements make up your ideal travel experience?

Free time to explore	Group excursions	Experiencing nature
Culinary experiences	Shopping opportunities	Urban environment
Visiting historical sites	Interacting with are or music	Sporting events

16. Would you like to see a café in the senior center? Yes No

17. What would you like to see offered in a café?

Breakfast: Yes No Lunch: Yes No Dinner: Yes No

18. Breakfast items: what would you like to see the café offer for breakfast?

Hot Breakfast Yogurt bar Oatmeal bar Whole grain cereals Whole grain pastries

19. Lunch Items: what would you like to see offered for lunch?

Muffins, pastries, etc	Soups	Salads	
Sandwiches and wraps	Pizza	Hot meal	Hot meal to take home

20. How much would you expect a hot lunch meal to cost?

$2 – 3 $4 – 5 $6 – 7 $7 – 8

21. How much would you expect a sandwich/wrap to cost

$2 – 3 $4 – 5 $6 – 7 $7 – 8

22. Do you enjoy having entertainment? Yes No

23. Do you have any suggestions for entertainment that you would like to see at the center?

_____

24. How does the senior center make a difference in your lives

Others show interest in my well being | Enjoy life more | Get out more often
Make new friends | Feel more healthy and fit
Received useful information | Tried new activities

25. Is there anything else that you would like the senior center to offer?

_____

_____

Thank you for taking the time to complete this survey. We appreciate you input, your feedback can be completely anonymous or if you wish you can include you name and phone number so that we can contact you for addition input. Please mail back all three pages to: ACCOA - Survey
4148 Main Avenue
Ashtabula, Ohio 44004

Name (optional): _____ Phone: _____

Ashtabula County Council On Aging, Inc.
INTAKE FORM

Resident Township: _____ **Date:** _____ 2021

_____
Applicant Last Name **First** **Middle**

Applicant Birth Date: _____ Phone Number: _____

_____
House # **Street** **City** **State** **ZIP**

_____
Co-Applicant Last Name First Middle

Co-Applicant Birth Date: _____ Co-Phone Number: _____

_____
House # **Street** **City** **State** **ZIP**

(Please note this information will not be shared it is a requirement for our grant sources and statistical reporting)

I Am:

[ ] Male [ ] Female	**Living alone: [ ] Yes [ ] No**
Race: **White [ ] African Am [ ] Asian [ ] Hispanic [ ] Indian [ ] Other [ ]**	***Marital Status:*** **Married [ ] Divorced [ ] Widowed [ ] Single [ ] Separated [ ]**
Handicapped: [ ] Yes [ ] No	**Are you <u>physically</u> and <u>financially</u> able to prepare your own meals? Yes [ ] No [ ]**

My average annual family income is:

[ ] $8,980 or less	**[ ] $24,680 or less**
[ ] $12,120 or less	**[ ] $27,820 or less**
[ ] $15,260 or less	**[ ] $30,960 or less**
[ ] $18,400 or less	**[ ] $30,961 or MORE**
[ ] $21,540 or less	**[ ] Number of people in my home including myself**

Emergency Contact: _____

Phone Number: _____ Relationship: _____

How did you find out about us? _____

AGENCY USE:

AGENCY: <u>Ashtabula Senior Center</u>

[ ] Supportive Services # of Hours _____
[ ] Independence & Wellness # of Hours _____
[ ] Socialization # of Hours _____
[ ] PAS # of Hours _____
[ ] Medical Assessment # of Hours _____
[ ] Chore Services # of Hours _____
[ ] Telephone Reassurance # of Hours _____
[ ] Monthly Newsletter _____
[ ] Other: _____ # of Hours _____

Entered into SAMS on _____
By Staff _____
Entered into SchedulePlus on _____
By Staff _____

ASHTABULA SENIOR CENTER

Ashtabula County Council On Aging

TO BETTER SERVE THE SENIORS OF ASHTABULA COUNTY

2021 MEMBERSHIP ENROLLMENT

TODAYS DATE: ____/____/_____ ( ) NEW ( ) RENEWAL

Name: _____
First MI Last

Gender: ( ) M Date of Birth: _____/_____/_____

( ) F Soc Sec #: _____/_____/_____

Phone: _____ Cell:_____

Primary Ethnic Race:

( ) American Indian/Native Alaskan ( ) Native Hawaiian/Other Pacific Islander
( ) Asian ( ) White/Non-Hispanic
( ) Black/Afrianc American ( ) Other

Address: _____
House # Street Apt. #

_____
City State Zip

Twp: _____

Email: _____

Tell us a little about yourself: this information will not be shared with anyone, it is only for statistical reporting.

( ) **No. in household** ( ) Handicapped

Annual family income is:

( ) $8,980 or less ( ) $18,401 - $21,540
( ) $8,981 - $12,120 ( ) $21,541 - $24,680
( ) $12,121 - $15,260 ( ) $27,820 - $24,681
( ) $15,261 - $18,400 ( ) $27,821 or more

Are you currently receiving our newsletter? Yes ( ) No ( )

What would you like to see added or deleted from the current newsletter? _____

_____

What programs would you like to see offered at the Senior Center?

_____

How did you hear about us?

_____

Agency Use Only: Employee Initials: _____

Membership Yr 2020: $_____.00 pd on ___/___/___

Membership Provided: Y / N Receipt Provided: Y / N

○ Patron ○ Bronze ○ Silver ○ Gold ○ Platinum

Entered in SAMS on ___/___/___ By: _____

N:\Troy's stuff\term6\forms\
membership enrollment

Rev. 12/22/14

90 DAY FOLLOW UP CONVERSATION

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

Have you maintained the activity for at least three months?
Yes No

In the past three months have you had any falls caused by being unsteady?

Yes No

Are you adhering to your medication regime?
Yes No

90 DAY FOLLOW UP CONVERSATION

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

Have you maintained the activity for at least three months?
Yes No

In the past three months have you had any falls caused by being unsteady?

Yes No

Are you adhering to your medication regime?
Yes No

90 DAY FOLLOW UP CONVERSATION

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

Have you maintained the activity for at least three months?
Yes No

In the past three months have you had any falls caused by being unsteady?

Yes No

Are you adhering to your medication regime?
Yes No

90 DAY FOLLOW UP CONVERSATION

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

Have you maintained the activity for at least three months?
Yes No

In the past three months have you had any falls caused by being unsteady?

Yes No

Are you adhering to your medication regime?
Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

After completing (this activity) do you feel you have increased you knowledge about healthy lifestyle behavior?

Yes No

After completing (this activity) do you feel you have increased motivation to adopt healthy lifestyle behaviors?

Yes No

After completing (this activity) do you feel less isolated and lonely?

Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

After completing (this activity) do you feel you have increased you knowledge about healthy lifestyle behavior?

Yes No

After completing (this activity) do you feel you have increased motivation to adopt healthy lifestyle behaviors?

Yes No

After completing (this activity) do you feel less isolated and lonely?

Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

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Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

After completing (this activity) do you feel you have increased you knowledge about healthy lifestyle behavior?

Yes No

After completing (this activity) do you feel you have increased motivation to adopt healthy lifestyle behaviors?

Yes No

After completing (this activity) do you feel less isolated and lonely?

Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

After participating (this activity) do you feel you have individual self-awareness has improved?

Yes No

After completing (this activity) has your attitude improved?

Yes No

After completing (this activity) have you made any new friends?

Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

After participating (this activity) do you feel you have individual self-awareness has improved?

Yes No

After completing (this activity) has your attitude improved?

Yes No

After completing (this activity) have you made any new friends?

Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

After participating (this activity) do you feel you have individual self-awareness has improved?

Yes No

After completing (this activity) has your attitude improved?

Yes No

After completing (this activity) have you made any new friends?

Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

After participating (this activity) do you feel you have individual self-awareness has improved?

Yes No

After completing (this activity) has your attitude improved?

Yes No

After completing (this activity) have you made any new friends?

Yes No

PAS 90 Day Follow up

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

Do you feel better when you take your medication?
Yes No

Have you had any adverse drug events in the past 90 days?
Yes No

Do you feel that your condition has improved with your compliance to your medication regime?
Yes No

Have you had any overnight stays in the last 90 days?
Yes No

PAS 90 Day Follow up

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

Do you feel better when you take your medication?
Yes No

Have you had any adverse drug events in the past 90 days?
Yes No

Do you feel that your condition has improved with your compliance to your medication regime?
Yes No

Have you had any overnight stays in the last 90 days?
Yes No

PAS 90 Day Follow up

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

Do you feel better when you take your medication?
Yes No

Have you had any adverse drug events in the past 90 days?
Yes No

Do you feel that your condition has improved with your compliance to your medication regime?
Yes No

Have you had any overnight stays in the last 90 days?
Yes No

PAS 90 Day Follow up

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle YES or NO

Do you feel better when you take your medication?
Yes No

Have you had any adverse drug events in the past 90 days?
Yes No

Do you feel that your condition has improved with your compliance to your medication regime?
Yes No

Have you had any overnight stays in the last 90 days?
Yes No

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle Your Answer

Did you enjoy yourself?
Yes No

Based on your experience at this event, will you
to attend future events?
Yes No

How many times a week do you have contact with family members?
1 or less 2 3 4 5 6+

How many times a week do you have contact with
1 or less 2 3 4 5 6+

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle Your Answer

Did you enjoy yourself?
Yes No

Based on your experience at this event, will you
to attend future events?
Yes No

How many times a week do you have contact with family members?
1 or less 2 3 4 5 6+

How many times a week do you have contact with
1 or less 2 3 4 5 6+

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle Your Answer

Did you enjoy yourself?
Yes No

Based on your experience at this event, will you
to attend future events?
Yes No

How many times a week do you have contact with family members?
1 or less 2 3 4 5 6+

How many times a week do you have contact with
1 or less 2 3 4 5 6+

Activity: _____

Name:_____ Date:_____

Date of Birth: _____ Township: _____

Circle Your Answer

Did you enjoy yourself?
Yes No

Based on your experience at this event, will you
to attend future events?
Yes No

How many times a week do you have contact with family members?
1 or less 2 3 4 5 6+

How many times a week do you have contact with
1 or less 2 3 4 5 6+

PRESCRIPTION ASSISTANCE

MONTH: **2020**

	DATE								
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

C:\Users\Director\Desktop\RFP 4-20 2020\Documtents uses for monitoring\PAS Intake Form.doc

Ashtabula County Council On Aging, Inc.

PRESCRIPTION ASSISTANCE FOR SENIORS INTAKE FORM

Resident Township: _____ **Date:** _____ **2021**

_____

Applicant Last Name **First** **Middle**

Applicant Birth Date: _____ Phone Number: _____

_____

House # **Street** **City** **State** **ZIP**

_____

Co-Applicant Last Name First Middle

Co-Applicant Birth Date: _____ Co-Phone Number: _____

_____

House # **Street** **City** **State** **ZIP**

(Please note this information will not be shared it is a requirement for our grant sources and statistical reporting)

I Am:

[ ] **Male** [ ] **Female**	**Living alone:** [ ] **Yes** [ ] **No**
Race: **White** [ ] **African Am** [ ] **Asian** [ ] **Hispanic** [ ] **Indian** [ ] **Other** [ ]	***Marital Status:*** **Married** [ ] **Divorced** [ ] **Widowed** [ ] **Single** [ ] **Separated** [ ]
Handicapped: [ ] **Yes** [ ] **No**	**Are you physically and financially able to prepare your own meals? Yes** [ ] **No** [ ]

My average annual family income is:

[ ] **$8,980 or less**	[ ] **$24,680 or less**
[ ] **$12,120 or less**	[ ] **$27,820 or less**
[ ] **$15,260 or less**	[ ] **$30,960 or less**
[ ] **$18,400 or less**	[ ] **$30,961 or MORE**
[ ] **$21,540 or less**	[ ] **Number of people in my home including myself**

Clients Concerns: _____

_____

How did you find out about us? _____

AGENCY USE:

AGENCY: Ashtabula Senior Center

[ ] Supportive Services # of Hours _____ Entered into SAMS on _____

[ ] Insurance Consultation # of Hours _____ By Staff _____

[ ] Socialization # of Hours _____

[X] PAS # of Hours _____

[ ] Medical Assessment # of Hours _____

[ ] Other: _____ # of Hours _____

HOP ON !

ASHTABULA SENIOR CENTER TRANSPORTATION PROGRAM

Senior Transportation will be provided for residents from this facility who are 60 year and older to the Ashtabula Senior Center, and other excursions as scheduled.

Transportation will be provided Monday's and Friday's (to start)
From this facility to the Ashtabula Senior Center.
See pick up times below.

Lunch will be available at Noon, you will need to call Sharon at 440-998-3244 two (2) days in advance to reserve your lunch.
There is a $2.00 donation requested for lunch.
All participants must complete a registration from and sign a waiver prior to taking part in this program.
For more information and to register
Please call Randy
Ashtabula Senior Center 440-998-6750

Facility	Approx. Pick Up Time	Approx. Return Time
Ridgeview Towers	10:05 am - 10:10 am	3:45 pm - 3:50 pm
Golfview Tower	10:15 am - 10:20 am	3:55 pm - 4:00 pm
Lakeview Tower	10:25 am - 10:30 am	4:00 pm - 4:05 pm
Veterans Villa	10:40 am - 10:45 am	4:10 pm - 4:15 pm
Willowbrook	10:50 am - 10:55 am	4:15 pm - 4:20 pm
Greenway Senior Housing	11:00 am - 11:05 am	4:25 pm - 4:30 pm
Serenity Suites	11:10 am - 11:15 am	4:35 pm - 4:40 pm
Ashtabula Towers	11:20 am - 11:25 am	4:45 pm - 5:50 pm
Gran Signora Manor		

ASHTABULA SENIOR CENTER TRANSPORTATION REGISTRATION

Name: _____ Date of Birth: _____

Address: _____

Ashtabula, Ohio 44004 Phone: _____

Do you have any physical or functional limitations? Yes ___ No ___

If yes, please describe: _____

Do you require a mobility device or special equipment for transportation? ___Yes ___No

__Cane __Walker __Wheelchair __Power Wheelchair __Mobility Scooter __Oxygen

If yes, are you able t enter/exit the vehicle without your mobility device? ___Yes ___No

Are you able to transfer from a wheelchair t a seat without assistance? ___Yes ___No

Will a caregiver be traveling with you? ___Yes ___No

Special Instructions: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone: _____

RELEASE (PLEASE READ CAREFULLY)

I hereby forever RELEASE, DISCHARGE and WAIVE the right to make any claims against the Ashtabula County Council on Aging, Inc (ACCOA) aka The Ashtabula Senior Center, its officers, its employees and its volunteers from any and all liabilities, claims, demands, injuries, damages, charge or expenses. Including attorney's fees or causes of action that I may hereafter have for injuries and damages arising out of participation in any ACCOA aka The Ashtabula Senior Center including, but not limited to, losses caused by the passive or active negligence of the released parties or of hidden, latent or obvious defects or dangerous conditions in any ACCOA aka The Ashtabula Senior Center or property used by ACCOA aka The Ashtabula Senior Center. This release shall also release the Released Parties from related activities not conducted on ACCOA aka The Ashtabula Senior Center property, including travel and all off site activities. I also acknowledge that ACCOA aka The Ashtabula Senior Center, reserves the right to refuse transportation services to anyone.

I understand that transportation services may involve risks and dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS OF INJURY while participating in any ACCOA aka The Ashtabula Senior Center activity.

This RELEASE shall remain in effect until revoked. A copy of this RELEASE may be used to the same extent as the original.

Signature:_____ Date: _____

Printed Name:_____

Ashtabula County Council On Aging
TELEPHONE REASSURANCE QUESTIONNAIRE

Resident Township: _____ Date: _____

_____
Last Name First Middle

_____
House # Street City State ZIP

Phone: ( ) _____ e-mail: _____

Date of Birth: _____ Social Security # _____

(Please note this information will not be shared or given to anyone and is only used to collect information necessary for our funding source and statistical reporting.)

I Am:

[ ] Male [ ] Female	Living alone: [ ] Yes [ ] No
Race: White [ ] African Am [ ] Asian [ ] Hispanic [ ] Indian [ ] Other [ ]	*Marital Status:* Married [ ] Divorced [ ] Widowed [ ] Single [ ] Separated [ ]
Handicapped: [ ] Yes [ ] No	Are you physically and financially able to prepare your own meals? Yes [ ] No [ ]

My average annual family income is:

[ ] $8,980 or less	[ ] $24,680 or less
[ ] $12,120 or less	[ ] $27,820 or less
[ ] $15,260 or less	[ ] $30,960 or less
[ ] $18,400 or less	[ ] $30,961 or MORE
[ ] $21,540 or less	[ ] Number of people in my home including myself

Contacts:

Doctor:	Phone: ( )
Emergency Contact #1:	Home Phone:
	Work Phone:
Emergency Contact #2:	Home Phone:
	Work Phone:

Clients Medical Concerns: _____

_____

How did you find out about us? _____

AGENCY USE:

AGENCY: _____ # of Hours _____ Staff _____

[ ] Supportive Services [X] Telephone Reassurance [ ] Socialization [ ] PAS

[ ] Medical Assessment [ ] Other: _____ Ashtabula ____ Geneva ____

Ashtabula County Council on Aging, Inc.
4148 Main Avenue, Ashtabula, Ohio 44004
440-998-6750
Telephone Reassurance Program Client Survey

Thank you for taking the time to complete this survey. We would like to know how our Telephone Reassurance Coordinator who has been calling you has affected your life.

All information will be kept confidential; please do not disclose your name. You may choose not to answer questions.

Because I have Millie calling me...	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Not applicable
...I feel like someone cares how I'm doing.					
...I feel less lonely.					
...I feel I have close ties to more people.					
...I feel safer knowing someone will check on me.					
...I look forward to the calls.					
...Overall, I am satisfied with my caller.					
...Overall, this telephone reassurance program has met my expectations.					

Please feel free to comment on your experience on the back of this sheet.

A NURSE
is
Thursdays
9 am - 11:00 am
for health
screenings.

FIRST	LAST	TELEPHON	BIRTHDATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
			4/1/1925																															
			12/11/1925																															
			4/22/1945																															
			4/24/1935																															
			6/9/1934																															
			11/14/1937																															
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			1/22/1949																															
			9/22/1945																															
			6/30/1944																															

July 2022

Ashtabula County Council on Aging, Inc.
Section 2 (K)
Representations, Assurances, and Certifications Document

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: ASHTABULA COUNTY COUNCIL ON AGING, INC

Company Address: 4148 MAIN AVE, ASHTABULA, OH 44004

Telephone Number: 440-998-6750 FAX: 440-998-1640

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

LISA BRUCKMAN Office 440-998-6750, Cell 440-344-1691

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

LISA BRUCKMAN Office 440-998-6750, Cell 440-344-1691

The legal status of the Applicant's organization 501C3

Date of establishment/incorporation: SEPTEMBER 29, 1973

Federal Employer Identification Number (FEIN): 23-7263183

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? _X_ Yes ___ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

Ashtabula County Council on Aging, Inc.
Section 3
Program Planning and Development
Independence and Wellness for Seniors

ACJFS RFP #8-23 Section 3 Independence and Wellness Program

A. Program description

1. **Narrative describing proposed service, that clearly demonstrates services can be delivered efficiently.**

Ashtabula County Council on Aging, Inc. (ACCOA) is proposing to continue to provide Independence and Wellness (I&W) programming that will promote the well-being of older Ashtabula County residents by expanding and improving existing in person and virtual programs.

Because of the high costs of fuel, postage, goods, utilities, and services, as well as finding and retaining quality employees at eleven dollars an hour, is practically impossible. ACCOA is respectfully requesting your consideration of funding in the amount of $67,956.08 to provide 3000 units of service in the I&W program for older adults of Ashtabula County.

ACCOA's I&W program promotes the health and wellness of adults aged 60 and older who live in Ashtabula County. Program implementation not only involves programs at the center but in a variety of settings to reach different audiences. Seniors will participate in scheduled group activities or personal interaction, at the Center, at designated offsite locations and online programing. As well as get together with others with similar interests and participate in age-related programs.

A monthly newsletter is provided as a reference guide to activities and programs offered through the Center for Active Living for the seniors, as well as notifications through social media, on ACCOA's website, press releases, email, and word of mouth.

The Center for Active Living offers a wide variety of programs and services and intends to continue existing programing in addition to offering new programing; including but not limited to:

- Health Promotion: wellness seminars, health fairs, meditation classes, weekly wellness screenings and health clinics, healthy living seminars, and nutrition clinics. Wellness seminars can help improve quality of life and are a favorite of many seniors. Wellness seminars cover everything from managing arthritis, preventing low back pain and nutrition to causes of balance problems and fall prevention.
- Transportation: Transportation programs have become a lifeline for older Ashtabula County residents. The "Senior Shuttle" provides free curb-to-curb service for older adults aged 60 and older who are Ashtabula City residents. The service includes transportation to and from ACCOA, non-emergency appointments and general errands within Ashtabula city limits and recreational and cultural outings. Reservations are required a minimum of two days and a maximum of two weeks in advance. Reservations are provided on a first-come, first-served basis. Hours of Operation: 9:00 a.m. to 4:00 p.m. Monday through Friday.
- Senior Safety: Often seniors are specifically targeted for identity theft, scams, and abuse because criminals believe them to be an easier target. ACCOA will offer presentations that will provide older adults the information they need to protect themselves more effectively from fraud, scamming, phishing, fall prevention, fire emergency protocols, and summer and winter safety programs.
- Community Engagement: volunteering, dating again workshops, Garage Sale Bonanza, annual rummage sale, Art Center events, expeditions zoos and museums, botanical

gardens, metro parks, golf outings, cards, and sports tournaments, Happy Travelers Social and Travel Club.

- Services that improve quality of life: computer classes, social media, resume writing, Telephone Reassurance calls, bible study, breakfasts, and lunches; commodities box pickup.
    - Staff One-on-One Contacts: While group opportunities offer the largest impact, one-on-one touches are another critical avenue to prevent social isolation. ACCOA will continue to make individual phone calls, and have identified other methods of contacting older adults, including email, newsletters, text, and postcards, to provide older adults with information about important resources.
- Programs which offer resources that enable education: Support groups, monthly educational seminars about living well, health care durable power of attorneys, seminars on downsizing and midlife issues, monthly seminars on disease prevention, nutrition, and health promotion, AARP Smart Driver Safety Course, speakers from University Hospitals, ACMC, churches, local nursing homes and assisted living facilities regularly participate in program activities, quilt group, environmentally green friendly initiatives such as gardening activities, recycling, composting, and even a bee raising programs.
- Programs allowing seniors the opportunity to gather; supporting social independence and preventing isolation and loneliness that is often the result of disconnection from peers and family: Ashtabula County Senior "Senior" Prom, All County Senior Picnic, Summer Potluck Picnic, as well as ten holiday parties with speakers or entertainment, daily congregate lunches, newspaper discussion and coffee hour, Upper Crust Lunch Bunch that meet at various restaurants around the county.
- Cultural opportunities to meet the needs of the aging community: ACCOA will offer traditional activities to ensure that longtime older clients are not alienated as well as diverse and intellectually appealing activities at untraditional times to fit the schedules of boomers who are working well into their 60's. ACCOA's vision is that younger and older seniors will coherently share the center, each finding something they enjoy.
- Recreation, socialization, and traditional activities: cards, crafts, puzzles, painting classes, bingo, ice cream socials, monthly birthday parties, and Wii Sports. Traditional activities like bingo and cribbage, blood pressure clinics, bereavement support will be joined by, Nintendo Wii video game tournaments, investment clinics, and motorcycle clubs. As well as themed dances and courses that provides tips on how to improve memory.
- Technological and social media assistance programs: help seniors figure out how to use mobile devices and tablets or explore ways to seamlessly integrate digital processes into their lives. Classes are hands-on, interactive sessions that cater to both beginner and intermediate levels.
    - Curriculum is geared toward seniors who want to learn how to use different devices, programs, and apps at different levels of experience. Computer classes for seniors range from intermediate computer training curriculums to classes to improve existing computer skills and acquire skills for new employment opportunities and finally to those new to using a computer. A sample of classes include Computer

Fundamentals, Microsoft Office, Mobile Device Related Classes, iPad, iTunes, Apps, Internet and E-mail, Google Photos and Smartphone Photography, Internet, and Cyber Safety. ACCOA proposes to offer an internet cafe and expanded hours to attract younger seniors after work.

- Expanded Digital Presence: ACCOA maintains an individual Facebook page allowing members to chat and stay in contact with both staff and other members. To date, these pages have reached nearly 365,000 people to help fill a need for community.
- Extend Online Classes: ACCOA is now offering virtual videos for older adults over Facebook and Televeda. Classes range from Bingo, Yoga, Strength Training, Crafts and Cooking. ACCOA intends to add more individual programming, such as Foreign Language and group Happy Hours.

- Exercise Programs: ACCOA offers a variety of classes in person or online, specifically designed to promote healthier lifestyles for seniors. ACCOA Fitness and Beyond is geared toward older adults. Classes include cardiovascular, strength training, balance and flexibility exercises and the fostering of strong social relationships between participants. Participants can use chairs for support, if necessary, and increase the weight they use for strength training at their own pace. Classes focus on four key areas important to the health and fitness of mature participants: low impact cardiovascular; dynamic/static balance work, strength training and stretching. Classes meet once a week, an hour each session, providing social stimulation as well as physical benefits.
- Obtaining free or reduced cost prescriptions based upon eligibility: ACCOA will continue to provide prescription drug assistance to help meet the needs of seniors who cannot afford their medications. ACCOA intends to increase the number of PAS clients they service by setting up prescription assistance fairs at offsite locations to reach more individuals needing this service. They will help seniors' complete forms, and search for discounts and patient assistants' programs. ACCOA will also aid seniors who are Medicare Part D eligible with information to find suitable drug plans. ACCOA will also assists in scheduling appointments with Social Security representative, estate, and tax planning professionals, and how to enroll in Medicare for the first time.
- Virtual Programs - ACCOA has integrated in person programing back into our daily schedules and continues to offer virtual programs. Seniors can participate via computer, smart phone, or regular landline, recognizing seniors may still not feel safe in groups and will be able to participate from their own home. ACCOA understands that this is not ideal, but more people are learning how to view the videos and how to participate on Zoom. Laughter and conversation are being shared once again among our members. Staff is assisting participants with accessing the videos, Facebook, Televeda and Zoom programs.

2. Explain the need for the proposed program in Applicant's service area and provide supporting evidence (how this program will benefit the Applicant's service area).

Older people are experiencing longer life and less illness, resulting in the emergence of a mentally fit, nondisabled older population with the potential for a prolonged active life. This is

causing a shift in focus from medically prolonging life to ensuring that a prolonged life is worth living making aging a privilege that we are appreciating more and more as a society.

Aging successfully is more than just living longer, and it involves much more than the absence of disability and disease. Successful aging involves having high cognitive and physical abilities and interacting with others in meaningful ways. It includes maintaining the highest independence, well-being, and preservation of oneself and identity as possible, even in the face of limitation or loss. Successful aging is the process of growing older while maintaining physical health, cognitive abilities, and strong social relationships.

Social participation naturally decreases with age, but the effect of social participation becomes considerably more important. Many older adults experience feelings of social isolation and have reduced interaction with people. This drastically influences their health and increases the risk of loneliness and depression. As a result, social participation is regarded as the number one defining factor of healthy aging.

ACCOA transitions a relatively healthy, independent, older population out of their isolated state into a setting that surrounds them with security, companionship, activity, transportation, food, and advocacy. Center programs consist of a variety of individual and group services and activities that provide opportunities for social participation designed to promote the health and well-being of older adults. Simply put, successful aging is more likely when individuals are actively engaged in their life.

ACCOA fills an important role in the lives of many of Ashtabula County's older adults by providing them with opportunities to participate in social activities and build friendships. For many, this helps them overcome depression, relieves loneliness, provides learning opportunities, and alleviates the negative health effects related to social isolation.

The natural effects of aging can sometimes make independent living harder than it once was. Difficulties with mobility, behavioral health conditions such as isolation and loneliness, and financial strains are just some of the contributors to a loss of independence in aging adults. While some barriers to independence cannot be avoided, ACCOA takes the time to understand the importance of independence in seniors and looks for ways to increase opportunities for independent living.

When patrons were asked if participation at the center changed anything in their life or attitude, many are thankful for the programs ACCOA offers and described the enjoyment of socializing with other members and staff and felt that ACCOA enhanced their quality of life.

Many seniors find themselves unable to afford their prescriptions. It is a choice no one should have to make - pay rent and buy food or get prescriptions filled. Yet all too often it is a choice our seniors, must make. The PAS program makes it possible for people specifically age 60 and over, who cannot afford to pay for their medications, to get them for free or at a reduced price. While Medicare Part D and Medicaid pays for some medications, those who are not enrolled in a drug plan, or their income is too high, must pay full costs, out-of-pocket for the medication prescribed for them. In addition, for individuals 60 – 64, who might still be working, and do not have Medicare, PAS can save them thousands of dollars a year in medication expenses. PAS will also assist seniors who are Medicare Part D eligible with information to find suitable drug plans.

One of the most effective means of reducing isolation, and victimization is contact through a telephone call. The Telephone Reassurance Program promotes security of "at risk" older adults while reducing loneliness, by contact through daily telephone reassurance calls. This service

allows homebound seniors to remain independent in their homes longer with the security that someone will be providing daily safety checks. This program reduces isolation and helps recipients feel safer and more connected to their community.

Transportation continues to play an increasingly important role ensuring senior's independence, social participation, quality of life and self-development. It enables seniors with reduced mobility to be more visible in the community, which will promote favorable change in society's perception of them. ACCOA's "Senior Shuttle" program allows seniors to gain access to community resources, including meals, grocery shopping, social activities and access to the local pharmacy and financial institutions.

Consistent socialization reduces the likelihood that seniors will experience the depression and anxiety caused by isolation and loneliness. Just as importantly, socialization provides a tremendous boost to a senior's cognitive and mental health. ACCOA's I & W program provides healthy maintenance of the body, mind, and spirit which may seem to lag a bit from issues as one ages.

Please see attached testimonies under "Monitoring Documents" from senior who participated in various I & W programs.

3. **Experience of applicant in administering the proposed service**

Ashtabula County Council on Aging, Inc has been in existence since 1973. The Center for Active Living has been providing I & W programs to Ashtabula County Seniors for 49 years and focuses solely on the aging population of this County.

ACCOA has been providing prescription assistance and I & W for seniors with funds made available from the Ashtabula County Senior Levy since 2000. ACCOA's programs are strongly supported and connect older adults to vital community services that can help them stay healthy and independent.

Past Statistics and Performance.

4. **Provide Units of service and number of unduplicated clients for the prior year and the same number for the proposed year.**

Units:

- *Prior Year 2021:* ACCOA provided approximately 2,486 service hours to 435 unduplicated clients between January 1, 2021, and December 31, 2021.
- *Proposed year:* If this funding request is awarded ACCOA proposes to provide 3000 service hours to approximately 520 unduplicated clients during January 1, 2023, and December 31, 2023.
    - *1 Unit of service = 1 meal, 1 hour of programing, 1 ride, 1 call*

Township	2021		Projected 2023		2021		Projected 2023	
	Units	Unduplicated	Units	Unduplicated	Units	Unduplicated	Units	Unduplicated
Andover:	10	1	12	1	6	1	9	2
Ashtabula:	985	171	997	179	883	151	907	155
Austinburg:	22	4	25	6	6	1	8	3
Conneaut:	39	7	42	7	77	14	83	14
Denmark:	0	0	0	0	0	0	0	0
Dorset:	0	0	0	0	17	3	21	3
Geneva:	56	9	58	10	44	8	49	8
Hapersfield:	22	4	25	4	0	0	0	0
Jefferson:	22	4	24	4	91	15	94	15
Kingsville:	50	9	54	9	54	10	57	10
Lenox:	0	0	0	0	0	0	0	0
Monroe:	11	2	13	2	6	1	7	1
Morgan:	22	4	24	4	22	4	25	4
New Lyme:	6	1	7	1	6	1	8	1
Orwell:	6	1	7	1	0	0	0	0
Pierpont:	6	1	7	1	0	0	0	0
Plymouth:	33	6	39	7	32	6	37	7
Rome:	0	0	0	0	0	0	0	0
Saybrook:	184	31	191	32	147	26	156	27
Sheffield:	6	1	7	1	0	0	0	0
Williamsfield:	6	1	7	1	0	0	0	0
TOTALS	1486	257	1539	270	1391	241	1461	250

***2021 units 2877 unduplicated 498**
***Projected 2023 units 3000 unduplicated 520**

5. Days and hours program is available

Generally, the center is open Monday thru Friday 8:30 am to 4:30 pm. The Independence and Wellness Program, with funds made available from this grant, will be scheduled Monday thru Friday between the hours of 9:00 am to 4:00 pm as well as Saturday times as scheduled.

6. Client Intake

a. Describe the method of client intake

With each participant in any program at the Center for Active Living an initial interview is conducted. Participant Intake form is completed for each client with name, address, date of birth, telephone number, financial status, and emergency contact info. These forms are updated annually. The new client is provided a tour of the facility highlighting the computer lab, bathrooms and socialization sign-up sheets, any special programs Center for Active Living has to offer as well as to introduce the new client to some current participants.

b. Explain the intake process and any follow up that would occur.

Independence and Wellness for Seniors Intake Process: When an individual age 60 or older attends a program hosted by ACCOA they are asked to sign a "*Participation Log*" with their name, address, township, and date of birth.

Independence and Wellness for Seniors Intake Process For Prescription Assistance: the initial intake and assessment process is performed verbally on the phone using the "*Work Order Request*" form; then an appointment will be scheduled to determine that the client qualifies for prescription assistance and the required documentation will be submitted to the respective resources. Once the prescription is approved for financial assistance the case is closed and documented on the "*Service Log*".

Independence and Wellness for Seniors Intake process for Telephone Reassurance: An initial interview is conducted with the client or caregiver to determine if the client is eligible. Once it is determined that the senior is over the age of 60 and lives alone, an intake form is completed and a start date and the time the call will be placed is determined.

Independence and Wellness for Seniors Intake process for Senior Shuttle services: All participants will complete an Intake form, answer three questions regarding their physical limitations, and sign a waiver prior to taking part in this program.

Independence and Wellness for Seniors Prioritization policy: The activities at the Center for Active Living are designed for active seniors who do not require special care or supervision. All individuals aged 60 or older are welcome. However, seniors who require special care or supervision must be accompanied by a caregiver aged 18 years or older when visiting the center. Unfortunately, ACCOA has found that inadequate funding limits resources, and as a result there may be waiting lists or limits to the number of participants able to attend some programs.

c. Client intake tool

See Attachments

7. Provide source and amounts of any federal, state, or local funding received for provisions of the proposed services within the past five years

ACCOA was awarded $1,750 for the Fitness program, and $3,800 for the Telephone Reassurance program from United Way for the funding period from July 1, 2022, through June 30, 2023.

a. Unit rate applicable to each funding source

No applicable unit rate.

8. Describe your service collaboration/coordination with other community providers, programs, and funding sources

Collaboration:

In providing I & W programs, ACCOA works with the following several of the organizations:

- Geneva Senior Center, Conneaut Human Resource Center, Country Neighbor to provide prescription assistance and collaborate programs virtually through Facebook live and zoom.
- Community Action, who provides congregate lunch at ACCOA, occasionally caterers meals for special programs and accepts referrals from ACCOA for summer and winter energy crisis as well as for home delivered meals.

- Direction Home Health of Eastern Ohio who provides the basis of various evidence-based programs such as Tai Ji Quan and Matter of Balance.
- Ohio State Extension Agency who provides the speaker for various nutritional programs,
- Catholic Charities assisting seniors with rental assistance and referring medical equipment to ACCOA.
- Local physicians and area hospitals who provide prescription assistance referrals and occasionally speak at different seminars.
- Ashtabula County District Library who provides the leader for ACCOA's book club,
- Local churches pastors/priests who will provide non-denominational services and bible study.
- American Legion who aids with maintenance at the Center and accepts referrals for wheelchair ramps.
- H2O Missions who accept referral for wheelchair ramps.
- Department Job & Family Services regarding bus passes food stamp assistance for seniors.
- Youth Opportunity (YO) program and local schools to provide ACCOA intergenerational activity during the months school age children are on summer recess by providing lawn care and snow removal.

July 2022

Ashtabula County Council on Aging, Inc.
Section 4
Independence and Wellness Budget
(Attachment B)

EXHIBIT II

Attachment B
Budget Template

INDEPENDENCE & WELLNESS

Applicant Budget Summary

ACJFS RFP #8-23

Applicant: Ashtabula County Council on Aging, Inc.	
Date From: January 1, 2023	**To: December 31, 2023**

	Amount	
I. Staff		
A. Salaries	$	57,627.70
B. Payroll-Related Expenses	$	5,400.00
Total Staff Costs	$	63,027.70
II. Operations		
A. Travel and Short-Term Training	$	3,150.00
B. Consumable Supplies	$	3,250.00
C. Occupancy Costs	$	14,300.00
D. Contract and Professional Services	$	4,050.00
E. Other - Miscellaneous	$	4,050.00
Total Operational Costs	$	28,800.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	500.00
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	500.00
Sub- Total of All Costs	$	92,327.70
IV. Minus Other Program Resources	$	6,250.00
Total Program Costs	$	86,077.70

Budget Computation

Total Operating Expenses	$	86,077.70
Divided by Total Operating Units		3,800.00
= Unit Rate	$	22.65

Unit Rate	$22.65
X number of units purchased	$2,376.55
= Total Contract Amount	$53,833.60

1 Unit = 1 meal, 1 hour of programing, 1 ride, 1 call

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
PAS Coordinator	$ 15,600.00	Annual	70.00%	$ 10,920.00
Director	$ 26,000.00	Annual	20.00%	$ 5,200.00
Fiscal Clerk	$ 24,960.00	Annual	10.00%	$ 2,496.00
Senior Shuttle Van Driver	$ 10,920.00	Annual	45.00%	$ 4,914.00
Telephone Reassurance Coord.	$ 13,000.00	Annual	60.00%	$ 7,800.00
Computer Tutor	$ 3,640.00	Annual	50.00%	$ 1,820.00
Receptionist 1	$ 14,300.00	Annual	10.00%	$ 1,430.00
Receptionist 2	$ 14,300.00	Annual	10.00%	$ 1,430.00
Fitness Instructor	$ 5,200.00	Annual	60.00%	$ 3,120.00
Activities Coordinator	$ 20,553.00	Annual	90.00%	$ 18,497.70
35862				
Total Salaries				$ 57,627.70

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 3,000.00
Worker's Compensation	$ 1,700.00
Unemployment Insurance	$ 200.00
Retirement Expenses	$ 150.00
Hospitalization	$ 350.00
Other (*Medicare*)	
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 5,400.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.63	$ 2,750.00
Short-Term, Training	$ 400.00
Total Travel and Short-Term Training	$ 3,150.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 1,000.00
Cleaning Supplies	$ 500.00
Other *(Postage .60)*	$ 1,000.00
Other *(Copies and Faxes)*	$ 750.00
Total Consumable Supplies	$ 3,250.00

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized	
Heat	$ 3,000.00
Electric	$ 5,000.00
Water	$ 1,000.00
Telephone	$ 2,200.00
Sewer	$ 600.00
Other (Maintenance/janitorial, trash, snow removal)	$ 1,000.00
Other *(Fuel)*	$ 1,500.00
Total Occupancy Costs	$ 14,300.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
SchedulePlus - program to document & record	$ 850.00
Selective Insurance Services - Van Insurance	$ 1,000.00
Liability Insurance	$ 800.00
Copy Machine	$ 500.00
Technology	$ 500.00
Audit	$ 400.00
Total Contract & Services Costs	$ 4,050.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Refreshments for five hoilday parties for total of 300 guest	$ 1,500.00
Puzzles, Playing Cards, Craft Supplies, Games	$ 1,000.00
Entertainment, Seminar Speakers	$ 1,000.00
Advertising	$ 300.00
Technology	$ 250.00
Total Miscellaneous Costs	$ 4,050.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Electronic Equipment	5	$ 500.00
Total Small Equipment Purchases		$ 500.00

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Participant Contributions	$ 750.00
United Way	$ 5,500.00
Total Other Resources	$ 6,250.00

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Ashtabula County Council on Aging**
Date: **11/2/2022 3:15:29 PM**

This search produced the following list of **6** possible matches:

Name/Organization	Address
Ashe Cultural Center	2125 Superior Ave.
ASHE Culture Center, Inc.	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy P2	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy S1	2125 Superior Avenue
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260
George Washington Carver Preparatory Academy	2283 Sunbury Road

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The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County Council on Aging** for **Independence and Wellness** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0153

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
SENIOR PROTECTIVE SERVICES

This Subgrant Agreement is entered into on the 1st day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Catholic Charities of Ashtabula County,** located at **4200 Park Avenue, 3rd Floor Ashtabula, Ohio, 44004** to provide **Protective Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Guardianship and Payeeship: $56,868.32 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$78.00 per unit of Guardianship Services as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)
$66.88 per unit of Payeeship Services as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals

should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No

such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order

13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement. Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Jill Valentic, Executive Director
Catholic Charities of Ashtabula County

11/7/22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Catholic Charities of Ashtabula County** for **Senior Protective Services** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11. 8. 2022

CD 11/4/2022
2022-CON-0154

EXHIBIT I

Appendix II
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Senior Protective Services
Program Description

Adult Protective Services

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County

Senior Protective Services
This program assists seniors, ages 60 and over who are functionally impaired, unable to meet their own needs and may be victims of abuse, neglect, or exploitation. The program must provide seniors with services that are appropriate to the needs of everyone, strive to maximize the adult's independence and self-direction, and seek to prevent unnecessary institutionalization and enable the adult to remain in his or her own home if possible. Services should be designed to identify and correct situations which restrict an individual's ability to carry out normal activities and to protect personal rights. To the extent that funds are available, programs may include, but are not limited to Guardianship and Payeeship. The program is funded by the Ashtabula County Senior Services Levy.

