RESOLUTION APPROVING AND AWARDING SENIOR SERVICES SUBGRANT AGREEMENTS WITH VARIOUS ENTITIES FOR CHORE, HOME DELIVERED MEALS, HOMEMAKER, PERSONAL CARE, PROTECTIVE SERVICES, INDEPENDENCE & WELLNESS PROGRAMS/CONGREGATE MEALS; AND TRANSPORTATION SERVICES, CONTRACT NO'S: 25-4001-S, 25-4002-S, 25-4003-S, 25-4004-S, 25-4005-S, 25-4006-S, 25-4007-S, 25-4008-S, 25-4009-S, 25-4010-S, 25-4011-S, 25-4012-S, 25-4013-S, 25-4014-S, 25-4015-S, 25-4016-S, 25-4017-S, 25-4018-S, 25-4019-S, 25-4020-S, ACDJFS

WHEREAS, on December 3, 2024, 2024 by Resolution No.2024-548, proposals were awarded for Senior Levy Services; and

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

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, 2025, and ending December 31, 2025

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

CHORE SERVICES:

ASHTABULA CO. COUNCIL ON AGING **Contract No.:** 25-4003-S
Provider: Ash. Co. Council on Aging, 4148 Main Ave., Ashtabula, OH 44004
Cost: **Not to Exceed, $41,805.00**

CONNEAUT HUMAN RESOURCE CENTER **Contract No.:** 25-4004-S
Provider: Conneaut Human Resource Center, 327 Mills St., Conneaut, OH 44030
Cost: **Not to Exceed, $1,672.20**

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 25-4005-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $6,967.50**

HOMEMAKER SERVICES:

ASHTABULA COUNTY COMMUNITY ACTION AGENCY **Contract No.:** 25-4012-S
Provider: Ashtabula County Community Action Agency, P.O. Box 2610, Ashtabula, OH 44004
Cost: **Not to Exceed, $40,000.00**

CONNEAUT HUMAN RESOURCE CENTER **Contract No.:** 25-4013-S
Provider: Conneaut Human Resource Center, 327 Mills St., Conneaut, OH 44030
Cost: **Not to Exceed, $48,875.00**

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 25-4014-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $70,000.00**

HOME DELIVERED MEALS:

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 25-4001-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: **Not to Exceed, $259,602.00**

ASHTABULA COUNTY COMMUNITY ACTION AGENCY **Contract No.:** 25-4002-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.:** 25-4011-S
Provider: Catholic Charities of Ashtabula County, 4200 Park Ave. 3rd Floor, Ashtabula, OH
Cost: Not to Exceed, $56,868.32

PERSONAL CARE SERVICES:
ARMC REGIONAL HOME HEALTH SERVICES **Contract No.:** 25-4015-S
Provider: ARMC Regional Home Health Services, P.O. Box 1428, Ashtabula, OH 44005
Cost: Not to Exceed, $153,467.47

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 25-4016-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: Not to Exceed, $40,000.00

ARCARDIA HOME CARE & STAFFING **Contract No.:** 25-4020-S
Provider: Arcadia Home Care & Staffing, 3721 N. Ridge Rd, Perry, OH 44081
Cost: Not to Exceed, $35,000.00

SENIOR TRANSPORTATION PROGRAM:
COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 25-4018-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: Not to Exceed, $350.020.00

ASHTABULA COUNTY TRANSPORTATION SYSTEM (ACTS) **Contract No.:** 25-4017-S
Provider: Ashtabula County Transportation System, 2924 Donahoe Drive, Ashtabula, OH 44004
Cost: Not to Exceed, $71,572.80

INDEPENDENCE & WELLNESS PROGRAMS/CONGREGATE MEALS SERVICES:
CONNEAUT HUMAN RESOURCE CENTER **Contract No.:** 25-4006-S
Provider: Conneaut Human Resource Center, 327 Mills St., Conneaut, OH 44030
Cost: Not to Exceed, $43,350.00

COUNTRY NEIGHBOR PROGRAM, INC. **Contract No.:** 25-4007-S
Provider: Country Neighbor Program, Inc., 39 S. Maple St., Orwell, OH 44076
Cost: Not to Exceed, $62,125.00,
CONGREGATE MEALS SERVICES **Contract No.:** 25-4007-S
Cost: Not to Exceed, $12,295.00

ASHTABULA COUNTY COMMUNITY ACTION AGENCY **Contract No.:** 25-4009-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.:** 25-4010-S
Provider: Ash. Co. Council on Aging, 4148 Main Ave., Ashtabula, OH 44004
Cost: Not to Exceed, $59,582.97

GENEVA AREA SENIORS CORP. **Contract No.:** 25-4008-S
Provider: Geneva Area Seniors Corp., 62 W. Main St, Geneva, OH 44041
Cost: Not to Exceed, $40,719.25

Ashtabula County YMCA. **Contract No.:** 25-4019-S
Provider: Ashtabula County YMCA, 263 West Prospect Rd, Ashtabula, OH 44004
Cost: Not to Exceed, $15,859.38

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. 2024-575 **December 24, 2024**

RESOLUTION APPROVING SENIOR SERVICES SUBGRANT AGREEMENTS WITH VARIOUS ENTITIES FOR CHORE, HOME DELIVERED MEALS, HOMEMAKER, PERSONAL CARE, PROTECTIVE SERVICES, INDEPENDENCE & WELLNESS PROGRAMS/CONGREGATE MEALS; AND TRANSPORTATION SERVICES, CONTRACT NO'S: 25-4001-S, 25-4002-S, 25-4003-S, 25-4004-S, 25-4005-S, 25-4006-S, 25-4007-S, 25-4008-S, 25-4009-S, 25-4010-S, 25-4011-S, 25-4012-S, 25-4013-S, 25-4014-S, 25-4015-S, 25-4016-S, 25-4017-S, 25-4018-S, 25-4019-S, 25-4020-S, ACDJFS

Upon the motion of J.P. Ducro IV, seconded by Casey R. Kozlowski.

VOTE:

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

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1290

Docusigned by:
FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — 12/16/2024 Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4015-S; funded by the Ashtabula County Senior Services Levy, which provides **Personal Care** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Ashtabula Regional Home Health Systems, A Subsidiary of Ashtabula Regional Medical Center
2131 Lake Ave., P.O. Box 1428
Ashtabula, Ohio 44005

Cost (include where funds are coming from):
$153,467.47 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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 **ARMC 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, 2025,** through **December 31, 2025**.

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: **$153,467.47** 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:

$45.32 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, phone number, 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.

- Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

Section 3-Program Planning and Development

A. Program Description

1. ARMC Home Health 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 are assessed for the possibility of another resource for care and referred if appropriate. ARMC Home Health 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.

   Home health aides will provide personal care services. All aides at ARMC Home Health 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, aides provide incidental activities of daily living as well; this includes simple household chores such as changing bed linens, light housekeeping and simple meal preparation. Clients receive 1-2 one-hour visits per week. A registered nurse (RN) completes the initial assessment. The RN determines eligibility and develops a plan of care for the home health aide to follow. The RN visits at least every 60 days to supervise the aide, assuring that the aide is providing care that is within the aide's scope of practice and that the care provided is done so in a safe manner. The RN does an assessment of the patient at every visit and notifies the doctor if needed. She also adjusts the plan of care as needed.

   ARMC Home Health is very efficient with the delivery of personal care services. The home health aides are considered shared employees; therefore, they are able to see

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

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. ARMC Home Health provides both skilled and non-skilled long-term personal care to the majority of payer sources. If the patient's health status declines and they qualify for skilled services under another payment system, we have the ability for a seamless transition their care to another program and payment source. This gives us the ability to stretch levy dollars and see more unduplicated patients.

2. The U.S. Census Bureau Retrieved 07/29/2024 (from www.censusreporter.org) estimates the current population of Ashtabula County to be 97,014. According to the Census Bureau, 14% of the population is between the ages of 60 – 69, 9% is between the ages of 70 – 79 and 4% of the population is over the age of 80. For seniors 65 and older, 17.8% 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 since the COVID-19 pandemic. 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 remain at home with dignity for as long as possible. In addition to the assistance with personal care needs, ARMC Home Health 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. ARMC Home Health 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. Our most recent survey was in May 2022. There were zero citations; ARMC Home Health complies with regulations. (Survey letter attached.)We maintain strong patient experience scores and demonstrate exceptional reliability of service.

4. ARMC Home Health proposes for 2025 to maintain an active daily census of patients 62 (unduplicated for the year) receiving 1-2 personal care visits per week. We propose providing 3,580 units at ~~$46.16~~ $45.32 KSC 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.