Referrals for services will come through Probate Court, the Adult Protective Services division of ACJFS, family and community members and other service or government organizations.

Guardianship
Guardianship is a legal relationship provided to individuals who are alleged to be incompetent and to individuals who are adjudicated incompetent by the court and need a guardian. These services are appropriate when no other person or entity is available or suitable to assume this responsibility. Services may include:

a. Assessing an individual's need for guardianship
b. Locating the appropriate person(s) to serve as guardian(s)
c. Petitioning for the adjudication of incompetence
d. Training individuals for guardianship duties
e. Appointment of guardian
f. Arranging for care, control, and protection of ward
g. Monitoring condition and welfare of ward
h. A guardianship and the guardian's powers and duties end when any of the following occurs:
    1. The ward dies
    2. The court of appropriate jurisdiction removes the guardian from their position.
    3. The ward's competence is restored; or
    4. The guardian resigns

Payeeship
Payeeship is a service provided to individuals who are unable to manage the money from a federal agency (Social Security, Veterans Administration) or pension, due to failing health, physical or mental impairment. The agencies involved enforce the procedures and have the authority to manage the legal arrangement to receive an individual's government check and use the funds on behalf of the Beneficiary. These services are appropriate when no other person or entity is available or suitable to assume this responsibility. Responsibilities of a representative payee may include:

a. Using funds for Beneficiary's support and care (food, shelter, clothes, medical care, institutional care and personal comfort)
b. Arranging payment for personal debt of the Beneficiary
c. Investing unused funds in federally insured financial institutions
d. Providing case management as a minor component of total service
e. Payeeship and representative payee duties end when any of the following occurs:
    1. Death of the Beneficiary
    2. Removal of payee status by the governing agency
    3. Beneficiary's competence is restored
    4. The payee resigns

ATTACHMENT A
TITLE XX SOCIAL SERVICES
APPLICANT INFORMATION

AGENCY / ORGANIZATION NAME: Catholic Charites of Ashtabula County

ADDRESS: 4200 Park Avenue, Third Floor, Ashtabula, OH 44004

PHONE: 440-992-2121 FAX: 440-992-5974

SERVICE SITE (if different than above): N/A

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-0714639

EXECUTIVE DIRECTOR/DIRECTOR: Jill Valentic

PROGRAM COORDINATOR: Bill Daywalt EMAIL: billd@doyccac.org

FISCAL CONTACT: Jim Herschel EMAIL: jherschel@youngstowndiocese.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job & Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter an agreement based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Jill Valentic SIGNATURE: Jill Valentic
(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 7/15/22

Section 2 (K)
Representations, Assurances, and Certifications Document

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Catholic Charities of Ashtabula County

Company Address: 4200 Park Avenue, Third Floor, Ashtabula, Ohio 44004

Telephone Number: 440-992-2121 FAX: 440-992-5974

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

Jill Valentic, Executive Director 440-992-2121 ext 7027

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

Jill Valentic, Executive Director 440-992-2121 ext 7027

The legal status of the Applicant's organization 501 (c)(3) non-profit corporation

Date of establishment/incorporation: Incorporated October 4, 1962

Federal Employer Identification Number (FEIN): 34-0714639

Is the Company co-owned or controlled by a parent company? ___Yes ✓No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? ✓Yes ___No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? ✓Yes ___No

If yes, has the company filed all required EEO reports to the necessary agencies? ✓Yes ___No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. ✓Yes ___No

Does the company have current or future plans for a buyout or sale? ___Yes ✓No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. ✓Yes ___No

The Applicant certifies it is a drug-free work place. ✓Yes ___No

The Applicant certifies it is not delinquent on any Federal debt. ✓Yes ___No

Section 3
Program Planning and Development

Guardianship

Section 3
Program Planning and Development

A. Program description - Guardianship

1. Proposed service

Guardianship is a legal relationship established by the Probate Court between two parties; one being the guardian and the other being the ward. If, after a thorough investigation and hearing, the Court finds a person incapable of managing his or her own person, it will appoint a legal guardian.

Catholic Charities fulfills its program requirements by providing a trained, qualified staff to serve as guardians, and recruits and trains community volunteers to become a guardian of an incompetent and indigent elderly person who may be referred by other agencies, the hospitals, nursing homes, or private citizens. More difficult cases, involving complicated family dynamics and/or legal issues are facilitated by the Guardianship Program's staff, as these are time-consuming and more involved than most volunteers want to be.

The guardianship program serves frail elderly who are diagnosed with Alzheimer's, dementia, conditions related to long-term alcohol abuse, and/or other physical and mental disabilities. In addition, clients typically have a history of, or are in danger of exploitation, neglect and/or abandonment, and do not have the ability to make quality of life decisions.

The guardian protects and oversees the ward's day-to-day maintenance, which includes food, shelter, clothing, healthcare and other necessities. The guardian is the voice and decision-maker for the ward. The presence of a guardian increases accountability from care staff and medical professionals and provides protection from exploitative individuals or family in the ward's life. Guardians monitor their ward's medical, physical, emotional, material and environmental well-being.

Volunteers are utilized in the program to become legal guardians of person through the Ashtabula County Probate Court. Volunteers are trained and monitored by the Protective Services Supervisor and the Guardianship staff to ensure that the program's wards receive quality service.

Volunteer attorneys play an important role to the program, as they and their staff provide countless hours of "pro-bono" services by advising cases, filing guardianship applications to the Probate Court, and representing the program and volunteer guardians at the Probate Court hearings.

Catholic Charities provides two guardianship services: Guardian of Person, consisting of a staff or volunteer and ward match; and Guardian of Estate which is coordinated by a staff caseworker under the Agency name. All applications for guardianship are filed by one of the program's volunteer attorneys. Volunteer guardian do not handle Guardianships of Estate.

2. Need

In Ohio from July 1, 2018 through June 30, 2019 Adult Protective Services received 29,824 reports of abuse, neglect, and exploitation for adults 60 and over. (ODJFS APS Data Fact Sheet for SFY 2019) Ashtabula County Adult Protective Services received 294 reports of alleged abuse, neglect, or exploitation in SFY 2021. The Alzheimer's Association reports 1 in 3 seniors dies from Alzheimer's/Dementia. It is the 6th leading cause of death in the United States, killing more seniors than breast cancer and prostate cancer combined. The National Center on Elder Abuse reported: 9.5% of the elderly population experience some type of abuse, the most common being psychological and financial. Statistics report that in nursing homes 27.4% are physically abused and 13.8% are financially taken advantage of.

In Ashtabula County, according to the 2010 census data, 21.8% of the population is age 60 and older, versus the state average of 19.9%. According to the Center for Community Solutions' Northeast Ohio Regional Impact and Outcomes (NEORIO) report, this number grew to 24.8% in 2015, and is expected to grow to 32.5% by 2030.

The National Center on Elder Abuse reported the following statistics from the Bureau of Justice 07.07.14 report:

a. 1 in 10 of the elderly population experience some type of abuse
b. 36% of nursing homes have been in violation of elder abuse laws
c. 91% of nursing homes lack adequate staff to properly care for patients

The National Coalition Against Domestic Violence reports:

- 1 out of every 14 cases of elder abuse is reported to authorities
- In approximately 90% of cases, perpetrators of abuse later in life are family members

Guardianship services greatly improve the quality of life for Ashtabula County seniors and allow them to live their final years with dignity and respect. The program reduces the number of seniors who are exploited, neglected, or abused.

3. Experience of applicant in administering the proposed service

The concept of the Guardianship Program began in 1992, when the late Catholic Service League Executive Director, Patrick Sorohan, answered the call of the community by becoming a personal guardian to a number of wards. After his death in 1994, the Senior Care Network, a consortium of Ashtabula County organizations and individuals serving the elderly, formed a task force that devoted themselves to developing the now Catholic Charities of Ashtabula County Guardianship program. Training and consultation for the volunteer model were provided by a well established and nationally recognized program in Cleveland known as the Volunteer Guardianship Program, a program of the Lutheran Metropolitan Ministry Association. This training and model, coupled with Catholic Charities experience and community orientation, worked to build a strong and successful program for Ashtabula County. Since the program's establishment in 1996, the agency has served over 300 Guardianships for Ashtabula County. Catholic Charities of Ashtabula County is the only organization in Ashtabula County that provides Guardianship Services.

The guardianship program is a member of the National Guardianship Association (NGA) and the Ohio Guardianship Association, and adheres to NGA best practices.

Service Area	Unduplicated clients 2020 age 60-75	Unduplicated clients projected 2022 age 60-75	Unduplicated clients 2020 age 76 +	Unduplicated clients projected 2022 age 76 +
Andover	1	2	1	1
Ashtabula	34	38	12	14
Austinburg	3	4	1	2
Conneaut	3	4	3	5
Geneva	18	20	1	5
Jefferson	3	5	7	8
Kingsville	1	3	3	8
Orwell	2	4	0	1
Other **	5	5	1	1
TOTAL	**70**	**88**	**32**	**45**

4. Program Statistics – Guardianship

Guardianship units of service:

Period of time	Units of service
2020 actual	856
2022 projected**	1127

5. Days and hours program is available

Catholic Charities of Ashtabula County has office hours on Monday through Friday from 8:30 am – 5:00 pm. Employees and volunteer guardians in the program are available to receive telephone calls regarding their wards 24 hours/day – 7 days/week. The Protective Services Supervisor and staff guardians are available to serve as a temporary backup to volunteer guardians. Additionally, all volunteer guardians have 24/7 access to program staff.

6. Client Intake

The Guardianship Program has an in-depth and detailed initial client intake and assessment process. The Protective Services Supervisor or Guardianship Caseworker accepts all referrals to the program. Individuals are evaluated at intake to ensure that:

- guardianship is the least restrictive alternative that will still effectively meet the individual's needs;
- the level of guardianship is appropriate to the individual's assessed capacity; and
- there is no appropriate family member or friend who could assume the guardianship role.

When determining its capacity to serve as guardian, the organization considers the:

- current staff workloads;
- appropriateness of the court order/referral; and
- qualifications and skill level of staff.

Referrals and Waiting List:

All referrals will be placed on a list, prioritized by greatest need, and scheduled for assessment as quickly as possible. Adult Protective Services and the Ashtabula County Probate Court referrals will receive priority services.

60 years or older: All referrals will be placed on a list, prioritized by greatest need, and scheduled for assessment as quickly as possible. Adult Protective Services and the Ashtabula County Probate Court referrals will receive priority services.

Under 60 years of age: All other referrals, for those under the age of 60, are prioritized by greatest need. Any referral must demonstrate the need for services and must not have other means of assistance through an appropriate family member or friend.

Prioritization Policy (60 years of age):

The waiting list must be prioritized based on most the most in need in Ashtabula County referred to the Guardianship Program.

All clients referred to a waiting list will be managed by the program supervisor and discussed and reviewed weekly with guardianship staff. The waiting list will record referral date and its referral source such as Adult Protective Services, Ashtabula County Probate Court, Medical provider and/or Living institution

Additionally, monthly meetings and/or an immediately meeting with Adult Protective Services and Ashtabula County Probate Court will assist with the prioritization of the wait list based on the greatest level of need for services.

Assessments:

The Protective Services Supervisor or Guardianship Caseworker schedules and conducts the assessment for the prospective client. The prospective client assessment involves the following actions:

- Meet with referral contact(s) and discuss the client's situation and reason(s) for possible guardianship.
- Meet with the prospective client to assess their cognitive abilities and living conditions. Multiple visits may be necessary.
- Review prospective client's medical, financial and personal situation.
- Research current family involvement, if any, and the reasons why family is not involved with prospective client's immediate care.
- Assess the need for services and ensure that all other options for the prospective client have been considered and/or implemented.

The Protective Services Supervisor will advise the Executive Director of any assessments not completed within a 30-day time period. The Protective Services Supervisor will advise the Executive Director of a plan and timeline as to when the overdue assessments will be completed. The Protective Services Supervisor will contact the referral source to advise the timeline as to when an assessment will be conducted.

Once the assessment is completed, the Protective Services Supervisor or Guardianship Caseworker will look to find an appropriate guardian. Guardians are matched based upon their location, availability and comfort level with the prospective client's level of care. Until the prospective client is matched with a volunteer guardian, the Protective Services Supervisor and Guardianship Caseworker will continue to assess the client's status and monthly reassess his or her need for guardianship. At times, a prospective client may have a change in his or her situation where guardianship may not be pursued by the program. For example, a suitable family member or friend may be available to become the guardian for the prospective client, or the client's ability to make personal and/or medical decisions for him or herself has been made evident. If a prospective client is in immediate need for a guardian and a volunteer is not available, a staff guardian may apply for Guardian of Person.

Volunteer Guardian:

The Protective Services Supervisor or Guardianship Caseworker coordinates meetings with a potential volunteer guardian and introduces them to the potential ward. Once the volunteer agrees to be the guardian to a potential ward, the Protective Services Supervisor or Guardianship Caseworker will start the guardianship application process and coordinate a volunteer attorney to represent and file the guardianship application.

As part of the application process, the Protective Services Supervisor is responsible for the following actions:

- Ensuring the volunteer guardian completes a background investigation and screenings in accordance with the Ohio Administrative Code 3701-60.
- Ensuring that the volunteer guardian completes drug testing in compliance with Agency policy and ACDJFS RFP.
- Coordinating additional meetings with the volunteer and ward.
- Preparing the guardianship application.
- Submitting the application to the volunteer attorney.
- Notifying the volunteer of the court hearing date.
- Involvement with the court investigation.
- Attending the court hearing.
- Obtaining letters of guardianship and issuing documents to the volunteer guardian.

The Protective Services Supervisor will ensure that the volunteer has met with the ward and is familiar with the Probate Court Process prior to the hearing date. Once the guardianship is ordered by the Ashtabula County Probate Court, the Protective Services Supervisor will continue to work with the volunteer guardian to review the ward's needs and answer any questions pertaining to the guardianship and the program. A volunteer guardian may serve as Guardian of Person for no more than three wards concurrently.

Once a volunteer becomes a guardian, he or she is responsible for the following:

- Monthly ward visits.
- Attending quarterly plan of care meetings to assess ward's medical and personal status and needs.
- Providing monthly contact reports to the Protective Services Supervisor.
- Communicating with the Protective Services Supervisor of any changes in the ward's medical and/or personal needs.
- Meeting annually with the Protective Services Supervisor or the Guardianship Caseworker to conduct the Probate Court's Annual Guardian's Report and Volunteer Guardian assessment of ward report.
- Advocating for his or her ward and ensuring dignity and respect.

The Protective Services Supervisor or Guardianship Caseworker prepares the new volunteer guardian with useful tools to assist with their duties, including the National Guardianship Association handbook; nursing home post (Guardian's rules); outline of tasks required; and the date that the annual report to the probate court is due.

Volunteers are expected to complete and submit monthly contact reports, which provide a visitation log with comments summarizing the ward's status. The Protective Services Supervisor monitors the information contained within the monthly contact reports and provides feedback and visitation as necessary. The Protective Services Supervisor will also try to make a visitation to every ward annually. The Protective Services Supervisor and the Guardianship Caseworker are available to all volunteer guardians to discuss any guardianship issues, attend meetings with healthcare providers, visit in emergency situations and provide support with end of life situations. The Protective Services Supervisor is also responsible for motivational and recognition activities. Volunteers are remembered in special ways upon placement as a guardian, for birthdays, and upon the death of their ward. The Protective Services Supervisor represents

the program and the volunteers at health fairs, community outreach workshops, and civic meetings. *The client intake tool is included.*

7. Federal, State and local funding for guardianship services

Source	2017	2018	2019	2020	2021	Unit Rate
Catholic Charities	21,300	23,177	28,240	45,000	$32,702	N/A
Probate Court	10,000	10,000	0	9,000	$9,000	N/A
Senior Levy	35,000	33,637	29,767	$35,000	$35,000	78.00
Title XX	48,126	48,126	48,126	$48,000	$48,126	78.00
United Way	4,216	3,989.31	3,719	$3,250	$3,250	N/A
ACMHRSB**	-	10,977	57,576	$60,000	$88,826	N/A
Donation	-	-	1,100	-		N/A

** Guardianships under 60 years of age

8. Service Collaboration

The Guardianship program coordinates its services with the following programs, services, funding sources and providers in the area:

- *Adult Protective Services:*

APS refers those aged 60 and above, currently living in the community, who may be exposed to risk due to abuse, neglect and exploitation because of his or her inability to make appropriate decisions. Usually there is no family or lack of appropriate family. APS works to place the alleged incompetent person in a protective environment with the necessary services and refers to the guardianship program. However, there are situations when the alleged incompetent is not voluntary with APS offered services and there is a concern for the

person's welfare. APS may pursue a protective order through the Ashtabula County Probate Court and request Catholic Charities to apply for guardianship to the alleged incompetent.

- *Ashtabula County Probate Court:*

The Probate Judge or Magistrate may find an alleged incompetent in need of a guardian and will order the guardianship program to be the guardian. A typical order for the court usually has competing applications or an unfit applicant for an alleged incompetent. The Ashtabula County Probate Court may find that there is a need for a neutral party to look out for the best interest of the ward.

- *Health Care Services and Establishments:*

Assisted living facilities, nursing homes, and occasionally, home-based services, refer prospective clients whom they feel are unable to make medical and personal decisions for themselves. Usually there is no family or suitable family available to ask or answer questions of providers, protect the ward, monitor quality of care, attend care-planning meetings, visit, advocate, arrange special need items for the ward, or fill the role of representative.

- *Ashtabula County Mental Health and Recovery Services Board:*

Behavioral health organization refers those under the age of sixty, currently living in the community who are experiencing a Severe and Persistent Mental Illness (SPMI) and are in need of a guardian. This service is contracted by the Board.

The Catholic Charities Guardianship Program is the only guardianship program in Ashtabula County.

9. Mission Statement Alignment

In partnership with the Senior Services Levy, the Guardianship Program provides superior services by advocating for the over 60 years of age population in Ashtabula County. Our program promotes well-being and self-sufficiency by serving the most vulnerable and often invisible to the attention of all people of goodwill. Catholic Charities of Ashtabula County advocates for justice in all situations while leading our clients into a lifestyle free from abuse, neglect, and often at-risk situations. In doing so, the Guardianship Program will often alleviate conditions of poverty and open the doors to a healthier and safer lifestyle for those in need of our program.

Catholic Charities of Ashtabula County
Patrick Sorohan Ashtabula County Volunteer Guardianship Program

Guardianship Community Assessment

Person Conducting Assessment:	Bill Daywalt	Date & Time of Visit:	
Client's Full Name:		SSN:	
Marital Status:		DOB:	AGE:
Current Address:		Previous Address:	
Phone:		Contact:	

Conditions of Client and Surroundings

What are the living conditions/environment of the client:

Client Assessment: Person to Person

Where did you meet the client for the first time?

What is the reaction to your visit?

Questions that may apply

How would you feel about having a guardian? Do you know what guardianship is?

What would you do in case of a fire?

What would you do if is someone harrasses you or attempts to steal from you?

What would you do if you did not have food in your home?

How do you pay your bills? Is there a payee?

What would you do in a medical emergency?

Other Questions:

Assessment Observations

				Comments from records or staff:
What is the mobility of the client?	Independent			
	Cane	Walker	WC	
How is the comprehension of the client:	Good	Adequate	Poor	
Short Term Memory:	Good	Adequate	Poor	
Long term Memory	Good	Adequate	Poor	
Decision Making Ability:	Good	Adequate	Poor	

Psychosocial Attributes

Delusional	Paranoid	Confused
Irritable	Willing to try	Fearful
Motivated	Cheerful	Hostile
Dwells on illness	Cooperative	Guarded
Withdrawn	Uncooperative	Depressed
Other:		

General Attitude towards life past and present

Special Precautions, limitations/considerations from visit

Obtain Records

Current Physician:	Preferred Hospital:
Allergies:	Results from criminal check:
Veteran of: Form DD214:	

Income			
	Amount	Frequency	Direct Deposit
Primary Income:			
Secondary Income:			

Assets			
Bank Name	Account Type	Balance	Account Number
Automobiles:			
Real Property:			
Stock/Bonds:			
Life Insurances:			
Trusts:			

Medical
Medicare #
Medicaid Billing #
Medicaid Case #
Other:

Comments from other people involved with the visit

Final Assessment
Is there any reason that a Guardian may not be needed?
Is there a need for a second assessment/revisit and Why?

Persons/Professionals involved with care		
Name/Relationship	Address	Phone

Observations

Volunteer Guardianship Program

Patrick Sorohan Volunteer Guardianship Program

The Guardianship Program at Catholic Charities trains and utilizes community volunteers who agree to serve as guardians of person to county residents who are 60 or older, indigent, and lack available, appropriate family.

Contact us to learn more about:

- **What is Guardianship of Person?**
- **What is the responsibility of a Guardian?**
- **How you can help an elderly person in your community?**
- **How does an individual become a volunteer guardian through Catholic Charities?**

Contact us for more information on this rewarding volunteer opportunity. You can use the QR code provided to place an application of interest to become a volunteer guardian.
Or call 440-992-2121 Ext. 7011
billd@doyccac.org
nicoler@doyccac.org

Catholic Charities of
Ashtabula County
Providing Help, Creating Hope
4200 Park Avenue, 3rd Floor
Ashtabula, Ohio 44004

Funding & support provided in part by:

Catholic Charities
of Ashtabula County
Providing Help. Creating Hope.

"Be a Part of the Mission"

Volunteer Information Meeting

Where: Ashtabula Public Library

1335 Park Ave, Ashtabula, OH 44004

When: Thursday, March 17, 2022

Time: 2:00 p.m. – 3:00 p.m.

Catholic Charities of Ashtabula County is
opening its volunteer opportunities...
join us to learn how you can serve.

Do you have a few hours a week?
We invite you to become a member of the volunteer team.

We have a place where you can be:

Companionship Volunteer, Driver,
Client Services Support, Phone Calls,
Collating, Sorting, Mailing, Filing, Office Support,
Basic Needs Room Donations, Mother Homeless Bags...

Catholic Charities of Ashtabula County Volunteer Guardianship Program

Informational Meeting

PROGRAM MISSION

Ashtabula County Volunteer Guardianship Program will recruit, train and supervise volunteers to serve as guardians for persons, primarily the frail elderly, with little or no financial resources and/or no family or other support system to fulfill the role of surrogate decision- maker

VOLUNTEER GUARDIANSHIP
OUR HISTORY

The concept of the Volunteer Guardianship Program began in 1992 when the Catholic Service Le[illegible] Executive Director, Patrick Sorohan, stepped forward to become the legal guardian to a number of nee[illegible] disabled elderly in our community.

Following his death in 1994, a community task force was formed through the Senior Care Network (a consortium of Ashtabula County organizations serving the elderly) that devoted themselves to developing what is now *The Patrick Sorohan Ashtabula County Volunteer Guardianship Program*.

It was modeled after a well-established and nationally recognized program in Cleveland known as The Volunteer Guardianship Program; a program of the Lutheran Metropolitan Ministry Association.

This model coupled with Catholic Charities experience and community orientation worked to build a strong and successful program for Ashtabula County.

The program was successfully started in 1996 with one part-time employee, one volunteer, and [illegible] the court and today has grown to three full-time staff, over forty volunteers, and currently serves [illegible] wards of the court.

PROGRAM OBJECTIVES

- To provide guardianship services to incompetent older adults
  - residing in Ashtabula County
  - no financial resources;
  - no family capable or appropriate to handle guardianship responsibilities
- To provide training and support to volunteer guardians
  - to ensure and enhance the ward's quality of life
  - make all decisions in the best interest of the ward
  - uphold their dignity and respect their personal religious values

PROGRAM SUPPORT

- The Honorable Judge Albert S. Camplese, Magistrate Michael Hamper, a court investigator, and Probate Court staff are key supports to the development and growth for the program.
- Volunteer Guardians.
- Volunteer Attorneys donate their professional time and services assisting in the legal process. The attorney files the legal application with the Probate Court and represents Catholic Charities and the volunteer at the hearing.
- A Program Advisory Board made up of representatives from different community organizations meets on a quarterly basis and provides advice, counsel, and support for the program. Judge Albert S. Camplese is an active member of the advisory board.

PROGRAM SUPPORT

Catholic Charities of Ashtabula County
Volunteer Guardianship Program
is associated with

National Guardianship Association

Ohio Guardianship Association

PROGRAM FUNDING

Catholic Charities of Ashtabula County Volunteer Guardianship Program is funded by:

- ❑ Catholic Charities of Ashtabula County
- ❑ The United Way of Ashtabula County
- ❑ Ashtabula County Senior Services Levy
- ❑ Title XX
- ❑ Ashtabula County Probate Court
- ❑ Foundations and Private Donations

GUARDIANSHIP

- ✓ ***guardianship*** is "...a relationship created by state law, in which a court gives one person (the guardian) the duty and power to make personal decisions for another (the ward or incapacitated person)." In this country, a guardian is appointed when a judge determines that an adult lacks the capacity to make decisions regarding his or her own life. For a vulnerable older person, guardianship can be a valuable tool in securing his/her physical safety.*
- ✓ The Probate Court will appoint a legal "***guardian***", after a thorough investigation and a hearing, to make decisions on the person's behalf. The court will have found the person, referred to as a "***ward***," incapable of managing his or her own person and/or affairs.
- ✓ Guardianship is a ***fiduciary**** relationship of trust, wherein the guardian must put the needs of the ward first.

* Fiduciary: in law, a person who is obliged to discharge faithfully a responsibility of trust toward another

Guardianship For The Elderly. Protecting The Rights And Welfare of Seniors Who Are Found To Lack Capacity. United States Senate; Issued By Senators Gordon H. Smith & Ron Wyden

REFERRAL SOURCES

Community Referral

- Home Health
- Hospital
- Courts/ Attorneys
- APS/ Board of DD
- Relatives Community

Facility Referral

- Nursing Home Social Worker
- Assisted Living Director
- Mental Health

WHO WE SERVE

- Age 60 or older
- Frail, elderly
- Indigent
- Current resident of Ashtabula County
- Person lacks available or appropriate family and/or friend support system
- Person found to be alleged incompetent by a licensed physician or psychiatrist who completes a *Statement of Expert Evaluation* (Sup. R. 66 & R.C. 2111.49, *form 17.1*)

NOTE: ONLY A PROBATE COURT JUDGE CAN DEEM A PERSON INCOMPETENT AND ORDER A GUARDIANSHIP

ETHICAL PRINCIPLES

1. A guardian treats the person with dignity. (Standard 3)
2. A guardian involves the person to the greatest extent possible in all decision making. (Standard 4)
3. A guardian selects the option that places the least restrictions on the person's freedom and rights. (Standard 8)
4. A guardian identifies and advocates for the person's goals, needs, and preferences. (Standard 7)
5. A guardian maximizes the self-reliance and independence of the person. (Standard 9)
6. A guardian keeps confidential the affairs of the person. (Standard 11)
7. A guardian avoids conflicts of interest and self-dealing. (Standard 16)
8. A guardian complies with all laws and court orders. (Standard 2)

YOUR ROLE AS A GUARDIAN TO YOUR WARD

- A Voice/Advocate
- Decision Maker
- Not Always the Good Guy
- Person Centered
- Eyes and Ears
- Confidentiality
- Ward Participation
- Ward Support

RESPONSIBILITIES ONE YOU ARE ASSIGNED A WARD

- ALL VOLUNTEER GUARDIANS WILL FILE FOR GUARDIANSHIP OF PERSON ONLY
- THERE ARE NO FINANCIAL OR ESTATE ISSUES.

- Establish a relationship that meets the needs of the ward
- Work with CCAC supervisor and/or staff regarding the wards affairs
- Complete monthly visit with your ward and reporting sheet
- Complete annual reports with CCAC staff for your ward
- Protect the wards rights
- Make decisions in the wards best interest of the ward

YOU ARE NOT EXPECTED TO SPEND PERSONAL FUNDS ON YOUR WARD

CONFLICT OF INTEREST

"In no case shall the guardianship of a person be assigned to a person or agency who provides services to the person. The rationale for this provision is that it would be impossible for a person who is providing services to also be an effective advocate against the service provider."

QUALIFICATIONS

- Be self motivated
- Training or experience working with the elderly desired but not mandatory
- Time and ability with the hope to commit to being a guardian for the ward's lifetime
- Current resident of Ashtabula County
- Consent to background check
- Consent to mandatory Drug Screening Test

VOLUNTEER APPLICATION PROCESS

Part I

- Informational Meeting & Application

Part II

- Personal interview
- Background investigation and drug screening
- Fundamentals of Adult Guardianship training
- Start monthly volunteer reports

Part III

- Meet potential ward
- Complete Probate Court application with CCAC staff

VOLUNTEER GUARDIAN TRAINING

All guardians must complete the *Fundamentals of Adult* Guardianship 6 hour training course.

The training is facilitated by the Ohio Supreme Court
http://www.supremecourt.ohio.gov/fiduciary/guardianship/.

Completion of the Fundamentals of Adult Guardianship course is mandatory and must be completed prior to filing your guardianship application with the court.

An additional 3 hours are required each year thereafter, through the Ohio Supreme Court.

"My beloved brothers, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labor is not in vain."

Cor. 15:58

B. Measurable Objectives

Program Outcomes results are collected annually by surveying volunteer guardians utilizing the *Ward Outcomes Assessment* tool and *Annual Guardianship Survey*. Both survey's measure the program ward's safety, care, health and quality of life.

The Guardianship Program measures utilizing the Wards Outcomes Assessment evaluation and strives for the following objectives to be met annually for the Program:

- 100% of volunteer guardians will report that they agree or strongly agree their wards are living in a safe, protective environment.
- 80% of volunteer guardians will agree or strongly agree that their ward experienced an improvement in his/her quality of life.
- 80% of volunteer guardians will agreed or strongly agreed their ward's health improved
- 80% of volunteer guardians will agree or strongly agree that their ward's plan of care meeting with nursing homes or caregivers have been effective.

The 2021, *the Wards Outcomes Assessment* evaluation reported the following:

- 100% of wards are in a safe, protected environment
- 70% of guardians agree or strongly agree that their ward's quality of life has improved
- 60% of guardians agree or strongly agree that their ward's health has improved. This is not higher because, due to the advanced stages of life, not all wards will experience improved health.
- 95% of guardians agree or strongly agree that their ward's plan of care meetings have been effective
- 100% of guardians agree or strongly agree that they have enough information to make personal and medical decisions for their ward

Regarding the volunteer's guardian goals, the program anticipates that:

- 90% of volunteer guardians will submit monthly contact reports
- Annual volunteer satisfaction survey will achieve 80% favorable responses

The 2021 *Volunteer Guardian Satisfaction survey* reported:

- 100% of wards are in a safe, protected environment
- 80% of guardians agree or strongly agree that their ward's quality of life has improved
- 65% of guardians agree or strongly agree that their ward's health has improved. This is not higher because, due to the advanced stages of life, not all wards will experience improved health.
- 80% of guardians agree or strongly agree that their ward's plan of care meetings have been effective
- 90% of guardians agree or strongly agree that they have enough information to make personal and medical decisions for their ward

Catholic Charities of Ashtabula County
Ward Outcomes Assessment

Date:_____

Ward's Name_____ Guardian's Name_____

Please answer the following questions regarding your guardianship with your ward:

1. **I feel I have enough information and knowledge to make personal and/or medical decisions in the best interest of your ward.**

   1 2 3 4 5 6 7 8 9 10

   Strongly Disagree Neutral Strongly Agree

2. **My ward is in a safe protective environment.**

   1 2 3 4 5 6 7 8 9 10

   Strongly Disagree Neutral Strongly Agree

3. **I feel my ward's quality of life has improved.**

   1 2 3 4 5 6 7 8 9 10

   Strongly Disagree Neutral Strongly Agree

4. **My ward's health has improved.**

   1 2 3 4 5 6 7 8 9 10

   Strongly Disagree Neutral Strongly Agree

5. **My ward's plan of care meetings and communications with Nursing Home and/or Caregiver has been effective.**

   1 2 3 4 5 6 7 8 9 10

   Strongly Disagree Neutral Strongly Agree

Comments/Suggestions:

_____

_____

_____

_____

Catholic Charities of Ashtabula County
Volunteer Guardianship Satisfaction Survey for 2021

(Check one box for each question only)

		Highly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Highly Disagree	N/A
1.	I have a good understanding of the mission and vision of Catholic Charities.	☐	☐	☐	☐	☐	☐
2.	I understand my role as a Volunteer Guardian.	☐	☐	☐	☐	☐	☐
3.	Being a Volunteer Guardian is a satisfying and rewarding experience.	☐	☐	☐	☐	☐	☐
4.	The volunteer time I am requested to do per month (1 hour minimum) is reasonable	☐	☐	☐	☐	☐	☐
5.	I would accept another guardianship given the opportunity fits my schedule and/or availability.	☐	☐	☐	☐	☐	☐
6.	I receive enough interaction from the Volunteer Guardianship Program Staff.	☐	☐	☐	☐	☐	☐
7.	I feel my training has helped me become an effective volunteer guardian for my ward(s).	☐	☐	☐	☐	☐	☐
8.	I receive the support and communication needed from the program Manager and support staff.	☐	☐	☐	☐	☐	☐
9.	I have received the training needed to perform as a Volunteer Guardian.	☐	☐	☐	☐	☐	☐
10.	My phone calls to the program staff are received and/or returned in a timely manner.	☐	☐	☐	☐	☐	☐
11.	I have a good understanding of Do-Not-Resuscitate Orders (DNR).	☐	☐	☐	☐	☐	☐
12.	I know to contact the program manager and/or support staff to discuss and/or ask questions about funeral planning for my ward.	☐	☐	☐	☐	☐	☐
13.	I have a good understanding of my Ward's medications and Doctor's orders.	☐	☐	☐	☐	☐	☐
14.	I feel comfortable with the direction and future of the Volunteer Guardianship Program.	☐	☐	☐	☐	☐	☐
15	I am likely to refer a friend or family member to become a volunteer guardian.	☐	☐	☐	☐	☐	☐
16.	My experience as a volunteer at Catholic Charities has been rewarding.	☐	☐	☐	☐	☐	☐
17.	Covid has affected my ability to have in-person contact with my ward	☐	☐	☐	☐	☐	☐
18.	CCAC staff has been supportive to the changes by the Covid pandemic	☐	☐	☐	☐	☐	☐

I am a:
- ☐ Current Volunteer Guardian
- ☐ Past Volunteer Guardian
- ☐ Volunteer Guardian in Training

How many years have you been involved in the Patrick Sorohan Ashtabula County Volunteer Guardianship Program?
- ☐ 1 – 5 years
- ☐ 5 – 10+ years
- ☐ Other

Comments:

Section 2 (F)
Documents Used for Monitoring

Guardianship

Catholic Charities of Ashtabula County
Patrick Sorohan Ashtabula County Volunteer Guardianship Program

Guardianship Community Assessment

Person Conducting Assessment:	**Bill Daywalt**	**Date & Time of Visit:**	
Client's Full Name:		**SSN:**	
Marital Status:		**DOB:**	**AGE:**
Current Address:		**Previous Address:**	
Phone:		**Contact:**	

Conditions of Client and Surroundings

What are the living conditions/environment of the client:

Client Assessment: Person to Person

Where did you meet the client for the first time?

What is the reaction to your visit?

Questions that may apply

How would you feel about having a guardian? Do you know what guardianship is?

What would you do in case of a fire?

What would you do if is someone harrasses you or attempts to steal from you?

What would you do if you did not have food in your home?

How do you pay your bills? Is there a payee?

What would you do in a medical emergency?

Other Questions:			
Assessment Observations			
What is the mobility of the client?	Independent		Comments from records or staff:
Cane	Walker	WC	
How is the comprehension of the client:			
Good	Adequate	Poor	
Short Term Memory:			
Good	Adequate	Poor	
Long term Memory			
Good	Adequate	Poor	
Decision Making Ability:			
Good	Adequate	Poor	

Psychosocial Attributes		
Delusional	Paranoid	Confused
Irritable	Willing to try	Fearful
Motivated	Cheerful	Hostile
Dwells on illness	Cooperative	Guarded
Withdrawn	Uncooperative	Depressed
Other:		

General Attitude towards life past and present

Special Precautions, limitations/considerations from visit

Obtain Records	
Current Physician:	Preferred Hospital:
Allergies:	Results from criminal check:
Veteran of: Form DD214:	

Income			
	Amount	Frequency	Direct Deposit
Primary Income:			
Secondary Income:			

Assets			
Bank Name	Account Type	Balance	Account Number

Automobiles:

Real Property:

Stock/Bonds:

Life Insurances:

Trusts:

Medical

Medicare #

Medicaid Billing #

Medicaid Case #

Other:

Comments from other people involved with the visit

Final Assessment

Is there any reason that a Guardian may not be needed?

Is there a need for a second assessment/revisit and Why?

Persons/Professionals involved with care

Name/Relationship	Address	Phone

Observations

Catholic Charities of Ashtabula County

Patrick Sorohan Ashtabula County Volunteer Guardianship Program

Annual Functional Assessment

Person Conducting Assessment:	Date & Time:
Client's Full Name:	Court Case #
Current Address:	Phone:
Income Source/Amounts:	
Primary Insurance:	Secondary Insurance:
Admission Date to Nursing Home/Group Home:	

Guardian or other people involved with ward

Name/Relationship	Address	Phone

Records on File

DNR Code:	Funeral Plan:
Advanced Directives:	Veteran:
Living Will:	Last Will & Testament:
Current Physician's Orders:	Preferred Hospital:

Reason for Guardianship:

_____ MR/DD

_____ Alzheimer's/Dementia

_____ Mental Health

_____ Physical Disability (stroke, auto accident)

_____ Other, Explain _____

Psychosocial Attributes

Delusional	Paranoid	Confused	Other:
Irritable	Willing to try	Fearful	
Motivated	Cheerful	Hostile	
Dwells on illness	Cooperative	Guarded	
Withdrawn	Uncooperative	Depressed	

Assessor Observations

Has there been an Improvement or decline in any of the following areas:

Physical Health	_____ Improved	_____ Declined	_____ Same
Psychological/Emotional Health	_____ Improved	_____ Declined	_____ Same
Intellectual Functioning	_____ Improved	_____ Declined	_____ Same
Environment/Care	_____ Improved	_____ Declined	_____ Same

Why do you feel the Guardianship should continue: _____

What is the mobility of the client? Independent

Cane Walker Wheel Chair

How is the comprehension of the client: Good Adequate Poor

Short Term Memory Good Adequate Poor

Long term Memory Good Adequate Poor

Ability to understand others: Good Adequate Poor

Decision Making Ability Good Adequate Poor

Comments from records or staff:

ADL's

Feeding	Total assistance	Some assistance	No assistance needed
Dressing	Total assistance	Some assistance	No assistance needed
Grooming	Total assistance	Some assistance	No assistance needed
Bathing	Total assistance	Some assistance	No assistance needed
Toileting	Total assistance	Some assistance	No assistance needed
	Continent	Incontinent	
Mobility	Total Assist	Assist w/transfers	Assist w/ambulating No assist needed
Orientation	Self	Day of Week	Time
	Month	Season	Where Living

Catholic Charities of Ashtabula County

Patrick A. Serohan Ashtabula County Volunteer Guardianship Program

Ward Annual Service Plan

Ward Name: Court Case # Date of Care Plan:

Guardian's Name: Phone No.:

Type: Estate Person Only Both Other

Reason for guardianship: DD Mental Health Alzheimer's/Dementia Other (Stroke, Auto Accident)

Purpose of Meeting: Initial service/care plan ____ Change in status service/care plan ____ Annual service/care plan ____

Is ward present? Y___ N___ If no explain Is family present? Y___ N___ If no explain

Ask these questions of ward directly or if you cannot speak with the ward, answer these questions using the information you have.

Who answered questions? Ward ____ Guardian ____ Other

Is the ward satisfied with living situation? Y____ N____ Can't Judge ____ Is ward satisfied with care? Y____ N____ Can't Judge ____

Does the ward feel guardianship is still needed? Y___ N___ Can't Judge ___ Is ward satisfied with guardian? Y___ N___ Can't Judge ____

If the ward answers no to any of these questions, please elaborate and list any changes requested by the ward:

Physical Health

Does the ward have any conditions that would impede communication? Y____ N____

If so, please specify: ____ Hearing impairment ____ Unwilling to speak/foreign language ____Comatose

____ Speech impairment ____ Mental illness ____Alzheimer's/Dementia

Advanced Directives/DNR Code: DNR-CCA ____ DNR-CC ____ Full Code ____

Primary Care Physician Name: Last Visit: Hospitalizations: Y ___ N ___ How many: ____

Any problems with medications (e.g., ward refuses to take medications or medications prescribed by multiple doctors)? Y____ N____

If yes, please specify:

Changes since last annual service plan: Improved ____ No change ____ Declined ____ First service plan ____

Comments:

Psychological/Emotional Health

Psychiatrist Name: Does ward take medication specifically for mental illness? Y____ N____

If yes, please list:

Has ward experienced any traumatic events or major disruptions or changes (e.g., death of loved one, admission to nursing home, abuse or major illness)? Y____ N____ If yes, please specify:

Has there been an improvement or decline in the ward's mental or emotional health since the last service/care plan? Y____ N____

Please specify:

Changes since last annual service plan: Improved ____ No change ____ Declined ____ First service plan ____

Comments:

Intellectual Functioning

Is the ward able to make decisions? Y____ N ____ If yes, in what areas? _____

Has this capacity changed since the last service plan? Y ____ N ____ If Yes, has it improved ____ or declined ____

Changes since last annual service plan: Improved ____ No change ____ Declined ____ First service plan ____

Comments:

Social Interaction/Activity

How often does ward go outside of residence? If none, why? _____

Are the ward's recreational and social needs being met? Y ____ N ____ If no, why: _____

Changes since last annual service plan: Improved ____ No change ____ Declined ____ First service plan ____

Comments:

Nursing Home Environment and Care

Is nursing home placement the least restrictive alternative? Y ____ N ____, If no please explain: _____

Changes since last annual service plan: Improved ____ No change ____ Declined ____ First service/care plan ____

Comments:

Overall Care Assessment Score (circle one)

Please circle anywhere from 1 through 10 for your wards overall care score.

POOR				AVERAGE				EXCELLENT	
1	2	3	4	5	6	7	8	9	10

Does the Guardian need assistance from the Volunteer Guardian Program? Y____ N ____ If yes, specify: _____

Does the Guardian feel the Guardianship should continue? Y ____ N ____ If no, please explain: _____

Guardian Signature _____ Date _____

Guardian should attach copies of each:

- ☐ Current Physician/Active Orders
- ☐ Annual Functional Assessment
- ☐ Annual Training Certificate

Record Review (completed by Program Supervisor)

Notes:

Signature: _____

Date: _____

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S REPORT

(R.C. 2111.49)

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the (circle one): 1st, 2nd, 3rd, 4th, 5th, 6th, or _____, Guardian's Report.
2. Ward's present address: _____
   City _____ State _____
   Zip _____ Telephone (_____) _____
3. Ward's living arrangements at the above address are best described as:
   - ☐ a. His or her own apartment or home (includes assisted living facilities).
   - ☐ b. Private home or apartment of:
     - ☐ (1) the ward's guardian
     - ☐ (2) a relative of the ward, whose name is _____
       and relationship is _____
     - ☐ (3) a non-relative whose name is _____
   - ☐ c. A foster, group or boarding home.
   - ☐ d. A nursing home.
   - ☐ e. A medical facility or state institution.
   - ☐ f. Other (describe) _____
   - ☐ g. If c, d, e or f is checked, complete the following:
     - ☐ (1) The name of the home, facility or institution _____
     - ☐ (2) The name of an individual at the home, facility or institution who has knowledge and is authorized to give information to the Court about the ward.
       Name _____
       Telephone Number (_____) _____
4. The ward will be at the address given in Item 2-
   - ☐ a. Indefinitely.
   - ☐ b. Temporarily. The new address and telephone number is:
     - ☐ (1) Unknown. I will provide this information when known.
     - ☐ (2) _____
       City _____ State _____
       Zip _____ Telephone (_____) _____

CASE NO. _____

5. Guardian's contact with the ward:
   a. Approximate number of times the guardian had contact with the ward during the period covered by this report: _____
   b. The nature of those contacts (phone, personal, or other): _____
   c. Date the ward was last seen by the guardian: _____

6. Have you observed any major change in the ward's physical or mental condition during the period covered by this report? ☐ Yes ☐ No
   If "Yes" is checked, briefly describe the changes. _____

7. The care given to the ward is ☐ Adequate ☐ Not Adequate
   If "Not Adequate" is checked, explain. _____

8. The guardianship should be ☐ Continued ☐ Not Continued
   If "Not Continued" is checked, explain. _____

9. During the period covered by this report, the ward ☐ has ☐ has not been seen by a physician. If the ward has been seen, the last date was _____ _____ and for the purpose of _____

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C.2111.49(A)(1)(i)](H.C. Form 17.15)

If an attorney has been consulted on this report: Date _____

_____
Attorney's Signature

_____
(Type or print Attorney's Name)

_____
(Street)

_____
(City, State, Zip Code)

(_____) _____
Telephone Number

_____
Supreme Court Regis. No.

_____
Guardian's Signature

_____
(Type or print Guardian's Name)

_____
(Street)

_____
(City, State, Zip Code)

(_____) _____
(Telephone Number - Include Area Code)

(Knowingly giving false information on a Probate document is a criminal offense.)
[R.C. 2921.13(A)(11)]

PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

ANNUAL GUARDIANSHIP PLAN - PERSON

[Sup.R. 66.08 (G)]

[Attach as addendum to Form 17.7-Guardian's Report.]

I am the guardian of the for the above-named Ward. I have identified the following goal(s) for the next year and how I intend the goal(s) to be met.

☐ Attached is the Individual Service Plan (ISP) through the county board of development disabilities.

For the Person

Goal - (for example: address medication issues; obtain assistance devices; secure medical and rehab services; meet mental health service needs; secure personal care services; enhance nutrition; improve social skills, etc.)

_____

_____

_____

Means to Meet the Goal – (for example: educate on benefits of medications and compliance; obtain walker, wheelchair, hearing aid; schedule semi-annual checkups/exams; secure outpatient examinations and mental health counseling; arrange for shopping and/or meals on wheels; enroll in sheltered workshop/socialization programs, etc.)

_____

_____

_____

[Attach additional pages if necessary]

[Reverse of Form 27.7]

CASE NO._____

_____ _____

Guardian's Printed Name Guardian's Signature

_____ _____

Street Telephone Number (include area code)

_____

City State Zip Code

CATHOLIC CHARITIES

Diocesase of Youngstown

Monthly Volunteer Report

Volunteer: _____ Phone: _____

Ward: _____ Month: _____

SUMMARY OF VISITS

Date of Service	Direct Service	In-Services	Travel Time	Brief comments about your contact
(Please enter time for all services including 2 or 3 minute calls)				(Use other side for additional comments)

Please submit reports by the 10th of each month

Reports can be submitted by:

US Mail: 4200 Park Avenue 3rd FL, Ashtabula, OH 44004
Fax: (440) 992-5974
Email: jeannem@doyccac.org
Website: doyccac.org, click on Volunteer Guardian Timesheet

Patrick A. Sorchan Ashtabula County Volunteer Guardianship Program

Revised: 11/13/2015

Catholic Charities of Ashtabula County
2012 Volunteer Guardianship Satisfaction Survey

		Highly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Highly Disagree	
1.	I have a good understanding of the mission and vision of Catholic Charities.	1	2	3	4	5	N/A
2.	I understand my role as a Volunteer Guardian.	1	2	3	4	5	N/A
3.	Being a Volunteer Guardian is a satisfying and rewarding experience.	1	2	3	4	5	N/A
4.	The volunteer time I am requested to do per month (1 hour minimum) is reasonable.	1	2	3	4	5	N/A
5.	I would accept another guardianship given the opportunity fits my schedule and/or availability.	1	2	3	4	5	N/A
6.	I receive enough interaction from the Volunteer Guardianship Program Staff.	1	2	3	4	5	N/A
7.	I feel my training has helped me become an effective volunteer guardian for my ward(s).	1	2	3	4	5	N/A
8.	I receive the support and communication needed from the Program Manager and support staff.	1	2	3	4	5	N/A
9.	I have received the training needed to perform as a Volunteer Guardian.	1	2	3	4	5	N/A
10.	My phone calls to the program staff are received and/or returned in a timely manner.	1	2	3	4	5	N/A
11.	I have a good understanding of Do-Not-Resuscitate Orders (DNR).	1	2	3	4	5	N/A
12.	I know to contact the program manger and/or support staff to discuss and/or ask questions about funeral planning for my ward.	1	2	3	4	5	N/A
13.	I have a good understanding of my Ward's medications and Doctor's orders.	1	2	3	4	5	N/A
14.	I feel comfortable with the direction and future of the Volunteer Guardianship Program.	1	2	3	4	5	N/A
15.	I am likely to refer a friend or family member to become a volunteer guardian.	1	2	3	4	5	N/A
16.	My experience as a volunteer at Catholic Charities has been rewarding.	1	2	3	4	5	N/A

I am a:
____ Current Volunteer Guardian
____ Past Volunteer Guardian
____ Volunteer Guardian in Training

How many years have you been involved in the Patrick Sorohan Ashtabula County Volunteer Guardianship Program? _____

We are looking for new ideas for Volunteer Guardianship gatherings and in-services:

_____

_____

_____

Comments: _____

_____

_____

PLEASE MAIL BACK YOUR SURVEY USING THE ENVELOPE PROVIDED.
THANK YOU FOR TAKING THE TIME OUT TO COMPLETE THIS SURVEY.
Monday, April 16th

Section 3
Program Planning and Development

A. Program description – Representative Payeeship

1. Proposed service

Catholic Charities of Ashtabula County is committed to providing Representative Payeeship services to the 60 years of age and above population in Ashtabula County. CCAC is the only organization in Ashtabula County that provides Representative Payeeship Services, which is a stabilization program that that manages benefits for individuals who are incapable of managing their own finances. Typically, these individuals receive Supplemental Security Income (a Federal income supplement program to assist aged, blind and disabled people who have little or no income). The first choice for a payee would be a family member or trusted friend, but for some individuals, no appropriate person is available.

Representative Payeeship is a less restrictive protective service than Guardianship, and the courts are not involved. However, the beneficiary is restricted from having control of his or her monthly benefit amount. Upon approval of the Social Security Administration, a caseworker from Catholic Charities of Ashtabula County becomes a payee to those who cannot manage their finances. CCAC actually receives the beneficiary's monthly check and distributes it. The caseworker ensures that basic shelter, food and clothing needs are met, and that appropriate benefits are accessed; thus providing stability to those who are vulnerable to exploitation.

Clients of the program are typically diagnosed with mental illness, alcohol and drug addiction and/or physical and mental disabilities. Most clients have been a victim of exploitation and abuse and may have been easily taken advantage of financially. Given these factors, funds are often misused and needs such as shelter and food go unmet, leading to homelessness, poor health, lower functioning and hospitalization.

The Representative Payeeship Program is responsible for the following actions:

- Using benefits for the beneficiary's current and foreseeable basic living needs.
- Coordinating Representative Payee application with Social Security and case manager.
- Providing advocacy for client.
- Managing any client debt, negotiating with creditors.
- Keeping all records of receipt and expenditure of client benefits.
- Meeting with client and/or case manager to create and discuss budget.
- Providing monthly allowance/spending checks.
- Conducting Social Security annual accounting report.
- Being aware of the client's financial, legal, vocational status and living situation

2. Need

In Ohio from July 1, 2018 through June 30, 2019 Adult Protective Services received 29,824 reports of abuse, neglect, and exploitation for adults 60 and over. (ODJFS APS Data Fact Sheet for SFY 2019). Ashtabula County Adult Protective Services received 294 reports of alleged abuse, neglect, or exploitation in SFY 2021. The Alzheimer's Association reports 1 in 3 seniors dies from Alzheimer's/Dementia. It is the 6th leading cause of death in the United States, killing more seniors than breast cancer and prostate cancer combined. The National Center on Elder Abuse reported: 9.5% of the elderly population experience some type of abuse, the most common being psychological and financial. Statistics report that in nursing homes 27.4% are physically abused and 13.8% are financially taken advantage of.

According to the Center of Community Solutions 2018, 28 percent of Ashtabula County makes up of the older adult population. Additionally, 11% of the 60 and older residents live below the poverty level, which is above the state average of 8.6%. Representative Payee clients are among the poorest and most vulnerable in the county. The majority of them live on less than $800/month. Of the 290 current clients being served through CCAC this year (2022), 35 percent (100 clients) comprise of the 60 and older population. Those 60 and older being served were at high risk for homelessness and financial exploitation and are now living a safer and stable life in which their basic needs are met.

Before entering our program, over 90% of the individuals in the Representative Payeeship Program were in danger of homelessness and/or were exploitation by friends and family members, and/or have no one to help them manage their financial affairs. Many were having difficulty prioritizing their financial needs not understanding the difference between a need and a want. Given these factors, funds are often misused and basic needs such as shelter and food go unmet, leading to homelessness, poor health and lower functioning. Representative Payeeship services greatly improve the quality of life for Ashtabula County seniors and allows them to avoid homelessness and exploitation.

3. Experience of applicant in administering the proposed service

For over twenty–five years, the Representative Payeeship program has been serving as a trusted fiduciary, representative payee, for the most vulnerable 60 and older population in Ashtabula County. Catholic Charities of Ashtabula County is the only long-standing Organizational Representative Payeeship program in the county and continues to fill the need for those that are most in need. CCAC is audited every two years by the Social Security Administration for compliance and best practices. CCAC is accredited by Ohio Department of Mental Health and Recovery Services (OHMAS) and most recently in 2022 the Department of Developmental Disabilities (DODD). The Representative Payeeship program utilizes a comprehensive client management system, Lightgov that manages and documents client needs and monthly financials.

Our clients are considered the most vulnerable in the community and do not have the abilities to manage their disability benefits. Most likely, If they did not have a representative payee, a trusting family or friend to assist, those individuals would be at high risk of exploitation from family and/or friends potentially causing homelessness, financial instability and lack of quality of life. A client in our program will meet with our representative payee caseworker and create a budget. The caseworker ensures that basic

shelter, utilities and clothing needs are met, and that appropriate benefits are accessed, thus providing financial and personal stability to our vulnerable clients. The Payeeship Program ensures that all the necessary bills are paid to ensure our clients basic needs are being met.

Service Area	Unduplicated clients 2021 age 60-75	Unduplicated clients projected 2023 age 60-75	Unduplicated clients 2021 age 76 +	Unduplicated clients projected 2023 age 76 +
Andover	3	4	1	2
Ashtabula	53	60	12	15
Austinburg	2	2	0	2
Conneaut	7	10	3	5
Geneva	8	10	1	5
Jefferson	1	5	2	5
Kingsville	2	5	0	3
Orwell	4	5	0	0
Other **	8	8	1	1
TOTAL				
	88	**109**	**20**	**38**

4. Program Statistics - Payeeship

** Client currently living in an outside facility

SSL Payeeship units of service:

Period of time	Units of service
2020 actual	509
2022 projected	525

5. Days and hours program is available

Catholic Charities of Ashtabula County has office hours on Monday through Friday from 8:30 am – 5:00 pm.

- Relatives
- Caseworkers

The Protective Services Supervisor or Payeeship Caseworker accepts and reviews all referrals to the program.

Waiting List:

60 years or older: All referrals of prospective clients, 60 years or older, receive priority services, and as a result, are not placed on a waiting list in the Representive Payeeship program. The Representative Payeeship Program application process is implemented immediately to ensure the referred applicant's immediate fiduciary needs are being met in a timely process. Majority of these referrals are from Adult Protective Services.

Under 60 years of age: All other referrals, for those under the age of 60, are prioritized by greatest need. Any referral must demonstrate the need for services and must not have other means of assistance through an appropriate family member or friend.

Prioritization Policy (60 years of age):

If in the circumstance where a waiting list must be created due to an increase in demand which affects the lead-time of implementing new Representative Payeeship services, the following prioritization process is developed:

All clients referred to a waiting list are managed by the program supervisor and listed by referral date. 60 and older referrals will be prioritized by referral source. Eg: APS or medical provider and if the client does not have an alternative and/or trusted family and/or friends to assist client in need.

Additionally, monthly meetings and/or an immediately meeting with Adult Protective Services will assist with the prioritization of the wait list based on the greatest level of need for services.

Once a new client is accepted into the program, the caseworker is responsible for the following activities:

6. Client Intake

The Representative Payeeship Program has an intake application process. All referrals will be placed on a list, prioritized by greatest need, and scheduled for assessment as quickly as possible. Adult Protective Services referrals will receive priority services. Representative Payeeship referrals are typically received directly from one of the following sources:

- Adult Protective Services
- Mental health organizations
- Hospitals
- Probate Court
- Nursing homes
- Other services

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- Hospitals
- Probate Court
- Nursing homes
- Other services
- Relatives
- Caseworkers

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Additionally, monthly meetings and/or an immediately meeting with Adult Protective Services will assist with the prioritization of the wait list based on the greatest level of need for services.

Once a new client is accepted into the program, the caseworker is responsible for the following activities:

- Implementing the application process for Representative Payeeship to the Social Security Administration
- Meeting with client and/or support groups of client to explain program and understand the client's everyday needs
- Collecting personal and financial information of client
- Communicating with client vendors regarding billing and Catholic Charities' involvement
- Developing a client budget and understanding client's personal needs
- Meeting monthly or as needed to review payee's current needs and special requests

The Representative Payeeship application is enclosed.

7. Federal, State and local funding for representative payeeship services

Source	2015	2016	2017	2018	2019	2020	2021	Unit Rate
Catholic Charities	48,000	55,250	55,832	59,093	72,000	77,000	76,465	N/A
Ashtabula County Mental Health and Recovery Services Board	1,605	18,864	34,985	37,020	37,020	35,000	40,000	N/A
Program Service Fees (those clients < age 60)	12,091	12,348	14,788	13,658	13,250	13,000	17,000	N/A
Senior Levy	24,729	24,729	24,729	26,091	29,962	24,729	24,729	66.88
United Way	21,532	21,641	21,079	19,376	17,779	15830	12,000	N/A

8. Service collaboration/coordination

The Representative Payeeship Program coordinates its services with the following programs, services, and providers in the area:

- *Adult Protective Services:*

APS refers those aged 60 and above, currently living in the community, who may be exposed to risk due to abuse, neglect and exploitation because of his or her inability to make appropriate financial decisions. When there is no family or lack of appropriate family to handle their monthly benefit, APS may call upon CCAC to serve as the Representative Payee. However, there are situations when the prospective client is not

voluntary with APS offered services and there is a concern for the person's welfare. APS may then pursue a Protective Order through the Ashtabula County Probate Court and request Catholic Charities to apply as Representative Payee to the prospective client.

- *Ashtabula County Probate Court:*

  The Probate Judge or Magistrate may find it necessary to exercise all other options for an individual prior to pursuing guardianship. As a result, CCAC may be court-ordered to serve as a Representative Payee. Representative Payeeship may prove to stabilize and improve the client's quality of life by ensuring that life's necessities such as shelter, food and clothing needs are met; therefore having no need to pursue Guardianship.

- *Ashtabula County Mental Health and Recovery Services Board:*

  Behavioral health organization refers those under the age of sixty, currently living in the community who are experiencing a Severe and Persistent Mental Illness (SPMI) and are in need of a guardian. This service is contracted by the Board.

- *Social Security Administration*

  When the Social Security Administration determines that an individual is not able to manage his or her benefits, or that exploitation may be occurring, they will refer the individual to CCAC.

- Ashtabula County Board of Developmental Disabilities

  Service and Support Administrators (SSA) provide case management and coordinate services for client that live in the community. SSAs consult with and update the representative payee about the client's current progress and provides community case management support for the payee.

- *Other:*

  CCAC also works closely with local mental health agencies, and area other service providers.

9. Mission Statement Alignment

In partnership with the Senior Services Levy, the Representative Payeeship Program provides superior services by advocating for the over 60 years of age population in Ashtabula County. Our program promotes well-being and self-sufficiency by serving the most vulnerable and often invisible to the attention of all people of goodwill. Catholic Charities of Ashtabula County advocates for justice in all situations while leading our clients into a lifestyle free from abuse, neglect, and often at-risk situations. In doing so, the Representative Payeeship Program will often alleviate conditions of poverty and open the doors to a healthier and safer lifestyle for those in need of our program.

Catholic Charities of Ashtabula County

Representative Payee Referral Application

Client Information **Date:**

Personal Information

Name: _____ Social Security Number _____ Date of birth _____

Address: _____ Apartment/Unit # _____
Street Address

_____ State _____ ZIP Code _____
City

Home Phone: ( ) _____ Current payee: _____ Phone: _____

Marital Status: _____ SSA benefits/amounts _____

Spouse's Name: _____ Social Security Number _____ date of birth _____

Names and Relationships of people who live with client: _____ Guardian: (if applicable)

Phone: _____

Employer _____ Monthly Wages (approx) _____

Section 8 yes no _____ Food Stamps yes no _____

Medicare yes no _____ Medicaid yes no _____

Case manager _____ Medicare D yes no _____

Telephone: _____ Agency: _____

Referred By

Agency: _____

Name: _____ Relationship _____ Telephone _____

_____
Agency/Address

_____ State _____ ZIP Code _____
City

Mental Health Diagnosis and Reason for Payeeship Referral:

For office use only: G: ET: PUB: VETERAN MHRSB/SPMI NON SED SED SSL

NAME: DATE:

Housing:

Landlord (current lease required for payment):		Phone:	
Rent amount:	Date due:	Mail	Pick up
Security deposit:	Section 8:		
Additional information:			

Utilities:

Gas:	PIPP:	Account #
Electric:	PIPP:	Account #
Phone:	Lifeline:	Account #
Cable:		Account #
Water:		Account #
Sewer:		Account #
Other:		Account #

Insurance:

Automobile:	Company:	Amount:	due date:
Life:	Company:	Amount:	due date:
Life:	Company:	Amount:	due date:
Homeowners:	Company:	Amount:	due date:
Other:	Company:	Amount:	due date:

Other bills:

Court:
Probation:
Storage:
Credit cards:
Spenddown:
Medication:

Spending

Weekly	Monthly	Other:	Amount:	Mail	Pick up
Additional instructions:					
Groceries:					
Other:					

Employer:

Name:	Address:	Phone:
Pay schedule:		
Checks received by:		
Pay stubs to go to SSA:	yes	no
IRS taxes:		

NAME: **DATE:**

Medical Insurance:

Medicare: Claim #

Medicare D: Account# Extra Help: no yes

Medicaid: Case # Billing #

Spend down: no yes amount

Pharmacy: telephone:

Contact information:

In case of emergency:	name	relationship	telephone

Information in case file:

Copy of Social Security card:	original
Copy of Medicare card	original
Copy of birth certificate:	original
Copy of Medicare D card:	original
Copy of ID card	original
Copy of Medicaid card	original
Insurance policies:	

Banking information:

Other bank accounts:

Agreement:

As client:

I will promptly notify my representative payee of any changes in: address, telephone number, rent, employment, marital status, and the like. I will bring in my pay stubs for Social Security, receipts of items purchased, and any other financial related information when the Rep Payee requests them. I will be polite and respectful of Rep Payee and other clients, and understand that threatening or abusive behavior toward anyone in the Agency will not be tolerated, and may result in a suspension of services.

As representative payee:

I will pay your bills each month, with housing and basic utilities being paid first. I will do my best to see that you have spending money, but the amount can depend on what bills you have. I will be respectful in talking with you, as flexible as possible when financial needs arise, and protect your right to confidentiality. I will return your telephone calls as soon as I can, but cannot guarantee a response the same day. I am happy to meet with you if you wish to schedule an appointment.

Signature of client:	Date:
Signature of representative payee:	Date:

Notice: Agency staff is required to contact the appropriate authorities if they suspect a client is at risk of harm, or poses a threat to others.

B. Measurable objectives

Annually, the Payeeship caseworker assesses each client to measure the program's goals of maintaining basic needs. Income, shelter and life skills are assessed to determine if each category is:

- In crisis
- Vulnerable
- Safe
- Building capacity
- Empowered

It is the goal of the program that each category would achieve 100% safe status. While this may seem like a fairly easy goal to achieve, each client remains his/her own person, with a right to make decisions. The presence of a severe and persistent mental health diagnosis sometimes has individuals making choices without the consultation of their payee and/or mental health case manager, thus placing them in a crisis or vulnerable situation.

Clients are given an annual satisfaction survey and the goal is 80% favorable responses.

The Representative Payeeship Program measures the following strive for the following objectives to be met annually for the Representative Payeeship Program:

- 80% Representative Payee clients will meet their basic needs financially.
- 80% Representative Payee clients will live in safe, adequate housing
- 80% Representative Payee clients will be able to meet their daily living needs without assistance.

Program Outcomes are documented by annually surveying and monitoring the program's client progress through a self-sufficiency matrix tool which measures an individual's income, shelter, and life skills. This tool measures the impact of Representative Payeeship Services. From the most recent survey results from the 2021 assessment:

- With regard to income, 93 percent of clients averaged indicated that they can meet basic needs with subsidy.
- With regard to shelter, 98 percent of clients reported and safe adequate housing.
- With regard to life skills, 75 percent of clients averaged indicated that they were able to meet most, but not all, daily living needs without assistance.

See Self-sufficiency Matrix enclosed

Self-Sufficiency Matrix

Matrix Summary

Intake Date: _____ Staff Name: _____

Date: _____

Agency Name: Catholic Charities of Ashtabula County

Program: **Payeeship**

Client Information

First Name _____ MI _____

Last Name _____ Suffix _____

Client ID (optional Agency ID) _____ SSN XXX-XX-_____

Self-Sufficiency Matrix Instructions:

- Complete this form for all clients at: 1) entry, 2) at 6 months, 3) at 1 year post entry
- Select one and only one level in each of the 17 areas below by marking the box next to the appropriate level
- Level categories: 1= In Crisis, 2= Vulnerable, 3= Safe, 4= Building Capacity, 5= Empowered

Assessment Type (Point in Time- select one: circle) ◊ Entry ◊ 6-month review ◊ 1 Year

1. **Income**
   - □ 1. No Income
   - □ 2. Inadequate income and/or spontaneous or inappropriate spending
   - □ 3. Can meet basic needs with subsidy; appropriate spending
   - □ 4. Can meet basic needs and manage debt without assistance
   - □ 5. Income is sufficient, well managed; has discretionary income and is able to save

2. **Shelter**
   - □ 1. Homeless or threatened with eviction
   - □ 2. In transitional, temporary, or substandard housing; and/or current rent/mortgage payment is unaffordable
   - □ 3. In stable housing that is safe but only marginally adequate
   - □ 4. Household is safe, adequate, subsidized housing
   - □ 5. Household is safe, adequate, unsubsidized housing

3. **Life Skills**
   - □ 1. Unable to meet basic needs such as hygiene, food, activities of daily living
   - □ 2. Can meet a few but not all needs of daily living without assistance
   - □ 3. Can meet most but not all daily living needs without assistance
   - □ 4. Able to meet all basic needs of daily living without assistance
   - □ 5. Able to provide beyond basic needs of daily living for self and family

Representative Payee

2021 Self Sufficiency Survey Final

- Level categories: 1= In Crisis, 2= Vulnerable, 3= Safe, 4= Building Capacity, 5= Empowered

TOTAL	0	
0		**1. Income**
0%	0	1. No Income
0%	0	2. Inadequate income and/or spontaneous or inappropriate spending
0%	0	3. Can meet basic needs with subsidy: appropriate spending
0%	0	4. Can meet basic needs and manage debt without assistance
0%	0	5. Income is sufficient, well managed; has discretionary income and is able to save
0		**2. Shelter**
0%	0	1. Homeless or threatened with eviction
0%	0	2. In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable
0%	0	3. In stable housing that is safe but only marginally adequate
0%	0	4. Household is safe, adequate, subsidized housing
0%	0	5. Household is safe, adequate, unsubsidized housing
		3. Life Skills
0%	0	1. Unable to meet basic needs such as hygiene, food, activities of daily living
0%	0	2. Can meet a few but not all needs of daily living without assistance
0%	0	3. Can meet most but not all daily living needs without assistance
0%	0	4. Able to meet all basic needs of daily living without assistance
0%	0	5. Income is sufficient, well managed; has discretionary income and is able to save

Section 2 (F)
Documents Used for Monitoring

Representative Payeeship

Social Security Administration

Important Information

Social Security Administration
6401 Security Blvd.
Mail Stop 1620
Baltimore, MD 21235
Date: September 2, 2020

Catholic Charities
3rd Floor
4200 Park Ave
Ashtabula, OH 44004

On January 22, 2020, Disability Rights Ohio met with you to conduct a review of your service as a representative payee. Thank you for your participation in the review.

Results Of Your Review

We determined you fulfill your duties as representative payee. Your review is now complete.

If You Have Questions About The Results Of Your Review

If you have questions about the results of your review, please call Social Security at 410-965-9222.

If You Have Any Other Questions About Social Security

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

4815 State Rd
Ashtabula, OH 44004-6213

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

Social Security Administration

Exhibit 1 – Sample SSA-6234 Representative Payee Report

6234

Representative Payee Report

Social Security Administration, P.O. Box 6230, Wilkes-Barre, PA 18767-9956

This report is about the benefits you received between and for the beneficiary. . Please read the enclosed instructions before completing this form to help you answer each question.

1. Did the beneficiary continue to live alone, or with the same person, or in the same institution from to ? YES NO

If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.

2. Benefits paid to you between and $

Benefits you reported as **saved** on last year's report $

Total Accountable Amount $

		YES	NO
A.	Did you (the payee) decide how the $ was spent or saved? If NO, please explain in REMARKS on the back of this form.	☐	☐
B.	Did you (the payee) charge the beneficiary a fee for payee or guardianship services you provided between and ?	☐	☐
	If YES, how much of the $ for those services between and did you collect from the beneficiary?	DOLLAR AMOUNT (NO CENTS) ☐☐☐,☐☐☐	
C.	How much of the $ for food and housing between and did you spend for the beneficiary's ?	☐☐☐,☐☐☐	
D.	How much of the $ for the beneficiary such as clothing, education, medical and dental expenses, rent or utilities between and did you spend on other things ?	☐☐☐,☐☐☐	
E.	How much, if any, of the $ for the beneficiary as of ? If none, show zeros.	☐☐☐,☐☐☐	

FORM SSA-6234-OCR-SM (02-2012)

62348

FOR SSA USE ONLY

3. If you showed an amount on 2.5, from page, place an X in the box below to show how you are saving the benefits. If you have more than one account, you can mark more than one box in each section.

A. TYPE OF ACCOUNT | B. TITLE OF ACCOUNT

4. Answer the question only if you answered "OTHER" as [illegible] above. If you answered "OTHER" as S.A. or G.D. allow the typical account or investment on the title of the account on which the benefits are saved.

A. TYPE OF ACCOUNT | B. TITLE OF ACCOUNT

REMARKS

NEW ADDRESS

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that any one who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

PAYEE'S SIGNATURE | DATE

5. PRINT JOB TITLE

7. DAYTIME TELEPHONE NUMBER(S) (Include area code and extension)

6. [illegible]

8. [illegible]

FORM SSA-623-OCR-SM (02-2012)

EXHIBIT II

Attachment B
Budget Template

Section 4
Applicant Budget
(Attachment B)

Guardianship

Applicant Budget Summary

Applicant: Catholic Charities of Ashtabula County/Guardianship	
Date From: January 2023	To: December 2023

	Amount
I. Staff	
A. Salaries	$ 16,116.00
B. Payroll-Related Expenses	$ 3,933.32
Total Staff Costs	$ 20,049.32
II. Operations	
A. Travel and Short-Term Training	$ 550.00
B. Consumable Supplies	$ 340.00
C. Occupancy Costs	$ 1,410.00
D. Contract and Professional Services	$ 1,350.00
E. Other - Miscellaneous	$ 1,515.00
Total Operational Costs	$ 5,165.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 25,214.32
IV. Minus Other Program Resources	$ -
Total Program Costs	$ 25,214.32

Budget Computation

Total Operating Expenses	$	25,214.32
Divided by Total Operating Units		323.28
= Unit Rate	$	78.00

Unit Rate	$	78.00
X number of units purchased		323.28
= Total Contract Amount	$	25,214.32

Unit 1 hour of direct service

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Caseworker	$ 35,360.00	Year	20.00%	$ 7,072.00
Program Supervisor	$ 42,848.00	Year	15.00%	$ 6,427.00
Front Desk	$ 34,320.00	Year	5.00%	$ 1,716.00
Grans/Payroll Administrator	$ 48,505.00	Year	1.00%	$ 485.00
Fiscal Support	$ 41,600.00	Year	1.00%	$ 416.00
Total Salaries				$ 16,116.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 1,233.00
Worker's Compensation	$ 161.00
Unemployment Insurance	$ 161.00
Retirement Expenses	$ 806.00
Hospitalization	$ 1,380.00
Other (*identify*) Life & Disability Ins.	$ 192.32
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,933.32

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	$ 250.00
Short-Term, Training	$ 300.00
Total Travel and Short-Term Training	$ 550.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 250.00
Cleaning Supplies	$ -
Other *(identify) Program Supplies*	$ 50.00
Other *(identify) Other Supplies*	$ 40.00
Total Consumable Supplies	$ 340.00

II. C. Occupancy Costs

	Amount
Rent	$ 1,200.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ -
Utilities (if not included in rent) must be itemized	
Heat	
Electric	
Water	
Telephone	$ 200.00
Sewer	
Other *(identify) Alarm*	$ 10.00
Other *(identify)*	
Total Occupancy Costs	$ 1,410.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Auditor	$ -
Technology	$ 200.00
Other Contract Service Fees	$ 1,150.00
Total Contract & Services Costs	$ 1,350.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Postage & Shipping	$ 300.00
Advertising	$ 40.00
Computer Software Training & Support	$ 750.00
Other Technological	$ 75.00
Other Printing & Publications	$ 100.00
Volunteer Development	$ 50.00
Court Fees	$ 200.00
Total Miscellaneous Costs	$ 1,515.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Total Other Resources	$ -

Section 4
Applicant Budget
(Attachment B)

Representative Payeeship

Applicant Budget

Summary

Applicant:Catholic Charities of Ashtabula County/Payeeship	
Date From: January 2023	To: December 2023

	Amount
I. Staff	
A. Salaries	$ 20,504.00
B. Payroll-Related Expenses	$ 3,857.00
Total Staff Costs	$ 24,361.00
II. Operations	
A. Travel and Short-Term Training	$ 100.00
B. Consumable Supplies	$ 671.00
C. Occupancy Costs	$ 1,255.00
D. Contract and Professional Services	$ 1,632.00
E. Other - Miscellaneous	$ 3,635.00
Total Operational Costs	$ 7,293.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 31,654.00
IV. Minus Other Program Resources	$ -
Total Program Costs	$ 31,654.00

Budget Computation

Total Operating Expenses	$	31,654.00
Divided by Total Operating Units		473.30
= Unit Rate	$	66.88

Unit Rate	$	66.88
X number of units purchased		473.30
= Total Contract Amount	$	31,654.00

Unit 1 hour of direct service

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Program Supervisor	$ 42,848.00	Year	5.00%	$ 2,142.00
Caseworker 1	$ 39,520.00	Year	37.00%	$ 14,622.00
Front Desk	$ 34,320.00	Year	5.00%	$ 1,716.00
Fiscal Support	$ 41,600.00	Year	2.00%	$ 832.00
Grants/Payroll Administrator	$ 48,505.00	Year	1.00%	$ 485.00
Caseworker 2	$ 35,360.00	Year	2.00%	$ 707.00
Total Salaries				$ 20,504.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 1,537.00
Worker's Compensation	$ 205.00
Unemployment Insurance	$ 205.00
Retirement Expenses	$ 1,025.00
Hospitalization	$ 785.00
Other (*identify*) Life & Disability	$ 100.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,857.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	$ 50.00
Short-Term, Training	$ 50.00
Total Travel and Short-Term Training	$ 100.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 321.00
Cleaning Supplies	$ -
Other *(identify) Program Supplies*	$ 300.00
Other *(identify) Other Supplies*	$ 50.00
Total Consumable Supplies	$ 671.00

II. C. Occupancy Costs

	Amount
Rent	$ 1,000.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ -
Utilities (if not included in rent) must be itemized Heat Electric Water Telephone	$ 250.00
Sewer Other *(identify) Alarm*	$ 5.00
Other *(identify)*	
Total Occupancy Costs	$ 1,255.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Auditor	
Technology	$ 607.00
Other Contract Service Fees	$ 1,025.00
Total Contract & Services Costs	$ 1,632.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Postage & Shipping	$ 1,000.00
Advertising	$ 5.00
Computer Software Training & Support	$ 1,200.00
Other Technological	$ 15.00
Other Printing & Publications	$ 50.00
Bank Service Fees & Surety Bond	$ 1,340.00
Other Misc.	$ 25.00
Total Miscellaneous Costs	$ 3,635.00

III. Equipment
A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Laptop - Caseworker	1	$ -
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Total Other Resources	$ -

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Catholic Charities Of Ashtabula County**
Date: **11/2/2022 3:19:55 PM**

This search produced the following list of **10** possible matches:

Name/Organization	Address
African Refugee Educational and Cultural Services	3800 Sullivant Avenue
Anew Educational Services	11470 Euclid Ave. #170
Anew Educational Services	11470 Euclid Avenue #170
Education Recruiting Services	4601 E. 5th Avenue
Educational Institute of Learning and Innovation	2935 Lafeuille Avenue
Greater Educational Service Center, Phoenix Village Academy P2	5455 North Marginal Road, Suite 521
Greater Educational Service Center, Phoenix Village Academy S1	5455 North Marginal Road, Suite 521
HOME-Hands on Math/Reading Education	5437 Maple Canyon Avenue
Lawrence County Educational Service Center	304 N. 2nd Street
Third Wave Communications, LLC	PO Box 1355

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Catholic Charities of Ashtabula County** for **Senior Protective Services** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11. 8. 2022

CD 11/4/2022
2022-CON-0154

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Ashtabula County Community Action Agency,** located at **4200 State Road, Ashtabula, OH 44004** to provide **Homemaker Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Homemaker: **$49,000.00** and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$26.89 per unit of Homemaker as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Judith Barris, Executive Director
Ashtabula County Community Action Agency

11/3/22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County Community Action Agency** for **Homemaker** services.

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0155

EXHIBIT I

Attachment A
Applicant Information Page

Appendix IV
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Homemaker and/or Companionship
Program Description

Homemaker Assistance for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Homemaker for Seniors

The basic purpose of this program is to offer home-based services thereby delaying premature or unnecessary institutional care, where appropriate. Homemaker services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially provide for the services, and where no relative, caregiver, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service, b) be age 60 or over, c) and reside in Ashtabula County.

The homemaker program will provide supportive daily living services to seniors, so they can continue to live independently in a safe, clean, and healthy environment. Services provided will coincide with the care plan developed by the provider during the initial assessment which may include but are not limited to housecleaning and laundry to ensure a healthy environment. This service is for the participant and specifically excludes services for all other household members. The participant must be present during the delivery of the service. It is the clients' responsibility to provide all necessary consumable supplies.

A provider representative will personally interview all persons who are referred to the services by a physician or other referral source, to determine the range of services required and the length of time for which the services will be provided. Ongoing assessments are the responsibility of the Provider and will need to occur every 180 days and when initial assessment has been broken due to institutionalization or hospitalization. A case is considered closed when a person is totally independent, capable of self-care, or has decided to receive the necessary support from another source or has moved into an institution.

Applicant Information

AGENCY / ORGANIZATION NAME: Ashtabula County Community Action Agency

ADDRESS: P.O. Box 2610, Ashtabula, OH 44005-2610

PHONE: 440-997-5957 FAX: 440-992-3319

SERVICE SITE (if different than above): Community Action – State Road Site

ADDRESS: 4200 State Road, Ashtabula, OH 44004

PHONE: 440-990-1721 FAX: 440-997-6162

FEDERAL TAX I.D. NUMBER: 34-1059824

EXECUTIVE DIRECTOR/DIRECTOR: Judith Barris

PROGRAM COORDINATOR: Alissa Holdson, Enhanced I&R EMAIL: aholdson@accaa.org

FISCAL CONTACT: Renee Sherman EMAIL: rsherman@accaa.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Judith Barris SIGNATURE: Judith Barris

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 7/21/22

ACJFS RFP #8-23
Independence & Wellness

July 2022

Section 2 (F)
Documents Used for Monitoring
Homemaker

Ashtabula County Community Action Agency

HOMEMAKING REQUEST FORM

Date: _____ Homebound: Yes / No Staff: _____ Age:

Client Name: _____ Client DOB: _____

Address: _____

City/ Township: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Details: _____

_____

_____

_____

_____

Referral Source: _____ Phone Number: _____

HOMEMAKING REQUEST FORM

Date: _____ Homebound: Yes / No Staff: _____ Age:

Client Name: _____ Client DOB: _____

Address: _____

City/ Township: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Details: _____

_____

_____

_____

_____

Referral Source: _____ Phone Number: _____

Ashtabula County Community Action Agency

CUSTOMER INTAKE FORM

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt / Lot _____

City: _____ Zip: _____ Township: _____

Home Phone: _____ Cell Phone: _____

DOB ____/____/ 19 ____ AGE _____ CURRENT CUSTOMER: Y N

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Demographic Information

Gender: M F	**Disabled:** Y N	**Farmer:** Y N	**Veteran:** Y N **Veteran Dependent:** Y N
Ethnicity: African-American Asian Caucasian Hispanic Native American Other Refused			
Education: 8 or less 9-11 12/HS Grad 1-3 Years College 4 Years College Unknown GED			
Health Insurance: Medicaid Medicare Private Self-Insured Other None			
Housing Status: Rent Own Homeless Other			
Family Type: Divorced Married Other Partner Separated Single Unknown Widowed			

Additional Household Members

Number in Household: _____

Last Name	First Name	DOB	Gender	Disabled	Race	Type of Insurance	Veteran	Income
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N
			M F	Y N			Y N	Y N

Income Information

Last Name	First Name	Income Source	Frequency	Monthly Total

Household Income Total _____

I certify that this statement is try and correct to the best of my knowledge and authorize the release of any or all information necessary for verification purposes and/or effective delivery of services.