Service Area	Clients/Units provided 2023	YTD-Clients/Units provided to date 2024 Jan-Jun	2025 Proposed Clients/Units Provided
Northern Ashtabula County	74 Unduplicated Clients 3373Units	64 Unduplicated Clients 1732 Units	62 Unduplicated Clients 3580 Units
Breakout of locality	44003 1 44004 35 44030 15 44032 1 44041 10 44047 5 44048 2 44068 1 44082 2 44084 1 44010 1		44003 1 44004 25 44030 14 44032 1 44041 10 44047 4 44048 2 44068 1 44082 2 44084 1 44010 1

5. The proposed days and hours available are Mon-Friday 8am to 4:30 pm. The agency is closed on New Year's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas.

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

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.

7. Medicare is our primary payer source. Our reimbursement Medicare per visit for home health aide in our skilled service side is $70.00.

    The unit rate for our Area for Agency personal care service in our long-term care program for 2024 is $41.20 with a projected increase for 2025.

    The current private pay rate for personal care service in 2023 is $45.00 per hour with a projected increase in 2025.

8. ARMC Home Health 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, ARMC Home Health is a member of the Ohio Council for Home Care and

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

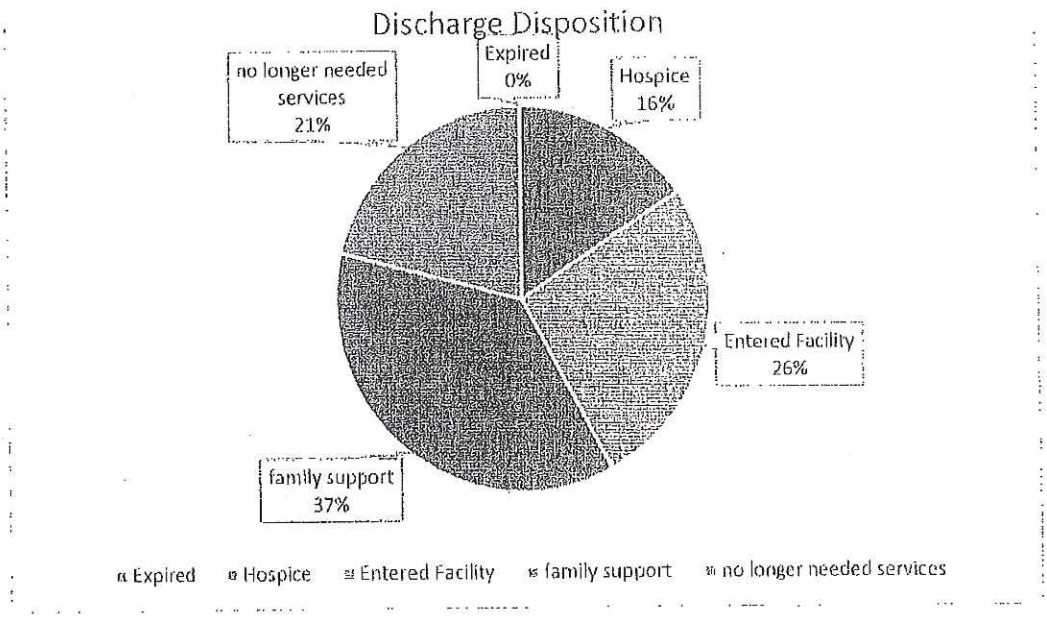
Hospice and the Ohio Community at Home Network advocating for community-based services throughout the state of Ohio.

9. ARMC Home Health 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.

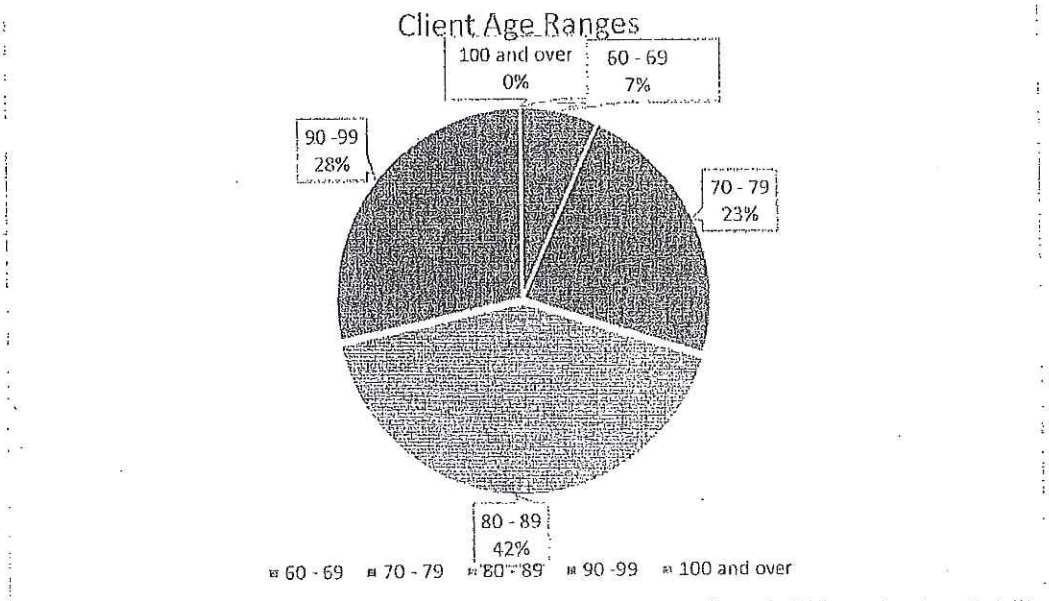
B. Specific Measurable Objectives

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 2023, we exited 15 persons from the program: three were transferred to hospice, five entered a long-term care facility, four improved and no longer needed services, one had family move in and no longer needed services, and two moved out of service area to live with family. 58% of our patients either improved or had family that became involved in their care. Only 26% entered a LTC facility.

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984



Clients' ages ranged from 67 to 99. Those above the age of 80 make up over 70% of the Senior Levy census and those 90 and over 28% of the census.



Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

The length of stay in the program in 2023 ranged from 1 month to 156 months with the longest patient being on the program for 13 years. In addition, 30 new patients were admitted in 2023. The average cost of assisted living is 5,530 dollars per month and the average cost of a LTC facility in Ohio around 5,000 dollars per month. To have our patients in an assisted living or LTC facility for one month would cost approximately $370,000 for one month and for one year $4,440,000.00.

In 2023, 60 surveys returned out of 120 patient surveys sent. 100% ranked all service indicators as Good to Excellent. The breakdown is as follows:

	Excellent	Good	Fair	Poor
Nurse was courteous.	56	4	0	0
Nurse was concerned about your needs.	56	4	0	0
Nurse visit were helpful.	56	4	0	0
Nurse gave clear instructions.	56	4	0	0
Nurse listened and respected your wishes.	56	4	0	0
Nurse assessed care given by the home care aide.	56	4	0	0
Aide wore identification.	56	4	0	0
Aide was courteous.	56	4	0	0
Aide was concerned about your needs.	56	4	0	0
Aide visit was helpful.	56	4	0	0
Aide provided care in a safe manner.	56	4	0	0
Aide was knowledgeable and competent.	56	4	0	0
Office staff were helpful and courteous on phone.	56	4	0	0

A sampling of comments written by patients the past 12 months on the program reflects how much they value the services:

"Everyone has been very good to me"

"Thank you for all your help. You guys are incredible. Thank you for making my life so much easier and happier."

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

"I am very grateful for all the help I am receiving from my aide, nurse and office staff."

"I really appreciate the services I get. Aides are great. I really need the visits"

"The care I receive is above and beyond excellent. Wonderful people."

"I am pleased with all that come here. Always a joy."

C. Organizational Structure

ARMC Home Health was incorporated in June 1974 and operates as a Medicare/Medicaid certified home care agency. The agency is a wholly owned subsidiary of Ashtabula Regional 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. ARMC Home Health employs 65 staff members. The Organizational Chart and Board of Trustees roster are attached.

Because the agency is a Medicare certified organization it is held to certain standards of care 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 Interim Executive Directors, the Non-Acute Program Supervisor, the RN providing clinical assessments and the home care aide. Our Executive Director has recently retired and we are in the process of interviewing for her position. Currently we have two interim directors that have worked in home care as Clinical Director and Quality Director.

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

The Nursing/Aide Supervisor is an RN with over 19 years' experience in home health with both skilled and non-skilled programs. Prior experience includes rehabilitative nursing and Assistant Director of Nursing at a long-term care facility. ARMC Home Health has 11 home health aides with 6 months to 32 years' experience that provide friendly, reliable and top quality personal care. Six aides have over 19 years' experience and two have over 30 years' experience. Only three aides have less than 5 years' experience. They are extremely dedicated to their patients and have exceptional observational skills to help get patients help when there is a change in condition. Many times keeping them out of the hospital. In addition, they have multiple times been persistent when not reaching a patient and following through with notifying an emergency contact or doing a well check and patients have been found on the floor many times.

The RN providing clinical assessments have been with the organization for 5 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.

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

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

SIGNATURES:

DocuSigned by:
FB74060D0EAC4B8...

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

12/16/2024
Date

Signed by:
BCF8BF2B33DC465...