Customer Signature: _____ **Date:** _____

Ashtabula County Community Action Agency

Homemaker Customer Prioritization Assessment

Client Name: _____ Date: _____

Address: _____ Phone: _____

Overall Customer Prioritization: _____

Homemaker Functional Assessment (Self Declared)

		Yes		No
1	I have an illness or condition that prevents me from doing household chores the way I used to.	☐	2	☐
	How to you accomplish these tasks now? _____			
2	I have trouble lifting & holding my arms over my head?	☐	2	☐
3	I have difficulty bending over several minutes.	☐	2	☐
4	I have difficulty pushing a vacuum cleaner.	☐	2	☐
5	I have trouble going up and down stairs	☐	2	☐
6	I have trouble standing long enough to do dishes.	☐	2	☐
7	I have difficulty being physically able to do the following:	☐	1	☐
	Shopping for Groceries, personal items, pick up prescriptions, and/or preform my banking			
8	My Current living situation is: Alone	☐	3	☐
	With family members/ Spouse	☐	1	☐

Total Score: 0 - 3 Low Risk; 4 - 7 Moderate Risk: 8 or more High Risk Functional Risk Score: _____

Circumstantial Risk Assessment

1	A 25 point rating will be given to those customers who are active Adult Protective Service customers or who are Hospice patients	☐ 25	☐
2	A 20 point priority rating will be given to those customers who are considered to be at high nutritional risk (6 or more points) and be strictly homebound and have no meal support service and are receiving SSI, Medicaid, OWF, or DA (Disability Assistance) or have income levels which fall with in the Free service category.	☐ 20	☐
3	A 15 point priority rating will be given to those customers who are considered to be moderate risk (3 - 5 points) and be strictly homebound and have no meal support service.	☐ 15	☐
4	A person who does not qualify for 25 point, 20 point, or 15 point rating, but who has a high nutritional risk (6 or more points) and will be given a 10 point priority rating.	☐ 10	☐
5	A person who does not qualify for the 25 point, 20 point, 15 point, or 10 point rating, but who has a moderate nutritional risk (3 - 5 points) will be given a 5 point priority rating.	☐ 5	☐
6	A person who does not qualify for the 25 point, 20 point, 15 point, or 10 point rating, or 5 point rating but is considered to need home delivered meal service will be given a 1 point	☐ 1	☐
7	A person who does not qualify for any of the above priority point ratings will be given a 0 priority rating.	☐ 0	☐

Customer Priority Rating: _____

Ashtabula County Community Action Agency

Homemaker Client Service Plan

Client Name: _____

Address: _____

City: _____ Township: _____ Phone: _____

Homemaker Services to be Provided:

Housekeeping Needs:	Requires help with:	Laundry Needs:	Requires help with:
Dusting and Straightening furniture		Washing/ drying client's personal clothing and linens	
Cleaning floors/ rugs - wet/ dry mop, vacuuming, and sweeping		Folding clothes and linens	
Cleaning Kitchen: washing dishes, pots, and pans		Putting away finished laundry	
Cleaning outside of appliances, counters, and cabinets		Other:	
Cleaning oven, refrigerator Disposal of spoiled/ outdated foods			
Cleaning bathroom: tub/ shower, sink, toilet bowl, commode, chair/ urinal		**Basic Home Safety Concerns:**	
Changing linens and making beds		Identify and report safety hazards to immediate supervisor	
Washing inside of windows within reach from the floor		Resolve safety hazards with the client's and supervisor's approvals	
Removing trash from the home			

Special information or areas of concern

Service Delivery Detail

Hours of Homemaker Service to be Provided:	_____ **Hour(s)** _____ **Minute(s)**	**Frequency:**	*Twice a month, Bi-Weekly*
Client Signature:			**Date:**
Assessor Signature:			**Date:**

Ashtabula County Community Action Agency

Homemaker Service Summary

Client Name: _____

Address: _____

City: _____ Township: _____ Phone: _____

Completed Activities Checklist

Housekeeping Tasks	Check Activities Completed	Laundry Tasks	Check Activities Completed
Dusting and Straightening furniture		Washing/ drying client's personal clothing and linens	
Cleaning floors/ rugs - wet/ dry mop, vacuuming, and sweeping		Folding clothes and linens	
Cleaning Kitchen: washing dishes, pots, and pans		Putting away finished laundry	
Cleaning outside of appliances, counters, and cabinets		Other:	
Cleaning oven, refrigerator Disposal of spoiled/ outdated foods			
Cleaning bathroom: tub/ shower, sink, toilet bowl, commode, chair/ urinal		**Basic Home Safety Concerns:**	
Changing linens and making beds		Identify and report safety hazards to immediate supervisor	
Washing inside of windows within reach from the floor		Resolve safety hazards with the client's and supervisor's approvals	
Removing trash from the home			

Additional information or special needs

Documentation of Service Delivery			
Date of Service Delivery:	/ /	**Time Homemaker Arrived:**	am pm
Total Hours of Homemaker Service:		**Time Homemaker Departed:**	am pm
Client Signature:			**Date:**
Homemaker Signature:			**Date:**

Ashtabula County Community Action Agency
SERVtracker Client Intake

Client ID: 9058 **Registration/Intake Date:** 7/15/2021 Institution ☐
Last name: Blank First name: Blank MI:
Family Id: Family member: Member ID: 0 # Clients: 0
About this client:
Special Notes:

RESIDENCE ADDRESS
Address: Bldg/Apt:
Address 2: Nick:
City: State/Province: Postal Code:

MAILING ADDRESS, IF DIFFERENT
Address: Bldg/Apt:
City: State: Zip:

County:
Township:
Rural: ☐ City Resident: ☐

H_Phone: No phone ☐
W_Phone: Ext:
Mobile:
Email:

DOB: Sex: U
Age Verify
SS#:

Refer by: Date:
Refer phone:
How did you hear about us?: Unknown

Race:
African American Non-Hispanic ☐
Asian/Pacific Islander ☐
Hispanic ☐
Native American/Alaskan ☐
Refuse to answer ☐
White ☐
Unknown ☑
Other ☐ Multi-racial: ☐

Marital Status:
Divorced ☐
Married ☐
Other ☐
Partner ☐
Separated ☐
Single ☐
Unknown ☑
Widowed ☐

Family Members:

Ethnicity:
Primary language: English
Citizenship:
Veteran: Unknown

Number of Living Children: Daughters : 0 Sons : 0
Pets: Cat: ☐ Animeal: No Cat Total:
Dog: ☐ Animeal: No Dog Total:
Other: ☐ Animeal: No Other Total:
Family involvement :

Household qty : 1 Sliding scale% : 100

Mo. income : ◉ Individual OR ○ Family

Percent of Poverty:

Legal status: Unassigned

ADL Score: IADL Score: NRA Score:

Owns home: ☐ Rents: ☐ # Steps : 0

Rent/mo $0.00 Asst'd living qtrs: ☐ Score 0

Employment Status:

- Fully Employed ☐
- Homemaker ☐
- Other ☐
- Retired but works part time ☐
- Self employed ☐
- Unemployed ☐
- Unknown ☐
- Works full-time ☐
- Works part-time ☐
- Retired ☐

Education Level:

- completed 8th grade or less ☐
- completed 9th-11th grade ☐
- completed 12th grade ☐
- 1-3 years of college ☐
- 4 years of college ☐
- over 4 yr college ☐
- Unknown ☐

Level of Care:

- I ☐
- II ☐
- III ☐
- IV ☐

Client group: Unassigned

Target group:

Employer:

Church pref:

Census:

Advanced directive(living will): ☐

File/vial of life: ☐ Updated:

Does client smoke or use tobacco products?: ☐

Has client ever smoked or used tobacco products? ☐

How long? (yrs): 0

Do you live with others that smoke?: ☐

Directions:

Emergency Contact

Doctor Information

Hospital Information

Pharmacy Information

ComCare ID:

ESP ID:

MORC ID:

Passport ID:

SERVtracker by Accessible Solutions, Inc.
Version 10.41d

Ashtabula County Community Action Agency

Printed: 7/30/2021 11:11:09 AM

Client Name: Blank, Blank
Client ID: 9058
Member ID: 0

Address:
Bid/Apt:
City/State: ,

Phone:
Mobile:
Case mgr: Unassigned

DOB:
Race: Unknown race
Supervisor: ,

SERVICE	PROVIDER	MON	TUE	WED	THU	FRI	SAT	SUN	FUNDING	START	END	FREQUENCY	AIDE ASSIGNED
												END REASON	
LAST ASSESS	NEXT ASSESS												
Homemaking	County Community Actio	0	2	0	0	0	0	0	Levy	7/1/2021		Odd week	Allen, Susan
												Being provided	

Comments:

Assigned Tasks:

Emergency Contacts:

ServTracker by Accessible Solutions, Inc.
Version 10.41d

Ashtabula County Community Action Agency

Homemaker Service Evaluation

About You *(optional)*

Name: _____

Address: _____

City: _____ Township: _____ Phone: _____

Homemaker's Name: _____

Please indicate the services provided by your Homemaker:

Housekeeping Tasks	Check Activities	Laundry Tasks	Check Activities
Dusting and Straightening furniture		Washing/ drying client's personal clothing and linens	
Cleaning floors/ rugs - wet/ dry mop, vacuuming, and sweeping		Folding clothes and linens	
Cleaning Kitchen: washing dishes, pots, and pans		Putting away finished laundry	
Cleaning outside of appliances, counters, and cabinets		Other:	
Cleaning oven, refrigerator Disposal of spoiled/ outdated foods			
Cleaning bathroom: tub/ shower, sink, toilet bowl, commode, chair/ urinal		Basic Home Safety Concerns:	
Changing linens and making beds		Identify and report safety hazards to immediate supervisor	
Washing inside of windows within reach from the floor		Resolve safety hazards with the client's and supervisor's approvals	
Removing trash from the home			

Does your Homemaker arrive on time and begin working promptly?	Always	Usually	Sometimes	Rarely	Never
Does your homemaker tell you if he/ she will be late or absent?	Always	Usually	Sometimes	Rarely	Never
How would you rate your Homemaker's job performance?	Excellent	Good	Average	Below Average	Poor
Is your Homemaker's dress and apperance appropriately for work?				Yes	No
Is the Homemaker following your Service Plan?				Yes	No
Do you feel the Homemaker Program has helped you remain independent?				Yes	No
Do you feel the Homemaker Program has helped to improve or maintain your health status?				Yes	No

Please provide additional comments on your service:

Customer Signature *(Optional)* : _____ **Date:** _____

Ashtabula County Community Action Agency
Homecare Client Remarks - Blank, Blank - 9058
Category: All

Report Between 1/1/2020 and 7/30/2021

Printed: 7/30/2021 11:22:46 AM

Date	Entered By	Note
7/1/2021	rleonard	blank

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Ashtabula County Community Action Agency

Company Address: P.O. Box 2610, Ashtabula, OH 44005-2610

Telephone Number: 440-997-5957 FAX: 440-992-3319

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

Alissa Holdson, 440-990-1721 and Diana Brook, 440-990-1778

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

Judith Barris, 440-997-5957

The legal status of the Applicant's organization 501(c)3

Date of establishment/incorporation: 1965

Federal Employer Identification Number (FEIN): 34-1059824

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: N/A

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___ Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

ACJFS RFP #8-23
Independence & Wellness

July 2022

Section 3
Program Planning and Development
Homemaker

Ashtabula County Community Action Agency

Ashtabula County Community Action Agency
Senior Services Levy - Homemaker Service FY23
Section 3 – Program Planning and Development

A. Program Description

1. The proposed Homemaker Service Program will provide light housekeeping tasks and laundry services for seniors living in the following areas of Ashtabula County: Ashtabula City, Ashtabula Township, Kingsville Township, Plymouth Township and Jefferson. This service enables older individuals to remain in the familiar surroundings of their homes and prevents premature institutionalization. The following tasks will be part of the Homemaker Service Program and will assist seniors to maintain safe, clean and healthy environments:

- Personal Laundry and Linens (including washing, drying, folding and putting laundry away)
- Housecleaning
  - Dusting
  - Sweeping
  - Vacuuming
  - Mopping
  - Washing dishes
  - Wiping down appliances
  - Wiping down counter tops
  - Cleaning of bathrooms
  - Changing bed linens
  - Washing inside windows (without use of ladder)
  - Removing trash
- Miscellaneous light housekeeping tasks not specified above

Trained homemakers will perform the above activities in accordance with a service plan developed by the customer service specialist during the initial assessment for each eligible individual. These services will be provided for the participating senior only and will be limited to areas of the home occupied by the senior. Frequency of the service will vary between once every two weeks, depending on the client's needs and situation. Tasks that will not be offered as a part of the Homemaker Service are those that typically fall under a Chore service. These include heavy household cleaning tasks such as washing walls and ceilings, washing outside windows, washing inside windows that are difficult to reach, and shampooing carpets or furniture. Tasks not listed above shall be considered and evaluated on a case-by-case basis.

Throughout the COVID pandemic, the program has continued to provide homemaker services to clients. Homemakers are provided with facemasks, gloves and hand sanitizer for use while in the homes of clients receiving services. Social distancing is practiced at each visit. Other precautionary measures such as waiving client signature requirements and conducting telephone assessments versus

in-home are implemented when advised by the local health departments and the Ohio Department of Health.

2. Census population data from 2021 shows that 20.0 percent of Ashtabula County's residents are age 65 and older. This figure is projected to increase significantly due to our aging population. Projections by the Scripps Gerontology Center at Miami University indicate that this segment of the population will increase to 25.8 percent or 25,445 individuals by the year 2030. Moreover, the population aged 85 and over is projected to increase significantly until the year 2050.

Research shows that many older people prefer to stay at home despite their declining health. Seemingly simple daily household activities become difficult, if not impossible. Support from a non-medical, in-home service such as the Homemaker Service Program can be the decisive factor in allowing a senior to remain independent and preserve his/her desired quality of life. This approach is also more economical for the senior and the community-at-large since home-based services cost much less than other options such as assisted living and skilled nursing facilities.

3. Community Action has served senior citizens for five decades and previously provided the Homemaker Program for thirty (30) years until 2009, when funding was discontinued. In January 2018, Community Action was awarded funding through the Senior Services Levy to resume the provision of homemaker services. The agency utilized program staff with years of previous homemaker experience and added new staff to implement the service. ACCAA has continued to provide homemaker services since 2018.

4. Below is a chart that contains statistics for the previously funded year, January – December of 2021, as well as the proposed service levels for FY2023.

Community Action
Homemaker Service Statistics

Service Area Township, Village or City	Ages 60 – 75 Served in 2021 Units	Ages 60 – 75 Served in 2021 Unduplicated Clients	Ages 60 – 75 *Proposed 2023* *Units*	Ages 60 – 75 *Proposed 2023* *Unduplicated Clients*	Ages 76+ Served in 2021 Units	Ages 76+ Served in 2021 Unduplicated Clients	Ages 76+ *Proposed 2023* *Units*	Ages 76+ *Proposed 2023* *Unduplicated Clients*
Ashtabula City	341.75	21	*320*	*20*	565.5	35	*574*	*35*
Ashtabula Township	62.75	7	*115*	*8*	281.25	20	*348*	*22*
Jefferson Township	0	0	*32*	*2*	0	0	*32*	*2*
Jefferson Village	23.5	1	*32*	*2*	42.25	5	*75*	*5*
Plymouth Township	64.25	4	*64*	*4*	65	4	*75*	*5*
Saybrook Township	119.75	7	*80*	*5*	85.75	6	*75*	*5*
Totals	**612**	**40**	***643***	***41***	**1039.75**	**70**	***1179***	***74***

The number of units provided during FY21 and FY22 are lower than originally planned due to the current labor market. The program is experiencing difficulty in recruiting and retaining homemakers. To address this difficultly, the agency has raised the hourly start rate for homemakers to attract candidates to the open positions and is offering health insurance and paid time off.

5. The days and hours of operation for the Homemaker Service Program will be from 8:00 a.m., until 4:30 p.m., Monday through Friday, each week.

6. Referrals to the program will be received from various sources – self-referrals, relatives, friends, neighbors, ministers, medical professionals, social workers, Adult Protective Services, hospice organizations, social service agencies and senior centers. Seniors may also be referred to the Homemaker Service Program by the 2-1-1 Ashtabula County service, a comprehensive information and referral program serving Ashtabula County. Upon receipt of a referral or contact, a preliminary intake procedure will be followed to determine if the person being referred meets the age and residency requirements of the program. If eligible, an assessment process will then occur to determine whether the senior is in need of homemaker services.

The initial assessment will be a face-to-face interview in the senior's home by an assessor to evaluate the senior's current living conditions and circumstances. A Prioritization Assessment/Circumstantial Risk Assessment tool will be completed to determine the level of need for the service. Individuals with the highest scores on the prioritization assessment will be offered service. The assessor will then determine the range of homemaker services needed, frequency and the length of time for which the services will be required. This determination will be based on the client's ability to perform light housekeeping tasks and his/her general physical condition. Other factors will be assessed such as safety conditions and any special areas of concern (extreme conditions, animal waste, insect infestation, loose railings, etc.) This information will be recorded on the Homemaker Client Service Plan. All necessary paperwork for enrollment in the program will be completed by the assessor and signed by the client at this point.

When a wait list exists for services, individuals with the highest priority scores will be added to the program in chronological order as openings become available.

Clients will be re-assessed every one-hundred eighty (180) days to determine any changes in the level of need for homemaker service. Identified changes will be reflected in a new Homemaker Client Service Plan.

If a client is temporarily inactive from the homemaker service due to illness, hospitalization or an extended absence from the home, services will cease and an additional re-assessment will be performed prior to the client continuing in the Homemaker Service Program. This additional re-assessment will be performed to determine any changes in the level of need, frequency and duration of homemaker services.

When a client is no longer in need of homemaker services, the client will be discharged and services will cease. Discharge may occur due to one of several reasons: long-term hospitalization, admittance to a rehabilitation or long-term care facility, changes in the current support system, improvement of health status or self-termination of service.

Copies of the Prioritization Assessment/Circumstantial Risk Assessment form and the Homemaker Client Service Plan are included in this application.

7. Community Action began receiving Senior Services Levy funding in fiscal year 2018. The agency receives no other funding for the provision of Homemaker services. The following is a five-year funding and unit history chart for the service.

	2022		2021		2020		2019		2018	
Source	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate
SS Levy	$49,000	$26.89	$70,000	$25.97	$92,142	$25.97	$92,125	$25.97	$93,289	$26.29

8. Community Action believes in the importance of fostering strong collaborative relationships with key stakeholders including community service providers, government entities, funding sources and others that serve seniors in our county. The agency also coordinates with other community partners such as Adult Protective Services, Catholic Charities, Regional Home Health, hospice providers, senior centers, libraries, churches and physicians. ACCAA is a member of various collaborative networks and councils that address issues that affect seniors such as the Ashtabula County Transportation Advisory Committee, Ashtabula County Housing Council, Ashtabula County Health Assessment Committee, START, Second Chance, Ashtabula County Public Advisory Team, Building Resiliency Together and the Broadband Taskforce.

9. The ACCAA mission is as follows:

Ashtabula County Community Action Agency will help people achieve self-sufficiency and rise above issues of poverty.

The ACCAA mission statement aligns closely with the Senior Levy's vision and mission, especially in the areas of increasing self-sufficiency and alleviating the conditions of poverty. All programs provided by ACCAA offer services to county residents with the vision of helping people to attain and achieve their goals in life. This is accomplished by maximizing available resources, coordinating and collaborating with community agencies and offering supportive services to clients at all stages of their lives. The agency takes great pride in the outstanding quality of the services provided to its clients and the passion of the agency staff who provide them.

B. The Section 3 - Program Planning and Development, B is no longer a part of the SSL RFP.

C. Organizational Structure

1. The Ashtabula County Community Action Agency (ACCAA) was established in 1965 as an Economic Opportunity Committee by a resolution of the County Commissioners, under the provision of the Economic Opportunity Act. The County Commissioners enacted resolutions to abolish the Committee and create the Agency with a governing board in 1972. The status is a non-government public agency. ACCAA has a separate governing board; the agency is not a department of the county

government. Ashtabula County Community Action Agency is a 501(c) (3) non-profit organization having received the Internal Revenue Service (IRS) designation on February 26, 1974. ACCAA is not incorporated.

Community Action has five (5) divisions: Housing & Energy Services, Head Start, Health & Nutrition Services, Community Development and Planning. The Homemaker Service Program is located in the Health & Nutrition Services Division. The Director of the Health and Nutrition Services division reports directly to the Agency Executive Director. Reporting to the Division Director is the Senior Services Program Coordinator. Reporting to the Senior Services Program Coordinator are the Client Service Specialist, the Client Service Specialist/Billing Clerk and the Homemakers. Organizational charts are included as attachments.

The main source of ACCAA's financial support is local, state, and federal grants, as well as some private contributions.

Community Action has a Board of Directors that is composed of 15 members. The composition of the board is dictated by the Community Services Block Grant Act. The composition is as follows: one third- government or elected public officials or their representatives, not less than one third- democratically selected low-income individuals or their representatives, and the remainder are officials or members of business, industry, religious, law enforcement, education, or other major community groups. The Board reviews all programs, accepts budgets and applications, and hires the Executive Director of the Agency.

A current roster of the ACCAA Board of Directors is included in this grant application

D. Provider/Staff Qualifications

1. Passionate, experienced and dedicated are some of the words that describe the ACCAA staff involved with programs that provide services to seniors. The Health & Nutrition Services Director has 38 years of social service program/administrative experience and is responsible for the overall program direction, compliance, budgeting and reporting. This position also supervises the Senior Services Program Coordinator.

The Senior Services Program Coordinator is responsible for managing the day-to-day operations of all homemaker service activities. The Client Service Specialist, the CSS/Billing Clerk and the Homemakers report directly to the Senior Services Program Coordinator. The CSS/Billing Clerk is responsible for all billing and various program reports. The Client Service Specialist is responsible for the processing of program referrals and conducting client assessments to determine eligibility and level of service delivery. Homemakers provide direct service in senior homes.

Others with responsibility in this program include the Executive Director, the Administrative and Fiscal Directors, the IT Director, the Executive and Administrative Assistants and fiscal staff.

Job descriptions for all personnel directly involved with the Homemaker Service Program are included with this proposal as attachments.

2. New agency staff members meet monthly for the first twelve months of employment as part of the agency onboarding program. Topics specific to ACCAA are covered such as agency policies and procedures, agency programs and the agency mission. Other topics presented include ethics, cultural diversity, time management, trauma informed care, community resources, communication, and professionalism. Mid-level staff members participate in quarterly education and training sessions to foster and promote better leadership skills. Also, agency staff is required to participate in the *Bridges Out of Poverty* training.

Homemakers attend trainings specific to their program responsibilities and needs. The Community Action Homemakers receive training in the areas of record keeping and documentation, ethics, confidentiality, body mechanics, handling emergencies, universal precautions, laundry, housekeeping, pandemic safety and home safety. New Homemakers shadow the coordinator or an experienced Homemaker as they learn their job duties. New Homemakers begin to work independently when they can demonstrate competency with all job duties.

Throughout the year, various in-service trainings are provided for all Homemaker program staff. These trainings include relevant topics that pertain to the provision of Homemaker services.

3. The agency does not plan to utilize volunteers in the Homemaker Service Program at this time.

July 2022

Section 4
Applicant Budget
(Attachment B)
Homemaker

Ashtabula County Community Action Agency

EXHIBIT II

Applicant Budget

Summary

Applicant: Ashtabula County Community Action Agency - Homemaker	
Date From: 1/1/23	**To: 12/31/23**

		Amount
I. Staff		
A. Salaries	$	31,784.82
B. Payroll-Related Expenses	$	11,969.18
Total Staff Costs	$	43,754.00
II. Operations		
A. Travel and Short-Term Training	$	2,310.00
B. Consumable Supplies	$	100.00
C. Occupancy Costs	$	1,115.00
D. Contract and Professional Services	$	760.00
E. Other - Miscellaneous	$	961.00
Total Operational Costs	$	5,246.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	49,000.00
IV. Minus Other Program Resources	$	-
Total Program Costs	$	49,000.00

Budget Computation

Total Operating Expenses	$	49,000.00
Divided by Total Operating Units		1,822.00
= Unit Rate	$	26.89

Unit Rate	$	26.89
X number of units purchased		1,822.00
= Total Contract Amount	$	49,000.00

Unit = 1 Hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 99,395.00	Annual	0.70%	$ 695.77
IT Manager	$ 66,843.00	Annual	0.70%	$ 467.90
Human Resource Manager	$ 64,272.00	Annual	0.70%	$ 449.90
Executive Assistant	$ 39,720.00	Annual	0.70%	$ 278.04
Director, Fiscal Services	$ 65,520.00	Annual	0.70%	$ 458.64
Accountant	$ 61,680.00	Annual	0.70%	$ 431.76
Administrative Assistant	$ 30,306.90	Annual	0.70%	$ 212.15
Accounts Payable Specialist	$ 32,672.00	Annual	0.70%	$ 228.70
Receptionist	$ 21,840.00	Annual	2.50%	$ 546.00
Client Service Specialist	$ 32,136.00	Annual	2.50%	$ 803.40
lient Service Specialist/Billing Cle	$ 24,507.60	Annual	2.50%	$ 612.69
Senior Services Coordinator	$ 40,996.80	Annual	4.00%	$ 1,639.87
Homemakers	$ 24,960.00	Annual	100.00%	$ 24,960.00
Total Salaries				$ 31,784.82

I. B. Payroll-Related Expenses

		Amount
PERS or Social Security		$ 2,431.54
Worker's Compensation		$ 618.27
Unemployment Insurance		$ 549.56
Retirement Expenses		$ 1,660.88
Hospitalization		$ 6,626.38
Other (*identify*)	Dental Inurance	$ 18.65
Other (*identify*)	Life Insurance	$ 63.91
Other (*identify*)		
Total Payroll-Related Expenses		$ 11,969.18

II. A. Travel and Short-Term Training

		Amount
Mileage Reimbursement rate per mile:	$ 0.55	$ 2,310.00
Short-Term, Training		
Total Travel and Short-Term Training		$ 2,310.00

II. B. Consumable Supplies

Type		Amount
Office Supplies		$ 50.00
Cleaning Supplies		
Other *(identify)*	PPE Supplies	$ 50.00
Other *(identify)*		
Total Consumable Supplies		$ 100.00

II. C. Occupancy Costs

	Amount
Rent	$ 500.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ -
Utilities (if not included in rent) must be itemized	
Heat	$ 100.00
Electric	$ 100.00
Water	$ 20.00
Telephone	$ 125.00
Sewer	$ 20.00
Snow Removal/Lawn Care/Trash Removal/Interior Maintenance	$ 200.00
Security/Fire Protection	$ 50.00
Total Occupancy Costs	$ 1,115.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	$ 150.00
Consultants for Workers' Comp, COBRA, Employee Assistance Program	$ 25.00
Insurances	$ 160.00
ServTracker Software	$ 225.00
Occupational Health Services (Drug Testing)	$ 200.00
Total Contract & Services Costs	$ 760.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Criminal Background Checks	$ 216.00
Postage	$ 100.00
Copying/Printing	$ 100.00
Document Shredding	$ 15.00
Banking/Non-Personnel Fiscal/Miscellaneous Expenses	$ 530.00
Total Miscellaneous Costs	$ 961.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
N/A								
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
N/A		
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
N/A		
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
N/A	
Total Other Resources	$ -

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321(

(614) 46(
(800) 28(

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Ashtabula County Community Action Agency**
Date: **11/2/2022 3:14:15 PM**

This search produced the following list of **6** possible matches:

Name/Organization	Address
Ashe Cultural Center	2125 Superior Ave.
ASHE Culture Center, Inc.	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy P2	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy S1	2125 Superior Avenue
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260
George Washington Carver Preparatory Academy	2283 Sunbury Road

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The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County Community Action Agency** for **Homemaker** services.

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0155

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Conneaut Human Resource Center,** located at **327 Mill Street Conneaut, Ohio 44030** to provide **Homemaker Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Homemaker: $32,500.00 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$25.00 per unit of Homemaker as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant . Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Ryan Tattrie, Executive Director
Conneaut Human Resource Center

11-7-22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Conneaut Human Resource Center** for **Homemaker** Service programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.15.2022

CD 11/4/2022
2022-CON-0156

EXHIBIT I

Applicant Information

AGENCY / ORGANIZATION NAME: Conneaut Human Resources Council, Inc.

ADDRESS: 327 Mill Street Conneaut, Ohio 44030

PHONE: 440-593-5273 FAX: 440-599-7441

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1381897

EXECUTIVE DIRECTOR/DIRECTOR: Ryan Tattrie

PROGRAM COORDINATOR: Ryan Tattrie EMAIL: Director@conneauthrc.org

FISCAL CONTACT: Diana Spencer EMAIL: Dianap1999@gmail.com

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Ryan Tattrie SIGNATURE: Ryan E Tattrie

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 8-1-22

Appendix IV
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Homemaker and/or Companionship
Program Description

Homemaker Assistance for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Homemaker for Seniors

The basic purpose of this program is to offer home-based services thereby delaying premature or unnecessary institutional care, where appropriate. Homemaker services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially provide for the services, and where no relative, caregiver, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service, b) be age 60 or over, c) and reside in Ashtabula County.

The homemaker program will provide supportive daily living services to seniors, so they can continue to live independently in a safe, clean, and healthy environment. Services provided will coincide with the care plan developed by the provider during the initial assessment which may include but are not limited to housecleaning and laundry to ensure a healthy environment. This service is for the participant and specifically excludes services for all other household members. The participant must be present during the delivery of the service. It is the clients' responsibility to provide all necessary consumable supplies.

A provider representative will personally interview all persons who are referred to the services by a physician or other referral source, to determine the range of services required and the length of time for which the services will be provided. Ongoing assessments are the responsibility of the Provider and will need to occur every 180 days and when initial assessment has been broken due to institutionalization or hospitalization. A case is considered closed when a person is totally independent, capable of self-care, or has decided to receive the necessary support from another source or has moved into an institution.

Conneaut Human Resources Center
Senior Service Request Form

Seniors 60 and over

Inquiry Date: _____ Staff Initials: _____
Assessment Date: _____ Staff Initials: _____

Client Name: _____

Address: _____
City/Township/State: _____

Telephone#: _____ Client Date of Birth: _____

Type of Service Requested: Chore/Handyman ☐ Homemaker ☐
Has consumer had service in the past? Yes ☐ No ☐
If yes, when? _____

Additional Information:

_____

_____

_____

_____

_____

How many People in household? _____

Any family members living in town? _____

Date of Service: _____ Staff Initials: _____

Client Signature: _____ Date: _____

CHRC - Client Assessment Form

Homemaker Services

Home Visit Date:	Time:	Staff Signature:
Personal Information		
Client Name:		DOB:
Address:		Gender:
City:	Zip	Phone:
Driver License/ID#		DOB Verified: Y/N
Type/# of Household Pets:_____ Day of Service:	Names of Pets: _____ Time of Service:	
Emergency Information		
Preferred Contact Name:	Relationship:	
Phone:	Work/Cell Phone:	
Preferred Hospital:	Primary Physician:	
Home Safety Status		
Checklist of potential conditions and/or methods to assist in preventing injury.		
Impaired Sight	Working Smoke Detectors	3-Prong Adapters in use
Impaired Hearing	Bedroom	Plumbing in working condition
Impaired Speech	Living Area	Water Leakage
Able to follow instructions	Working Fire Extinguisher	Kitchen
Home Fire Plan	Stairs Obstructed	Bathroom
Exits Obstructed	Handrail Available	Working Refrigerator
Hallways Obstructed	Extension Cords in use	Working Stove/Oven
Evidence of Violence	Evidence of Infestation	Throw Rugs in use
Evidence of Abuse	Evidence of Exploitation	Evidence of Neglect
Homemaking/Nutritional Needs		
Appropriate Temperature	Bathroom linens clean	Microwave Available
No foul odors	Washcloths available	Stovetop/Oven Available
No soiled furniture	Special Diet for medical reasons:	Typical Meals:
No trash accumulation		Breakfast:
No stacked mail/newspapers	Fresh food available	Lunch:
Home appears to be lived in	Canned goods available	Dinner:
Kitchen/Refrigerator clean	Snacks readily available	Snacks:
Bedroom linens clean	Left-overs preserved	
Clothes put away	No evidence of spoilage	

Observations/Recommendations: _____

_____

_____

_____

Conneaut Human Resources Center Priority Score:_____

Chore/ Handyman & Homemaker Assessment Prioritization Tool

Client:_____ Assessment Date:_____
(Last Name, First Name)
City/Township:_____

•Client requires cane, walker, wheelchair for mobility	No___	Yes___	(3)___
•Client exhibits breathing problems made worse by exertion, dust, dirt, or chemicals.	No___	Yes___	(3)___
•Client is significantly visually impaired or legally blind	No___	Yes___	(3)___
•Client is unable to sweep, mop, or vacuum	No___	Yes___	(2)___
•Client is unable to bend over or lift arms above his/her head	No___	Yes___	(2)___
•Client is unable to stand for long periods	No___	Yes___	(2)___
•Client is unable to lift heavy objects	No___	Yes___	(2)___
	Subtotal _____		

****
*

Client referred by Adult Protective Services	20 points	_____
Client lives alone, homebound, 8+ Score	15 points	_____
Client lives alone, homebound, 5-7 Score	10 points	_____
Client has local/community support, 8+ Score	5 points	_____
	Subtotal _____	

Total Priority Points___/___=_____=Level____Priority

Conneaut Human Resources Center

"Providing human services that enhance the quality of life."

327 Mill Street, Conneaut, Ohio 44030
Phone: 440-593-5273
Fax: 440-599-7441
Website: www.conneauthrc.org

Dear _____:

We would like to take this opportunity to welcome you to our Homemaker Program and for allowing us to provide services for you through the Ashtabula County Senior Services Levy. CHRC aims to provide services in a professional manner and to provide them efficiently so that the funding can be utilized to the fullest extent possible. All staff will do their best to provide services at the proper time(s) and day(s) and will notify you if there will be any change from the regular schedule.

_____ is your CHRC Homemaker and will be providing service to you every other _____ starting on _____from_____. **If you are going out of town, hospitalized or unavailable on your cleaning date, please call the office to reschedule or cancel.**

Attached are all the services that CHRC provides (Service Procedure Plan) and if you would like any other services with our office, please call the CHRC.

Thank you for your cooperation. If you have any problems, please feel free to call the Center at 440-593-5273, Extension 300, and we will be glad to assist you further.

Sincerely

Ryan Tattrie
Executive Director
Enclosure

DATE: _____

CONNEAUT HUMAN RESOURCES CENTER
PLAN OF CARE FOR HOMEMAKING

NAME: _____ PHONE: _____

ADDRESS: _____ DOB: _____

EMERGENCY CONTACT: _____ PHONE: _____

DAY/ TIME OF SERVICE: _____

PLEASE CIRCLE APPROPRIATED ITEMS

HOUSECLEANING

1. Dusting and straightening furniture
2. Clean floors/rugs by wet/dry mop vacuum
3. Clean kitchen includes dishes, pots, and pans
4. Clean outside of appliances, counters and cabinets
5. Wipe down inside of refrigerator if necessary
6. Clean bathroom, tub, shower, sink, toilets, urinal
7. Change linens make beds
8. Wash inside windows/mirrors
9. Remove trash from the home

LAUNDRY

1. Wash and dry client's clothes and linens
2. Fold and iron clothes and linens
3. Put finished laundry away

_____
Client Signature

_____
Homemaker Signature

CONNEAUT HUMAN RESOURCES CENTER
HOMEMAKER REVIEW

NAME: _____ DATE: _____

PHONE: _____ SERVICE DAYS/HOURS: _____

HOMEMAKER: _____

	Excellent	Good	Average	Unsatisfactory
Promptness				
Attendance				
Adherence to Care Plan				
Quality of Service				
Rapport				
Dress Code				

Comments: _____

_____

_____

_____

CLIENT SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

Seniors Together
Quality Scale Survey

Name:_____ Age:_____ Gender: _____

I participate in (please circle all that qualify):

Bingo/Games/Puzzles	UHHS Healthy Series	Parties
Crochet/Looming	Special Guests	Walking
Picnics	D-Day	Craft Day

What part of the service or activity was most helpful to you?

What part of the service or activity was the least helpful to you?

What would you change about the service or activity?

Circle the number that best fits the following (5- excellent, 1- poor):

Quality of staff **1 2 3 4 5**

Usefulness of information **1 2 3 4 5**

Your own participation in the program or service **1 2 3 4 5**

The number of services & programs at CHRC offered to seniors **1 2 3 4 5**

Cleanliness of hall and senior room **1 2 3 4 5**

How do you feel overall about the service of activities that the Senior Program offers

Satisfied **Dissatisfied**

Comments:

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Conneaut Human Resource Center

Company Address: 327 Mill Street Conneuat, Ohio 44030

Telephone Number: 440-593-5273 FAX: 440-599-7441

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

Ryan Tattrie 440-593-5273

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

Ryan Tattrie 440-593-5273

The legal status of the Applicant's organization NON PROFIT 501 c(3)

Date of establishment/incorporation: 7/11/1983

Federal Employer Identification Number (FEIN): 34-1381897

Is the Company co-owned or controlled by a parent company? ___Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? ___Yes _X_ No

If yes, has the company filed all required EEO reports to the necessary agencies? ___Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

CONNEAUT HUMAN RESOURCES COUNCIL, INC,
HOMEMAKER SERVICES RFP#8-23

A. PROGRAM PLANNING and DEVELOPMENT

The Conneaut Human Resources Center is dedicated to making human social services more available to the community by defining needs and providing programs and access to information to the over 2,500 individuals who utilize our facility each month. The Center also provides the Senior Together Program and acts as a Congregate Meal site for seniors.

CHRC provides seniors in the service area assistance with general household tasks and many with no family in the area, serious health issues and lack of financial resources. This homemaker service provides seniors 60 and over an ability to maintain their independence and provides a direct benefit to the seniors in the service area which includes: Conneaut City, N. Kingsville Village, and the Townships of Kingsville, Monroe, Dorset, Sheffield, Pierpont, Richmond and N. Andover.

Clients receive one (1) to two (2) hours of service one time per week every other week. If the need warrants, a client may receive up to three (3) hours one time per week, every other week which allows CHRC to maximize the services for full efficiency. This program would assist seniors with the needed household tasks and supportive daily living services in a clean, healthy environment. This service will continue until any one of the following occurs: self-sufficiency, capable of self-care, receiving care from another source or moved to another location or institution. If additional hours are required it will be determined by health needs and living conditions. For example, if the client requires only laundry services or lunch preparation, possibly a home delivered meal or ride to the CHRC lunch site may be more applicable and less costly or a discharge from hospital leaving them limited in mobility. All consumable supplies shall be provided by the client.

The Executive Director will provide the supervision of the clients and homemakers. Scheduling will be handled internally with support staff. The assessments and quality assurance monitoring will be shared with a Registered Nurse and the Director and the ongoing assessments will occur every 180 days. The Registered Nurse from the Conneaut City Health Department will try and be utilized but due to pandemic needs assessments and Plans may be developed by CHRC staff will be utilized to prepare the initial care plans and provide the ongoing review and sign off. ***The assessment tool and supervisory visit tool are attached***

CHRC has provided Homemaker Services since 2011 to the designated service area. CHRC proposes to provide 1300 hours of homemaker services for approximately 60 unduplicated individuals. The proposed unit rate is $25.00 per hour for a total cost of $32,500.00 from the Senior Levy. Following is the Homemaker Statistical Data for January through December, 2021. Total Units served during 2021 Ages 60+: 1259.

SERVICE AREA Township, City, Or Village	UNITS & UNDUPLICATED CLIENT AGE 60-75 2021	PROPOSED UNITS & UNDP. CLIENT AGE 60-75	UNITS & UNDUPLICATED CLIENT UNITS AGE 76+ 2019	PROPOSED UNITS UNDP. CLIENT AGE 76+
Conneaut Monroe	Units 1259 Clients 48	Units 430 Clients 25	Units 0 Clients 0	Units 555 Clients 19
N. Kingsville	Units 0 Clients 0	Units 40 Clients 3	Units 0 Clients 0	Units 130 Clients 4
Kingsville	Units 0 Clients 0	Units 16 Clients 1	Units 0 Clients 0	Units 45 Clients 4
Pierpont	Units 0 Clients 0	Units 4 Clients 1	Units 0 Clients 0	Units 80 Clients 3
TOTALS	Units 1259 Clients 48	Units 490 Clients 30	Units 0 Clients 0	Units 810 Clients 30

*Statistical Data by individual category is not available.

Homemaker Service will be available 5 days per week and hours will be scheduled per customer need. Homemakers will work between the hours of 8:00 a.m. and 3:00 p.m. Service will commence within three (3) to five (5) working days of the initial call if possible. All homemaker services will be provided from the Conneaut Human Resources Center located at 327 Mill Street, Conneaut, OH 44030.

When perspective clients have been referred, the Executive Director will schedule an assessment appointment. A home visit will occur within three (3) to five (5) working days after contact with client. An Intake and Assessment tool will be utilized which includes name, address, and telephone number, date of birth, demographics, financial information, medical history, ADL/AIDL, service plan and emergency contact. All clients must sign a Release of Information and eligibility will be based on medical status basis and availability of family support. Ongoing assessments will be provided per service specifications quarterly or there is a change in medical status.

Volunteers will not be utilized in the homemaker program.

CHRC does not anticipate any limitations in providing homemaker services and will coordinate services, when appropriate with other agencies. CHRC provides various supportive services and has the ability to evaluate clients and determine appropriate services whenever possible. The homemaker service provides a vital supportive service that enables the older adults to maintain independence and remain at home longer. No other federal or state funding sources are utilized specifically for this homemaker service. CHRC has a commitment to improving the lives of the aging population and improving their quality of life throughout their lifetime.

B. ORGANIZATIONAL STRUCTURE

Formed in 1978, the Conneaut Human Resources Center (CHRC) is a nonprofit corporation operated by a volunteer Board of Directors and managed by an Executive Director. The facility located in Ashtabula County, Conneaut, Ohio serves the communities of Conneaut City, N. Kingsville Village, and the Townships of Kingsville, Monroe, Dorset, Sheffield, Pierpont, Richmond and N. Andover.

In 1985, through the funds that were granted by the Civic Development Corporation of Ashtabula County, the Conneaut Human Resources Center was able to move its operations from a home on Broad Street to a facility that was formerly a grocery store. This 20,000 square foot location on Mill Street is home to programs, agencies & organizations that are designed to help improve the quality of life.