Karen Clech
ARMC Regional Home Health

12/18/2024
Date

DocuSigned by:
3E6154CBF4DA44C...

Signed by:
72C9CAC40E3D4A8...

12/19/2024
Date

DocuSigned by:
8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/10/24
Date

Matrix Matter No. 2024-CON-0221
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

FISCAL OFFICER'S CERTIFICATE
5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $153,467.47 and free from any previous encumbrances.

Agreement Title: an agreement with **ARMC Regional Home Health Services**

DocuSigned by:
181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/18/2024

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

EXHIBIT I

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

Applicant Information

AGENCY / ORGANIZATION NAME: ARMC Home Health

ADDRESS: 2131 Lake Ave. Suite 2 Ashtabula, Ohio 44004

PHONE: 440-992-4663 FAX: 440-992-0687

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-11433158

EXECUTIVE DIRECTOR/DIRECTOR: Interim Directors Shannon Clark and Debra Fleming

PROGRAM COORDINATOR: Karen Chech RN EMAIL: karen.chech@armchealth.org

FISCAL CONTACT: Alanna Dames C.F.O. EMAIL: alanna.dames@armchealth.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted because 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 based on 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: Leonard Stepp SIGNATURE: _____

(Note: original signature must be in blue ink)

TITLE: President and C.E.O. DATE: 8/1/2024

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: ARMC Home Health

Company Address: 2131 Lake Ave. Suite 2 Ashtabula, Ohio 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:

Karen Chech RN 440-997-6720

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

Leonard Stepp President and C.E.O. 440-997-6294

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

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 Regional 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

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 for a buyout or sale? ___ Yes X No

The Applicant certifies that it will not enter 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 workplace? X Yes ___ No

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

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

Appendix I
ACJFS RFP #6-25
Ashtabula County Senior Services Levy
Personal Care
Program Description

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

Personal Care for Seniors

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

EXHIBIT II

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

Applicant Budget
Summary

Applicant:	
Date From:	**To:**

		Amount
I. Staff		
A. Salaries	$	86,357.87
B. Payroll-Related Expenses	$	37,918.01
Total Staff Costs	$	124,275.88
II. Operations		
A. Travel and Short-Term Training	$	15,240.00
B. Consumable Supplies	$	-
C. Occupancy Costs	$	-
D. Contract and Professional Services	$	-
E. Other - Miscellaneous	$	13,951.59
Total Operational Costs	$	29,191.59
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	153,467.47
IV. Minus Other Program Resources	$	-
Total Program Costs	$	153,467.47

Budget Computation

Total Operating Expenses	$	153,467.47
Divided by Total Operating Units		
= Unit Rate	$	45.32

Unit Rate	$	45.32
X number of units purchased		3,386.00
= Total Contract Amount		

Unit =1 hour

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Caregiver/Aide	$ 72,675.70			$ 72,675.70
RN Supervision	$ 13,682.17			$ 13,682.17
Total Salaries				$ 86,357.87

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 6,606.38
Worker's Compensation	
Unemployment Insurance	
Retirement Expenses	$ 3,454.31
Hospitalization	
Other Health Insur/workers comp/Unemploy/PTO)	$ 27,857.32
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 37,918.01

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	15,240.66
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	$ -

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

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	13,951.59
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)
Total Equipment Depreciation				$ -	$ -	$ -		$ -

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

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	$ -

Docusign Envelope ID: C3350F31-E624-4835-B272-2AEB89BA5984

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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 Medical Center**
Date: **12/3/2024 11:26:53 AM**

This search produced the following list of **7** 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
Ashford, Velma	4400 Clarkwood Parkway, Unit 225
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 an 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 awarded 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00 a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:

FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director

12/16/2024
Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4012-S; funded by the Ashtabula County Senior Services Levy, which provides **Homemaker** Services to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Ashtabula County Community Action Agency
4200 State Road
Ashtabula, OH 44005

Cost (include where funds are coming from):
$40,000.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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 1 (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, 2025** through **December 31, 2025**.

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: $40,000.00 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:

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

$27.07 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, phone number, 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

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

12/16/2024
Date

Signed by:

108DC7DC63F8423...

Alissa Holdson, Executive Director
Ashtabula County Community Action Agency

12/16/2024
Date

DocuSigned by:

3E6154CBF4DA44C...

Signed by:

72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:

8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0218
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $40,000.00, and free from any previous encumbrances.

Agreement Title: an agreement with **Ashtabula County Community Action Agency**

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/16/2024

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

EXHIBIT I

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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: 440-997-6005 FAX: 440-997-6162

FEDERAL TAX I.D. NUMBER: 34-1059824

EXECUTIVE DIRECTOR/DIRECTOR: Alissa Holdson

PROGRAM COORDINATOR: Samantha Dragon EMAIL: sdragon@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: Alissa Holdson SIGNATURE: Alissa Holdson

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 7/30/2024

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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:

Samantha Dragon, 440-990-1719

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

Alissa Holdson, 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 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 workplace? _X_ Yes ___ No

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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Appendix IV
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Homemaker
Program Description

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Homemaker Assistance for Seniors

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Ashtabula County Community Action Agency
Senior Services Levy - Homemaker Service FY24
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 generally be 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.

To ensure the safety of clients we are continuing any post pandemic recommendations from the Ohio Department of Health and the Ashtabula County Health Department. Homemakers are provided with hand sanitizer, and have access to facemasks, face shields, and gloves, for use as needed. We have discontinued the precautionary measure of waiving signature requirements; at the time of Homemaker services the Homemaker will verify the performance of the tasks, and collect signatures. The requirements for in-person assessments are dependent upon the specific funding source.

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

2. According to the 2021 ACS 5 Year Estimates Data Profiles, population data shows that 20.3 percent of Ashtabula County's residents are age 65 and older. Of those, 11.4% are age 65-74 years, 5.6% are age 75-84 years, and 2.3% are age 85 years 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 by 2025, more than 1 in 4 Ohioans will be age 60 and older. By 2030, Ohioans, ages 60 and older, will make up 26.3% of Ohio's total population. However, by 2030 in Ashtabula County the population age 60 and older is projected to be 29% of the total population. Moreover, the proportion of Ohio's total population, ages 85 and older, is projected to steadily increase from 2.2% in 2020 to 3.8% in 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. ACCAA has continued to provide homemaker services since 2018. The agency has the fiscal, administrative, and operational experience to oversee and carry out the responsibilities of the Homemaker Program.

4. Below is a chart that contains statistics for the previously funded year, January – December of 2023, as well as the proposed service levels for FY2025.

Community Action
Homemaker Service Statistics

Service Area Township, Village or City	Ages 60 – 75 Served in 2023		*Ages 60 – 75 Proposed 2025*		Ages 76+ Served in 2023		*Ages 76+ Proposed 2025*	
	Units	Unduplicated Clients	*Units*	*Unduplicated Clients*	Units	Unduplicated Clients	*Units*	*Unduplicated Clients*
Ashtabula City	418.25	32	*438*	*34*	499	36	*590*	*32*
Ashtabula Township	92.5	8	*138*	*8*	132.5	12	*184*	*19*
Austinburg Township	0	0	*0*	*0*	0	0	*0*	*0*
Jefferson Township	4	1	*12*	*2*	0	0	*32*	*2*
Jefferson Village	0	0	*10*	*2*	27	3	*65*	*3*
Plymouth Township	39	3	*26*	*4*	65.5	4	*90*	*5*
Saybrook Township	67.25	5	*100*	*5*	115.25	10	*125*	*7*
Totals	**621**	**49**	*724*	*55*	**839.25**	**65**	*1086*	*68*

The number of units provided during FY23 are lower than originally planned due to the current labor market.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

We will personally interview all persons to determine the range of services required, the length of time for which the services will be provided, and assess 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. 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.

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 under Section 2.F. Documents Used for Monitoring.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

RFP #8-25

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.

	2024		2023		2022		2021		2020	
Source	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate
SS Levy	$49,000	$27.07	$49,000	$26.89	$49,000	$26.89	$70,000	$25.97	$92,125	$25.97

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 Health Advisory Team, Building Resiliency Together, Senior Care Network, 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

B. 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 recently restructured the program divisions; there are five-Housing & Energy Services, Head Start, Health & Nutrition Services, Youth Services and Senior and Community Services. The Homemaker Program is now located in the Senior and Community Services Division.

The Director of the Senior and Community Services division reports directly to the Agency Executive Director. Reporting to the Division Director is the Senior Service Program Coordinator. Reporting to the Senior Service Program Coordinator are the Customer Service Specialist, the CSS/Billing Clerk and the Homemakers. Organizational charts are included as attachments.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 Table of Organization and list of ACCAA Board of Directors is included in this grant application.

C. 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 Director of Senior and Community Services oversees 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 Assistant, 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 or other offerings when available.