Our agency partners include The Country Neighbor Program in Orwell, Ohio and the Cleveland Food Bank. The Conneaut Human Resources Center houses the Conneaut Food and Emergency Assistance Program; the HALO (Holiday Angels Loving Others) Program; Conneaut Health Department; Right Track for Kids (After School and Summer Program); Seniors Together Program which includes Prescription/Health Related programs, Independence and Wellness, Homemaker and Chore/Handyman for Seniors; Salvation Army Utility Assistance; Conneaut Civil Service Commission; ASPIRE (Adult Basic Literacy) Classes; WIC (Woman-Infants & Children); Ashtabula County Community Action Agency (Congregate Meal Site and HEAP/PIPP); Summer Food Program for Kids, Reading/Math Summer School (Conneaut Area City Schools); Signature Health Counseling Services; Free Income Tax Filing Assistance and Ohio Benefit Bank counselors.

Conneaut Human Resources Center through their bylaws has a fifteen (15)-member board and currently the board is comprised of nine (11) members. The Board of Directors meets the second Thursday of every month. ***List of Directors Attached***

The CHRC funding in part has been provided by United Way of Ashtabula County, the Ashtabula County Senior Services Levy, and the rental of the facilities and hall and through the generosity of the community. The Conneaut Human Resources Center is an equal opportunity employer/service provider. ***Organizational Chart Attached***

C. PROVIDER/STAFF QUALIFICATIONS

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the program and reports directly to the CHRC Board of Directors.

The Director will be responsible for ensuring home visit/assessment completion and quality assurance with the clients in partnership with the Registered Nurse.

The Director is also responsible for billing, scheduling record-keeping, assignments, monitoring clients, and reporting statistical data in a confidential manner.

Support Staff will be responsible to assist in recordkeeping, scheduling of the homemakers, monitoring clients, statistical data, and quality assurance as needed.

Homemakers: Responsible for the direct service for general house cleaning duties such as dusting, clean floors, rugs, vacuum, kitchen, bathroom change linens and laundry if needed, etc. for each client.

Financial Director: Responsible for the fiscal accountability, payroll, and fiscal report processes of the program and assist with the administrative responsibility, the benefits management and the completion of unit report processing of the project.

Morning/Afternoon Office Assistant: Answers telephone, directs calls/walk-ins to appropriate staff, time sheets for homemakers, initial inquiry forms, active client lists, assessment schedules, monthly homemaker work calendar, and performs general office duties to assist administration, as requested.
Job Descriptions Attached

rt/2022

EXHIBIT II

Attachment B
Budget Template

Applicant Budget

Summary

Applicant: Conneaut Human Resources Center	Srs: HomeMaker Service
Date From: 01/01/2023	To: 12/31/2023

	Amount
I. Staff	
A. Salaries	$ 30,879.00
B. Payroll-Related Expenses	$ 2,407.00
Total Staff Costs	$ 33,286.00
II. Operations	
A. Travel and Short-Term Training	$ 2,000.00
B. Consumable Supplies	$ -
C. Occupancy Costs	$ 4,800.00
D. Contract and Professional Services	$ 3,660.00
E. Other - Miscellaneous	$ 750.00
Total Operational Costs	$ 11,210.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ 778.00
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ 778.00
Sub- Total of All Costs	$ 45,274.00
IV. Minus Other Program Resources	$ 12,774.00
Total Program Costs	$ 32,500.00

Budget Computation

Total Operating Expenses	$	32,500.00
Divided by Total Operating Units		1,300.00
= Unit Rate	$	25.00

Unit Rate	$	25.00
X number of units purchased		1,300.00
= Total Contract Amount	$	32,500.00

Unit = 1 mile

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
HomeMaker Person	$ 9,500.00	20	100.00%	$ 9,500.00
HomeMaker Person	$ 9,500.00	20	100.00%	$ 9,500.00
Executive Director	$ 26,500.00	30	10.00%	$ 2,650.00
Finance Director	$ 13,821.00	15	10.00%	$ 1,382.00
Receptionist	$ 11,000.00	25	10.00%	$ 1,100.00
HomeMaker Person	$ 9,500.00	20	100.00%	$ 6,747.00
Total Salaries				$ 30,879.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 1,545.00
Worker's Compensation	$ 500.00
Unemployment Insurance	
Retirement Expenses	
Hospitalization	
Other (*identify*) Medicare	$ 362.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 2,407.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.56	$ 2,000.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 2,000.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	
Cleaning Supplies	
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ -

II. C. Occupancy Costs

	Amount
Rent	$ 4,800.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized Heat Electric Water Telephone Sewer Other *(identify)* Other *(identify)*	
Total Occupancy Costs	$ 4,800.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Copier Services	$ 860.00
Greatwave Communications	$ 1,200.00
Schedules Plus	$ 400.00
Assessments	$ 1,200.00
Total Contract & Services Costs	$ 3,660.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Liability Insurance	$ 750.00
Total Miscellaneous Costs	$ 750.00

III. Equipment
A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
ChromeBooks @389.00	2	$ 778.00
Total Small Equipment Purchases		$ 778.00

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Fundraisers	$ 7,974.00
In Kind	$ 4,800.00
Total Other Resources	$ 12,774.00

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Box
Columbus, OH 43216

(614) 466
(800) 282

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Conneaut Human Resource Center**
Date: **11/2/2022 3:16:15 PM**

This search produced the following list of **10** possible matches:

Name/Organization	Address
Bright Ideas Management and Consulting	801 S. Copper Key Court
Chaney Cement Contractors	4500 Timber Ridge Dr.
Congo, H. Marie	5170 Poets Way
Conley, Loyd	P.O. Box 62
Connell, Steve	8851 Cedar Hills Road
Crane Run Construction	15589 Holman Rd.
Dudley, Sr. (LED Consulting), Edward	2720 Airport Drive
LED Consulting	576 Brook Hollow
LED Consulting	676 Brook Hollow
Ohio Works First Program, Prevention, Retention and Contingency	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Conneaut Human Resource Center** for **Homemaker** Service programs

Approved as to Legal Form Only:

By: Colleen M O'Toole

Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.15.2022

CD 11/4/2022
2022-CON-0156

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Country Neighbor Program, Inc.,** located at **39 South Maple Street Orwell, Ohio 44076** to provide **Homemaker Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Homemaker: $90,000.00 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$26.00 per unit of Homemaker as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant . Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

11-7-22
Date

Ashtabula County Board of Commissioners

11-21-22
Date

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Homemaker** services

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 12.8.2022

CD 11/4/2022
2022-CON-0157

EXHIBIT I

Appendix IV
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Homemaker and/or Companionship
Program Description

Homemaker Assistance for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Homemaker for Seniors

The basic purpose of this program is to offer home-based services thereby delaying premature or unnecessary institutional care, where appropriate. Homemaker services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially provide for the services, and where no relative, caregiver, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service, b) be age 60 or over, c) and reside in Ashtabula County.

The homemaker program will provide supportive daily living services to seniors, so they can continue to live independently in a safe, clean, and healthy environment. Services provided will coincide with the care plan developed by the provider during the initial assessment which may include but are not limited to housecleaning and laundry to ensure a healthy environment. This service is for the participant and specifically excludes services for all other household members. The participant must be present during the delivery of the service. It is the clients' responsibility to provide all necessary consumable supplies.

A provider representative will personally interview all persons who are referred to the services by a physician or other referral source, to determine the range of services required and the length of time for which the services will be provided. Ongoing assessments are the responsibility of the Provider and will need to occur every 180 days and when initial assessment has been broken due to institutionalization or hospitalization. A case is considered closed when a person is totally independent, capable of self-care, or has decided to receive the necessary support from another source or has moved into an institution.

Applicant Information

AGENCY / ORGANIZATION NAME: Country Neighbor Program, Inc.

ADDRESS: 39 South Maple Street, PO Box 212, Orwell, OH 44076

PHONE: (440)437-6311 FAX: (440)437-1031

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1331627

EXECUTIVE DIRECTOR/DIRECTOR: Barbara Klingensmith

PROGRAM COORDINATOR: Kelley Kemp EMAIL: kelley.kemp@countryneighbor.org

FISCAL CONTACT: Tina Hansel EMAIL: tina.hansel@countryneighbor.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Barbara Klingensmith SIGNATURE: _____
(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 1, 2022

ACIFS RFP #8-23
Independence & Wellness

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Section 2 (F)
Documents Used for Monitoring Goals and Outcomes
Homemaker Services

COUNTRY NEIGHBOR PROGRAM, INC.

D.O.B. _____ HOMEMAKER CHECKLIST FUNDING SOURCE _____

NAME: _____ PHONE: _____

ADDRESS: _____ TOWNSHIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

SERVICE DAYS _____ TIMES _____

CASE MANAGER _____ CASE MANAGER PHONE _____

YEAR: _____ PRIORITY: _____

HOUSECLEANING	DATE					
	TIME					
1. DUSTING & STRAIGHTENING FURNITURE						
2. CLEAN FLOORS/RUGS BY WET/DRY MOP VACCUUM						
3. CLEAN KITCHEN INCLUDES DISHES, POTS, AND PANS						
4. CLEAN OUTSIDE OF APPLIANCES,COUNTERS & CABINETS						
5. CLEAN OVEN, DEFROST & CLEAN REFRIGERATOR						
6. CLEAN BATHROOM..TUB, SHOWER, SINK TOILETS, URINAL						
7. CHANGE LINENS, MAKE BEDS.						
8. WASH INSIDE WINDOWS / MIRRORS						
9. REMOVE TRASH FROM THE HOME						
LAUNDRY						
1. WASH & DRY CLIENT'S CLOTHES & LINENS						
2 FOLD & IRON CLOTHES & LINENS						
3. PUT FINISHED LAUNDRY AWAY						
BASIC HOME SAFETY						
1. IDENTIFY & REPORT HAZARDS TO SUPERVISOR						
2. ELIMINATE HAZARDS WITH CLIENT & SUPERVISOR						
3. CHECK BATTERIES IN SMOKE ALARM						
TOTAL HOURS PER VISIT						
CONSUMER'S INITIAL'S						

SUPERVISOR'S SIGNATURE _____ DATE _____

STAFF SIGNATURE	CONSUMER SIGNATURE (DAILY)	DATE

RAE ANN MCCARTHY

HOMEMAKER	CLIENT	Service	Time In	Timeout	TIME	TOWNSHIP	FUNDER
July 29, 2019							
July 30, 2019							
July 31, 2019							
August 1, 2019							
August 2, 2019							

Heather Olah, RN 440-313-1002
Alyssa 440-858-3873

CLIENT NAME:

COUNTRY NEIGHBOR PROGRAM, INC
PLAN OF CARE FOR
HOMEMAKING

HOUSECLEANING

___ Dusting and straightening furniture

___ Clean floors / rugs / wet or dry mop / vacuum

___ Clean kitchen, includes dishes, pots and pans

___ Clean outside of appliances, counters, cabinets

___ Clean oven and refrigerator

___ Clean bathroom, tub, shower, sink, toilets, urinal

___ Change linens and make bed

___ Wash inside windows / mirrors

___ Remove trash from the home

LAUNDRY

___ Wash and dry clients clothes and linens

___ Fold and iron clothes and linens

___ Put finished laundry away

SAFETY

> Identify and report hazards to immediate supervisor

> Eliminate hazards with consumer and supervisor approval

ERRANDS

___ Grocery Store

___ Post Office

___ Pharmacy

OTHER

> Reality orientation & sensory stimulation

> Listen and converse

Comments: _____

_____

_____

_____

LPN Signature _____ Date: _____

RN Signature _____ Date: _____

CLIENT NAME:

COUNTRY NEIGHBOR PROGRAM, INC
SUPERVISORY VISIT

Aide: _____ Date: _____

	Excellent	Good	Average	Unsatisfactory
Promptness				
Attendance				
Adherence to care plan				
Quality of service				
Rapport				
Dress Code				

Comments: _____

_____

_____

_____

Client Signature _____ Date: _____

LPN Signature _____ Date: _____

RN Signature _____ Date: _____

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Country Neighbor Program, Inc.

Company Address: 39 South Maple Street, PO Box 212, Orwell, OH 44076

Telephone Number: (440)437-6311 FAX: (440)437-1031

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

Barbara Klingensmith, Executive Director, (440)437-6311

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

Barbara Klingensmith, Executive Director, (440)437-6311

The legal status of the Applicant's organization 501c(3) Not for Profit

Date of establishment/incorporation: March of 1981

Federal Employer Identification Number (FEIN): 34-1331627

Is the Company co-owned or controlled by a parent company? ___Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

COUNTRY NEIGHBOR PROGRAM, INC.
HOMEMAKER SERVICES
PROGRAM PLANNING AND DEVELOPMENT

A. PROGRAM DESCRIPTION

1. NARRATIVE OF PROPOSED SERVICE

Country Neighbor continues to receive more requests from individuals for homemaker services than personal care. We have found that more individuals need assistance with general household tasks but are not as frail as the personal care clients. Many homemaker clients never reach the point of needing personal care but need support with their household tasks to remain in their home independently.

Homemaker services include but are not limited to dusting and straightening furniture, cleaning floors or rugs by a wet or dry mop or vacuum, cleaning the kitchen by washing dishes, pots, pans, and the outside of appliances, counters and cabinets. The homemaker may also clean the oven or defrost the refrigerator, clean the tub, shower, sink, toilet, urinal or bedside commode, change bed linens and make beds, wash inside windows or mirrors, and remove trash from the home. He/she may do laundry including washing and drying clothes, folding and ironing clothes and linens, and putting away finished laundry; or doing errands to pick up groceries, personal items, and mail.

Homemakers may not climb a ladder to clean windows or walls, move heavy furniture, or do yard work. Nor will they do banking that would consist of check cashing, or credit card cash advances. They are not permitted to do prescription pickups, as well.

Clients receive services based on the LPN's assessment and care plan. At this point in time, approximately 3% of our clients receive 2 hours ***every week*** and 97% receive 1.5 hours up to 2 hours ***every other week.*** By doing service this way, we are able to help many more people.

We try to maximize the services for full efficiency. For example, if customers need only lunch preparation, we provide a home delivered meal rather than a homemaker since it is less costly to provide a meal. If the client receives both personal care and homemaker services, the homemaker performs all the household tasks and the home health aide ***only*** does the bathing/shaving, etc. since the homemaker service is not as costly as the personal care service.

2. Need for The Service

For the 2023 funding cycle, Country Neighbor is proposing to provide 3,960 hours of homemaker for 150 individuals at a unit rate of $26.00 which is an increase from $23.00 per hour. It has become imperative that we continue to increase our staff salaries and benefits to be more competitive in the job market and to attract and hold on to more qualified employees for a more stable workforce in our In-Home Services programs.

Currently, we have 4 priority 1's on our homemaker waiting list and an additional 9 as priority 2's for a total of 13 on a wait list. We only place 1's and 2's on the wait list. We communicate to anyone scoring over that they do not currently meet the level of need and if their circumstances change to contact the office for a re-evaluation.

As of today, we are serving 89 active ACSSL homemaker clients.

Country Neighbor is requesting an increase of $3,151.50 for 2023, from $99,808.50 to $102,960. The increase is directly related to the increase in the unit rate. Without the additional funding, we will again have to reduce the number of units we are currently providing.

3. Experience of the Applicant

Country Neighbor has provided homemaker services for well over 33 years throughout southern Ashtabula County. Currently, we also serve northern Trumbull County, as well.

4. Statistics of Past Performance

During the period of January 1, 2021 through December 31, 2021, Country Neighbor provided 3,829.25 hours of Ashtabula County Senior Services Levy homemaker services for 154 clients. Currently, 67.5% are over the age of 75. Some clients come into the program on a short-term basis while others are long term.

JANUARY 2021 THROUGH DECEMBER 2021 UNITS/CLIENTS BY TOWNSHIPS

Service Area Township, Village or City	Units Provided & Unduplicated Clients Served in past 12 months age 60 to 75	Proposed Number of Units & Unduplicated Clients to be Served age 60 to 75	Units Provided & Unduplicated Clients Served in past 12 months age 75+	Proposed Number of Units & Unduplicated Clients to be Served age 75+
Andover	213.5/10	240/10	597.25/21	469/16
Cherry Valley	0/0	0/0	10.5/1	90/1
Colebrook	0/0	0/0	5.25/1	50/1
Dorset	33.75/1	50/1	32/1	25/1
Hartsgrove	40.5/1	50/1	47.5/2	65/1
Lenox	13.5/1	25/1	49.75/1	100/3
Morgan	108.5/3	65/1	66/3	175/4
New Lyme	0/0	15/1	33/1	75/3
Orwell	241.75/10	175/10	332.75/15	241/13
Richmond	0/0	0/0	22/1	50/2
Rome	109.25/3	5/1	100.75/4	100/5
Trumbull	4/1	0/0	96/6	80/1
Wayne	2.25/1	0/0	86/1	75/2
Williamsfield	96.5/4	40/2	140.25/9	75/7
Windsor	2/1	10/1	39/1	90/3
Denmark	0/0	25/1	0/0	25/1
Pierpont	0/0	25/1	0/0	25/1
Saybrook	2/1	50/1	104/4	223/5
Austinburg	0/0	25/1	18.25/1	37/1
Geneva	222.75/9	150/8	403.5/17	300/15
Harpersfield	0/0	50/2	0/0	50/2
Jefferson	129/3	115/3	430.5/15	450/15
Ashtabula	17.75/1	10/1	0/0	0/0

5. DAYS AND HOURS OF SERVICE

Service is available 5 days per week and hours will be scheduled, per client need. Generally, the homemakers will work between the hours of 7:00 a.m. and 5:00 p.m. As a rule, we will be able to begin service for the client within 3 to 5 days of initial assessment. All homemaker services will be provided from the Orwell facility, 39 South Maple Street, in Orwell.

6. CLIENT INTAKE AND ASSESSMENT

a. Description of Client Intake

When a referral is received into our office, the In-Home Services Supervisor's office is responsible to contact the client or representative to set up an in-home, face to face assessment appointment for the LPN. Appointments are generally made within 1-2 business days. As part of the initial assessment, the LPN reviews the HIPAA form, completes the Basic NAPIS Form, the Care Plan for Homemaker, the Homemaker Prioritization form, a medication list, and a narrative describing the clients need for the service(s). He/she then completes a Consumer Service Summary listing the service(s) that are to begin for the client.

The completed forms are returned to the office for the RN's review and signoff. The client is scheduled for the recommended service(s). A reassessment of need and evaluation of the care plan and homemaker will be completed generally, every 105 days. If the client calls to end service(s), the service(s) is stopped. Or, if during the reassessment, it is determined that the service(s) is no longer needed, the service(s) would be stopped. Should the client need to resume, the LPN would go back out and evaluate the situation, and if it is determined that the service(s) needs to resume, the client would be put back on the schedule.

b. Provider Assessment Process

When perspective clients are referred, the In-Home Services Supervisor's office will try to schedule an assessment appointment within 24 hours. A visit to the home will be made by the LPN and a Service Intake and Assessment tool is completed which includes name, address, telephone number, date of birth, demographics, financial information, medical history, ADL/IADL, service plan and emergency contact. A Care Plan and Client Prioritization Form will also be completed. All customers must sign a Release of Information. Eligibility will be based on medical status basis and availability of family support. Ongoing assessments will be provided, per service specifications. If breaks occur during service, for example, extended hospital stays, a reassessment will be completed upon their return home to determine the client's health status.

When the LPN goes out to do the assessment, he/she does a prioritization checklist for each client, so we know who is most in need. If a homemaker calls off and has a client in greater need than another client, we send another homemaker to the client with the greater need. When we must go to a waiting list, a prioritization checklist is also

completed so that we know the clients with the most need, as they would be the first clients to receive services when we have openings.

Priority Level 1 is the level of highest priority and level 5 is the lowest. In addition to medical or mental conditions, consideration is given to age, the availability of family or community support and the need for multiple services.

The LPN will provide a supervisory visit to update the client's care plan and evaluate the homemaker's performance every 93 days. If the client calls to end service(s), the service(s) is stopped. Or, if during the care plan update, it is determined that the service(s) is no longer needed, the service(s) will be stopped. Later, should the client need to resume, the LPN would go back out and evaluate the situation, and if it is determined that the service(s) needs to resume, the client would be put back on the schedule.

c. Submit Client Assessment Tool

Country Neighbor's complete Assessment tool is attached.

7. SOURCES AND AMOUNTS OF FEDERAL, STATE OR LOCAL FUNDING WITHIN THE PAST 5 YEARS AND UNIT RATES

Country Neighbor receives Federal funds from Direction Home of Eastern Ohio for homemaker services in southern Ashtabula County. We are required to provide a minimum 15% match, cash and in-kind, and collect project income for the service. Therefore, the rate that we are reimbursed is not the fully allocated unit rate for the service.

YEAR	AMOUNT	FEDERAL UNIT RATE	FULLY ALLOCATED UNIT RATE INCLUDES MATCH
2022	$11,935	$23.00	$27.25
2021	$11,935	$22.25	$26.21
2020	$11,935	$21.75	$26.07
2019	$11,935	$19.00	$22.96
2018	$11,935	$19.00	$24.16

8. Service Collaboration/Coordination

Country Neighbor works with the social service agencies, Veterans Administration, Department of Job & Family Services staff, hospitals, and physician's offices located throughout Ashtabula County. With homemaker services, Ashtabula County Community Action Agency and the Conneaut Human Resource Center provide the program in Ashtabula City and the northeastern quadrant and Country Neighbor provides homemaker in the northwestern quadrant and the southern half, east to west. When we

get into the shared areas of the County, we check to see which agency is the best fit for the specific situation, taking into consideration such things as waiting lists and distance from current clients.

9. Organization's Vision and Mission

The mission of the organization is to help people remain independent by providing supportive services, thus enhancing their quality of life.

Country Neighbor's vision is to provide high quality and effective programs that promote self-sufficiency, independence, address conditions of poverty, promote wellness and education as well as reducing isolation and loneliness.

C. ORGANIZATIONAL STRUCTURE

Country Neighbor began in 1977 and was incorporated in March of 1981. The mission of the organization is help people remain independent by providing supportive services enhancing their quality of life. Country Neighbor provides a wide variety of services to include, but not limited to, homemaker, chore, transportation, home delivered meals, congregate meals, personal care, prescription assistance, emergency food, rental/utility assistance, socialization, education, and wellness activities.

Generally, our service area consists of the southernmost 15 townships in Ashtabula County and the northern most 15 townships in Trumbull County.

The Ashtabula County Food Bank (Country Neighbor) serves 20 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2021, we distributed over 1.2 million pounds of food to our partner organizations.

The largest funding sources are the Ashtabula County Senior Services Levy, Direction Home of Eastern Ohio, Ashtabula County Job & Family Services, Ohio Department of Job and Family Services, United States Department of Agriculture, Trumbull County Senior Services Levy, and the United Way of Ashtabula County.

Country Neighbor is governed by a thirteen-member Board of Directors who meets monthly, generally, the last Monday of each month. ***(List attached)***

An Organizational Chart is attached.

D. PROVIDER/STAFF QUALIFICATIONS

RN Supervisor: Supervises the LPN, approves all care plans and monitors for adherence to program requirements.

LPN: The LPN provides each face-to-face home visit, upon initial assessment, completes all service assessment tools, determines eligibility, develops the Care Plans for

each individual client, provides ongoing monitoring and reassessment home visits, generally every 93 days or more often, if necessary.

Homemakers: The Homemakers are responsible for the direct service such as cleaning, cooking, errand/prescription pickups, grocery shopping, laundry, etc. for each customer

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the project

Assistant Director: Directly responsible for fiscal responsibilities, payroll, financial reporting processes of the program and the human resources function of staff training schedules and benefit activities of the agency. Also assist the Executive Director with the day-to-day operations of the program.

Administrative Assistant/Bookkeeper: Assist the Assistant Director with fiscal responsibilities, payroll, financial reporting, clerical duties, reporting, etc.

In-Home Services Supervisor: Is responsible for the implementation of the program. She reports to the Executive Director and is responsible for ensuring home visit/assessment completion with the customers in partnership with the LPN and the Registered Nurse. Assists the Executive Director with the overall implementation of the program and employee management.

Receptionist: Answer telephone, directs calls/walk-ins to appropriate staff, clocks in the home health aides on appropriate funding sources when they call in from each customer's home, perform general office duties to assist administration, as requested

Data Entry/Backup Receptionist: Cover the desk and telephone when the receptionist is not available. Responsible for all data entry and accuracy of client information. She clocks in the home health aides on appropriate funding sources when they call in from each client's home, perform general office duties to assist administration, as requested.

2. Organization's Training Requirements of Homemaker Staff

When a new homemaker is hired, he/she receives orientation on the agency policies and procedures, proper documentation, Code of Ethics, HIPAA regulations, emergency procedures, drug free workplace, and job description review.

Once he/she passes the physical, completes drug testing, and a background check, he/she will receive twenty hours of training and skill testing by return demonstration; or has completed other approved training programs in a health-related field; or has completed one year of supervised employment in a health or human services field, and performs successful written and skill testing by return demonstration.

The twenty hours of training and testing would include but is not limited to universal precautions for infection control, meal preparation/nutrition, laundry, basic home safety, housecleaning skills, body mechanics, communication skills, and documentation skills.

All homemakers will receive at least eight hours of continuing education every twelve months. The RN, LPN and HR staff works cooperatively for the in-service trainings.

3. Volunteer Capacity

We do not utilize volunteers in the homemaker program.

EXHIBIT II

Attachment B
Budget Template

ACJFS RFP #8-23
Independence & Wellness

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Section 4
Applicant Budget
Attachment B
Homemaker Services

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc.	(Homemaker)	REVISED
Date From: January 1, 2023	To: December 31, 2023	

	Amount	
I. Staff		
A. Salaries	$	70,118.00
B. Payroll-Related Expenses	$	7,364.00
Total Staff Costs	$	77,482.00
II. Operations		
A. Travel and Short-Term Training	$	6,950.00
B. Consumable Supplies	$	910.00
C. Occupancy Costs	$	1,428.00
D. Contract and Professional Services	$	3,700.00
E. Other - Miscellaneous	$	130.00
Total Operational Costs	$	13,118.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	90,600.00
IV. Minus Other Program Resources	$	600.00
Total Program Costs	$	90,000.00

Budget Computation

Total Operating Expenses	$	90,000.00
Divided by Total Operating Units		3,461.50
= Unit Rate	$	26.00

Unit Rate	$	26.00
X number of units purchased		3,461.50
= Total Contract Amount	$	90,000.00

Unit = 1 Hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 80,500.00	Annual	4.25%	$ 3,425.00
Assistant Director	$ 46,500.00	Annual	4.74%	$ 2,205.00
Administrative Assistant/Bkkp	$ 33,500.00	Annual	3.00%	$ 1,005.00
In Home Services Supervisor	$ 30,160.00	Annual	12.00%	$ 3,620.00
Receptionist I	$ 24,635.00	Annual	4.99%	$ 1,230.00
Data Support/Backup Recpt	$ 49,920.00	Annual	3.50%	$ 1,748.00
RN Supervisor	$ 2,575.00	Annual	17.48%	$ 450.00
LPN Assessors	$ 27,300.00	Annual	26.37%	$ 7,200.00
Homemakers	$ 104,650.00	Annual	45.38%	$ 47,495.00
Drivers (Transport Hmk)	$ 36,875.00	Annual	4.07%	$ 1,500.00
Facility Maintenance	$ 8,000.00	Annual	3.00%	$ 240.00
Total Salaries				$ 70,118.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 5,364.00
Worker's Compensation	$ 1,450.00
Unemployment Insurance	$ 400.00
Retirement Expenses	$ 60.00
Hospitalization	$ -
Other (*identify*) Life Insurance	$ 90.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 7,364.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: 62.5 cents per mile (IRS)	$ 6,750.00
Short-Term, Training	$ 200.00
Total Travel and Short-Term Training	$ 6.950.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 660.00
Cleaning Supplies	$ 250.00
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ 910.00

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ 50.00
Utilities (if not included in rent) must be itemized	
Heat	$ 180.00
Electric	$ 480.00
Water	$ 40.00
Telephone	$ 630.00
Sewer	$ -
Other (*Garbage)*	$ 48.00
Other *(identify)*	
Total Occupancy Costs	$ 1,428.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	$ 750.00
D & O Insurance	$ 300.00
Liability Insurance	$ 750.00
Technology	$ 1,500.00
Employee Testing	$ 400.00
Total Contract & Services Costs	$ 3,700.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Advertising	$ 50.00
Equipment Repair & Maintenance	$ 25.00
Miscellaneous Expense	$ 55.00
Total Miscellaneous Costs	$ 130.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Participant Contributions	$ 600.00
Total Other Resources	$ 600.00

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Country Neighbor Program Inc.**
Date: **11/2/2022 3:12:22 PM**

This search produced the following list of **7** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
Lawrence County Educational Service Center	304 N. 2nd Street
Lawrence County Schools Council of Governments	304 N. 2nd Street
Lucas County Republican Party	10 S. Superior St.
Lucas County Republican Party	10 S. Superior Street
Noble County Law Library Association	300 County Court House
Village of Bethel Mayor's Court	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Homemaker** services

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 12.8.2022

CD 11/4/2022
2022-CON-0157

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job & Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **ACMC Regional Home Health** located at **2131 Suite 2, Lake Ave., PO Box 1428, Ashtabula, Ohio 44005** to provide **Personal Care Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Personal Care: $138,158.07 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$38.59 per unit of Personal Care as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS monthly included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

    Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will

impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement. Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with

tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and ACMC **Regional Home Health** for **Personal Care** services

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0158

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

ACMC Regional Home Health

11/11/2022
Date

11-29-22
Date

Ashtabula County Board of Commissioners

EXHIBIT I

Applicant Information

AGENCY / ORGANIZATION NAME: Ashtabula Regional Home Health Services

ADDRESS: 2131 Lake Ave. Suite #2 Ashtabula, OH 44004

PHONE: (440) 992-4663 FAX: (440)992-0687

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1143158

EXECUTIVE DIRECTOR/DIRECTOR: Sue Shadle MSN RN sue.shadle@acmchealth.org

PROGRAM COORDINATOR: Karen Chech RN EMAIL: Karen.chech@acmchealth.org
FISCAL CONTACT: Michael J. Habowski CEO EMAIL: Michael.habowski@acmchealth.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Michael J. Habowski SIGNATURE: _____
(Note: original signature must be in blue ink)

TITLE: President and C.E.O. DATE: 7/28/2022

Appendix I
ACJFS RFP #6-23
Ashtabula County Senior Services Levy
Personal Care
Program Description

Personal Care for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Personal Care for Seniors

The purpose of the personal care program is to offer in-home services that would be an alternative to institutional care, where appropriate. Personal Care services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially providing for the services, and where no relative, caregiver, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service b) be age 60 or over, c) and reside in Ashtabula County.

The personal care program provides basic health maintenance and/or personal hygiene assistance to individuals in their homes. Care received will assist seniors in their Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) but not at the level provided in a nursing home. This program may include but not be limited to trained paramedical care, bedside nursing care therapy (i.e., occupational, physical, or speech), and personal hygiene which may include using the bed, tub, shower, and partial bath techniques. Personal hygiene can also include providing nail and skin care and oral hygiene. The administration of prescribed medications may also be included under medical supervision. In emergency situations, personal care services may also be used to provide respite for a participant's caregiver. Services must be provided in the participant's residence. It is the clients' responsibility to provide all necessary consumable supplies.

A provider representative will personally interview all persons who are referred to the services by a physician or other referral source, to determine the range of services required and the length of time for which the services will be provided. Ongoing assessments are the responsibility of the Provider and will need to occur every 180 days when initial assessment has been broken due to institutionalization or hospitalization. A case is considered closed when a person is totally independent, capable of self-care, or has decided to receive the necessary support from another source or has moved into an institution.

Section 2 (F)
Documents used for monitoring

Patient/Family Member,

Providing you with quality home care through Ashtabula Regional Home Health is our mission. We wish you meet your needs in a courteous, concerned and competent manner. Your opinion is very important to us so we can make any needed changes. Please take a few minutes to respond to this brief survey and return it to us.

Sincerely,

Karen Chech, RN
Program Coordinator

Additional comments I would like to make not covered by your questions:

_____

_____

_____

NURSE	Exc	Good	Fair	Poor
Was courteous	1	2	3	4
Was concerned about my needs	1	2	3	4
Visits were helpful	1	2	3	4
Gave clear instructions	1	2	3	4
Listened and respected my wishes	1	2	3	4
Checked on care given by Aide	1	2	3	4
HOMEMAKER/HOME HEALTH AIDE				
Wore proper identification	1	2	3	4
Was courteous	1	2	3	4
Was concerned about my needs	1	2	3	4
Was willing to help me	1	2	3	4
Provided care in a safe manner	1	2	3	4
Was knowledgeable and competent	1	2	3	4
OFFICE STAFF				
Were helpful	1	2	3	4
Were courteous	1	2	3	4

Revised SS/jmr 8/16

ACMC Regional Home Health

Variance Report for _____ACUTE CARE PROGRAM_____NON-ACUTE PROGRAM

Date of Incident: __/__/_____ Person Initiating Variance Report: _____ Date: __/__/_____

Patient Name if applicable: _____ MRN: _____

PATIENT CARE ERRORS		**ADVERSE VISIT DYNAMICS**	
	Medication Error		Abuse/neglect/exploitation
	Scheduling Error /Visit Missed		Illegal Substance Use
	Lab Error		Other difficult behaviors
	Orders Not Followed		
PATIENT CARE COMPLICATIONS		**UNSAFE ENVIRONMENT**	
	Infusion		Infestation List type_____
	Wound		Inadequate Heat/Cooling
			Unsanitary/Hoarding
UNWITNESSED PATIENT FALL/INJURY		**DOCUMENTATION ERROR**	
	No or minor injury-no medical follow up needed		OASIS 5 day window missed
	911 to get up		OASIS Transfer missed
	Seen by MD/Express Care for follow up		Wrong Record
	Emergent Care for follow up	**BILLING**	
	Hospitalized w/ serious injury		Visits not Authorized
			Visits do not match orders
FALL DURING PROVISION OF CARE			
	No or minor injury	**INCIDENT TYPE: EQUIPMENT**	
	911 to get up		Type
	MD/Express Care		Manufacturer/Serial #:
	Emergent Care for follow up		
	Hospitalized for injury		
			Problem:
PATIENT CARE COMPLAINTS		**EMPLOYEE ACCIDENT/INJURY**	
	Communication		Needlestick/splash injury
	Care		Other injury in provision of providing patient care
	HIPPA		Car Accident
OTHER INCIDENT /EXTERNAL IMPACTING CARE			
	List:		

DETAIL COMPLAINT/ INCIDENT

Signature: _____

Date: _____

ROUTE FORM TO YOUR SUPERVISOR FOR FOLLOW UP

ACMC Regional Home Health

Variance Report for _____ACUTE CARE PROGRAM_____NON-ACUTE PROGRAM

SUPERVISOR FOLLOW-UP

Additional Fact-Finding Information:

Injury to Patient

Were agency standards of care followed? _____ If standards of care not followed was employee counseled?

Complaint

If complaint, attach a copy of follow-up letter. If no letter was a follow-up phone call made? _____

What is the resolution of the complaint?

Injury to Employee

Was the employee sent to Occupational Health (ACMC ER) for follow-up? Date/Time:_____

Notifications Made: __PHYSICIAN __APS__WAIVER CASE MANAGER ___PASSPORT CASE MANAGER___OTHER(MyNexus)

_____No further follow up needed.

_____Further follow-up needed._____

Supervisor Signature: _____ Date: _____

08/2018 SShadle

AIDE SUPERVISION COMPLIANCE
NON-ACUTE GRANT AUDIT TOOL
Month:
Completed by: Karen Chech RN

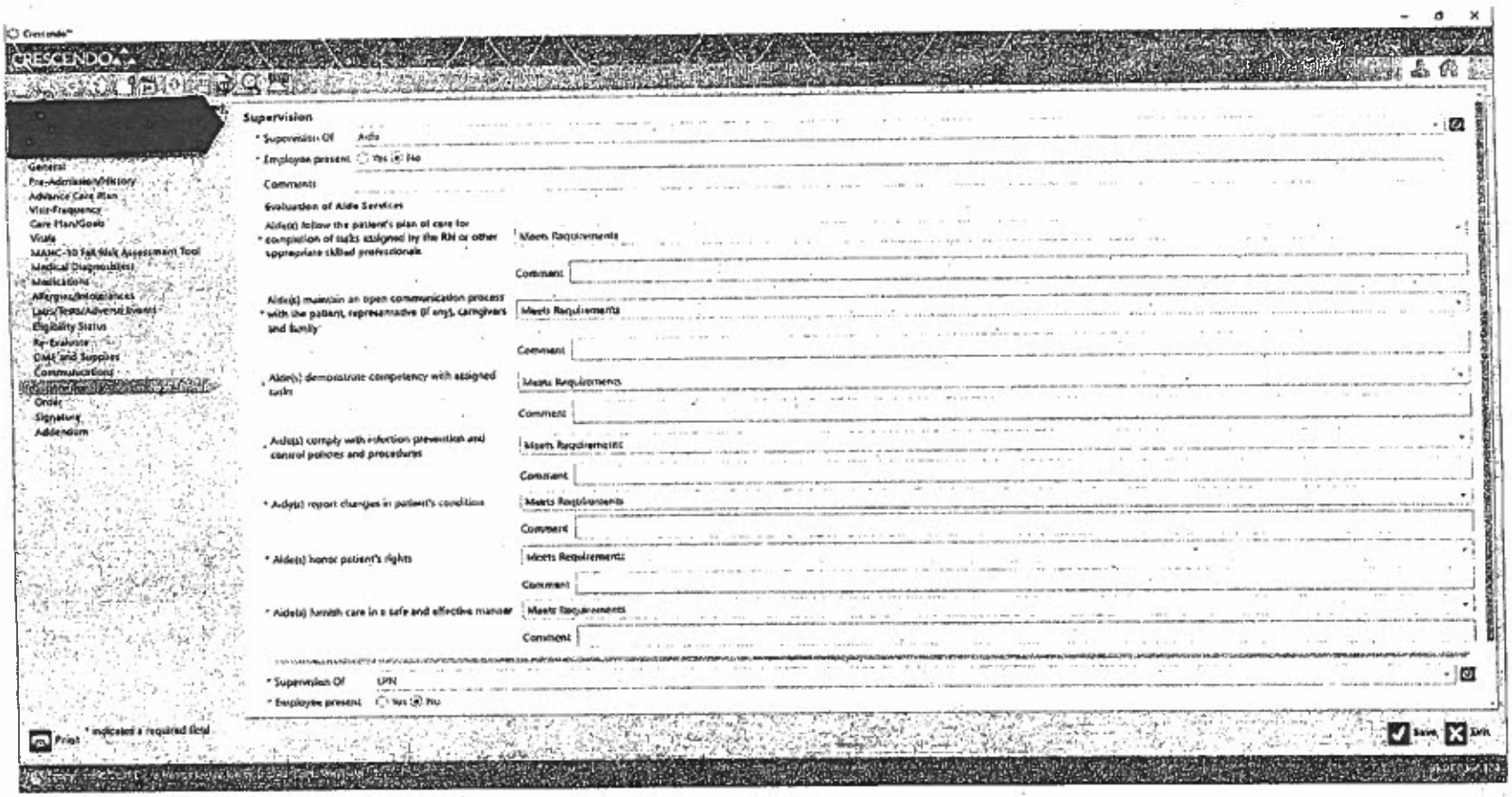
	MRN	Supervision Visit Dates	Were supervised visits at least every 60 days. YES/NO	With HCA/same day patient satisfied with HCA and POC reviewed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
				Totals
		TOTAL	YES=____ NO=____	Totals

Percentage of visits made with HCA:

Percentage of visits made same day:

Patient satisfied with HCA:

POC reviewed:


CRESCENDO
General
Pre-Admission/History
Advance Care Plan
Visit Frequency
Care Plan/Goals
Visits
MAHC-10 Fall Risk Assessment Tool
Medical Diagnosis(es)
Medications
Allergies/Intolerances
Labs/Tests/Adverse Events
Eligibility Status
Re-Evaluate
DME and Supplies
Communications
Order
Signature
Addendum
Supervision
* Supervision Of Aide
* Employee present Yes No
Comment
Evaluation of Aide Services
* Aide(s) follow the patient's plan of care for completion of task(s) assigned by the RN or other appropriate skilled professionals Meets Requirements
Comment
* Aide(s) maintain an open communication process with the patient, representative (if any), caregivers and family Meets Requirements
Comment
* Aide(s) demonstrate competency with assigned tasks Meets Requirements
Comment
* Aide(s) comply with infection prevention and control policies and procedures Meets Requirements
Comment
* Aide(s) report changes in patient's condition Meets Requirements
Comment
* Aide(s) honor patient's rights Meets Requirements
Comment
* Aide(s) furnish care in a safe and effective manner Meets Requirements
Comment
* Supervision Of LPN
* Employee present Yes No
Print
* indicates a required field
Save
Exit

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: __Ashtabula Regional Home Health Services (dba ACMC Regional Home Health)____

Company Address: 2131 Lake Ave. Suite #2, Ashtabula, OH 44004_____

Telephone Number: _(440)992-4663_____ FAX: (440) 992-0687_____

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

_____ Sue Shadle MSN RN ,Executive Director (440)997-6293_____

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

_____Michael J.Habowski, President and C.E.O. (440) 997-6520_____

The legal status of the Applicant's organization _501©3 tax exempt_____

Date of establishment/incorporation: 06/03/1974_____

Federal Employer Identification Number (FEIN): 34-1143158_____

Is the Company co-owned or controlled by a parent company? __X__Yes ____ No

If yes, name of parent company: ___Ashtabula County Medical Center_____

Is the Applicant authorized/licensed to do business in the state of Ohio? __X__Yes ____ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? __X__Yes ____ No
X

If yes, has the company filed all required EEO reports to the necessary agencies? __X__Yes ____ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. __X__Yes ____ No

Does the company have current or future plans for a buyout or sale? ____Yes __X__ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. __X__Yes ____ No

The Applicant certifies it is a drug-free work place? __X__Yes ____ No

The Applicant certifies it is not delinquent on any Federal debt? __X__Yes ____ No

Section 3
Program Planning and Development

Section 3-Program Planning and Development

A. Program Description

1. ACMC Regional Home Health (ACMC RHH) proposes to provide personal care services through the Ashtabula County Senior Service Levy. Eligible clients are those over the age of 60, residents of Ashtabula County, and have a demonstrated need for personal care and do not have another resource for the care. Clients will be assessed for possibility of another resource for care and referred if appropriate. ACMC RHH currently provides personal care services to clients receiving skilled services from Medicare and Medicaid as well as clients receiving non-skilled long term care services. The proposed service area includes the Northern portion of the Ashtabula County area.