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

3. The agency does not plan to utilize volunteers in the Homemaker Service Program at this time.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

EXHIBIT II

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Applicant Budget Summary

Applicant: ACCAA - Homemaker	
Date From: 1/1/25	To: 12/31/25

	Amount
I. Staff	
A. Salaries	$ 26,222.12
B. Payroll-Related Expenses	$ 8,839.38
Total Staff Costs	$ 35,061.50
II. Operations	
A. Travel and Short-Term Training	$ 2,007.50
B. Consumable Supplies	$ 100.00
C. Occupancy Costs	$ 1,115.00
D. Contract and Professional Services	$ 760.00
E. Other - Miscellaneous	$ 956.00
Total Operational Costs	$ 4,938.50
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 40,000.00
IV. Minus Other Program Resources	$ -
Total Program Costs	$ 40,000.00

Budget Computation

Total Operating Expenses	$	40,000.00
Divided by Total Operating Units		1,477.65
= Unit Rate	$	27.07

Unit Rate	$	27.07
X number of units purchased		1,477.65
= Total Contract Amount	$	40,000.00

Unit = 1 hour

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 90,000.14	Annual	0.64%	$ 574.01
IT Manager	$ 74,866.17	Annual	0.51%	$ 385.00
Human Resources Manager	$ 65,000.00	Annual	0.55%	$ 357.50
Executive Assistant	$ 33,280.00	Annual	0.68%	$ 227.20
Director, Fiscal Services	$ 74,866.17	Annual	0.51%	$ 385.00
Accountant	$ 46,382.96	Annual	0.63%	$ 291.71
Fiscal Clerk	$ 46,800.00	Annual	0.36%	$ 166.68
Account Payable Specialist	$ 36,699.31	Annual	0.51%	$ 188.76
Receptionist	$ 29,120.00	Annual	0.41%	$ 120.12
lient Services Specialist/Billing Cle	$ 25,303.20	Annual	2.48%	$ 626.53
Senior Services Coordinator	$ 41,891.20	Annual	4.00%	$ 1,676.04
Homemakers	$ 19,782.13	Annual	100.00%	$ 19,782.13
Director Sr. and Com. Services	$ 62,500.00	Annual	2.30%	$ 1,441.44
Total Salaries				$ 26,222.12

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 2,990.89
Worker's Compensation	$ 734.88
Unemployment Insurance	$ 675.98
Retirement Expenses	$ 1,200.00
Hospitalization	$ 3,153.01
Other (*Identify*)	$ 18.72
Other (*Identify*)	$ 65.90
Other (*identify*)	
Total Payroll-Related Expenses	$ 8,839.38

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

II. A. Travel and Short-Term Training

		Amount
Mileage Reimbursement rate per mile:	$ 0.55	$ 2,007.50
Short-Term, Training		
Total Travel and Short-Term Training		$ 2,007.50

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
Other *(identify)* Snow removal, lawn care, trash removal, int. maintenanc	$ 200.00
Other *(identify)* Security, fire protection	$ 50.00
Total Occupancy Costs	$ 1,115.00

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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

Identify Each Contract of Service	Amount
Audit	$ 150.00
Consultants for Worker's Comp, COBRA, Employee Assistance Program	$ 25.00
Insurances	$ 160.00
ServeTracker 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	$ 525.00
Total Miscellaneous Costs	$ 956.00

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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	$ -

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:24:42 AM**

This search produced the following list of **7** 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
Ashford, Velma	4400 Clarkwood Parkway, Unit 225
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 an 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 awarded 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of persons recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:

Patrick J. Arcaro, Executive Director — 12/16/2024

Patrick J. Arcaro, Executive Director — Date

Presented by Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4002-S; funded by the Ashtabula County Senior Services Levy, which provides **Home Delivered Meals** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Ashtabula County Community Action Agency
4200 State Road
Ashtabula, OH 44005

Cost (include where funds are coming from):
$333,165.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
HOME DELIVERED MEALS

This Subgrant Agreement is entered into on the 1st day of **January 2025** 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, 2025,** through **December 31, 2025**.

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:

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

$8.65 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, phone number, 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 reasonably foreseeable torts which could cause injury or death.

27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the way 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 if 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

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

12/16/2024
Date

Signed by:

108DC7DC63F8423...

Alissa Holdson, Executive Director
Ashtabula County Community Action Agency

12/16/2024
Date

DocuSigned by:

3E6154CBF4DA44C...

Signed by:

72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:

8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0209
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

FISCAL OFFICER'S CERTIFICATE
5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $333,165.00 and free from any previous encumbrances.

Agreement Title: an agreement with **Ashtabula County Community Action Agency**

DocuSigned by:
181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/16/2024

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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: 440-990-1775 FAX: 440-998-0973

FEDERAL TAX I.D. NUMBER: 34-1059824

EXECUTIVE DIRECTOR/DIRECTOR: Alissa Holdson

PROGRAM COORDINATOR: Samantha Dragon EMAIL: sdragon@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 & 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: Alissa Holdson SIGNATURE: Alissa Holdson

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 7/30/2024

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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:

Samantha Dragon, 440-990-1719

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

Alissa Holdson, 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 for a buyout or sale? ___ Yes X No

The Applicant certifies that it will not enter 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 workplace? X Yes ___ No

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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

EXHIBIT I

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Appendix I
ACJFS RFP #5-25
Ashtabula County Senior Services Levy
Home Delivered Meals
Program Description

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Home Delivered Meals

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Ashtabula County Community Action Agency
Senior Services Levy – FY 2025 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 percent (90%) of seniors participating in the program have chosen the daily delivery schedule, seven percent (7%) have chosen to receive two or more deliveries per week and only three percent (3%) have chosen to receive a weekly delivery, those not receiving daily delivery are mostly due to medical treatment schedules. 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 we are continuing any post pandemic recommendations from the Ohio Department of Health and the Ashtabula County Health Department. Drivers are provided with hand sanitizer, and have access to facemasks, face shields, and gloves, for use as needed. We have discontinued the precautionary measure of waiving signature requirements; at the time of meal delivery the Drivers verify delivery or collect signatures. The requirements for in-person assessments are dependent upon the specific 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 $8.35 to $8.65 per meal for fiscal year 2024.

To ensure the efficient delivery of quality meals, client satisfaction is routinely monitored through informal and formal means. Informally, meal delivery drivers asks participants about the meals and how they liked it. These comments are documented and submitted to the Director of Senior and Community Services 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 Section 2.F. "Documents used for monitoring goals and outcomes" of this application.

2. According to the 2021 ACS 5 Year Estimates Data Profiles, population data shows that 20.3 percent of Ashtabula County's residents are age 65 and older. Of those, 11.4% are age 65-74 years, 5.6% are age 75-

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

84 years, and 2.3% are age 85 years 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 by 2025, more than 1 in 4 Ohioans will be age 60 and older. By 2030, Ohioans, ages 60 and older, will make up 26.3% of Ohio's total population. However, by 2030 in Ashtabula County the population age 60 and older is projected to be 29% of the total population. Moreover, the proportion of Ohio's total population, ages 85 and older, is projected to steadily increase from 2.2% in 2020 to 3.8% in 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 1/1/2023 – 12/31/2023.

Ashtabula County Community Action Agency
Home Delivered Meal Statistics

Service Area Township, Village or City	Ages 60 - 75				Ages 76+			
	Served in 2023		*Proposed 2025*		Served in 2023		*Proposed 2025*	
	Units	Unduplicated Clients	*Units*	*Unduplicated Clients*	Units	Unduplicated Clients	*Units*	*Unduplicated Clients*
Ashtabula City	3,821	30	*4,280*	*31*	5008	45	*5,624*	*47*
Ashtabula Township	823	5	*907*	*6*	1,372	9	*1,541*	*11*
Austinburg Township	0	0	*0*	*0*	258	8	*285*	*9*
Conneaut City	1,054	12	*1,172*	*12*	4,177	27	*4,682*	*29*
Denmark Township	22	1	*24*	*1*	259	1	*288*	*3*
Dorset	0	0	*0*	*0*	0	0	*0*	*0*
Geneva City	737	7	*815*	*9*	3,030	19	*3397*	*20*
Geneva-on-the-Lake	138	2	*296*	*2*	152	4	*168*	*5*
Geneva Township	444	2	*489*	*5*	1,208	15	*1,342*	*16*
Harpersfield Township	274	1	*274*	*2*	59	3	*66*	*3*
Jefferson Township	525	4	*581*	*5*	565	4	*628*	*4*
Jefferson Village	37	2	*41*	*2*	2,312	22	*2,569*	*24*
Kingsville Township	116	2	*122*	*2*	560	6	*628*	*7*

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Lenox Township	0	0	0	0	0	0	0	0
Monroe Township	0	0	0	0	1101	11	1227	13
Morgan Township	57	1	61	1	0	0	0	0
New Lyme	0	0	0	0	752	3	828	3
North Kingsville Township	0	0	0	0	1253	15	1399	16
Pierpont Township	0	0	0	0	256	1	285	1
Plymouth Township	193	2	214	2	405	7	428	7
Richmond Township	0	0	0	0	0	0	0	0
Rock Creek	0	0	0	0	22	1	28	1
Saybrook Township	918	9	1014	9	2400	23	2855	24
Sheffield Township	21	1	21	1	0	0	0	0
Trumbull Township	0	0	0	0	258	1	285	1
Totals	**9180**	**81**	**10,190**	**90**	**25,407**	**225**	**28,554**	**244**

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 further assessment of the need for meals is conducted. Additional needs that may require referrals to other programs and services are also identified. If the senior is not able to prepare his or her own meals regularly, 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 ACJFS 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 (CNP). 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, ACMC 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, Senior Care Network, Ashtabula County Housing Council, Ashtabula County Health Assessment Committee, START, Second Chance, Ashtabula County Public Health Advisory Team, Building Resiliency Together and the Broadband Taskforce.