   Personal care will be provided by home health aides. All aides at ACMC RHH are Medicare certified. Medicare certified means they have received 80 hours of training and are skill tested. They receive a minimum of 12 continuing education hours every year. Personal care includes assisting the patient with activities of daily living: bathing, grooming, dressing and application of prosthetic devices. As time allows, incidental activities of daily living are also addressed, this includes simple household chores such as changing bed linens and simple meal preparation. Clients are typically scheduled for 1-2 one hour visits per week. The initial assessment is completed by a registered nurse (RN). The RN determines eligibility and develops a plan of care to be followed by the home health aide. The RN visits at least every 60 days to supervise the aide, assuring that the aide is maintaining service that is within the aide's scope of practice and that service is being provided in a safe manner. The RN provides a reassessment screening of the patient health risks and functional needs every 6 months.

   ACMC RHH is very efficient with the delivery of personal care services. First, the aides are assigned to clients based on geographic region. In addition, the home health aides are considered shared employees; therefore they are able to see clients under any program that the organization provides service for within the geographic region. This supports continuity of care for the client. Continuity of care is important in regards to establishing a trusting relationship as well as saving the client from repetitively orienting the aides to their particular needs. The client keeps the same aide when transitioning between programs. ACMC RHH provides both skilled and non-skilled long term personal care to the majority of payer sources. If the patient health status declines and they qualify for skilled services under another payment system we have the ability for a seamless transition of care to another program and payment source. This gives us the ability to stretch levy dollars and see more unduplicated patients.

All care is delivered following the most up-to-date infection control guidelines as recommended by the Centers for Disease and Control and Prevention (CDC) for prevention of COVID-19. All agency caregivers are trained in infection control guidelines and are provided with necessary personal protective equipment to provide safe care.

2. The U.S. Census Bureau (Retrieved 07/20/2020 from www.censusreporter.org) estimates the current population of Ashtabula County to be 97,493. According to the Census Bureau, 15% of the population is between the ages of 60 – 69, 8% is between the ages of 70 – 79 and 4% of the population is over the age of 80. For seniors 65 and older, 15% live below the poverty line. The unprecedented challenges of caring for and protecting the lives and well-being of our elderly population have never been as evident as it has been during the continuing COVID-19 pandemic conditions. With advancing age, the potential for chronic health conditions and functional limitations increase. The challenge within the community to care for our revered but vulnerable elders is to provide the care needed in the best possible, safest and cost-effective environment as possible. The place to do this is the individuals own home. With a little bit of assistance, such as personal care, our elders can be helped to remain at home with dignity for as long as possible. In addition to the assistance with personal care needs, ACMC RHH is able to make an impact in the clients overall well-being by empowering the clients to self-manage chronic health conditions with the oversight of the RN.

3. ACMC RHH has been providing personal care services since 1974 through the Medicare and Medicaid benefit programs and since 2000 under the Senior Levy Program. We are a Medicare certified agency and are surveyed by the Ohio Department of Health a minimum of every 3 years. We maintain strong patient experience scores and demonstrate exceptional reliability of service.

4.

Service Area	Clients/Units provided 2021	YTD-Clients/Units provided to date 2022 Jan-Jun	2022Proposed Clients/Units Provided
Northern Ashtabula County	86 Unduplicated Clients 3619 Units	51 Clients 1619 Units Project 3528 by year end	85 Unduplicated Clients 3528 Units
Breakout of locality	44003 1 44004 44 44030 17 44032 44041 10 44047 5 44048 1 44068 2 44082 4 44084 2		

ACMC RHH proposes for 2023 to maintain an active daily census of patients (85 unduplicated for the year) receiving 1-2 personal care visits per week. We propose providing 3528 units at _$39.16_ per unit of service to continue the current level of service. The cost of the unit service is inclusive of RN assessment visit every 60 days.

5. The proposed days and hours available are Mon-Friday 8am to 4:30 pm. The agency is closed on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas.

6. Client intake
   a. Method: Referrals come into the aide intake department. They can be mailed, e-mailed, faxed, phoned, or hand delivered. Referrals come from nurses, physicians, social workers, discharge planners, clients and or family members, Adult Protective Services, and neighbors.
   b. A phone call is made to schedule the initial visit and begin obtaining information to screen for priority and appropriateness.
   The RN makes a visit to the home to assess the client's functional status and qualifications for service as well as conduct screening using validated evidenced-based scales for fall risk, geriatric depression, and mental status exam as needed. The skills of a RN are required for this

level of scope of practice. The RN is also knowledgeable about community resources and will make appropriate referrals if the need is identified through this screening process. For example, the nurse may call the physician to request skilled care under Medicare or Medicaid programming. If able to meet patient needs through other programming, we are able to stretch valuable levy dollars.

c. We maintain a policy on management and prioritization of the waiting list for all our long term programs. That policy is attached along with intake forms. This policy assures that those with the greatest functional deficits will receive prioritization if there is a waiting list. It is based on Centers for Medicare and Medicaid (CMS) Outcome Assessment Information Set (OASIS) indicators measuring a person's ability to safely groom, bath, transfer, walk, and dress self. These indicators have been validated by Medicare as a reliable measurement of patient need and serve as outcome measurements for Medicare.

7. Medicare is our primary payer source. Our average cost per visit for home health aide in our skilled service side is $45.

   The unit rate for our Area for Agency personal care service in our long-term care program is $37.10 with a projected increase for 2023.

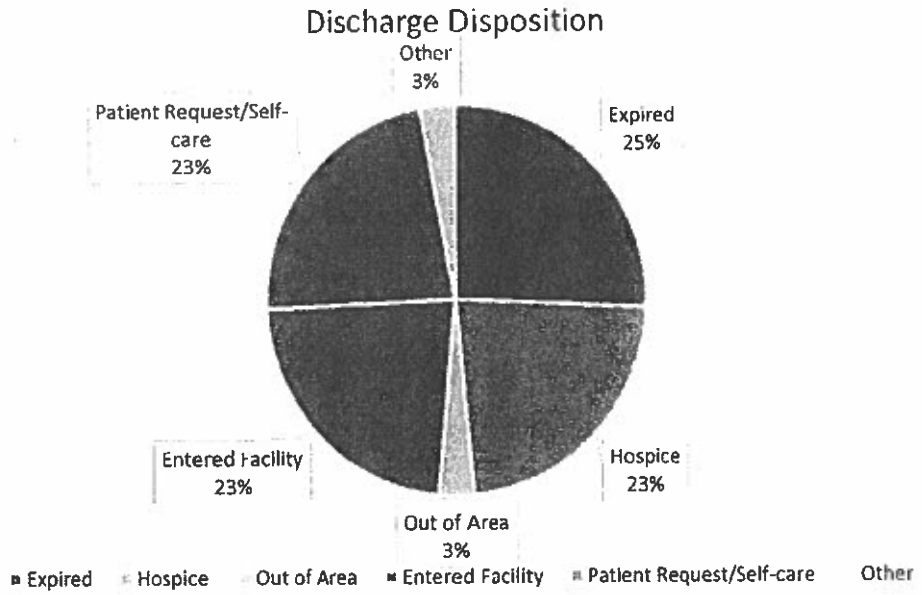
   The current private pay rate for personal care service is $38.00 per hour with a projected 4% increase in 2023.

8. ACMC RHH networks with various organizations within Ashtabula County to advocate for seniors and promote awareness of need for community support of the tax levy to support the growing number of seniors within our communities. These agencies include but are not limited to Direction Home (Area Agency on Aging 11), Catholic Charities, Community Action, and the Ashtabula County Health Department. In addition, ACMC RHH is a member of the Ohio Council for Home Care and Hospice and the Ohio Community at Home Network advocating for community-based services throughout the state of Ohio.

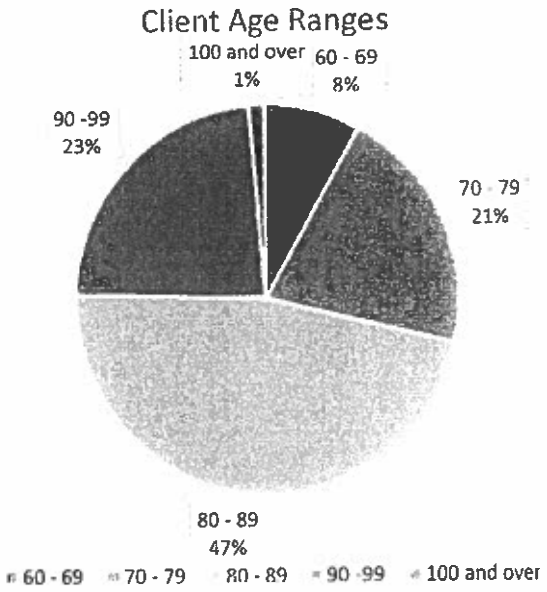
9. ACMC RHH is committed to preserving the human rights and dignity of those who receive our care and those who provide it. Our mission is to provide the highest quality health care services in the home while building positive relationships with the community we serve. Our mission is built on the principles of honesty, compassion and respect.

B. Specific Measurable Objectives

On our non-skilled side we gather data on the disposition of clients upon discharge or transfer to institutional care or to other programming. The overall goal is to decrease or avoid the need for institutional care. In 2021, we exited a total of 35 persons from the program (9 expired, 8 were transferred to hospice, 8 entered higher level of care facility, 8 discharged per request/ to self-care, 1 moved out of geographic region,1 discharged for other cause).



Clients ages ranged from 62 years of age to 101.Those aged above the age of 80 make up 71% of the Senior Levy census.



The length of stay in the program ranged from 1 months to 6 years with an average time in the program for these individuals being 19 months. If these individuals were cared for in an assisted living for that same length of time the cost would have been around $116,000 for each individual, assuming an average cost per month in a facility across the nation is currently over $4000 per month. This is an excellent return in Senior Levy investment dollars.

In the first half of 2022, 39 surveys returned out of 60 patient surveys sent. 95% ranked all service indicators as Good to Excellent. The breakdown is as follows:

	Excellent	Good	Fair	Poor	Skipped
Nurse was courteous.	**37**	**0**	**0**	**0**	**2**
Nurse was concerned about your needs.	**37**	**0**	**0**	**0**	**2**
Nurse visit were helpful.	**36**	**1**	**0**	**0**	**2**
Nurse gave clear instructions.	**36**	**1**	**0**	**0**	**2**
Nurse listened and respected your wishes.	**37**	**0**	**0**	**0**	**2**
Nurse assessed care given by the home care aide.	**36**	**1**	**0**	**0**	**2**
Aide wore identification.	**35**	**3**	**0**	**0**	**1**
Aide was courteous.	**36**	**2**	**0**	**0**	**1**
Aide was concerned about your needs.	**36**	**2**	**0**	**0**	**1**
Aide visit was helpful.	**36**	**2**	**0**	**0**	**1**

Aide provided care in a safe manner.	**36**	**2**	**0**	**0**	**1**
Aide was knowledgeable and competent.	**35**	**3**	**0**	**0**	**1**
Office staff were helpful and courteous on phone.	**27**	**4**	**0**	**0**	**8**

A sampling of comments written by patients the past 6 months on the program reflects how much they value the services:

"I am satisfied, very much so with all your great care. You folks are starting to feel like a part of the family."

"Great service, very happy with service."

"Your staff have always been lifesavers."

"Wonderful community service to keep seniors in their own homes. Thank you."

"We have been very happy with everyone who has helped with care. Shannon goes beyond. She's very understanding of everything."

"I am very pleased with your staff. They are very good to me. I enjoy them all. They bring a lot of hopes and happiness. I can't tell you how much I appreciate them. They make me happy when they are here."

C. Organizational Structure

ACMC RHH was incorporated in June 1974 and operates as a Medicare/Medicaid certified home care agency. The agency is a wholly owned subsidiary of Ashtabula County Medical Center and operates as a separate entity. The agency has two business units. The two business units are skilled care, and non-skilled care. The primary source of support for skilled care is Medicare, Medicaid, Private

Insurance, Veteran Association, and Worker's Compensation. Skilled care is about 85% of the overall agency services. Under the non-skilled business unit we provide long term community supported services with funding from United Way, Title XX, Title III and the Senior Services Levy. We also have private pay clients receiving personal care, homemaking, and phlebotomy services. We use a geographic team service model to advance our coordination of care. ACMC RHH employs 66 staff members. The Organizational Chart and Board of Trustees roster is attached.

Because the agency is a Medicare certified organization it is held to higher standards for oversight of aide services, hence the increased frequency of supervised visits by an RN. While this increases cost over a non-Medicare certified organization the oversight helps to protect the vulnerable population we serve from any exploitation and improves the clients overall well-being by assessing clients risk areas and making necessary referrals.

D. Provider/Staff Qualifications

1. Enclosed please find the job description for the Executive Director, the Non-Acute Program Supervisor, the RN providing clinical assessments and the home care aides. The Executive Director has over 35 years of expertise in the home health field and currently services on the Board for the Ohio Community at Home Network. Past community services/experience includes Spiderweb Board, the Ashtabula County Mental Health and Recovery Services Board, and Leadership Ashtabula County.
   The current Aide Supervisor is an RN with over 15 years' experience in home health with both skilled and non-skilled programs. Prior experience included rehabilitative nursing and Assistant Director of Nursing at a long term care facility.
   ACMC RHH has 11 home health aides with 2 to over 20 years' experience that provide friendly, reliable and top quality personal care.
   The RN providing clinical assessments has only been with the organization for 3 years and joined us with over 33 years of emergency room experience.

2. Please refer to Section 2 – G for employee training program outlines. In addition to orientation, home health aides are required to have 12 hours of continuing education each year.

3. No volunteers are used in the delivery of service.

ACMC Regional Home Health

ACMC Healthcare System

An affiliate of Cleveland Clinic

Target Group: Long Term Care /Non-Acute Care Program		Original Date of Issue: 02182020	Version: 1
Approved by: Management	Date Last Approved/Reviewed: 02182020	Prepared by: Sue Shadle MSN RN	Effective Date: 02182020

TITLE

Management and Prioritization of Long Term Care Program Waiting List

PURPOSE

To define a reasonable method for prioritization of applicants waiting for Long Term Care personal care services for consistency in admission to program. This is applicable only to programs supported by Title XX, Direction Home and United Way, and Senior Levy funding sources.

POLICY

A waiting list will be maintained by the Long Term Care Supervisor that establishes a tiered prioritization system based on need. Top priority will be given to individuals referred by Adult Protective Services due to concerns for neglect or abuse. The second tier is based on functional need and living situation (lives alone or with others). Individuals with a functional score of 15 or above will be prioritized. The third and final tier is date of referral for service and will be first come first serve.

PROCEDURE

1. Individuals will be first assessed for eligibility for other programming before placement on the waiting list. These programs include but are not limited to Waiver, Passport, Veteran's Affairs, and private long term care insurance.
2. Individuals that are on long term care (LTC) program but become eligible for acute care service will be placed on hold from the LTC program but stay on the waiting list so LTC service can be resumed when no longer eligible for acute care services.
3. Once application for LTC service is received a functional score will be assigned for prioritization. This score is derived using select questions from the Medicare Outcome Assessment Information Set (OASIS) that measure ability to safely and independently ambulate, transfer, groom, dress upper and lower body, bath, toilet, and feed self as well as a measurement of fall risk.

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

ASHTABULA REGIONAL HOME HEALTH

GRANT PROGRAMS/PRIVATE DUTY INTAKE FORM

Date:

Client Name: _____

Current Skilled Patient: ☐ Yes ☐ No MRN# _____

Address: _____

Phone#: _____ DOB: _____ Gender: _____

Contact Person: _____

Diagnosis: _____

_____

Functional limitations: _____

_____

Physician: _____

Request for Services: ☐ Homemaking ☐ Personal Care ☐ Phlebotomy ☐ ALZ

_____

_____

Day of week/hours: _____

START DATE: _____

Person Calling: _____ Phone number: _____

Fee source: _____

Accepted: ☐ Yes ☐ No

Comments: _____

_____

_____

_____

Signature: _____

Date: _____

Revised 08/17

EXHIBIT II

Section 4
Applicant Budget
(Attachment B)

Applicant Budget
Summary

Applicant:	
Date From:	**To:**

	Amount
I. Staff	
A. Salaries	$ 81,035.62
B. Payroll-Related Expenses	$ 33,751.35
Total Staff Costs	$ 114,786.97
II. Operations	
A. Travel and Short-Term Training	$ 10,235.00
B. Consumable Supplies	$ 525.00
C. Occupancy Costs	$ -
D. Contract and Professional Services	$ -
E. Other - Miscellaneous	$ 12,611.10
Total Operational Costs	$ 23,371.10
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 138,158.07
IV. Minus Other Program Resources	$ -
Total Program Costs	$ 138,158.07

Budget Computation

Total Operating Expenses	$	138,158.07
Divided by Total Operating Units		3,528.00
= Unit Rate	$	39.16

Unit Rate	$	39.16
X number of units purchased		3,528.00
= Total Contract Amount	$	138,158.07

Unit =1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Caregiver/Aide				$ 45,087.48
RN Supervision				$ 26,867.79
Billing/Clerical				$ 9,080.35
Total Salaries				$ 81,035.62

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 6,199.23
Worker's Compensation	
Unemployment Insurance	
Retirement Expenses	$ 3,241.43
Hospitalization	
Other Health Insur/workers comp/Unemploy/PTO)	$ 24,310.69
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 33,751.35

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	$ 10,235.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 10,235.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 525.00
Cleaning Supplies	
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ 525.00

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized Heat Electric Water Telephone Sewer Other *(identify)* Other *(identify)*	
Total Occupancy Costs	$ -

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Total Contract & Services Costs	$ -

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Overhead Expense Margin	$ 12,611.10
Total Miscellaneous Costs	$ 12,611.10

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Total Other Resources	$ -

Applicant Budget

Summary

Applicant:	
Date From:	**To:**

	Amount	
I. Staff		
A. Salaries	$	81,035.62
B. Payroll-Related Expenses	$	33,751.35
Total Staff Costs	$	114,786.97
II. Operations		
A. Travel and Short-Term Training	$	10,235.00
B. Consumable Supplies	$	525.00
C. Occupancy Costs	$	-
D. Contract and Professional Services	$	-
E. Other - Miscellaneous	$	12,611.10
Total Operational Costs	$	23,371.10
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	138,158.07
IV. Minus Other Program Resources	$	-
Total Program Costs	$	138,158.07

Budget Computation

Total Operating Expenses	$	138,158.07
Divided by Total Operating Units		3,580.00
= Unit Rate	$	38.59

Unit Rate	$	38.59
X number of units purchased		3,580.00
= Total Contract Amount	$	138,158.07

Unit =1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Caregiver/Aide				$ 45,087.48
RN Supervision				$ 26,867.79
Billing/Clerical				$ 9,080.35
Total Salaries				$ 81,035.62

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 6,199.23
Worker's Compensation	
Unemployment Insurance	
Retirement Expenses	$ 3,241.43
Hospitalization	
Other Health Insur/workers comp/Unemploy/PTO)	$ 24,310.69
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 33,751.35

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	$ 10,235.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 10,235.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 525.00
Cleaning Supplies	
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ 525.00

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized Heat Electric Water Telephone Sewer Other *(identify)* Other *(identify)*	
Total Occupancy Costs	$ -

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Total Contract & Services Costs	$ -

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Overhead Expense Margin	$ 12,611.10
Total Miscellaneous Costs	$ 12,611.10

III. Equipment
A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Total Other Resources	$ -

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Ashtabula Regional Home Health Services**
Date: **11/2/2022 3:17:40 PM**

This search produced the following list of **6** possible matches:

Name/Organization	Address
Ashe Cultural Center	2125 Superior Ave.
ASHE Culture Center, Inc.	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy P2	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy S1	2125 Superior Avenue
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260
George Washington Carver Preparatory Academy	2283 Sunbury Road

---

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **ACMC Regional Home Health** for **Personal Care** services

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 12.8.2022

CD 11/4/2022
2022-CON-0158

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January, 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Country Neighbor Program, Inc.,** located at **39 South Maple Street Orwell, Ohio 44076** to provide **Personal Care Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Personal Care: **$36,600.00** and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$30.50 per unit of Personal Care as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor on a monthly basis in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include: client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS monthly included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**

(A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

(B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

(C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

(D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant . Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment. suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the American's with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

11-7-22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Programs, Inc.** for **Personal Care** services

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11-8-2022

CD 11/4/2022
2022-CON-0159

EXHIBIT I

Appendix I
ACJFS RFP #6-23
Ashtabula County Senior Services Levy
Personal Care
Program Description

Personal Care for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Personal Care for Seniors

The purpose of the personal care program is to offer in-home services that would be an alternative to institutional care, where appropriate. Personal Care services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially providing for the services, and where no relative, caregiver, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service b) be age 60 or over, c) and reside in Ashtabula County.

The personal care program provides basic health maintenance and/or personal hygiene assistance to individuals in their homes. Care received will assist seniors in their Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) but not at the level provided in a nursing home. This program may include but not be limited to trained paramedical care, bedside nursing care therapy (i.e., occupational, physical, or speech), and personal hygiene which may include using the bed, tub, shower, and partial bath techniques. Personal hygiene can also include providing nail and skin care and oral hygiene. The administration of prescribed medications may also be included under medical supervision. In emergency situations, personal care services may also be used to provide respite for a participant's caregiver. Services must be provided in the participant's residence. It is the clients' responsibility to provide all necessary consumable supplies.

A provider representative will personally interview all persons who are referred to the services by a physician or other referral source, to determine the range of services required and the length of time for which the services will be provided. Ongoing assessments are the responsibility of the Provider and will need to occur every 180 days when initial assessment has been broken due to institutionalization or hospitalization. A case is considered closed when a person is totally independent, capable of self-care, or has decided to receive the necessary support from another source or has moved into an institution.

Applicant Information

AGENCY / ORGANIZATION NAME: Country Neighbor Program, Inc.

ADDRESS: 39 South Maple Street, PO Box 212, Orwell, OH 44076

PHONE: (440)437-6311 FAX: (440)437-1031

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1331627

EXECUTIVE DIRECTOR/DIRECTOR: Barbara Klingensmith

PROGRAM COORDINATOR: Kelley Kemp EMAIL: Kelley.kemp@countryneighbor.org

FISCAL CONTACT: Tina Hansel EMAIL: tina.hansel@countryneighbor.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Barbara Klingensmith SIGNATURE: _____

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 1, 2022

Country Neighbor Program, Inc.
Section 2 (F)
Required Documents
Documents Used for Monitoring Goals and Outcomes

COUNTRY NEIGHBOR PROGRAM, INC.

D.O.B. PERSONAL CARE DAILY CHECKLIST FUNDING SOURCE

NAME: PHONE:

ADDRESS: TOWNSHIP:

EMERGENCY CONTACT: PHONE:

SERVICE DAYS TIMES

YEAR: PRIORITY:

MAILING ADDRESS: (If different than residential)

	DATE							
	TIME							
PERSONAL HYGIENE & CARE								
1. BATHING: BED TUB SHOWER								
2. ORAL HYGIENE / DENTURE CARE								
3. HAIR CARE								
4. SHAVING								
5. SKIN CARE / PERINEAL CARE								
6. DRESSING & GROOMING								
MOBILITY								
1. TURNING & POSITIONING								
2. ASSISTED TRANSFERS & AMBULATION								
3. RANGE OF MOTION								
ELIMINATION								
1. ASSIST WITH BEDPAN BSC TOILETING								
2. INCONTINENT CARE								
NUTRITION								
1. MEAL PREPARATION								
2. CLEANING OF EATING & PREP AREA								
3. ENCOURAGE NUTRITIONAL INTAKE								
4. REPORTING WEIGHT & INTAKE AS REQUESTED								
CONSUMER'S INITIALS								

COUNTRY NEIGHBOR PROGRAM, INC.
PERSONAL CARE DAILY CHECKLIST

DATE							
TIME							

HOMEMAKING (INCIDENTAL TO P.C.)

1. BED MAKING	OCCUPIED	UN-OCCUPIED						
2. CLEANING BATHROOM								
3. LAUNDRY (CLIENT'S LAUNDRY ONLY)								
4. DISHWASHING								
5. TRASH REMOVAL (FROM HOME)								

SAFETY

1. REPORT HAZARDS TO FAMILY & SUPERVISOR							
2. ELIMINATE HAZARDS (WITH CLIENT & SUPERVISOR APPROVAL)							

OTHER

1. LISTEN AND CONVERSE							
2. COMPLETE ERRANDS (GROCERY SHOPPING & PRESCRIPTIONS)							
3. ACCOMPANY (NOT TRANSPORT) TO APPOINTMENTS							

TOTAL HOURS PER VISIT							
STAFF INITIALS							
CONSUMER'S INITIALS							

SUPERVISOR'S SIGNATURE _____ DATE _____

STAFF SIGNATURE	CONSUMER'S SIGNATURE (DAILY)	DATE

CLIENT NAME:

COUNTRY NEIGHBOR PROGRAM, INC
PLAN OF CARE FOR
PERSONAL CARE

PERSONAL HYGIENE

___ Bathing: bed / tub / shower

___ Oral hygiene / denture care

___ Hair care

___ Shaving

___ Perineal care

___ Skin care

___ Nail and foot care

___ Dressing and grooming

MOBILITY

___ Turning and positioning

___ Assisted / supervised transfers / ambulation

___ Passive range of motion

SAFETY

> Identify and report hazards to immediate supervisor

> Eliminate hazards with consumer and supervisor approval

PSYCHO/SOCIAL

> Reality orientation and sensory stimulation

> Listen and Converse

ELIMINATION

___ Measure intake and output

___ Assist with bed pan / BSC / toileting

___ Incontinence care

___ Catheter Care

NUTRITION

___ Meal planning and prep

___ Special Diet

___ Cleaning of eating and prep areas

___ Encourage and facilitate adequate nutritional intake

___ Report Weights and intake as requested

OTHER

___ Bed Making / Linen Change

___ Laundry

___ Errands" Grocery & Scripts

Comments: _____

_____

_____

_____

LPN Signature _____ Date: _____

RN Signature _____ Date: _____

CLIENT NAME:

COUNTRY NEIGHBOR PROGRAM, INC
SUPERVISORY VISIT

Aide:_____ _____ Date: _____

	Excellent	Good	Average	Unsatisfactory
Promptness				
Attendance				
Adherence to care plan				
Quality of service				
Rapport				
Dress Code				

Comments:_____

_____

_____

_____

Client Signature_____Date_____

LPN Signature _____Date: _____

RN Signature _____Date: _____

Audra Personal Care			Week of		to		
Monday							
######		Start time	Time in	End time	Time out		
Tuesday							
######		Start time	Time in	End time	Time out		
Wednesday							
######		Start time		End time	Time out		
Thursday							
######		Start time	Time in	End time	Time out		
Friday							
######	Holiday	Start time	Time in	End time	Time out		
Change:							
LPN: Terri Mader 440-474-3119							
In-Home Services Supervisor:							

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Country Neighbor Program, Inc.

Company Address: 39 South Maple Street, PO Box 212, Orwell, OH 44076

Telephone Number: (440)437-6311 FAX: (440)437-1031

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

Barbara Klingensmith, Executive Director, (440)437-6311

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

Barbara Klingensmith, Executive Director, (440)437-6311

The legal status of the Applicant's organization 501c(3) Not for Profit

Date of establishment/incorporation: March of 1981

Federal Employer Identification Number (FEIN): 34-1331627

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___ Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

Country Neighbor Program, Inc.
Section 3
Program Planning and Development

COUNTRY NEIGHBOR PROGRAM, INC.
PERSONAL CARE
PROGRAM PLANNING AND DEVELOPMENT

A. PROGRAM DESCRIPTION

1. Narrative of Proposed Service

Country Neighbor will provide southern Ashtabula County individuals, 60 and older, with basic health maintenance and/or hygiene assistance in their homes.

Country Neighbor provides a wide variety of services such as transportation, homemaker, home delivered meals, congregate meals, prescription assistance and health education. Our staff is trained to meet the physical health needs of the customer and we see personal care services as crucial to providing a continuum of care.

Personal care is a service designed to enable a client to achieve optimal functioning with ADLS and IADLS. Personal care services include but is not limited to assisting the client with bathing, eating, dressing, personal hygiene, grooming, and other activities of daily living and instrumental activities of daily living. The Aide may also do housekeeping tasks related to the personal care such as cleaning the bathroom, including tub/shower, commode and floor, changing the linens on the bed, laundry, cleaning the eating and food preparations areas.

Tasks the personal care aide will not do are moving heavy furniture, climbing ladders to clean walls, windows or mirrors, or yard work. The personal care aide will not do banking that consists of check cashing or credit card cash advances.

Typically, personal care clients receive 2 hours of service ***once or twice per week,*** depending upon each individual situation and/or staffing available. Most of our clients need service at least twice per week. At times, Country Neighbor has made the decision based on the limited staffing and/or funding, to provide limited service ***once per week*** thus enabling us to serve as many individuals as possible. By doing it this way, it enables us to get at least a little bit of service to them rather than put them on a waiting list.

We try to maximize the services for full efficiency. For example, if an individual only needs lunch preparation, we provide a home delivered meal rather than a home health aide since it is less costly to provide a meal. If the individual is both a personal care client and a homemaker client, the homemaker performs all the household tasks and the home health aide only does the bathing/shaving, etc. since the homemaker service is not as costly as the personal care service.

2. Need for the Service

Generally, personal care clients have more serious health conditions when they enter the program and are at greater risk of institutionalization. Assistance with their personal care needs enables them to age in place and to remain in their home for as long as possible. It is much more cost effective, as well. Studies also indicate that their quality of life is greater if they can remain in their own home with community-based care.

For the 2023 funding cycle, Country Neighbor is proposing to provide 1,200 hours (a reduction of 985 hours) of personal care for 17 individuals at a unit rate of $30.50, (a 15% increase over 2022). The increase is necessary due to the rising cost of operations and the need to offer more competitive wages in today's job market.

While there is a huge need for personal care in south county, we are not comfortable to request additional service hours at this time until we can get our staffing to full capacity. Competition for STNAS or qualified Home Health Aides is extremely challenging!

3. Experience of the Provider

Country Neighbor has provided personal care services for well over 33 years for the southern half of Ashtabula County. We meet all the service requirements as a Medicaid Waiver PASSPORT provider of Personal Care.

4. Statistics of Past Performance

From January 2021 through December 2021 Country Neighbor provided 1.651.25 units of Personal Care for 33 individuals in southern Ashtabula County. Of the individuals served 75.8% are over the age of 75.

JANUARY 2021 THROUGH DECEMBER 2021

Service Area Township, Village, or City	Units Provided & Unduplicated Clients in Past 12 Months 60 to 74	Proposed Units & Unduplicated Clients 60 to 74	Units Provided & Unduplicated Clients Served Past 12 Months 75+	Proposed Unit & Unduplicated Clients 75+
Andover	117.25/5	118/2	357.75/6	216/3
Cherry Valley	0/0	0/0	0/0	0/0
Colebrook	0/0	0/0	2.5/1	16.5/1
Dorset	0/0	0/0	0/0	0/0
Hartsgrove	0/0	0/0	76.75/2	0/0
Lenox	0/0	0/0	4.75/1	87.25/1
Morgan	58.25/1	54.75/1	114/2	60.25/1
New Lyme	0/0	0/0	0/0	0/0
Orwell	0/0	0/0	518.25/6	387.75/3
Richmond	0/0	0/0	0/0	48.5/1
Rome	0/0	0/0	0/0	0/0
Trumbull	0/0	0/0	10.5/1	0/0
Wayne	0/0	0/0	0/0	0/0
Williamsfield	0/0	0/0	129.75/1	0/0
Windsor	5.25/1	6/1	65.75/1	91/1
Jefferson	49.25/1	34/1	140.5/3	80/1
Austinburg	0/0	0/0	.75/1	0/0
Geneva	0/0		0/0	

5. Days and Hours Service is Available

Service is available 5 days per week and hours will be scheduled, per customer need. Weekend service is available only in extreme situations. All personal care will be provided from the Orwell facility, 39 South Maple Street, in Orwell in the client's home.

6. CLIENT INTAKE AND ASSESSMENT

a. Method of Client Intake

When a referral is received into our office, the In-Home Services Supervisor's office is responsible to contact the client or representative to set up an in-home, face to face assessment appointment for the LPN. Initial contact is generally made within 1-2 business days. As part of the initial assessment, the LPN reviews the HIPAA form, completes the Basic NAPIS Form, the Care Plan for Personal Care, the Personal Care Prioritization form, a medication list, and a narrative describing the clients need for the service(s). He/she then completes a Consumer Service Summary listing the service(s) that are to begin for the client.

The completed forms are returned to the office for the RN's review and signoff. The client is scheduled for the recommended service(s).

b. Provider Assessment Process

A visit to the home will be made by the LPN and a Service Intake and Assessment tool is completed which includes name, address, telephone number, date of birth, demographics, financial information, medical history, ADL/IADL, service plan and emergency contact. A Care Plan and Client Prioritization Form will also be completed. All customers must sign a Release of Information. Eligibility will be based on medical status and availability of family support.

When the LPN goes out to do the assessment, he/she does a prioritization checklist for each client, so we know who has the most need. If a personal care aide calls off, and has a client in greater need than another client, we send another personal care aide to the client with the greatest need, when possible. When we have to implement a waiting list, a prioritization checklist is also completed so that we know the clients with the most need, as they would be the first clients to receive services when we have openings.

Priority Level 1 is the level of highest priority and level 5 is the lowest. In addition to medical or mental conditions, consideration is given to age, the availability of family or community support and the need for multiple services. We have included a copy of our Prioritization Policy and Checklist.

We try to move clients off wait lists as soon as possible. If an individual is on the list for more than 30 days, we will look to see if we can move existing client services, without jeopardizing their physical situation, to make room for the "waiting" individual, even if, temporarily on a limited basis.

The LPN will provide a supervisory visit to update the client's care plan and evaluate the personal care aide's performance every 62 days. If the client calls to end service(s), the service(s) is stopped. Or, if during the care plan update, it is determined that the service(s) is no longer needed, the service(s) will be stopped. Later, should the client need to resume, the LPN would go back out and evaluate the situation, and if it is determined that the service(s) needs to resume, the client would be put back on the schedule.

c. **Submit Client Assessment Tool**

An Assessment Tool is attached.

7. Sources and Amounts of Federal, State or Local Funding Within the Past 5 Years and Unit Rates

Country Neighbor is a PASSPORT provider for Personal Care. The rates have been capped at $4.92 per quarter unit ($19.68/hour). We heavily subsidize the program. We are limiting the number of PASSPORT clients we serve.

8. Service Collaboration/Coordination

Country Neighbor works with the social service agencies, Veterans Administration, Department of Job & Family Services staff, hospitals, and physician's offices located throughout Ashtabula County. With personal care services, Regional Home Health provides the program in the north and Country Neighbor provides the service in the south. When we get in the central area of the County, we check to see which agency is a better fit for the specific situation, taking into consideration such things as waiting lists and distance from current clients.

9. Vision and Mission

The mission of the organization is to help people remain independent by providing supportive services, thus enhancing their quality of life.

Country Neighbor's vision is to provide high quality and effective programs that promote self-sufficiency, independence, address conditions of poverty, promote wellness and education as well as reducing isolation and loneliness.

C. Organizational Structure

Country Neighbor began in 1977 and was incorporated in March of 1981. Country Neighbor provides a wide variety of services to include, but not limited to, homemaker, chore, transportation, home delivered meals, congregate meals, personal care, prescription assistance, emergency food, rental/utility assistance, summer meals for children, socialization, wellness education, and wellness activities.

Our service area is dependent upon the funding sources for the variety of programs we provide.

The Ashtabula County Food Bank (Country Neighbor) serves 20 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2021, we distributed over 1.2 million pounds of food to our partner organizations.

The largest funding sources are the Ashtabula County Senior Services Levy, Direction Home of Eastern Ohio, Ashtabula County Job & Family Services, Ohio Department of Job and Family

Services, United States Department of Agriculture, Trumbull County Senior Services Levy, and the United Way of Ashtabula County.

Country Neighbor is governed by a thirteen-member Board of Directors who meets one time per month, generally the last Monday of each month. *(List attached)*

An Organizational Chart is attached.

D. Provider Staff/Qualifications

1. Staff Assigned to Project (*Job Descriptions Attached)*

RN Supervisor: Supervises the LPN, approves all care plans and monitors for adherence to program requirements.

Home Health Aides: Responsible for the direct service such as bathing, cooking, light cleaning, hair care, etc. for each customer

LPN Assessor: Completes in home assessment, develops care plans and provides ongoing monitoring of adherence to the care plan by the Aides. Also responsible for the initial assessment and service eligibility with regard to ADL/IADLS. Works closely with the Executive Assistant and the RN Supervisor.

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the project

Assistant Director: Directly responsible for fiscal responsibilities, payroll, financial reporting processes of the program and the human resources function of staff training schedules and benefit activities of the agency. Also assist the Executive Director with the day-to-day operations of the program.

Administrative Assistant/Bookkeeper: Assist the Assistant Director with fiscal responsibilities, payroll, financial reporting, clerical duties, reporting, etc.

In-Home Services Supervisor: Is responsible for the implementation of the program. She reports to the Executive Director and is responsible for ensuring home visit/assessment completion with the customers in partnership with the LPN and the Registered Nurse. Assists the Executive Director with the overall implementation of the program and employee management.

Receptionist: Answer telephone, direct calls/walk-ins to appropriate staff, clock in the home health aides on appropriate funding sources when they call in from each customer's home, perform general office duties to assist administration, as requested

Data Entry/Backup Receptionist: Covers the desk and telephone when the receptionist is not available. Responsible for all data entry and accuracy of client information. She clocks in the

home health aides on appropriate funding sources when they call in from each client's home, perform general office duties to assist administration, as requested.

2. Organization's Training Requirements for Personal Care Aides

When a new Personal Care Aide is hired, we try to hire a STNA who is listed on the Ohio Department of Health's Nurse Aide Registry; or has successfully completed the Medicare Competency Evaluation Program for home health aides, as a direct health care worker without a twenty-four month lapse in employment as a home health aide or nurse aide; or who has at least one year employment experience as a supervised home health aide or a nurse aide, and have successfully completed written testing and skills testing by return demonstration; or who has successfully completed the COALA home health training program, or a certified vocational program in a health care field and successfully completed written testing and skills testing by return demonstration.

All personal care aides will receive at least eight hours of continuing education every twelve months, excluding agency and program specific orientation. All training will be provided by the RN or LPN under the direction of the RN, or other qualified professional dependent upon the subject matter.

3. Volunteer Capacity

We do not use volunteers in Personal Care.

EXHIBIT II

Country Neighbor Program, Inc.
Section 4
Applicant Budget
(Attachment B)

Applicant Budget

Summary

Applicant: Country Neighbor Program, Inc.	(Personal Care)
Date From: January 1, 2023	To: December 31, 2023

		Amount
I. Staff		
A. Salaries	$	27,610.00
B. Payroll-Related Expenses	$	2,898.00
Total Staff Costs	$	30,508.00
II. Operations		
A. Travel and Short-Term Training	$	2,150.00
B. Consumable Supplies	$	450.00
C. Occupancy Costs	$	1,089.00
D. Contract and Professional Services	$	2,325.00
E. Other - Miscellaneous	$	78.00
Total Operational Costs	$	6,092.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	36,600.00
IV. Minus Other Program Resources	$	-
Total Program Costs	$	36,600.00

Budget Computation

Total Operating Expenses	$	36,600.00
Divided by Total Operating Units		1,200.00
= Unit Rate	$	30.50

Unit Rate	$	30.50
X number of units purchased		1,200.00
= Total Contract Amount	$	36,600.00

Unit = 1 mile

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 80,500.00	Annual	0.78%	$ 630.00
Assistant Director	$ 46,500.00	Annual	1.00%	$ 465.00
Administrative Assistant/Bkkp	$ 33,500.00	Annual	2.00%	$ 670.00
In-Home Services Supervisor	$ 30,160.00	Annual	1.49%	$ 450.00
Receptionist I	$ 24,635.00	Annual	1.77%	$ 435.00
Data Support/Backup Recpt	$ 49,920.00	Annual	1.16%	$ 580.00
RN Supervisor	$ 2,575.00	Annual	17.48%	$ 450.00
LPN Assessors	$ 27,300.00	Annual	11.83%	$ 3,230.00
Home Health Aides	$ 40,000.00	Annual	51.75%	$ 20,700.00
Total Salaries				$ 27,610.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 2,113.00
Worker's Compensation	$ 585.00
Unemployment Insurance	$ 110.00
Retirement Expenses	$ 40.00
Hospitalization	$ -
Other (Life Insurance)	$ 50.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 2,898.00

II. A. Travel and Short-Term Training

	Amount	
Mileage Reimbursement rate per mile: 62.5 per mile	$	2,000.00
Short-Term, Training	$	150.00
Total Travel and Short-Term Training	$	2,150.00

II. B. Consumable Supplies

Type	Amount	
Office Supplies	$	270.00
Cleaning Supplies	$	180.00
Other *(identify)*		
Other *(identify)*		
Total Consumable Supplies	$	450.00

II. C. Occupancy Costs

	Amount	
Rent		
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage		
Maintenance and Repairs	$	25.00
Utilities (if not included in rent) must be itemized		
Heat	$	120.00
Electric	$	360.00
Water	$	20.00
Telephone	$	516.00
Sewer	$	-
Other *(Garbage)*	$	48.00
Other *(identify)*		
Total Occupancy Costs	$	1,089.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	$ 275.00
D&O Insurance	$ 250.00
Employee Testing	$ 250.00
Liability Insurance	$ 350.00
Technology & Software	$ 1,200.00
Total Contract & Services Costs	$ 2,325.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Advertising	$ 25.00
Equipment Mtn & Repair	$ 25.00
Miscellaneous Expense	$ 28.00
Total Miscellaneous Costs	$ 78.00

III. Equipment
A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Total Other Resources	$ -

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Country Neighbor Program Inc.**
Date: **11/2/2022 3:12:22 PM**

This search produced the following list of **7** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
Lawrence County Educational Service Center	304 N. 2nd Street
Lawrence County Schools Council of Governments	304 N. 2nd Street
Lucas County Republican Party	10 S. Superior St.
Lucas County Republican Party	10 S. Superior Street
Noble County Law Library Association	300 County Court House
Village of Bethel Mayor's Court	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Programs, Inc.** for **Personal Care** services

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11-8-2022

CD 11/4/2022
2022-CON-0159

Memorandum of Understanding
By and Between
The Board of Ashtabula County Commissioners
Ashtabula County Job and Family Services
And
The Ashtabula County Transportation System

This Memorandum of Understanding (MOU) is made and entered into by and between the **Board of County Commissioners of Ashtabula County** through and on behalf of the **Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body** (hereinafter referred to as ACJFS) and on behalf of the **Ashtabula County Transportation System (ACTS)** a public transit system (hereinafter referred to as the Provider.)