The ACCAA Home Delivered Meal Program also participates in other community activities including 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. 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 recently re-organized with the following five program divisions: Housing & Energy Services, Head Start, Health & Nutrition Services, Youth Services, and Senior and Community Services. The Home Delivered Meals Program is now located in the Senior and Community Services Division. The Director of the Senior and Community Services division reports directly to the Agency Executive Director. Reporting to the Division Director is the Senior Nutrition Program Coordinator. Reporting to the Senior Nutrition Program Coordinator are the Customer Service Specialist (CSS), the CSS/Billing Clerk, and the Meal Delivery Drivers. Organizational charts are included as attachments.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

C. 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 Director of Senior and Community Services oversees the Senior Services Program Coordinator. 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 nine 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.

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

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

2. Upon hire, new agency staff members receive an orientation to the overall agency and their specific department and duties. They then 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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 or other offerings when available.

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. From January through June of this year (2024) we had 15 volunteers who worked a total of 1,735.25 hours.

ACCAA

Home Delivered Meals Five Year Funding Report

	2024		2023		2022		2021		2020	
Source	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate	Amount	Unit Rate
Area Agency on Aging	$ 212,988	$ 7.20	$ 167,993	$ 7.11	$ 205,994	$ 6.91	$ 176,790	$ 6.61	$ 214,713	$ 6.61
Passport	$ 90,000	$ 8.80	$ 80,000	$ 7.20	$ 85,000	$ 7.20	$ 125,000	$ 6.50	$ 125,000	$ 6.50
Ohio Home Care	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,900	$ 6.50	$ 1,670	$ 6.50
Senior Levy	$ 333,165	$ 8.65	$ 333,165	$ 8.35	$ 309,687	$ 8.10	$ 316,008	$ 7.92	$ 316,008	$ 7.92
Title XX	$ 25,950	$ 8.65	$ 25,050	$ 8.35	$ 23,170	$ 8.10	$ 16,056	$ 7.92	$ 16,056	$ 7.92

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

EXHIBIT II

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Applicant Budget
Summary

Applicant: Ashtabula County Community Action Agency - Home Delivered Meal	
Date From: 1/1/25	To: 12/31/25

	Amount	
I. Staff		
A. Salaries	$	90,192.69
B. Payroll-Related Expenses	$	18,100.31
Total Staff Costs	$	108,293.00
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	$	196,282.00
E. Other - Miscellaneous	$	5,725.00
Total Operational Costs	$	224,872.00
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		38,516.00
= Unit Rate	$	8.65

Unit Rate	$	8.65
X number of units purchased		38,516.00
= Total Contract Amount	$	333,165.00

Unit = 1 Meal

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 90,000.14	Annual	3.71%	$ 3,339.68
IT Manager	$ 74,866.17	Annual	2.99%	$ 2,240.00
Human Resource Manager	$ 65,000.00	Annual	3.20%	$ 2,080.00
Executive Assistant	$ 33,280.00	Annual	3.97%	$ 1,321.89
Director, Fiscal Services	$ 74,866.17	Annual	2.99%	$ 2,240.00
Accountant	$ 46,382.96	Annual	3.67%	$ 1,697.22
Receptionist	$ 29,120.00	Annual	1.53%	$ 445.54
Accounts Payable Specialist	$ 36,699.31	Annual	2.87%	$ 1,053.56
Director Sr. and Com. Services	$ 62,500.00	Annual	12.46%	$ 7,790.98
Customer Service Specialist	$ 31,200.00	Annual	37.34%	$ 11,651.16
CSS/Billing Assistant	$ 25,303.20	Annual	32.25%	$ 8,159.86
Senior Services Coordinator	$ 41,891.20	Annual	32.18%	$ 13,479.55
Custodian	$ 15,600.00	Annual	2.21%	$ 344.28
Food Deliverers (15)	$ 89,684.00	Annual	38.30%	$ 34,348.97
Total Salaries				$ 90,192.69

I. B. Payroll-Related Expenses

		Amount
PERS or Social Security		$ 6,951.20
Worker's Compensation		$ 1,400.81
Unemployment Insurance		$ 1,571.06
Retirement Expenses		$ 3,846.12
Hospitalization		$ 4,075.45
Other (*identify*)	Dental Insurance	$ 133.89
Other (*identify*)	Life Insurance	$ 121.78
Other (*identify*)		
Total Payroll-Related Expenses		$ 18,100.31

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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, Fac	$ 800.00
Gasoline/Maintenance 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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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

Identify Each Contract of Service	Amount
Meals	$ 193,734.00
Workers' Compensation Consultant	$ 115.00
Audit	$ 700.00
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	$ 196,282.00

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 - $212,988	
NISP (USDA) - $100,692	
State Block Grant Funding - $6,484	
Passport - $90,000	
TXX - $25,050	
Program Generated Income - $52,000	
Total Other Resources	$ -

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:24:42 AM**

This search produced the following list of **7** 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
Ashford, Velma	4400 Clarkwood Parkway, Unit 225
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 an 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 awarded 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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:
FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director

12/16/2024
Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4004-S; funded by the Ashtabula County Senior Services Levy, which provides **Chore** to Ashtabula County residents age 60 and older.

Name and Address of Provider(s):
Conneaut Human Resource Center
327 Mill Street
Conneaut, Ohio 44030

Cost (include where funds are coming from):
$1,672.20 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025** through **December 31, 2025**.

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: $1,672.20 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:

$27.87 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, phone number, 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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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

SIGNATURES:

DocuSigned by:
FB74060D0EAC4B8...
Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

12/16/2024
Date

DocuSigned by:
CFB7C9CD63194BB...
Ryan Tattrie, Executive Director
Conneaut Human Resource Center

12/17/2024
Date

DocuSigned by:
3E6154CBF4DA44C...

Signed by:
72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:
8CC3D2025A6D44F...
Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

FISCAL OFFICER'S CERTIFICATE
5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $1,672.20, and free from any previous encumbrances.

Agreement Title: an agreement with **Conneaut Human Resource Center**

DocuSigned by:
David Thomas
181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/17/2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

EXHIBIT I

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Conneaut Human Resources Center

Company Address: 327 Mill Street Conneaut, 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 501c(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

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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: 8/7/2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Appendix III
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Chore Services
Program Description

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Chore

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

CONNEAUT HUMAN RESOURCES COUNCIL INC.

CHORE SERVICES RFP#8-25

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, minor pest control, lawn mowing, minimal snow shoveling, changing light bulbs, fixing a broken board on the steps, maintaining smoke and CO detectors, minimal painting/patching, 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 appropriate equipment at this time. Arrangements are being made to provide snow plowing services for the first 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 to other services.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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 300 units of service for clients residing throughout the CHRC service area. The proposed unit rate is $29.00 per hour for a total cost of $8,700.00. 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, 2023. Total Units of Service during 2023 Ages 60+: 82 .

SERVICE AREA Township, City, Or Village	Units Provided & Unduplicated Clients AGE 60-75 2023	Proposed # of Units & Unduplicated Clients AGE 60-75 2025	Units Provided & Unduplicated Clients AGE 76 + 2023	Proposed # of Units & Unduplicated Clients AGE 76 + 2025
Conneaut	Units 00 Undup. 00	Units 00 Undup. 00	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 82 Undup. 15**	**Units 300 Undup. 55**	**Units 0 Undup. 0**	**Units 0 Undup. 0**

*Statistical Data for individual Categories is 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. Exceptions will be made for plow service snow removal and special circumstances. 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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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; 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; 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.

Conneaut Human Resources Center through their bylaws has a fifteen (15)-member board and currently the board is comprised of twelve (12) members. The Board of Directors meets the third Wednesday of every month. *List of Directors Attached*

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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

/rt2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

EXHIBIT II

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Applicant Budget
Summary

Applicant: Conneaut Human Resources Center	Chore Services
Date From: January 1, 2025	To: December 31, 2025

	Amount	
I. Staff		
A. Salaries	$	1,128.00
B. Payroll-Related Expenses	$	211.00
Total Staff Costs	$	1,339.00
II. Operations		
A. Travel and Short-Term Training	$	93.00
B. Consumable Supplies	$	-
C. Occupancy Costs	$	-
D. Contract and Professional Services	$	75.00
E. Other - Miscellaneous	$	639.00
Total Operational Costs	$	807.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	2,146.00
IV. Minus Other Program Resources	$	473.80
Total Program Costs	$	1,672.20

Budget Computation

Total Operating Expenses	$	1,672.20
Divided by Total Operating Units		60.00
= Unit Rate	$	27.87

Unit Rate	$	27.87
X number of units purchased		60.00
= Total Contract Amount	$	1,672.20

Unit = 1 hour

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Chore Service Person	$ 550.00	1 hr/week	100.00%	$ 550.00
Executive Director	$ 33,000.00	Annual	1.00%	$ 330.00
Finance Director	$ 13,821.00	15 hr/week	1.00%	$ 138.00
Receptionist	$ 11,000.00	26 hr/ week	1.00%	$ 110.00
Total Salaries				$ 1,128.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 70.00
Worker's Compensation	$ 125.00
Unemployment Insurance	
Retirement Expenses	
Hospitalization	
Other (*identify*) Medicare	$ 16.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 211.00

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.48	$ 93.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 93.00

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	$ -

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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
In Kind	$ 473.80
Total Other Resources	$ 473.80

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:28:26 AM**

This search produced the following list of **11** 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
Conners, Roger	3491 Hillside Avenue
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 an 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 awarded 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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00 a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-5200

DocuSigned by:

12/16/2024

Patrick J. Arcaro, Executive Director — Date

Presented by Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone: 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item **and Recommendation:**
Subgrant Agreement #25-4003-S; funded by the Ashtabula County Senior Services Levy, which provides **Chore** Services to Ashtabula County residents aged 60 and older.

Name and Address of **Provider(s):**
Ashtabula County Council on Aging
4148 Main Ave.
Ashtabula, Ohio 44004

Cost (include where funds **are coming from):**
$41,805.00 Ashtabula County Senior Services Levy

Term (beginning and **ending date, if applicable):**
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025,** through **December 31, 2025.**

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: **$41,805.00** 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:

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

$27.87 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, phone number, 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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-A[illegible]6B-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-A[illegible]6B-108F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-AF6E-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-AF6B-[illegible]8F-85A6-D8C0C1291898

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

SIGNATURES:

DocuSigned by:

[illegible]

B74060D0EAC4B8...

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

12/16/2024
Date

DocuSigned by:

Lisa Bruckman

7EFBF678D4004CD...

Lisa Bruckman, Executive Director
Ashtabula County Council on Aging

12/16/2024
Date

DocuSigned by:

Casey Kozlowski

3E6154CBF4DA44C...

Signed by:

Kathryn Whittington

72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:

[illegible]

8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

[illegible]

Colleen M. O'Toole
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-[illegible]N-0222
Reviewed by Matthew J. [illegible]ebebrand, Esq.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $41,805.00 and free from any previous encumbrances.

Agreement Title: An agreement with **Ashtabula County Council on Aging**

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/16/2024

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

EXHIBIT I

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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 8, 2024

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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

Docusign Envelope ID: 3A6C6EEB-AF6B-[illegible]F-85A6-D8C0C1291898

Appendix III
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Chore Services
Program Description

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

Chore

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 3A6C6EEB-AF6E-408F-85A6-D8C0C1291898

ACJFS RFP #8-25 Section 3 A – Program Planning and Development - Chore Services Program

Program description

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

Ohio minimum wage is expected to increase to $12.75 an hour on January 1, 2025, on top of utilities, postage, fuel, goods, services, IRS standard mileage rate of 67 cents a mile, and other operating costs; continue to rise; driving up overhead costs. In addition, finding and retaining quality employees at even fourteen or fifteen dollars an hour is virtually impossible. Ashtabula County Council on Aging, Inc. (ACCOA) is respectfully requesting your consideration of funding in the amount of $48,902.69 to provide 1750 units of service at a unit rate of $27.87 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 additional clients to mowing services and additional clients to the snow plowing services. 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,

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

- Lawn Care
  - Service will begin mid-May and continue through mid-October, service will be provided at least 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.
    - 2023 ACCOA serviced 29 lawn care clients and provided 735 units of service.
    - 2022 ACCOA serviced 27 lawn care clients and provided 654 units of service.
    - 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 two inches and will end in March.
    - 2023 ACCOA serviced 47 snow removal clients and provided 367 units of service.
    - 2022 ACCOA serviced 37 snow removal clients and provided 328 units of service.
    - 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).

Chore Services is not a home remodeling program, nor does it replace professional contracted work. It is a "fix it" 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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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

In 2023, Senior Levy funded 1,401 units for "Chore Services to ACCOA. 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.

Homes that lack safety options and modifications for an aging senior may present hazards for that senior. The 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.

In addition to the growing request for Chore Services, the clients requesting snow removal and mowing services increase each year. 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 vary 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.

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 their 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.

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 than 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.**

- *Prior Year 2023:* ACCOA provided approximately 1,401 units of service to 118 unduplicated clients between January 1, 2023, and December 31, 2023.

Docusign Envelope ID: 3A6C6EEB-AF6B-08F-85A6-D8C0C1291898

- *Proposed Year 2025:* If this funding request is awarded ACCOA proposes to provide 1,750 units of service to approximately 145 unduplicated clients during January 1, 2025, and December 31, 2025.

	Age 60 - 75				Age 76+			
	Units/Unduplicated				Units/Unduplicated			
	2023		2025		2023		2025	
Township	Units	Unduplicated	Units	Unduplicated	Units	Unduplicated	Units	Unduplicated
Andover	6	1	20	3	0	0	15	1
Ashtabula	377	32	350	26	299	29	350	26
Austinburg	6	1	20	3	4	1	15	2
Conneaut	45	7	60	7	9	2	15	2
Geneva	50	3	60	4	23	1	35	2
Jefferson	36	3	50	4	51	3	75	4
Kingsville	24	4	35	5	48	3	50	5
Morgan	5	1	15	3	0	0	15	1
Orwell	0	0	10	2	16	1	25	2
Plymouth	4	1	50	6	35	2	75	8
Rome	2	1	35	2	0	0	15	1
Saybrook	8	7	130	11	247	15	230	15
TOTAL	69	61	835	76	732	57	915	69

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 through 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

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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 a 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 2023/2024 $2,000.00 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 receives 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.

Docusign Envelope ID: 3A6C6EEB-AF6[illegible]408F-85A6-D8C0C1291898

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 or developing programs that lessen the effects of poverty and promote health and safety of the older community.

ACCOA accomplishes this by offering exceptional, innovative 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 assist older adults to 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, minor support can help seniors maintain independence in their own homes.

ACCOA's mission in two words is "aging positively."

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

EXHIBIT II

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

CHORE SERVICES
Applicant Budget Summary
ACJFS RFP #8-25

Applicant: Ashtabula County Council on Aging, Inc. CHORE	
Date From: January 1, 2025	**To:** December 31, 2025

	Amount
I. Staff	
A. Salaries	$ 37,633.02
B. Payroll-Related Expenses	$ 3,725.67
Total Staff Costs	$ 41,358.69
II. Operations	
A. Travel and Short-Term Training	$ 2,010.00
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	$ 7,410.00
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	$ 49,118.69
IV. Minus Other Program Resources	$ 350.00
Total Program Costs	$ 48,768.69

Budget Computation

Total Operating Expenses	$ 48,768.69
Divided by Total Operating Units	1,750.00
= Unit Rate	$ 27.87

Unit Rate	$ 27.87
X number of units purchased	1,500.00
= Total Contract Amount	$ 41,805.00

1 Unit = Example: 1 **hour**

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Handyman	$ 31,200.00	Annual	100.00%	$ 31,200.00
Director	$ 52,000.00	Annual	5.00%	$ 2,600.00
Fiscal Clerk	$ 33,425.60	Annual	4.00%	$ 1,337.02
Receptionist #1 & #2	$ 31,200.00	Annual	8.00%	$ 2,496.00
Total Salaries				$ 37,633.02

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 1,505.32
Worker's Compensation	$ 1,128.99
Unemployment Insurance	$ 1,091.36
Retirement Expenses	
Hospitalization	
Other (*identify*)	
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,725.67

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.67	$ 2,010.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 2,010.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 100.00
Cleaning Supplies	$ 100.00
Other *(Postage .73, 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

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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

Docusign Envelope ID: 3A6C6E[illegible]-AF6B-4081-85A6-D8C0C1291893

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 3A6C6EE3-AF6B-408F-85A6-D8C0C1291898

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

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:25:59 AM**

This search produced the following list of **7** 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
Ashford, Velma	4400 Clarkwood Parkway, Unit 225
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 an 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 awarded 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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-5300

DocuSigned by:

FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — 12/16/2024 Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone 994-1240.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4006-S; funded by the Ashtabula County Senior Services Levy, which provides **Independence & Wellness** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Conneaut Human Resource Center
327 Mill Street
Conneaut, Ohio 44030

Cost (include where funds are coming from):
$43,350.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the 1st day of **January 2025** 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, 2025** through **December 31, 2025**.