Article I: Purpose of Agreement
The purpose of this MOU is to maintain the level of services designed to transport the general public, including persons aged 60 and over, to and from community facilities and resources. This MOU provides funding for transportation services to retain the mid-day public transit service routes between the hours of 10:00 a.m. and 2:00 p.m. Monday through Friday and 10:00 a.m. and 4:00 p.m. Saturday. Public transit will be provided within the corporate limits of the City of Ashtabula and surrounding areas on the service route with point deviation bus service. The cost of the service is based on the hourly rate **($65.78/hour)** of running two buses for 26 hours each per week and the provision of free services for seniors during these hours of service.

Article II: Term
The term of this agreement shall begin **January 1, 2023,** and continue through **December 31, 2023** with the option to renew yearly for up to two consecutive years.

Article III: Description
The Provider shall:

1. Preserve transportation service routes for the Ashtabula Area between the hours of 10:00 a.m. and 2:00 p.m. Monday through Friday and 10:00 a.m. and 4:00 p.m. Saturday.

2. Provide free rides to Ashtabula County residents aged 60 and over on the ACTS bus service routes during the hours listed above.

3. Continue to administer the transit Senior Services Levy pass system to identify riders who meet eligibility requirements.

4. Keep records necessary to document service provided and submit quarterly reports relating to such service.

5. Administer public transit according to State and Federal regulations.

6. Apply the policies and procedures of ACTS as determined by the Ashtabula County Commissioners.

Article IV: Funds
The purchased services are specifically funded through the Ashtabula County Senior Services Levy. ACJFS shall:

Appendix VII
ACJFS RFP #7-23
Ashtabula County Senior Services Levy
Transportation
Program Description

Transportation for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) mile of service.
Area to be served: Ashtabula County or portions thereof.

Senior Transportation Services

The purpose of the Transportation program is to provide both Medical and Non-Medical transportation to Ashtabula County residents aged 60 and over. Medical transportation may include trips that are both within and outside of Ashtabula County. Transportation options need to provide the mobility that prevents isolation and promotes independence, enabling access to senior congregate settings, to health care and employment, to stores and entertainment venues, to civic and social activities, and to family and friends. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease.

Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria and who want to continue living at home and desire to preserve their independence.

1. Make available **$71,572.80** in Senior Services Levy funds payable in monthly installments.

2. Consider payments for all services provided in accordance with the provisions of this agreement as contingent upon availability of (and will not exceed the total of) Senior Services Levy Funds.

3. Enter into negotiations with the Provider to purchase additional services at any time prior to the termination of this agreement.

Article V: Modifications
This MOU may be changed at any time, by mutual agreement of the parties, such amendments to be incorporated in writing as appendices to this agreement. This MOU may be terminated 60 days after the written request of either party.

Article VI: Signatures
This Memorandum of Understanding will become effective as of January 1, 2023. By signing this MOU the signer hereby acknowledges and agrees to the terms herein.

Signatures:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/2022
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Ashtabula County Transportation System**
Date: **11/2/2022 3:19:18 PM**

This search produced the following list of **6** possible matches:

Name/Organization	Address
Ashe Cultural Center	2125 Superior Ave
ASHE Culture Center, Inc.	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy P2	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy S1	2125 Superior Avenue
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260
George Washington Carver Preparatory Academy	2283 Sunbury Road

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: A Memorandum of Understanding between Ashtabula County Job & Family Services and **Ashtabula County Transportation System**.

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0160

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
SENIOR TRANSPORTATION SERVICES

This Subgrant Agreement is entered into on the **1st** day of **January, 2023** between the Ashtabula County Department of Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Country Neighbor Program, Inc.**, located at **39 South Maple Street Orwell, Ohio 44076** (hereinafter referred to as the subgrantee) to provide **Senior Transportation Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements, and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   $323,950.00 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$2.09 per unit of **Senior Transportation** services as described in **Exhibit II (subgrantee budget) hereof.** (A unit = one mile)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    - Subgrant agreement number
    - Service month and year
    - Subgrantee's name, address, telephone number and billing contact person's name
    - Total amount invoiced for the month

    (2) An electronic spreadsheet (provided by Grantor or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each trip:
    - Date of trip
    - Client last name
    - Client first name
    - Client pickup address
    - Client destination address
    - PCA (personal care assistant) name(s) or indication if person is a PCA
    - Total trip mileage
    - Mileage rate
    - Number of one-way trips per passenger
    - Indication if trip is a lift
    - Total trip charge
    - Indication of whether trip was shared with other passenger(s) (to split cost of trip)
    - Program fees collected (i.e. Senior Services Levy co-pay Provider collected from the client)
    - No go trips
    - No go rate

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

Subgrantee agrees to follow all transportation policies or participant guidelines as established by The Ashtabula County Senior Services Levy Advisory Board.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

15. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

16. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant . Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

17. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

18. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

19. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

20. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

21. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

22. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to

any method of appeal will be made available to all persons served under this Subgrant Agreement. Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

23. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

24. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

25. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

26. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

27. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

28. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

29. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

30. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

31. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

32. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

33. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

34. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the American's with Disabilities Act of 1990.

35. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

36. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

37. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

38. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

39. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

40. **Accreditation and Compliance with Tax, License and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

41. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

42. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 42 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

11-7-22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc**. for **Transportation** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0161

EXHIBIT I

Appendix I-A
Vehicle Requirements

Required Annual Inspection Elements for Vehicles:

A. Seating

1. All seats must be securely fastened to the floor.
2. No broken tubing or protruding pieces of metal should be around seats.

B. Defrosters & Heaters

1. Must operate as designed.
2. Heater cores must be clean and free of leaks and obstructions to the flow of air.
3. Hoses must not have cracks or leaks and must otherwise be in good condition.
4. Fan guards must be metal or plastic.

C. Windshield Wipers/Washers

1. Must operate as designed.
2. Wiper blades in the vehicle operator's field of vision must be clean.
3. Wiper blades must not be brittle or badly worn.

D. The Floor Must Be Metal and Intact Without Holes

E. Mirrors

1. Must have at least one rear view interior mirror that is properly secured and in proper placement.
2. Must have at least one mirror on each side of the vehicle that is properly secured and in proper placement.
3. Prismatic lens must be properly installed.
4. All mirrors must enable vehicle operators to see a clean image (i.e., without cloudiness, cracks, or other obstacles on the mirror to interfere with reflection).

F. Emergency Equipment

1. Three red reflectors must be stored in the vehicle.
2. The vehicle must have a five-pound dry chemical fire extinguisher with the minimum rating outlined in section 20.b.c. of the Ohio fire code and based on section 10 of the National Fire Protection Association. The fire extinguishers must be securely mounted near the vehicle operator for easy access.
3. The vehicle must be equipped with a first aid kit.

G. Brakes

1. Properly located and free of crimps, rust, breaks in integrity, and not in contact with inappropriate vehicle components.
2. Tail exhaust pipes are properly secured to prevent dropping on brake lines.
3. Vehicles using vacuum-assisted brakes: wheel cylinders, master cylinders, hydrovac, and hose connections must be free of fluid leaks.

4 Vehicles using air brakes: reservoirs, chambers, valves, connections, and lines must be free of air leaks.

5. During inspections, brake pads must be checked against the vehicle manufacturer's specifications.
6. All moisture ejection valves must be free of leaks and in proper working order.

H. Emergency Brake

1. The vehicle must have a functional emergency brake that can stop or holding the vehicle in an emergency or while parked. The emergency brake shall hold the vehicle on any grade and under all conditions of loading on a surface free of snow, ice, or loose material.
2. If the emergency brake is located on the drive shaft, the brakes shall:
   a. Hold the vehicle in parked position.
   b. Be properly mounted; and
   c. Have cables that are properly lubricated and not hazardously worn.

I. Steering Gear

1. The steering shaft must have no more than one half-inch upward motion when the steering wheel is pulled upwards.
2. The steering gear assembly, power steering unit, brackets, and mounting bolts must be securely fastened.
3. If installed, power steering must be operative, properly mounted, and have correct fluid levels and belt tensions.
4. Tie rod ends must function properly.
5. Tires must not rub any chassis or body component in any position.

J. The Horn Must Operate As Designed

K. Windshield/Windows

1. Window glass must be free of chips or cracks and be securely mounted without exposed edges.
2. Plexiglas will not be used to replace safety glass.

L. Emergency Door (Applicable To Bus-Type Vehicles)

1. The door must be able to open to its maximum width without catching or binding.
2. All handles must be permanently installed.
3. Operating instructions for the emergency door must be lettered or decaled inside the emergency door.
4. The safety buzzer must operate as designed and be placed in the vehicle operator's area to warn passengers that the emergency door is opened.
5. The door must be free of temporary or permanent obstructions.
6. No padlocks or other added security devises are to be used to secure the door while the vehicle is in motion.

M. Springs/Shocks Must Be Intact and Properly Mounted

N. Tires

1. Must have no less than two sixteenth inch tread pattern measured anywhere on the tire.
2. Retread tires should not be located on the steering axle.
3. Must be free of irregular wear, cuts, bruises, and breaks.
4. Must be balanced and in proper alignment.
5. All lugs must be present and fitted tightly on tires.
6. All tread types must match mated tires.

O. **Exhaust System**
1. Must be intact and operating as designed.
2. All pipe and muffler joints must be properly welded or clamped.
3. Exhaust manifolds must be free of cracks and missing bolts.

P. **Lights must operate as designed and meet ORC and OAC requirements for vehicle lighting.**

Q. **The vehicle body condition must be intact and free of broken parts that can cause injury.**

R. **Gas Tank Must**
1. Be free of rust/damage and/or leaks.
2. Be securely mounted.

S. **The seating area and aisle must be free of debris.**

Appendix I-B

Required Daily Wheelchair Lift Inspection Elements

For each day services are provided, providers must complete and document an inspection of the wheelchair lift prior to any participant service that day according to these specifications:

1. Run the lift through one complete cycle to be sure that it is operable.
2. Check for any signs of seal leaking or binding of hardware.
3. Check for frayed or damaged lift cables, hydraulic hoses, or chains.
4. Check for physical damage and jerky operation.
5. Check for hazardous protrusions and exposed edges. Assure that all protrusions are adequately padded and protected.
6. Check all fasteners and assure that all bolts are snug.
7. Make sure the lift is properly secured to the vehicle when stored.
8. Clean the lift completely of dirt, mud, gravel, and corrosive elements such as salt.
9. Lubricate the lift in compliance with the manufacturer's requirements.
10. Providers shall not use the lift any time repairs are necessary.

Appendix VII
ACJFS RFP #7-23
Ashtabula County Senior Services Levy
Transportation
Program Description

Transportation for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) mile of service.
Area to be served: Ashtabula County or portions thereof.

Senior Transportation Services

The purpose of the Transportation program is to provide both Medical and Non-Medical transportation to Ashtabula County residents aged 60 and over. Medical transportation may include trips that are both within and outside of Ashtabula County. Transportation options need to provide the mobility that prevents isolation and promotes independence, enabling access to senior congregate settings, to health care and employment, to stores and entertainment venues, to civic and social activities, and to family and friends. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease.

Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria and who want to continue living at home and desire to preserve their independence.

Attachment A
Applicant Information

Applicant Information

AGENCY / ORGANIZATION NAME: Country Neighbor Program, Inc.

ADDRESS: 39 South Maple Street, PO Box 212, Orwell, OH 44076

PHONE: (440)437-6311 FAX: (440)437-1031

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1331627

EXECUTIVE DIRECTOR/DIRECTOR: Barbara Klingensmith

PROGRAM COORDINATOR: Brittany Shriver EMAIL: brittany.shriver@countryneighbor.org

FISCAL CONTACT: Tina Hansel EMAIL: tina.hansel@countryneighbor.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Barbara Klingensmith SIGNATURE: _____
(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 2, 2022

Administration Supervisor Service Records Reports Reservation Configuration All (Selected Run Pool View) [cnp] (bshrive1/CNP) (Logout) 14:42 EDT

Dashboard | Alerts | On-Time Performance | Run Status | Subscriptions | Clusters | Trips | Archive Trips | Lock Trips | Trip Export | Locations

Utilization

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

Relative Capacity Utilization

Selection

Display: Enabled Runs Date: 23 Jul 2021 Company: All Group: Dedicated Run status Run Lock View Sync View Vehicle Assignment Run Utilization Map display Real-Time Map

Select

Run Status

Manual	Run	Vehicle	Service areas	Driver (Skill level)	Pull-out	Start	End	Pull-in	Con	GPS	Speed	Unavail. Start	Unavail. End	Current Capacity (WC)	Preference	Vehicle Type	Trips
Manual	City Cab	Cab (No MDT)		Select Driver Set		00:00 EDT	23:59 EDT							12 (2)	Default	Bus	0 (0)
Manual	Richmond	Richmond (No MDT)	Cab	Select Driver Set		11:30 EDT	23:59 EDT							12 (2)	Default	Bus	0 (0)
Manual	Run C	2013B	Northern County			00:00 EDT	23:59 EDT							7 (3)	Default	Bus	0 (0)
Manual	Run D	2012 MINI				00:00 EDT	23:59 EDT							6 (0)	Default	Passenger Car	0 (0)
Manual	Run F	2012 MOD		STECH TRACEY (Average)	05:01 EDT	00:00 EDT	23:59 EDT	23:29 EDT						6 (1)	Default	Bus	9 (0)
Manual	Run G	2015 MOD		ARCORIA SHANNON (Above Average)	05:24 EDT	00:00 EDT	23:59 EDT	23:29 EDT			57 mph			5 (1)	Default	Bus	11 (0)
Manual	Run H	2013A		MUSSELL ROBERT (Average)	07:59 EDT	00:00 EDT	23:59 EDT	23:29 EDT						7 (3)	Default	Bus	8 (0)
Manual	Run I	2020B HC	Northern County	SELEEB ARSANY (Average)	06:32 EDT	00:00 EDT	23:59 EDT	23:29 EDT			62 mph			4 (2)	Default	Bus	8 (0)
Manual	Run J	2020C HC	Northern County	BROWN MIKE (High)	06:24 EDT	00:00 EDT	16:30 EDT	16:00 EDT						4 (2)	Default	Bus	6 (0)
Manual	Run L	2017 HC		GIVAN JIM (High)	07:33 EDT	00:00 EDT	23:59 EDT	23:29 EDT			47 mph			6 (2)	Default	Bus	11 (0)
Manual	Run N	2017 MOD			03:42 EDT	00:00 EDT	15:00 EDT	14:34 EDT						5 (1)	Default	Bus	11 (0)
Manual	Run N	2019 MINI				00:00 EDT	23:59 EDT							6 (0)	Default	Van	0 (0)
Manual	RUN O	2012 BLACK MINI				00:00 EDT	23:59 EDT							6 (0)	Default	Van	0 (0)
Manual	RUN P	2020A HC			03:56 EDT	00:00 EDT	15:00 EDT	14:34 EDT						4 (2)	Default	Bus	12 (0)
Manual	Sunset Trans	Cab 82				00:00 EDT	23:59 EDT							6 (2)	Default	Bus	0 (0)
Manual	2009	2009												0 (0)	Default	Bus	0 (0)
Manual	2010 HC SPARE	(Assign Vehicle)												9 (2)	Default	Bus	0 (0)
Manual	2019 MINI	2019 MINI												6 (0)	Default	Van	0 (0)
Manual	Run A	2010 Mini	Northern County											6 (0)	Default	Passenger Car	0 (0)
Manual	Run B	2009 HC												9 (2)	Default	Bus	0 (0)
Manual	Run C PM	(Assign Vehicle)												9 (2)	Default	Bus	0 (0)
Manual	Run D AM	(Assign Vehicle)												6 (0)	Default	Passenger Car	0 (0)
Manual	Run E	2018												6 (0)	Default	Bus	0 (0)
Manual	Run K	(Assign Vehicle)												6 (0)	Default	Passenger Car	0 (0)
Manual	Spare	(Assign Vehicle)												6 (0)	Default	Passenger Car	0 (0)
Manual	spare run e	(Assign Vehicle)												7 (3)	Default	Bus	0 (0)
Manual	spare run d	(Assign Vehicle)												6 (0)	Default	Passenger Car	0 (0)
Manual	spare run f	(Assign Vehicle)												6 (1)	Default	Bus	0 (0)
Manual	spare run g	(Assign Vehicle)												5 (1)	Default	Bus	0 (0)
Manual	spare run h	2013A		MUSSELL ROBERT (Average)										7 (3)	Default	Bus	0 (0)
Manual	spare run j	(Assign Vehicle)												9 (2)	Default	Bus	0 (0)
Manual	spare run m	(Assign Vehicle)												5 (1)	Default	Bus	0 (0)
Manual	SUNSET TAXI	SUNSET TAXI (No MDT)		Select Driver Set										6 (2)	Default	Bus	0 (0)

Ecolane

Form
ODA0011
(06/16/2010)
Ohio Department of Aging

PRE-TRIP VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL

EACH DRIVER SHALL CONDUCT AN INSPECTION ON THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST SERVICE OF THE DAY

DATE	
ODOMETER READING	

INSPECTION ITEMS		Yes	No
EXTERIOR	Ground under vehicle free of leaded fluids?		
	Auto body free of new damage?		
	Clean windows and mirrors?		
	windshield wipers/washer appear OK?		
TIRES APPEAR OK?	Properly inflated?		
	Free of visible damage?		
UNDER THE HOOD The driver shall check oil belts before starting vehicle.	Adequate clean oil?		
	Hoses appear OK? (e.g., no cracks, leaks)		
	Belts appear ok? (e.g., no fraying)		
	Adequate windshield washer fluid?		
ITEMS STORED IN VEHICLE?	Current, valid insurance ID card?		
	Current, valid vehicle registration?		
	Biohazard kit?		
	First-aid Kit?		
	Seatbelt cutter?		
	Flares or reflective triangles?		
	Fire extinguisher?		
	Blanket? (winter only)		
ITEMS INSPECTED FROM THE INTERIOR APPEAR OK?	Seat belts?		
	Seats hazard-free (tears, loose armrests)?		
	Floor free of hazards?		
	Clean interior?		
	Mirrors adjusted properly?		
	Doors operate from inside and outside?		
	Door locks?		
	Gauges? (e.g., oil, fuel, temp.)		
	Fuel level adequate?		
	No warning lights (e.g., check brakes) lit?		
	20way communication device? (e.g., radio/cell)		
	Horn?		
	Back-up alarm (if equipped)?		
	Brakes?		
	Heater, defrost, and AC?		
LIGHTS WORKING PROPERLY? The driver shall use a second person to inspect lights that he/she cannot inspect. (e.g., brake lights and back-up lights)	Each headlight (high & low beam)?		
	Each tail light and marker light?		
	Each Brake light?		
	Each turn signal?		
	Each Back-up light?		
	Hazard lights (frond and rear)?		
	License plate light?		
	Interior lights?		

COUNTRY NEIGHBOR DRIVER MANIFEST

Date: _____

Vehicle # _____

Driver: _____

Driver Signature: _____

Fund	Passenger Name	P/U Address	Drop Off Address	Start Time	Start Miles	Client On Time	Client On Miles	Client Off Time	Client Off Miles	End Time	End Miles	Client Signature

TIME SHEET

EMPLOYEE NAME: _____ DATE: _____

OFFICE USE ONLY

START TIME	ENDTIME	CLIENTS LAST NAMES:	PP	IIIB	ACSSL	NET	ERT	TITLE XX	OTHER

Meal Route

START TIME	ENDTIME	ROUTE:	ACHDM	TCHDM	PPHDM	Title XX	OSMLS

Supervisor Signature: _____ EMPLOYEE SIGNATURE: _____

Form

ODA0011

(06/16/2010)

Obio Department of Aging

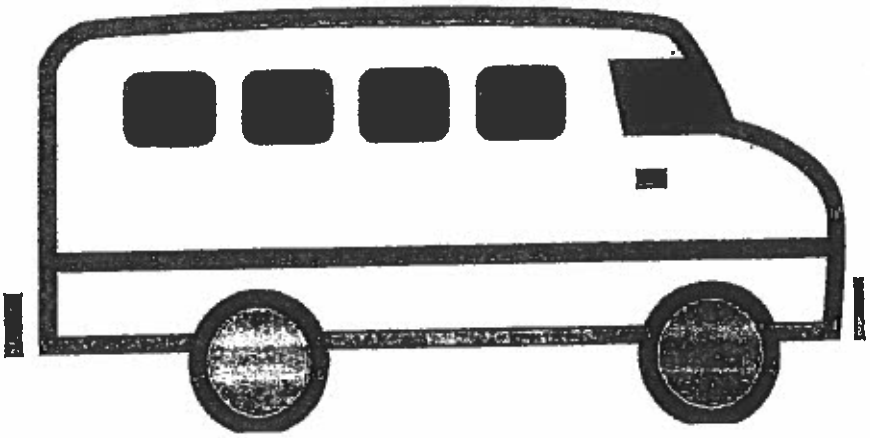
PRE-TRIP VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL

EACH DRIVER SHALL CONDUCT AN INSPECTION ON THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST SERVICE OF THE DAY

DATE	
ODOMETER READING	

INSPECTION ITEMS		Yes	No
EXTERIOR	Ground under vehicle free of leaded fluids?		
	Auto body free of new damage?		
	Clean windows and mirrors?		
	windshield wipers/washer appear OK?		
TIRES APPEAR OK?	Properly inflated?		
	Free of visible damage?		
UNDER THE HOOD The driver shall check oil belts before starting vehicle.	Adequate clean oil?		
	Hoses appear OK? (e.g., no cracks, leaks)		
	Belts appear ok? (e.g., no fraying)		
	Adequate windshield washer fluid?		
ITEMS STORED IN VEHICLE?	Current, valid insurance ID card?		
	Current, valid vehicle registration?		
	Biohazard kit?		
	First-aid Kit?		
	Seatbelt cutter?		
	Flares or reflective triangles?		
	Fire extinguisher?		
	Blanket? (winter only)		
ITEMS INSPECTED FROM THE INTERIOR APPEAR OK?	Seat belts?		
	Seats hazard-free (tears, loose armrests)?		
	Floor free of hazards?		
	Clean interior?		
	Mirrors adjusted properly?		
	Doors operate from inside and outside?		
	Door locks?		
	Gauges? (e.g., oil, fuel, temp.)		
	Fuel level adequate?		
	No warning lights (e.g., check brakes) lit?		
	20way communication device? (e.g., radio/cell)		
	Horn?		
	Back-up alarm (if equipped)?		
	Brakes?		
	Heater, defrost, and AC?		
LIGHTS WORKING PROPERLY? The driver shall use a second person to inspect lights that he/she cannot inspect. (e.g., brake lights and back-up lights)	Each headlight (high & low beam)?		
	Each tail light and marker light?		
	Each Brake light?		
	Each turn signal?		
	Each Back-up light?		
	Hazard lights (frond and rear)?		
	License plate light?		
	Interior lights?		



Check tires for tread wear_____

Check tires for air pressure _____

If equipped WHEELCHAIR LIFT and RAMP APPEAR OK?	Operate through complete cycle?		
	Properly secured to vehicle?		
	Proper number of restraints?		
	Free of physical damage or leaking fluid?		
	Free of dirt, mud, gravel, salt, etc.?		
	Lack need for repair?		

DRIVER	
	(PRINT NAME)
	(SIGNATURE)

UNUSUAL INCIDENT REPORT

Please complete all applicable blanks in ink as soon as possible after the incident. Signature, dates, and times are essential. Submit report to human resources.

Name of person (s) involved:

_____

(Last Name) (First Name) (Middle Initial)

Male _____ Female _____ Age _____

Date of incident _____ Time of incident _____

_____ _____

Supervisor's Name Date and Time Reported to Supervisor

_____

Complete Address Where Incident Occurred

1. State reason for presence at this location. _____
2. Describe in your own words what happened? (Use back of form if more space is needed.

   _____

   _____

Name of witness (s) _____

What action was taken as a result of incident? _____

_____

What would you suggest to prevent a similar incident from occurring again?

_____

_____ _____

Signature of person completing report Date and time

_____ _____

Signature of Supervisor Date and time

COUNTRY NEIGHBOR PROGRAMS, INC
Client Case Notes

DATE	STAFF INITIALS	CLIENT NAME
		Signatures:
		Client:
		Staff:
		Supervisor:

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Country Neighbor Program, Inc.

Company Address: 39 South Maple Street, PO Box 212, Orwell, OH 44076

Telephone Number: (440)437-6311 FAX: (440)437-1031

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

Barbara Klingensmith, Executive Director, (440)437-6311

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

Barbara Klingensmith, Executive Director, (440)437-6311

The legal status of the Applicant's organization 501c(3) Not for Profit

Date of establishment/incorporation: March of 1981

Federal Employer Identification Number (FEIN): 34-1331627

Is the Company co-owned or controlled by a parent company? ___ Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___ Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

ACJFS RFP #7-23
Transportation

July 2022

Country Neighbor Program, Inc.
Section 3
Program Planning and Development

Country Neighbor Program, Inc.
Ashtabula County Senior Services Levy Transportation
Program Planning and Development

A. 1. Program Description

Country Neighbor is proposing to provide 155,000 miles of medical and non- medical transportation for residents 60 and older residing within Ashtabula County at a unit rate of $2.09 per mile. We are requesting a 3.5% unit rate increase from $2.02 to $2.09 for the proposed contract year. Cost of operations is increasing as well as to be more competitive in the job market, it has become imperative that we increase salaries and benefits for our team. Staff is increasingly difficult to attract and retain in today's environment.

Country Neighbor follows all Ohio Department of Transportation, Ohio Emergency Medical Services Board and the Ohio Department of Aging requirements, including all training and monitoring requirements. Annually, we are monitored by all of them for program compliance.

Country Neighbor's transit unit has developed great working relationships with the Veterans Administration, ACJFS transit unit, ACTS, and medical facilities throughout our service area to provide transportation for our Ashtabula County residents.

From January 2021 through December 2021, Country Neighbor provided 5,609 one-way Ashtabula County Senior Services Levy trips for 280 individuals of which 90% were medical, 8% were shopping, and 2% were agency visits/social/work-related.

The Ashtabula County Senior Services Levy Advisory Board has recognized the importance of sharing trips to maximize vehicle usage and available funding. When given the opportunity, Country Neighbor puts an emphasis on sharing trips with other funding sources as much as possible.

In 2021, when analyzing the amount of Senior Levy trips shared with other funders through coordination, 45,202 miles were saved by the Senior Levy. This is a $91,308.04 savings for Senior Levy, made possible through coordination of services between Senior Levy funded transportation and other funders. Country Neighbor provided services equaling $423,846.50 on a $332,538.04 budget. It is more cost effective and allows more trips for the same amount of available resources.

The statistics from January 2021 through December 2021 indicate that overall, 1,617 out of 5,609, (29%) of the Senior Levy trips provided by Country Neighbor were shared with more than 1 person, many times with other funding sources. We were not able to share as many in 2021 due to COVID-19 as we have in past years.

With more individuals served with a variety of funding sources, it makes it easier to do ride sharing as the opportunity of individuals going the same direction at the same time increases.

At this time, call slips are forwarded to our Transportation Unit via email from the Transit Unit of ACJFS. Country Neighbor's Transportation Unit schedules the trip and driver. Clients are called the day before their scheduled trip to verify information on file and to notify them of the scheduled pickup time. If there will be other riders with them, we let them know that as well.

B. Summary of Service

1. Days and Hours of Service

Generally, Country Neighbor operates Monday through Saturday from 3:30 am. to 7:00 p.m. The times are flexible and vary with individual need. On occasion, we do provide limited transportation on Sundays and holidays for dialysis, when necessary.

2. Years of Experience

Country Neighbor has been in the transportation business since the early 1980's. Therefore, I believe we have a great deal of transportation experience.

3. a. Senior Transportation

1. Calculating Trip Charge

Country Neighbor charges a flat, per mile fee. There are no additional fees for waiting or "lift drops".

Mileage begins from our vehicle lot and back, unless it is already out in service. If it is already in service, mileage begins from the drop off point of the previous passenger to the new passenger's pickup address then to their destination and back home or back to our vehicle lot if there are no further trips scheduled for that driver.

2. Definition of Round Trip

A "round trip" is when we leave a specified location, pick up the passenger, take them to their destination, and then return them back to their home. If the driver has no other runs scheduled, then the trip ends at the Country Neighbor lot. If there is another run, then the trip ends at the passenger's home.

3. Method of Charging a "Shared" Ride

If all the same funding source, we take the total trip miles and divide by the number

of individuals sharing that trip and each is billed their share. If different funding sources, all going to the same destination area, the total trip miles are divided equally by the number of people on board and billed as such.

4. **Define a "No Go" Charge**

A "no go" trip is when the driver goes to the client's home or destination to pick them up and they cancel at the door without notifying the office in advance or get another way home without notifying us. "No go" trips happen more frequently in HRT and ERT transportation, however they do occur in Senior Levy as well. The Transportation Supervisor is very vigilant about making sure clients are reminded of their appointment schedules and when they will be picked up. We do not bill Senior Levy for "no go trips".

5. **Number of Vehicles, Passenger Capabilities, and Number of Wheelchair Lift Vehicles**

Country Neighbor has (2) 7 passenger minivans, (5) modified minivan, and (6) lift vehicles. The modified minivans have 1 wheelchair position, 2 of the lift vans have 3 wheelchair positions and 4 have 2 positions.

C. Geographical Service Area

Country Neighbor is available to provide transportation countywide. We will travel to destinations within the county, out of the county and into Pennsylvania. The majority of our medical transportation is to Geauga, Ashtabula, Cuyahoga and Trumbull Counties.

D. Organizational Structure

Country Neighbor began in 1977 and was incorporated in March of 1981. The mission of the organization is to help people remain independent by providing supportive services, thus enhancing their quality of life. Country Neighbor provides a wide variety of services to include, but not limited to, homemaker, chore, transportation, home delivered meals, congregate meals, personal care, prescription assistance, emergency food, rental/utility assistance, summer meals for children, socialization, wellness education, and wellness activities.

Our service area is dependent upon the funding sources for the variety of programs we provide.

The Ashtabula County Food Bank (Country Neighbor) serves 20 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2021, we distributed over 1.2 million pounds of food to the partner organizations.

The largest funding sources are the Ashtabula County Senior Services Levy, Trumbull County Senior Services Ley, Ashtabula County Job and Family Services, the Direction Home of Eastern Ohio, the Ohio Department of Job & Family Services, Ohio Department of Education, and United Way of Ashtabula County.

Country Neighbor is governed by a thirteen-member Board of Directors who meets one time per month, generally the last Monday of each month. *(List attached)*

An Organizational Chart is attached.

E. Applicant/Staff Qualifications

Executive Director: Responsible for overall implementation, grant writing, fiscal accountability and administration of the program. Also, very involved with the Coordinated Transportation Plan update and implementation for the County.

Assistant Director: Directly responsible for human resources, fiscal responsibilities, payroll and financial reporting processes of the program. Also assist the Executive Director with the day-to-day operations of the program.

Administrative Assistant/Bookkeeper: Assist with human resources, fiscal responsibilities, payroll and financial reporting. This position supports the Executive Assistant.

Receptionist: Perform all clerical responsibilities, answers telephone, directs clients, and filing of records of central filing system.

Data Support/Backup Receptionists: Covers the desk and telephone when the receptionist is not available. Responsible for the daily clerical responsibilities of the home delivered meals program, such as data collection/entry into the data base, run daily delivery sheets for drivers, review of daily service delivery sheets

Transportation Supervisor: Reports to the Executive Director. She is responsible for the Intake and Assessment of each client, scheduling all transportation trips, drivers, vehicles, accuracy and completion of all required documentation and recordkeeping, maintenance program implementation, policy and procedure implementation and quality assurance of the program.

Transportation Assistants: Responsible for all daily trip data entry, assist with billing and assessment tools. Assists supervisor with telephone support, scheduling and clients.

Drivers: Direct service of client's transportation to appointments, assist them, then return them to their homes, cleanliness of vehicles, accurate completion of all documentation, and required training.

Facility Maintenance: Responsibilities include, facility cleaning and assist with vehicle cleaning

EXHIBIT II

ACJFS RFP #7-23
Transportation

July 2022

Country Neighbor Program, Inc.
Section 4
Applicant Budget
Attachment B

Applicant Budget

Summary

Applicant: Country Neighbor Program, Inc.	
Date From: January 1, 2023	**To: December 31, 2023**

		Amount
I. Staff		
A. Salaries	$	220,310.00
B. Payroll-Related Expenses	$	22,418.00
Total Staff Costs	$	242,728.00
II. Operations		
A. Travel and Short-Term Training	$	525.00
B. Consumable Supplies	$	43,995.00
C. Occupancy Costs	$	9,802.00
D. Contract and Professional Services	$	35,950.00
E. Other - Miscellaneous	$	13,450.00
Total Operational Costs	$	103,722.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	346,450.00
IV. Minus Other Program Resources	$	22,500.00
Total Program Costs	$	323,950.00

Budget Computation

Total Operating Expenses	$	323,950.00
Divided by Total Operating Units		155,000.00
= Unit Rate	$	2.09

Unit Rate	$	2.09
X number of units purchased		155,000.00
= Total Contract Amount	$	323,950.00

Unit = Example: 1 meal, 1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 80,500.00	Annual	24.00%	$ 19,320.00
Assistant Director	$ 46,500.00	Annual	24.00%	$ 11,160.00
Administrative Assistant/Bkkp	$ 33,500.00	Annual	28.00%	$ 9,380.00
In-Home Services Supervisor	$ 30,160.00	Annual	3.00%	$ 905.00
Receptionist I	$ 24,635.00	Annual	26.51%	$ 6,530.00
Data Support/Backup Recpt	$ 24,960.00	Annual	25.00%	$ 6,240.00
Transportation Supervisor	$ 32,240.00	Annual	41.50%	$ 13,380.00
Transportation Assistants	$ 54,080.00	Annual	34.15%	$ 18,470.00
Drivers	$ 277,790.00	Annual	48.35%	$ 134,325.00
Facility Maintenance	$ 8,000.00	Annual	7.50%	$ 600.00
Total Salaries				$ 220,310.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 16,854.00
Worker's Compensation	$ 3,750.00
Unemployment Insurance	$ 1,064.00
Retirement Expenses	$ 400.00
Hospitalization	$ -
Other (Life Insurance)	$ 350.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 22,418.00

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	$ 25.00
Short-Term, Training	$ 500.00
Total Travel and Short-Term Training	$ 525.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 720.00
Cleaning Supplies	$ 150.00
Other *(Fuel)*	$ 43,125.00
Other *(identify)*	
Total Consumable Supplies	$ 43,995.00

II. C. Occupancy Costs

	Amount
Rent	$ 3,000.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	$ 50.00
Utilities (if not included in rent) must be itemized	
Heat	$ 420.00
Electric	$ 1,200.00
Water	$ 200.00
Telephone	$ 4,752.00
Sewer	
Other *(Garbage)*	$ 180.00
Other *(identify)*	
Total Occupancy Costs	$ 9,802.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	$ 2,000.00
D&O Insurance	$ 500.00
Employee Testing	$ 1,000.00
Liability Insurance	$ 2,000.00
Vehicle Insurance	$ 20,000.00
Technology & Software	$ 6,000.00
Subcontracts (Contract Labor)	$ 4,450.00
Total Contract & Services Costs	$ 35,950.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Licensure	$ 1,000.00
Advertising	$ 250.00
Vehicle Maintenance & Repair	$ 12,000.00
Equipment Maintenance & Repair	$ 150.00
Miscellaneous Expense	$ 50.00
Total Miscellaneous Costs	$ 13,450.00

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Participant Co-Pays	$ 22,500.00
Total Other Resources	$ 22,500.00

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321(

(614) 46(
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Country Neighbor Program Inc.**
Date: **11/2/2022 3:12:22 PM**

This search produced the following list of **7** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
Lawrence County Educational Service Center	304 N. 2nd Street
Lawrence County Schools Council of Governments	304 N. 2nd Street
Lucas County Republican Party	10 S. Superior St.
Lucas County Republican Party	10 S. Superior Street
Noble County Law Library Association	300 County Court House
Village of Bethel Mayor's Court	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Transportation** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.8.2022

CD 11/4/2022
2022-CON-0161

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the **1st** day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Ashtabula County YMCA,** located at **263 West Prospect Rd, Ashtabula, Ohio, 44004** to provide **Independence and Wellness Programs** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023,** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Independence and Wellness: $36,614.91 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$4.83 per unit of Independence & Wellness as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals

should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant. Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No

such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state, and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order

13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement. Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Ashtabula County YMCA

11/4/22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County YMCA** for **Independence and Wellness** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0162

EXHIBIT I

Appendix I
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Independence and Wellness for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Independence and Wellness for Seniors

The purpose of this program is to provide independence and wellness programs for the senior population of Ashtabula County. Such programs will offer opportunities for socialization, wellness education and promotion, recreational and physical activities, linkage to life-enhancing community services and healthy aging. Participation in these programs will result in seniors experiencing meaningful personal interactions, maintaining their independence and dignity, monitoring their physical well-being, and having access to information related to county-wide senior services and resources. Eligible participants: a) must be age 60 or over, b) and reside in Ashtabula County.