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: $43,350.00 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:

$25.50 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, phone number, 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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

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

12/16/2024
Date

DocuSigned by:

CFB7C9CD63194BB...

Ryan Tattrie, Executive Director
Conneaut Human Resource Center

12/17/2024
Date

DocuSigned by:

3E6154CBF4DA44C...

Signed by:

72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:

8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/14/24
Date

Matrix Matter No. 2024-CON-0210
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $43,350.00, and free from any previous encumbrances.

Agreement Title: an agreement with **Conneaut Human Resource Center** of Ashtabula County

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/17/2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

EXHIBIT I

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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: 8/7/2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Conneaut Human Resources Center

Company Address: 327 Mill Street Conneaut, 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 501c(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

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Appendix I
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Independence and Wellness for Seniors

Term: January 1, 2025 – December 31, 2025
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

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

CONNEAUT HUMAN RESOURCES COUNCIL, INC.

INDEPENDENCE AND WELLNESS RFP #8-25

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 is provided for all staff participants including volunteers.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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, 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, and stretching activities. 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 their services were added along with discussion with Conneaut Police Department on drug and scams 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 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. Seniors also win gift certificates to CHRC Bingo on Tuesday nights when they are the top winner in their daily bingo events.

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.

While the COVID-19 virus that has attacked the country and the world, affecting especially the elderly community we are still experiencing lower numbers of senior participation. 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 case 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. There are some seniors that after being away from the

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

center for a couple of years they have chosen to do other activities. We will continue and focus getting the seniors back in the program or figure out why they left and not returned.

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 increased to ensure program information is disseminated through local news media, newsletter, mailings and electronic media. CHRC proposes to provide 1,700 program hours per year at $25.50 /service unit for up to 200 clients totaling $63,900.00.

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, 2023. The total Units of Service provided during 2023 for Ages 60+: 1693 service hours.

Service Area Township, Village or City	Units of Service Unduplicated Clients Served 2023 AGE 60-75	Proposed Units of Service Unduplicated Clients 2025 AGE 60-75	Units of Service Unduplicated Clients Served 2023 AGE: 76+	Proposed Units of Service Unduplicated Clients 2025 AGE: 76+
Conneaut/Monroe	Units 1296 Clients 136	Units 1268 Clients 149	Units 304 Clients 37	Units 320 Clients 20
Kingsville & N. Kingsville	Units 55 Clients 10	Units 96 Clients 8	Units 0 Clients 0	Units 0 Clients 0
Ashtabula*	Units 38 Clients 10	Units 36 Clients 3	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 1389 Clients 156**	**Units 1800 Clients 160**	**Units 304 Clients 37**	**Units 320 Clients 40**

**Ashtabula Mailing Address*

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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 $20,132.00. Those funding amounts were received in the following years;

2019	3,132.00
2020	5,000.00
2021	4,000.00
2022	4,000.00
2023	4,000.00
Total	20,132.00

The funding from United Way over the past 5 years is reduced when looked at from the moving distributions of those 5 years. It fell this year by $4,765.00.

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 Greater Cleveland Food Bank. The Conneaut Human Resources Center houses the Conneaut Food and Emergency Assistance Program; Conneaut Health Department; Right Track for Kids (After School and Summer Program); Seniors Together

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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; 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 twelve (12) 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

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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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.

/rt2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

EXHIBIT II

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Applicant Budget
Summary

Applicant: Conneaut Human Resources Center	Srs. Independence & Wellness
Date From: January 1, 2025	To: December 31, 2025

	Amount	
I. Staff		
A. Salaries	$	28,732.00
B. Payroll-Related Expenses	$	2,430.00
Total Staff Costs	$	31,162.00
II. Operations		
A. Travel and Short-Term Training	$	-
B. Consumable Supplies	$	2,784.00
C. Occupancy Costs	$	7,378.00
D. Contract and Professional Services	$	3,526.00
E. Other - Miscellaneous	$	1,600.00
Total Operational Costs	$	15,288.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	1,100.00
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	1,100.00
Sub- Total of All Costs	$	47,550.00
IV. Minus Other Program Resources	$	4,200.00
Total Program Costs	$	43,350.00

Budget Computation

Total Operating Expenses	$	43,350.00
Divided by Total Operating Units		1,700.00
= Unit Rate	$	25.50

Unit Rate	$	25.50
X number of units purchased		1,700.00
= Total Contract Amount	$	43,350.00

Unit = 1 hour

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Senior Program Director	$ 14,200.00	25 hr/week	100.00%	$ 14,200.00
Executive Director	$ 33,000.00	Annual	15.00%	$ 4,950.00
Finance Director	$ 13,821.00	15 hr/week	10.00%	$ 1,382.00
Senior Program Assistant	$ 8,200.00	15 hr/week	100.00%	$ 8,200.00
Total Salaries				$ 28,732.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 1,781.00
Worker's Compensation	$ 232.00
Unemployment Insurance	
Retirement Expenses	
Hospitalization	
Other (*identify*) Medicare	$ 417.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 2,430.00

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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	$ 375.00
Cleaning Supplies	$ 159.00
Other *(identify)* Snacks, Program Supplies	$ 2,250.00
Other *(Identify)*	
Total Consumable Supplies	$ 2,784.00

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	$ 3,266.00
Utilities (if not included in rent) must be itemized	
Heat	$ 1,619.00
Electric	$ 1,672.00
Water	$ 341.00
Telephone	$ 480.00
Sewer	
Other *(identify)*	
Other *(identify)*	
Total Occupancy Costs	$ 7,378.00

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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

Identify Each Contract of Service	Amount
Copier Service	$ 686.00
Annual Zoom licensing fee	$ 500.00
Schedules Plus Software	$ 840.00
Great Wave Communication Support	$ 1,200.00
Advertising	$ 300.00
Total Contract & Services Costs	$ 3,526.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Liability Insurance	$ 1,600.00
Total Miscellaneous Costs	$ 1,600.00

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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

Item	Quantity	Amount
Chrome Books	2	$ 1,100.00
Total Small Equipment Purchases		$ 1,100.00

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
United Way, Donations, Fundraisers	$ 3,000.00
Contributions	$ 1,200.00
Total Other Resources	$ 4,200.00

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:28:26 AM**

This search produced the following list of **11** 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
Conners, Roger	3491 Hillside Avenue
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 an 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 awarded 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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-2300

DocuSigned by:

FB74060D0EAC4B8...

12/16/2024

Patrick J. Arcaro, Executive Director — Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4013-S; funded by the Ashtabula County Senior Services Levy, which provides **Homemaker** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Conneaut Human Resource Center
327 Mill Street
Conneaut, Ohio 44030

Cost (include where funds are coming from):
$48,875.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the 1st day of **January 2025** 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, 2025,** through **December 31, 2025**.

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: $48,875.00 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:

$28.75 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, phone number, 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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

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

12/16/2024
Date

DocuSigned by:

CFB7C9CD63194BB...

Ryan Tattrie, Executive Director
Conneaut Human Resource Center

12/17/2024
Date

DocuSigned by:

3E6154CBF4DA44C...

Signed by:

72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:

8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0219
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

FISCAL OFFICER'S CERTIFICATE
5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $48,875.00, and free from any previous encumbrances.

Agreement Title: an agreement with **Conneaut Human Resource Center** of Ashtabula County

DocuSigned by:
181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/17/2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

EXHIBIT I

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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: 8/7/2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Conneaut Human Resources Center

Company Address: 327 Mill Street Conneaut, 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 501c(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

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Appendix IV
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Homemaker
Program Description

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Homemaker Assistance for Seniors

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

CONNEAUT HUMAN RESOURCES COUNCIL, INC,

HOMEMAKER SERVICES RFP#8-25

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 staff member and the Director and the ongoing assessments will be discussed when needed. The needs assessments and plans may be developed by CHRC staff reviewed by the director and will be utilized to prepare the initial care plans and provide 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 2000 hours of homemaker services for approximately 95 unduplicated individuals. The proposed unit rate is $31.00 per hour for a total cost of $62,000.00 from the Senior Levy. Following is the Homemaker Statistical Data for January through December, 2023. Total Units served during 2023 Ages 60+: 1252.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

SERVICE AREA Township, City, Or Village	UNITS & UNDUPLICATED CLIENT AGE 60-75 2023	PROPOSED UNITS & UNDP. CLIENT AGE 60-75 2025	UNITS & UNDUPLICATED CLIENT UNITS AGE 76+ 2023	PROPOSED UNITS UNDP. CLIENT AGE 76+ 2025
Conneaut Monroe	Units 0000 Clients 00	Units 0000 Clients 000	Units 0 Clients 0	Units 0 Clients 0
N. Kingsville	Units 0 Clients 0	Units 0 Clients 0	Units 0 Clients 0	Units 0 Clients 0
Kingsville	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 1730.5 Clients 83	Units 2000 Clients 95	Units 0 Clients 0	Units 0 Clients 0

*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.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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 Greater Cleveland Food Bank. The Conneaut Human Resources Center houses the Conneaut Food and Emergency Assistance 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; WIC (Woman-Infants & Children); Ashtabula County Community Action Agency (Congregate Meal Site and HEAP/PIPP); Summer Food Program for Kids; Signature Health Counseling Services; Free Income Tax Filing Assistance.