Programs need to promote the health and wellness of older adults by participating in a social community or other groups. Participation in these programs will result in increased knowledge of private and public health insurance programs. Programs provided may include, but are not limited to:

- Recreation and fitness activities
- Health promotion
- Community engagement
- Services that improve the quality of life and encourage community involvement
- Programs allowing seniors the opportunity to gather; supporting social independence and preventing isolation and loneliness that is often the result of disconnection from peers and family
- Programs which offer resources that enable education
- Cultural opportunities to meet the needs of the aging community
- Technological and social media assistance programs
- Obtaining free or reduced cost prescriptions based upon eligibility by:
    - Providing improved access to existing prescription drug patient assistance programs to help meet the needs of individuals who cannot afford their medications
    - Assisting seniors who are Medicare Part D eligible with information to find suitable plans

Applicant Information

AGENCY / ORGANIZATION NAME: Ashtabula County YMCA

ADDRESS: 263 W Prospect Rd, Ashtabula, OH 44004

PHONE: 440-997-5321 FAX: 440-992-5899

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-0726066

EXECUTIVE DIRECTOR/DIRECTOR: Dale Nissley

PROGRAM COORDINATOR: Brian Pruitt EMAIL: bpruitt@ashtabulaymca.org

FISCAL CONTACT: Bob Calaway EMAIL: rcalaway@ashtabulaymca.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Brian Pruitt SIGNATURE: _____

(Note: original signature must be in blue ink)

TITLE: Program Director DATE: 7/26/22

Section 2 (F)
Documents used for monitoring

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2																
3	2022 ROSTER															
4																
5	NAMES	1-Aug	3-Aug	5-Aug	8-Aug	10-Aug	12-Aug	15-Aug	17-Aug	19-Aug	22-Aug	24-Aug	26-Aug	29-Aug	31-Aug	
6										NO						
7	BROWN,RUTH									CLASS						
8	**DERK, DONNA**															
9	GOODNOUGH, CHERYL															
10	HAMALAINEN, KATHY															
11	HARKABUS,JANETTE															
12	HAYES, **PEGGY**															
13	JONES, **LOIS**															
14	KENT,**MARGE**															
15	**KEHOE, KAY**															
16	LAMPELA,ALICE															
17	LEVERING, REBECCA															
18	MCENDREE, REBECCA															
19	MELARAGNO, JORGA															
20	MOISIO, MARYLOU															
21	MOROSKI, ENCIE															
22	MOROSKI, JOE															
23	NAYLOR,CONNIE															
24	PETERSON, SANDRA(KAY)															
25	PETRINI, CAROLE															
26	PETRINI, MARCIA															
27	POCHATKO, JAN															
28	PRIME, SUSAN															
29	TALON, BARBARA															
30	THOMPSON, LINDA															
31	WOJTOWICZ,JOYCE															
32																
33																

Good Shepherd

Line Dancing—Thurs 5:00 p.m. 2022

Name	Mm ship	7/ 7	7/ 14	7/ 21	7/ 28	8/4	8/ 11	8/ 18	8/ 25	9/1	9/ 8	9/ 15	9/ 22	9/ 29
Randolph,Diane	SS													
Anderson,Diana	SS													
Anthony, Beth	SS													
Babb,Nancy	SS													
Benson,Jessi	L													
Bowman,Tammy	L													
Buck,Becky	SS													
Dansereau,Ed	L													
Dansereau,Sheila	L													
Detrick, Gene	SL													
Donathan,Louie	L													
Duarte, Pam	$$$													
Ely,Marie	SS													
English,Jane	L													
Gee,Billie	L													
Hudacky,Larry	SS													
Jackson,Lucinda	SS													
Kliber,Tom	SS													
Lach, Frank	RA													
Lach, Judy	RA													
Miller, Corazon	SL													
Palagy,Jen	L													
Prime,Sue	RA													
Sochor,Dawn	SS													
Stowe,Sally	L													
Toth-Cunningham, Dorothy	SL													

Line Dancing: Good Shepherd _____2020

Thurs

Name	Mmb ship												
Instructor Randolph, Diana													

Good Shepherd-Donna Maukonen

GENTLE YOGA—Friday 11:45 a.m. 2022

Name	Mm ship	7/1	7/8	7/15	7/ 22	7/ 29	8/5	8/ 12	8/ 19	8/ 26	9/2	9/9	9/ 16	9/23
Anthony, Kelly	$$$													
Best, Jennifer	MEM													
Brown, Ruth	SS													
Casey, Nancy	SL													
Fenton, Don	$$$													
Flower, Darin	$$$													
Hull, Thomas	SL													
Jury, Connie	SS													
Kennedy, Karen	SS													
Kinney, Ruth	SS													
Lampela, Fay	SL													
Levering, Becky	SS													
Mackey,Gayle	SS													
Melaragno, Jorga	SS													
Peglow,Suzie	SL													
Peterson, Kay	SS													
Poore,Karen	$$$													
Puffer, Robin	SL													
Ricarte, Ann														
Reed, Gayle	SS													
Spaller, Shelly	SL													
Timm, Raquel	$$$$													
Weesten, Wilma	RA													
Wilson,Karlene	SS													

Conneaut New Leaf

Tai Chi

Mon/Thurs 10am

2022

	NAME		7-Jul	11-Jul	14-Jul	18-Jul	21-Jul	25-Jul	28-Jul	1-Aug	4-Aug	8-Aug	11-Aug	15-Aug	18-Aug	22-Aug	25-Aug	29-Aug	
1	Dave Simpson	SS																	
2	Bob Andrejack	SL																	
3	John Beachey	SS																	
4	Jennifer Best	M																	
5	Ruth Brown	SS																	
	Karen Burdick	SL																	
6	Marc Canfield	SL																	
7	Louisa Crago	RA																	
8	Nancy Davis	SS																	
9	Don Fenton	$$																	
10	Ray Hahn	SS																	
11	Faye Lampela	SL																	
12	Rebecca Levering	SS																	
13	Gayle Lewis	SL																	
14	Jeff Lewis	SL																	
15	Lisa McClellan	SS																	
16	Lillian Monda	SS																	
17	Judy Parlongo	SS																	
18	Robin Puffer	SL																	
19	Cathy Rastletter	SS																	
20	Cindi Reitz-Absher	SL																	
21	Steve Smith	SS																	
22	Gary Spring	M																	
23	Peggy Trizne	RA																	
24	Nancy Vallen	SS																	
25	Stan Williams	SS																	

Conneaut New Leaf		2022															
Silver Sneakers Circuit																	
Denise/Vivian/Bonnie Tuesday/Thursday 4 pm																	
DATE																	
Antila, Janet																	
Atkinson,Sylvia																	
Barker,Vickey																	
Bernato,Bonnie																	
Betteridge, Glenda																	
Biscotti,Nancy																	
Burdick, Karen																	
Cole, Arlene																	
Cole, Arlene																	
Cole,Betty																	
Crago, Louisa																	
Ely,Marie																	
Graff, Lois																	
Greenfield,Lois																	
Huey,Sharon																	
Ingersoll,Diana																	
Kennedy, Karen																	
Kananen, Sue																	
Kilker, Bill																	
Kilker, Linda																	
Levering,Rebecca																	
Lynn,Betty																	
Marshall,Avis																	
Mazura, Helena																	
McBride, Cathy																	
McClellan, Lisa																	
Menter, Ramona																	
Monda,Lillian																	
Onion, Dave																	
Onion, Melinda																	
Norton, Joan																	
Peglow,Sue																	
Puffer,Robin																	
Rood,Lupe																	
Somppi,Valorie																	
Swigunski,Sue																	
Tinney,Carol																	
Trizne, Peggy																	
Walker,Diana																	
Whitney,Sarah																	
Wojtowicz, Francis																	
Worley,Lynda																	

ANDOVER SILVERSNEAKERS

TUES/THURS 10 AM

	A	B	C	D	E	F	G	H	I	J
1	TUESDAY/THURSDAY	10 A.M.	ANDOVER	2022						
2	ALLISON, CANDY									
3	BEST, CAROL									
4	BROUGHTON, MARIE									
5	DAVIS, NANCY									
6	FETTERS, CAMILLE									
7	GILMORE, MARGARET									
8	GREGORY, JANICE									
9	HAMMONS, KATHY									
10	HITCHCOCK, MARCIA									
11	HOOTMAN, DIANA									
12	JACKSON, CAROLE									
13	JOHN, SANDY									
14	JOHNSON, RAMONA									
15	MICHALSKE, DOROTHY									
16	MITCHELL, MARY									
17	MORTON, LELA									
18	PARKER, ROBERTA									
19	PAUL, BARBIE									
20	PETRONIO, RENEE									
21	RICHMOND, THOMAS									
22	SHELDON, SALLY									
23	SIMON, CATHY									
24	SLUSHER, EILEEN									
25	STAMP, WANDA									
26	TAYLOR, SHERYL									
27	TOMERLIN, CAY									
28	WALLER, NANCY									
29	WATSON, CHARLOTTE									
30	WHEELER, CAROL									
31	WHEELER, JIM									
32	WHITE, SHIRLEY									
33	YORK, LINDA									
34	WHITE, SHIRLEY									
35	YORK, LINDA									
36	YORK, RODGER									

Section 2 (K)
Representations, Assurances, and Certifications Document

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Ashtabula County YMCA

Company Address: 263 W Prospect Rd, Ashtabula, OH 44004

Telephone Number: 440-997-5321 FAX: 440-992-5899

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

Brian Pruitt 440-997-5321

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

Brian Pruitt 440-997-5321

The legal status of the Applicant's organization 501c3

Date of establishment/incorporation: 6/26/81

Federal Employer Identification Number (FEIN): 34-0726066

Is the Company co-owned or controlled by a parent company? ___Yes _X__ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X___Yes ____ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? __X__Yes ____ No

If yes, has the company filed all required EEO reports to the necessary agencies? __X__Yes ____ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. __X__Yes ____ No

Does the company have current or future plans for a buyout or sale? ____Yes __X__ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X___Yes ____ No

The Applicant certifies it is a drug-free work place? __X__Yes ____ No

The Applicant certifies it is not delinquent on any Federal debt? __X__Yes ____ No

Program Description

At the YMCA, strengthening community is our cause. The YMCA has continued through 2022 to provide programs and/or group fitness classes available to any adult, 60 years or older, every day of the week at the YMCA or at our any of our Outreach Sites located in Conneaut at Good Shepherd Lutheran Church, New Leaf Methodist Church, and Conneaut Township Park. We are also located in Andover at the United Methodist Church and in Colebrook at the Colebrook Community Center. With your support, we have been able to offer up to 19.5 hours of land classes each week at these locations. The YMCA continues to work with supplemental insurance companies that offer opportunities for additional workshops at any of our sites providing information on a healthy lifestyle.

As an older adult physical activity is one of the most important things you can do for your health. It prevents many of the health problems that seem to come with age, such as cardiorespiratory dysfunction, coronary artery disease and increased risks of falling. It also helps muscles grow stronger, so you can keep doing your day-to-day activities without becoming dependent on others. An older adult looking to establish an exercise routine should, ideally, be able to incorporate 150 minutes of moderate endurance activity weekly. (CDC, 2011)
Once our classes are developed and instructors trained, each class is scheduled for at least 2 hours of instruction time at our Outreach Sites in Conneaut and Andover. We hope to offer 2 at Colebrook in 2023. It is important to the success of our classes that they are offered routinely and consistently throughout the year. Occasional breaks on a holiday or facility closing are predetermined and notifications are done verbally in class, on the monthly fitness calendar, texting and through social media. Trained instructors back each other up in case of illness or time off.

Members of the Ashtabula YMCA Leadership Team consisting of directors of Programs, Health and Wellness work together to provide all the necessary communication, details, trainings, purchase equipment and scheduling needed to begin a successful offering of a YMCA class for older adults.

All classes being offered for older adults are free when joining the YMCA. Membership rates include a discount for seniors. The YMCA also accepts insurance programs such as Silver Sneakers®, Renew Active®, and Silver & Fit®. Classes are offered at a daily rate for all other participants.

To become a member or participate in any YMCA program, a unit application or a Quick Add form is to be completed and information will be entered into our system. Once entered, participants sign in at the outreach classes and are checked into our system by a staff member. Their participation can now be tracked for frequency, interests and involvement. All trained instructors are paid employees only.

The Ashtabula County YMCA has received no Federal, State or local funding for these proposed services within the past 6 years, with the exception of the Senior Services Levy.
For the past 6 years, continuous service collaboration in Conneaut include New Leaf Methodist Church, Conneaut Human Resource Center, University Hospitals of Conneaut, University Hospitals of Geneva, and Conneaut Public Library. Additional classes have been added at the Good Shepherd Lutheran Church which now offers a YMCA low impact class for seniors every day of the week. We continue to work with Conneaut Township Park by providing a Tai-Chi Class during the summer overlooking the beautiful Lake Erie.

At Good Shepherd Lutheran Church, the YMCA is also providing a program called Commit To Be Fit. This program is an eight-week program that promotes nutrition and wellness, and physical activity. The program is designed for people ages 18 and up who are looking to build healthier habits, to feel better and to lose/maintain weight. This class is designed for a group of six to twelve participants meeting for 90 minutes once a week to set realistic goals, receive coaching on how to make progress each week and find support through group discussions, guided by trained YMCA staff. The program teaches fitness, nutrition and healthy habits including such topics like portion control, grocery shopping, eating healthy in social situations, hydration, sleep, and more.

The Ashtabula County YMCA also collaborates with University Hospitals Outreach Department by bringing in educational lectures for our senior population, screenings throughout the year and they also give our seniors some free samples of different products to help them be healthier like sunscreen, lip balm, poison labels, etc. The most current facility added this year in Orwell is allowing us usage as an in-kind contribution until the classes become established. The budget for 2023 reflects an amount to use for rent at four of the facilities.

The Directors of the Ashtabula YMCA Leadership Team work together to provide all the necessary communication, details, trainings, purchase equipment and scheduling needed to begin a successful offering of a YMCA class for older adults in house or in the community.

With the help of the Senior Services Levy, the Ashtabula County Family YMCA will continue to offer a variety of quality programs with an involved Leadership team and certified instructors that will provide active older adults the ability to achieve or maintain self-sufficiency to reduce or prevent dependency.

The YMCA's objectives are to increase participation in both the number of people attending classes and total number of check-ins and the availability of class offerings throughout Ashtabula County. We would also like to provide more related social functions at different sites to increase attendance and interest.

We currently provide Christmas gatherings, picnics and in 2023 we will be providing Senior Appreciation Day for each of our sites.

Service Area Township, Village or City	Units Provided & Unduplicated Clients Served in past 12 months age 60-75	**Proposed** Number of Units & Unduplicated Clients to be Served age 60-75	Units Provided & Unduplicated Clients Served in past 12 months age 76+	**Proposed** Number of Units & Unduplicated Clients to be Served age 76+
Conneaut	Units 4,827 Unduplicated Clients 150	Units 5,792 Unduplicated Clients 175	Units 413 Unduplicated Clients 31	Units 495 Unduplicated Clients 38
Andover	Units 1,560 Unduplicated Clients 62	Units 1,716 Unduplicated Clients 68	Units 324 Unduplicated Clients 21	Units 356 Unduplicated Clients 23
Orwell	Units 314 Unduplicated Clients 46	Units 980 Unduplicated Clients 60	Units 64 Unduplicated Clients 4	Units 153 Unduplicated Clients 10

Enhance®Fitness has three physical fitness assessments that are performed before each participant is able to attend class. This includes number of sit to stands in 30 seconds, number of bicep curls that are completed in 30 seconds, and a get up out of the chair and walk 8 feet around a cone and return to the chair and sit down which is a timed test. Each participant completes this physical intake upon entry to the class and then another physical assessment that is exactly like the initial assessment is completed every 16 weeks and all data is tracked. This group continually improves on their physical assessments.

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Outreach Fitness Class Schedule

New Leaf Methodist Church
110 Gateway Ave, Conneaut

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Tai Chi w/ Dave 10am Conneaut Twshp Park(weather permitting)		SilverSneakers® Circuit w/ Shannon 8:30am	Tai Chi w/ Dave 10am Conneaut Twshp Park(weather permitting)	SilverSneakers® Circuit w/Shannon 8:30am
	SilverSneakers® Circuit w/ Denise 4pm		SilverSneakers® Circuit w/ Denise 4pm	

Good Shepherd Lutheran Church
876 Grove St, Conneaut

Seniors w/Sass w/Vivian 9am (Bring your own Mat)		Seniors w/Sass w/Vivian 9am (Bring your own Mat)	True Beginner Line Dancing w/ Diana 5-6pm	Gentle Yoga w/Donna 11:45am (Bring your own Mat)
Enhance®Fitness w/Vivian 10:30am w/appt only		Enhance®Fitness w/Vivian 10:30am w/appt only	Seasoned Beginner/Improver/ Intermediate Line Dancing	Enhance®Fitness w/Vivian 10:30am w/appt only

United Methodist Church
181 S. Main St., Andover

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SilverSneakers® YogaStretch w/ Nancy 10am	SilverSneakers® Classic w/ Kim 10am	SilverSneakers® YogaStretch w/ Nancy 10am	SilverSneakers® Classic w/ Kim 10am	

Colebrook Community Center
682 US-322, Orwell

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	SilverSneakers® Classic w/ Viv OR Bonnie 8:30am			

Online classes are available at

The Ashtabula County YMCA mission statement: With a mission to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Senior Levy mission statement: Our Mission is to provide superior service, promote well-being and self-sufficiency, alleviate conditions of poverty and improve health and safety.

The Ashtabula County YMCA mission statement aligns with the Senior Levy Mission Statement by creating and providing programs daily for our outlying areas that help individuals to become independent and self-sufficient. We also dedicate all we do to educate and inform all on healthy choices and consistently share information on all services that are available in our community to help them live their best life possible.

Our mission statements align directly with the Senior Levy mission as we are both impact lives in our community for the better through movement, social environments, and education.

Section 4
Applicant Budget
(Attachment B)

EXHIBIT II

Attachment B
Budget Template

Applicant Budget

Summary

Applicant:	
Date From:	**To:**

		Amount
I. Staff		
A. Salaries	$	23,115.61
B. Payroll-Related Expenses	$	3,112.64
Total Staff Costs	$	26,228.25
II. Operations		
A. Travel and Short-Term Training	$	4,500.00
B. Consumable Supplies	$	-
C. Occupancy Costs	$	5,100.00
D. Contract and Professional Services	$	-
E. Other - Miscellaneous	$	-
Total Operational Costs	$	9,600.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	786.66
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	786.66
Sub- Total of All Costs	$	36,614.91
IV. Minus Other Program Resources	$	-
Total Program Costs	$	36,614.91

Budget Computation

Total Operating Expenses	$	36,614.91
Divided by Total Operating Units		7,580.00
= Unit Rate		4.83

Unit Rate	$	4.83 -
X number of units purchased		7,580.00
= Total Contract Amount	$	-

Unit = Example: 1 meal, 1 hour

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Group Fitness Instructor	$10.10	hr	100.00%	$ 4,650.00
Group Fitness Instructor	$ 10.50	hr	100.00%	$ 3,085.50
Outreach Fitness Coordinator	$ 11.00	hr	5.00%	$ 1,937.11
Health and Wellness Director	$ 16.00	hr	40.00%	$ 12,521.00
Program Director	$ 36,882.00	yr	2.50%	$ 922.00
Total Salaries				$ 23,115.61

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	
Worker's Compensation	
Unemployment Insurance	
Retirement Expenses	$ 1,344.30
Hospitalization	
Other (*identify*) Payroll Tax	$ 1,768.34
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,112.64

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.63	$ 4,000.00
Short-Term, Training	$ 500.00
Total Travel and Short-Term Training	$ 4,500.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	
Cleaning Supplies	
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ -

II. C. Occupancy Costs

	Amount
Rent	$ 5,100.00
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized Heat Electric Water Telephone Sewer Other *(identify)* Other *(identify)*	
Total Occupancy Costs	$ 5,100.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Total Contract & Services Costs	$ -

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Total Miscellaneous Costs	$ -

III. B. Small Equipment Purchases (Equipment costing under $25,000)

Item	Quantity	Amount
balls	25	$ 50.00
bluetooth speaker	2	$ 97.00
CDs	4	$ 90.00
CD player	1	$ 75.00
Fans	2	$ 140.00
medicine balls	3	$ 115.00
weights	15	$ 129.66
bands	25	$ 90.00
Total Small Equipment Purchases		$ 786.66

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Total Other Resources	$ -

III. Equipment

A. Equipment Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchased mm/dd/yy (3)	Quantity (4)	Total Cost (5)	Salvage Value (6)	Amount to be Deprecated (7)	Useful Life (Years) (8)	Annual Depreciation Amount (9)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321

(614) 46
(800) 28

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Ashtabula County YMCA**
Date: **11/2/2022 3:18:35 PM**

This search produced the following list of **6** possible matches:

Name/Organization	Address
Ashe Cultural Center	2125 Superior Ave.
ASHE Culture Center, Inc.	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy P2	2125 Superior Avenue
ASHE Culture Center, Phoenix Village Academy S1	2125 Superior Avenue
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260
George Washington Carver Preparatory Academy	2283 Sunbury Road

---

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Ashtabula County YMCA** for **Independence and Wellness** programs

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11·8·2022

CD 11/4/2022
2022-CON-0162

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the 1st day of **January 2023** between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the "Grantor") and **Country Neighbor Program, Inc.,** located at **39 South Maple Street Orwell, Ohio 44076** to provide **Companionship Services** to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee's Proposal) of this agreement.

2. **Responsibilities of Grantor:**
   Grantor agrees to:
   A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.

3. **Responsibilities of Subgrantee:**
   Subgrantee agrees to:
   A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.

4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from **January 1, 2023** through **December 31, 2023**.

5. **Renewal Option:** Subject to renewal, at Grantor's option, for up to two (2) additional time periods unless otherwise terminated.

6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

   Companionship: $3,132.00 and shall not exceed the actual cost of service.

7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

$21.75 per unit of Companionship as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor monthly in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.

9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS on a monthly basis included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.

10. **Invoice Format:** Subgrantee's invoice will consist of:
    (1) A one-page summary invoice signed by an authorized representative and will include:
    -Subgrant Agreement number
    -Service month and year
    -Subgrantee's name, address, telephone number and billing contact person's name
    -Total amount invoiced for the month

    (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
    - Date of Service
    - Client last name
    - Client first name
    - Client Contact Information (Address, Phone Number)
    - Number of Units of Service Received
    - Client Township of Residence
    - Total number of non-duplicated clients served per month by township of residence
    - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
    - Monthly waiting list report relevant to the requirements of the RFP

11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.

12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.

15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.

16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.

17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.

18. **Termination:**
    (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.

    (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.

    (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.

    (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant . Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.

19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable. 45 CFR92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.

21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.

22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.

23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.

24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.

26. **Indemnity and Insurance:**
    (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.

    (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.

28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.

30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.

31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.

33. **Clean Air:** For Subgrants exceeding $100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).

34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding $100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.

35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.

36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the Americans with Disabilities Act of 1990.

37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.

38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.

39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.

40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.

41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state. and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:

Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22
Date

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

11-7-22
Date

11-29-22
Date

Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Companionship** services

Approved as to Legal Form Only:

By: Colleen M O'Toole

Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.5.2022

CD 11/4/2022
2022-CON-0163

EXHIBIT I

Attachment A
Applicant Information Page

Appendix IV
ACJFS RFP #8-23
Ashtabula County Senior Services Levy
Homemaker and/or Companionship
Program Description

Companionship Services for Seniors

Term: January 1, 2023 – December 31, 2023
Unit of Service: One (1) Hour of service.
Area to be served: Ashtabula County or portions thereof.

Companionship for Seniors

The purpose of the Senior Companionship Program is to engage adult volunteers, age 55 and over to provide companionship and emotional support to the seniors of Ashtabula County. Sometimes the most important piece of keeping a loved one at home is simply having someone to keep them company. Seniors who live alone are at higher risk for social isolation, depression, falls and other injuries.

The Senior Companionship Program provides companionship to ease loneliness and social isolation. Services provided will coincide with the care plan developed by the provider during the initial assessment which may include but are not limited to:

- Assistance with scheduling transportation
- Light chores
- Help to serve as eyes and ears to professionals who can intervene in the case of medical or other deterioration on the part of the clients
- Give support to informal caregivers
- Social interaction
- Recreational activities
- Respite for family caregiver
- Read to or assist with letter writing
- Technology support
- Play cards or games
- Take walks

A provider representative will personally interview all persons to determine the range of services required and the length of time for which the services will be provided. Ongoing assessments are the responsibility of the Provider and will need to occur every 180 days and when initial assessment has been broken due to institutionalization or hospitalization. A case is considered closed when a person has decided to receive the necessary support from another source or has moved into an institution or simply has no desire to continue Senior Companionship.

The Senior Companionship program provides an opportunity for limited income senior volunteers to earn a small, tax-free stipend while helping other seniors maintain their independence and providing respite to caregivers. They can serve 20-40 hours per week and assist the elderly with the above-mentioned services. While serving, Senior Companionship volunteers improve their own lives by staying active and civically engaged.

Applicant Information

AGENCY / ORGANIZATION NAME: Country Neighbor Program, Inc.

ADDRESS: 39 South Maple Street, PO Box 212, Orwell, OH 44076

PHONE: (440)437-6311 FAX: (440)437-1031

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1331627

EXECUTIVE DIRECTOR/DIRECTOR: Barbara Klingensmith

PROGRAM COORDINATOR: Kelley Kemp EMAIL: kelley.kemp@countryneighbor.org

FISCAL CONTACT: Tina Hansel EMAIL: tina.hansel@countryneighbor.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Barbara Klingensmith SIGNATURE: _____
(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 1, 2022

ACIFS RFP #8-23
Independence & Wellness

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Section 2 (F)
Documents Used for Monitoring Goals and Outcomes
Companionship Services for Seniors

As of yet, we do not have the documents in place for monitoring the outcomes of the Companionship for Seniors specifically however we plan to use similar documents that are used in the Homemaker Services program.

COUNTRY NEIGHBOR PROGRAM, INC.

D.O.B. _____ HOMEMAKER CHECKLIST FUNDING SOURCE _____

NAME: _____ PHONE: _____

ADDRESS: _____ TOWNSHIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

SERVICE DAYS _____ TIMES _____

CASE MANAGER _____ CASE MANAGER PHONE _____

YEAR: _____ PRIORITY: _____

HOUSECLEANING	DATE					
	TIME					
1. DUSTING & STRAIGHTENING FURNITURE						
2. CLEAN FLOORS/RUGS BY WET/DRY MOP VACCUUM						
3. CLEAN KITCHEN INCLUDES DISHES, POTS, AND PANS						
4. CLEAN OUTSIDE OF APPLIANCES,COUNTERS & CABINETS						
5. CLEAN OVEN, DEFROST & CLEAN REFRIGERATOR						
6. CLEAN BATHROOM..TUB, SHOWER, SINK TOILETS, URINAL						
7. CHANGE LINENS, MAKE BEDS.						
8. WASH INSIDE WINDOWS / MIRRORS						
9. REMOVE TRASH FROM THE HOME						

LAUNDRY					
1. WASH & DRY CLIENT'S CLOTHES & LINENS					
2 FOLD & IRON CLOTHES & LINENS					
3. PUT FINISHED LAUNDRY AWAY					

BASIC HOME SAFETY					
1. IDENTIFY & REPORT HAZARDS TO SUPERVISOR					
2. ELIMINATE HAZARDS WITH CLIENT & SUPERVISOR					
3. CHECK BATTERIES IN SMOKE ALARM					

TOTAL HOURS PER VISIT					
CONSUMER'S INITIAL'S					

SUPERVISOR'S SIGNATURE _____ DATE _____

STAFF SIGNATURE	CONSUMER SIGNATURE (DAILY)	DATE

RAE ANN MCCARTHY

HOMEMAKER	CLIENT	Service	Time in	Timeout	TIME	TOWNSHIP	FUNDER
July 29, 2019							
July 30, 2019							
July 31, 2019							
August 1, 2019							
August 2, 2019							

Heather Olah, RN 440-313-1002

Alyssa 440-868-3873

CLIENT NAME:

COUNTRY NEIGHBOR PROGRAM, INC
PLAN OF CARE FOR
HOMEMAKING

HOUSECLEANING

___ Dusting and straightening furniture

___ Clean floors / rugs / wet or dry mop / vacuum

___ Clean kitchen, includes dishes, pots and pans

___ Clean outside of appliances, counters, cabinets

___ Clean oven and refrigerator

___ Clean bathroom, tub, shower, sink, toilets, urinal

___ Change linens and make bed

___ Wash inside windows / mirrors

___ Remove trash from the home

LAUNDRY

___ Wash and dry clients clothes and linens

___ Fold and iron clothes and linens

___ Put finished laundry away

SAFETY

> Identify and report hazards to immediate supervisor

> Eliminate hazards with consumer and supervisor approval

ERRANDS

___ Grocery Store

___ Post Office

___ Pharmacy

OTHER

> Reality orientation & sensory stimulation

> Listen and converse

Comments: _____

_____

_____

_____

LPN Signature _____ Date: _____

RN Signature _____ Date: _____

CLIENT NAME:

COUNTRY NEIGHBOR PROGRAM, INC
SUPERVISORY VISIT

Aide: _____ Date: _____

	Excellent	Good	Average	Unsatisfactory
Promptness				
Attendance				
Adherence to care plan				
Quality of service				
Rapport				
Dress Code				

Comments: _____

_____

_____

_____

Client Signature _____ Date: _____

LPN Signature _____ Date: _____

RN Signature _____ Date: _____

COUNTRY NEIGHBOR PROGRAM, INC.
JOB DESCRIPTION

TITLE: Executive Director LOCATION: CNP Administrative Office

REPOPRTS TO: Board of Directors SUPERVISES: All Staff

BASIC FUNCTIONS: Under policy supervision of the Board of Directors. Directs and supervises agency programs, fiscal policy, public contacts, obtains and administers grants, and helps to develop resources for community programs. The Executive Director is responsible for administering the Country Neighbor Program, Inc. in southern Ashtabula County and coordinate its effort with other social service agencies. This individual should have a knowledge of the service area, be concerned with the well-being of its residents, and be able to relate to local residents in stressful situations on an individual basis. This position involves planning program and supervising staff for total CNP function, and Executive Director must be willing to work irregular hours when needed.

RESPONSIBILITIES:
Approx. % Of Time

30%	Supervise and evaluate staff. Employ and discharge staff. Fix compensation within the budget approval by the Board of Directors. Ensure staff development. Conduct staff meetings.
20%	Participate in planning and coordination efforts at county and state level, inform other agencies and organizations, and the public about CNP services and objectives.
40%	Prepare, review, and process grant applications. Research potential grant sources and regulatory requirements. Assume administrative responsibility for grant implementation.
5%	Attend all Board of Directors meetings and give an Administrative report and update. Attend committee meetings as requested.
5%	Perform other duties consistent with the intent of the Country Neighbor Program, Inc. as defined by the Board.

MINIMUM REQUIREMENTS: Associate college degree or two years credits. Administrative experience preferred.

ADMINISTRATIVE ASSISTANT
JOB DESCRIPTION

POSITION: Assistant Director

REPORTS TO: Executive Director

SUMMARY: Assistant Director duties and responsibilities include providing administrative support to ensure efficient operation of the organization including agency fiscal and human resource management. Responsible for confidential and time sensitive material. Ability to effectively communicate via phone and email ensuring that all Executive Assistant duties are completed accurately and delivered with high quality and in a timely manner.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Maintain bookkeeping system and accounting procedures
- Assist in preparation and review of budget, process payroll, accounts payable and receivable, process and prepare required reports for funding sources, prepare financial statements
- Perform complex clerical duties, type a variety of complex materials, proofread material, correct grammar and spelling
- Assist in establishing and maintaining an effective and efficient records management system
- Complete understanding and implementation of the agency data base for data collection and reporting of services
- Work closely with the Executive Director in employee relations, employee benefits, hiring/firing, implementation of the employee governing policies as set forth in the handbook and adopted by the Board of Directors
- Be familiar with all federal, state, and local laws directly affecting the employment of individuals and ensure Country Neighbor's adherence to all such laws as applicable
- Complete all reports as required by federal, state, and local employment laws in a timely and accurate manner
- Implement and ensure safety plan as required by the Ohio Bureau of Workers Compensation
- Prepare and sort source documents, and identifies and interprets data
- Process various forms
- Assist in the preparation of regularly scheduled reports, as assigned
- Contribute to a team effort and accomplish related results as required
- Maintain confidential information
- Become knowledgeable and familiar with the social service industry and the organization's services and funding source requirements
- Attend all meetings, as requested
- Perform other job-related duties as assigned.

COMPETENCY: (To perform the job successfully, an individual should demonstrate the following competencies)

- Knowledge of records management procedures

- Ability to operate various work-processing software, spreadsheets and database programs
- Maintain confidentiality
- Maintain professionalism
- Interact and maintain good working relationships with individuals of varying social and cultural backgrounds
- Communicate efficiently and effectively both verbally and in writing
- Carry out multiple tasks and meet deadlines
- Excellent time management skills
- Follow instructions furnished in verbal and written format
- Complete all job duties in a neat, accurate and manner
- Attention to detail and problem solving

QUALIFICATIONS:
To perform the job successfully, an individual must be able to perform each essential duty satisfactorily. Individual must pass physical, criminal background check and drug screen.

PHYSICAL DEMANDS:
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

ADMINISTRATIVE ASSISTANT
JOB DESCRIPTION

POSITION: Administrative Assistant/Bookkeeper

REPORTS TO: Executive Director

SUMMARY: Administrative Assistant duties and responsibilities include providing administrative support to ensure efficient operation of the organization. Responsible for confidential and time sensitive material. Ability to effectively communicate via phone and email ensuring that all Administrative Assistant duties are completed accurately and delivered with high quality and in a timely manner.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Assist with bookkeeping and fiscal responsibilities
- Assist with the data entry management for accuracy, efficiency, and timeliness based on all funding requirements in the organization's operations
- Prepare and sort source documents, and identifies and interprets data
- Process various forms
- Assist in establishing and maintaining an effective and efficient records management system
- Assist in the preparation of regularly scheduled reports, as assigned
- Contribute to a team effort and accomplish related results as required
- Maintain confidential information
- Become familiar with the organization's services and funding source requirements
- Perform general clerical duties such as word processing, answering telephone, etc.
- Perform other job-related duties as assigned.

COMPETENCY: (To perform the job successfully, an individual should demonstrate the following competencies)

- Knowledge of records management procedures
- Ability to operate various work-processing software, spreadsheets and database programs
- Maintain confidentiality
- Professionalism
- Interact and maintain good working relationships with individuals of varying social and cultural backgrounds
- Communicate efficiently and effectively both verbally and in writing
- Carry out multiple tasks and meet deadlines
- Excellent time management skills
- Follow instructions furnished in verbal and written format
- Attention to detail and problem solving

QUALIFICATIONS:

To perform the job successfully, an individual must be able to perform each essential duty satisfactorily. Individual must pass physical, criminal background check and drug screen.

PHYSICAL DEMANDS:
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

COUNTRY NEIGHBOR PROGRAM, INC.
JOB DESCRIPTION

POSITION: IN HOME SERVICES SUPERVISOR

REPORTS TO: EXECUTIVE DIRECTOR

SUPERVISES: HOME HEALTH AIDES (WITH RN)
HOMEMAKERS
HEALTH EDUCATION OUTREACH SPECIALIST

RESPONSIBILITIES: Include but not limited to:
Schedule and monitor all homemaker aides and home health aides providing services in the home. Act as liaison between client, CNP direct staff, CNP assessor, finding agency and CNP administration. Work closely with the Registered Nurse for the client assessment and supervision of the hone health aides. Schedule appointments for RN and Homemaker Assessment staff. Refer client to appropriate services whether provided by CNP or other appropriate agency. Schedule trainings, per service specifications. Assure all reports are filed in an accurate and timely manner. Utilize the required data base for documentation of services for all clients. Assist with hiring and employee disciplinary actions for homemakers and home health aides. Attend meetings as requested and preform all other job related duties as assigned.

QUALIFICATIONS: High School Diploma
Ability to pass criminal background check
Ability to pass physical and drug test

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Country Neighbor Program, Inc.

Company Address: 39 South Maple Street, PO Box 212, Orwell, OH 44076

Telephone Number: (440)437-6311 FAX: (440)437-1031

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

Barbara Klingensmith, Executive Director, (440)437-6311

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

Barbara Klingensmith, Executive Director, (440)437-6311

The legal status of the Applicant's organization 501c(3) Not for Profit

Date of establishment/incorporation: March of 1981

Federal Employer Identification Number (FEIN): 34-1331627

Is the Company co-owned or controlled by a parent company? ___Yes _X_ No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? _X_ Yes ___ No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? _X_ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? _X_ Yes ___ No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. _X_ Yes ___ No

Does the company have current or future plans for a buyout or sale? ___Yes _X_ No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. _X_ Yes ___ No

The Applicant certifies it is a drug-free work place? _X_ Yes ___ No

The Applicant certifies it is not delinquent on any Federal debt? _X_ Yes ___ No

COUNTRY NEIGHBOR PROGRAM, INC.
COMPANIONSHIP SERVICES FOR SENIORS
PROGRAM PLANNING AND DEVELOPMENT

A. PROGRAM DESCRIPTION

1. NARRATIVE OF PROPOSED SERVICE

Country Neighbor is proposing to provide a Senior Buddy Program. Our goal is to match vetted volunteers, 55 years and older, with older adults with shared interests and/or hobbies to foster relationships alleviating loneliness and isolation.

We would also like to match vetted community volunteers with a Senior Buddy that has been identified as food insecure and socially isolated to share a weekly lunch with them. Country Neighbor will deliver two meals once per week for the "Buddy" and the volunteer companion.

The volunteer companions may assist with light chores, run occasional errands, provide respite support for caregivers, play cards and/or games, read, and participate in social interaction with their buddy.

All volunteer companions will participate in a pre-service training, show proof of vehicle insurance, attend monthly service trainings, and undergo both FBI and BCII background checks.

The LPN will assess the clients to determine the range of services required and the length of time for which the services will be provided. He/she will develop a care plan for each individual client and will follow up every 90 to 120 days to re-evaluate the needs of the client and provide a supervisory visit of the volunteer companion.

2. Need for The Service

Social isolation, loneliness and depression are common issues for senior adults especially those who are frail and/or homebound and have debilitating health issues. For some individuals, our staff are the only ones they see during the day. Our home delivered meal drivers and in-home services staff have identified individuals that could benefit from a "Senior Buddy Program."

3. Experience of the Applicant

Country Neighbor has provided a variety of senior services for well over 40 years throughout southern Ashtabula County.

4. Statistics of Past Performance

We do not have any statistics from past performance in this program as it would be a new program.

5. DAYS AND HOURS OF SERVICE

The service will be scheduled based on the client and the Senior Companion's schedule. The volunteer companion will commit to a visit at least one time per week for a period of 1.5 to 2 hours.

All Senior Companionship Services will be provided from the Orwell facility, 39 South Maple Street, in Orwell.

6. CLIENT INTAKE AND ASSESSMENT

a. Description of Client Intake

When a referral is received into our office, the In-Home Services Supervisor's office is responsible to contact the client or representative to set up an in-home, face to face assessment appointment for the LPN. Appointments are generally made within 1-2 business days. As part of the initial assessment, the LPN reviews the HIPAA form, completes the Basic NAPIS Form, the Care Plan for Senior Companionship Program, the Prioritization form, and a narrative describing the clients need for the service(s). He/she then completes a Consumer Service Summary listing the service(s) that are to begin for the client.

The completed forms are returned to the office for the RN's review and signoff. The client is scheduled for the recommended service(s). A reassessment of need and evaluation of the care plan and volunteer companion will be completed generally, every 90 - 120 days. If the client calls to end service(s), the service(s) is stopped. Or, if during the reassessment, it is determined that the service(s) is no longer needed, the service(s) would be stopped. Should the client need to resume, the LPN would go back out and evaluate the situation, and if it is determined that the service(s) needs to resume, the client would be put back on the schedule.

b. Provider Assessment Process

When perspective clients are referred, the In-Home Services Supervisor's office will try to schedule an assessment appointment within 24 hours. A visit to the home will be made by the LPN and a Service Intake and Assessment tool is completed which includes name, address, telephone number, date of birth, demographics, financial information, medical history, ADL/IADL, service plan and emergency contact. A Care Plan and Client Prioritization Form will also be completed. All customers must sign a Release of

Information. Eligibility will be based on medical status basis and availability of family support. Ongoing assessments will be provided, per service specifications. If breaks occur during service, for example, extended hospital stays, a reassessment will be completed upon their return home to determine the client's health status.

When the LPN goes out to do the assessment, he/she does a prioritization checklist for each client, so we know who is most in need, if we must go to a waiting list in this service.

Priority Level 1 is the level of highest priority and level 5 is the lowest. In addition to medical or mental conditions, consideration is given to age, the availability of family or community support and the need for multiple services.

c. Submit Client Assessment Tool

Country Neighbor's complete Assessment tool is attached.

7. SOURCES AND AMOUNTS OF FEDERAL, STATE OR LOCAL FUNDING WITHIN THE PAST 5 YEARS AND UNIT RATES

We do not receive any funding for this service.

8. Service Collaboration/Coordination

Country Neighbor works with the social service agencies, Veterans Administration, Department of Job & Family Services staff, hospitals, and physician's offices located throughout Ashtabula County.

9. Organization's Vision and Mission

The mission of the organization is to help people remain independent by providing supportive services, thus enhancing their quality of life.

Country Neighbor's vision is to provide high quality and effective programs that promote self-sufficiency, independence, address conditions of poverty, promote wellness and education as well as reducing isolation and loneliness.

C. ORGANIZATIONAL STRUCTURE

Country Neighbor began in 1977 and was incorporated in March of 1981. The mission of the organization is help people remain independent by providing supportive services enhancing their quality of life. Country Neighbor provides a wide variety of services to include, but not limited to, homemaker, chore, transportation, home delivered meals, congregate meals, personal care, prescription assistance, emergency food, rental/utility assistance, socialization, education, and wellness activities.

Generally, our service area consists of the southernmost 15 townships in Ashtabula County and the northern most 15 townships in Trumbull County.

The Ashtabula County Food Bank (Country Neighbor) serves 20 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2021, we distributed over 1.2 million pounds of food to our partner organizations.

The largest funding sources are the Ashtabula County Senior Services Levy, Direction Home of Eastern Ohio, Ashtabula County Job & Family Services, Ohio Department of Job and Family Services, United States Department of Agriculture, Trumbull County Senior Services Levy, and the United Way of Ashtabula County.

Country Neighbor is governed by a thirteen-member Board of Directors who meets monthly, generally, the last Monday of each month. ***(List attached)***

An Organizational Chart is attached.

D. PROVIDER/STAFF QUALIFICATIONS

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the project

Assistant Director: Directly responsible for fiscal responsibilities, payroll, financial reporting processes of the program and the human resources function of staff training schedules and benefit activities of the agency. Also assist the Executive Director with the day-to-day operations of the program.

Administrative Assistant/Bookkeeper: Assist the Assistant Director with fiscal responsibilities, payroll, financial reporting, clerical duties, reporting, etc.

In-Home Services Supervisor: Is responsible for the implementation of the referral process and visit/assessment completion with the customers in partnership with the LPN and the Program Coordinator. She reports to the Executive Director.

Program Coordinator: Responsible for the recruitment of volunteer companions, coordinating, monitoring, training of the volunteer companions, quality assurance, and evaluation of the success of the project.

2. Organization's Training Requirements

All volunteers will undergo a background check, interview, pre-service orientation, training and on-going, monthly trainings specific to senior issues.

Volunteer companions will receive orientation on the agency policies and procedures, proper documentation, Code of Ethics, HIPAA regulations, emergency procedures, drug free workplace, and job description review.

3. Volunteer Capacity

Volunteers will be used in this program to serve as the Companionship Buddies. We plan to pay them mileage reimbursement.

EXHIBIT II

July 2022

Country Neighbor Program, Inc.
Senior Services Programs
Section 4
Applicant Budget
Attachment B
Companionship Services for Seniors

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of
88 East Broad
Post Office Bo
Columbus, OH 4321(

(614) 46(
(800) 28:

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Country Neighbor Program Inc.**
Date: **11/2/2022 3:12:22 PM**

This search produced the following list of **7** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
Lawrence County Educational Service Center	304 N. 2nd Street
Lawrence County Schools Council of Governments	304 N. 2nd Street
Lucas County Republican Party	10 S. Superior St.
Lucas County Republican Party	10 S. Superior Street
Noble County Law Library Association	300 County Court House
Village of Bethel Mayor's Court	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awa a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Program, Inc.** for **Companionship** services

Approved as to Legal Form Only:

By: _____
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11.5.2022

CD 11/4/2022
2022-CON-0163