Conneaut Human Resources Center through their bylaws has a fifteen (15)-member board and currently the board is comprised of twelve (12) 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 Homemaker Staff.

The Director is also responsible for billing, scheduling record-keeping, assignments, monitoring clients, and reporting statistical data in a confidential manner.

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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 for the Levy Board to review.

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/2024

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

EXHIBIT II

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Applicant Budget

Summary

Applicant: Conneaut Human Resources Center	Srs: HomeMaker Service
Date From: 01/01/2025	To: 12/31/2025

	Amount
I. Staff	
A. Salaries	$ 37,232.00
B. Payroll-Related Expenses	$ 3,081.00
Total Staff Costs	$ 40,313.00
II. Operations	
A. Travel and Short-Term Training	$ 3,200.00
B. Consumable Supplies	$ 374.00
C. Occupancy Costs	$ 4,800.00
D. Contract and Professional Services	$ 2,466.00
E. Other - Miscellaneous	$ 1,400.00
Total Operational Costs	$ 12,240.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 52,553.00
IV. Minus Other Program Resources	$ 3,678.00
Total Program Costs	$ 48,875.00

Budget Computation

Total Operating Expenses	$	48,875.00
Divided by Total Operating Units		1,700.00
= Unit Rate	$	28.75

Unit Rate	$	28.75
X number of units purchased		1,700.00
= Total Contract Amount	$	48,875.00

Unit = 1 mile

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
HomeMaker Person	$ 7,500.00	10/Wk	100.00%	$ 7,500.00
HomeMaker Person	$ 7,500.00	10/Wk	100.00%	$ 7,500.00
HomeMaker Person	$ 7,500.00	10/Wk	100.00%	$ 7,500.00
HomeMaker Person	$ 7,500.00	10/Wk	100.00%	$ 7,500.00
Executive Director	$ 33,000.00	Annual	15.00%	$ 4,650.00
Finance Director	$ 13,821.00	15/Wk	10.00%	$ 1,382.00
Receptionist	$ 12,000.00	25/Wk	10.00%	$ 1,200.00
Total Salaries				$ 37,232.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 2,308.00
Worker's Compensation	$ 233.00
Unemployment Insurance	
Retirement Expenses	
Hospitalization	
Other (*identify*) Medicare	$ 540.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,081.00

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.56	$ 3,200.00
Short-Term, Training	
Total Travel and Short-Term Training	$ 3,200.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	
Cleaning Supplies	
Other *(identify)* Gloves	$ 374.00
Other *(identify)*	
Total Consumable Supplies	$ 374.00

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

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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

Identify Each Contract of Service	Amount
Copier Services	$ 766.00
Greatwave Communications Support	$ 1,200.00
Schedules Plus	$ 200.00
Assessments	$ 300.00
Total Contract & Services Costs	$ 2,466.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Liability Insurance	$ 1,400.00
Total Miscellaneous Costs	$ 1,400.00

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

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
In Kind	$ 3,678.00
	$ -
Total Other Resources	$ 3,678.00

Docusign Envelope ID: 3700BA58-78B4-48CB-819A-F96B7E40D459

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:28:26 AM**

This search produced the following list of **11** 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
Conners, Roger	3491 Hillside Avenue
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 an 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 awarded 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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:
Patrick J. Arcaro
FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — 12/16/2024 Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone 994-1240.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4010-S; funded by the Ashtabula County Senior Services Levy, which provides **Independence & Wellness** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Ashtabula County Council on Aging
4632 Main Ave.
Ashtabula, OH 44004

Cost (include where funds are coming from):
$59,582.97 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025** through **December 31, 2025**.

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: **$59,582.97** 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:

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

$25.99 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, phone number, 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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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.

Docusign Envelope ID: 3A6C6EEB-AF6B-403F-85A6-D8C0C1291898

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

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

12/16/2024
Date

DocuSigned by:

Lisa Bruckman

7EFBF678D4004CD...

Lisa Bruckman, Executive Director
Ashtabula County Council on Aging

12/16/2024
Date

DocuSigned by:

Casey Kozlowski

3E6154CBF4DA44C...

Signed by:

Kathryn Whittington

72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:

8GC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/14/24
Date

Matrix Matter No. 2024-CON-0216
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

FISCAL OFFICER'S CERTIFICATE
5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $59,582.97 and free from any previous encumbrances.

Agreement Title: an agreement with **Ashtabula County Council on Aging**

DocuSigned by:
181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/16/2024

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

EXHIBIT I

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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 8, 2024

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

Appendix I
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

Independence and Wellness for Seniors

Term: January 1, 2025 – December 31, 2025
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

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

ACJFS RFP #8-25 Section 3 A - 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.

Ohio minimum wage is expected to increase to $12.75 an hour on January 1, 2025, on top of utilities, postage, fuel, goods, services, and other operating costs; continue to rise; driving up overhead costs. The rising gasoline prices make deliveries cost more, finding, and retaining quality employees at $14 or $15 dollars an hour is nearly impossible. All these rising costs burden a nonprofit. ACCOA is respectfully requesting your consideration of funding in the amount of $64,025.00 to provide 2,500 units of service at a unit rate of $25.99, to provide I&W programing 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 getting together with others with similar interests and participating 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:

- *Recreation and Fitness Activities:* ACCOA offers cards, crafts, puzzles, painting classes, bingo, ice cream socials, monthly birthday parties, and Wii Sports. Traditional activities like bingo and cards, blood pressure clinics, Grief Group will be joined by Nintendo Wii video game tournaments, investment clinics, and motorcycle clubs. As well as themed dances and courses that provide tips on how to improve memory.

  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 meet once or twice a week, an hour each session, providing social stimulation as well as physical benefits.

- *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.

  - New in 2024 *"Freezer Meals"* Once a week on ACCOA gives a presentation and prepares six recipes, making 12 budget-friendly freezer meals. Each freezer meal is

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

approximately three servings. The freezer meals are labeled with the date it was prepared, the recipe name and packaged in freezer bags. These easy and healthy meals are quickly assembled and can be frozen for months! While preparing the meals, information is provided about the benefits of various ingredients, what could be substituted for an ingredient if it is not liked or cannot be found, how to cook the meal and what could be served along with it. All in just one hour. Everyone who attends the class will get a copy of the recipes, shopping list and the opportunity to take home the meals prepared in class for a nominal fee. Ready-to-cook meals are important to help aging seniors maintain a healthy lifestyle. With a meal prepping strategy, seniors learn to prepare perfectly portioned "make ahead" meals, to be stored for later use in the fridge or freezer. They contribute to a healthy lifestyle by enabling controlled portion sizes, reducing dependance on processed foods, promoting balanced eating, and reducing meal preparation stress.

  - *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 with 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, annual rummage sale, Art Center events, expeditions zoos and museums, botanical gardens, metro parks, golf outings, cards, and sports tournaments, Happy Travelers Travel Club.

- *Services that improve the quality of life and encourage community involvement:* 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 Telephone Reassurance 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. Shuttle transportation to and from events not located at the Center, Computer classes, social media, grief group, bible study, breakfasts, and lunches; commodities box pickup.

- *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.

- *Programs which offer resources that enable education:* ACCOA will offer support groups, monthly educational seminars about living well, health care durable power of attorneys, seminars on downsizing and midlife issues, seminars on disease prevention, nutrition, and health promotion, 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.

- *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 travel opportunities, field trips and diverse and intellectually appealing activities at untraditional times to fit the schedules of boomers who are working well into their 60's. ACCOA's

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

vision is that younger and older seniors will coherently share the center, each finding something they enjoy.

- *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.
    - Expand 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 the need for community.
    - Extend Online Classes: ACCOA is now offering virtual videos for older adults over Facebook, Zoom and through 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.
- *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.

      ACCOA will continue to provide prescription drug assistance to help meet the needs of seniors who cannot afford their medications. They will help seniors' complete forms, and search for discounts and patient assistants' programs.
    - Assisting seniors who are Medicare Part D eligible with information to find suitable plans.

      ACCOA will also aid seniors who are Medicare Part D eligible with information to find suitable drug plans. ACCOA will also assist in scheduling appointments with Social Security representatives, estate, and tax planning professionals, and how to enroll in Medicare for the first time.

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).

In 2023, Senior Levy funded 2,377 units of service. While in the same time frame ACCOA provided 4,003 units of service to 545 unduplicated individuals and depleted Senior Levy funding in August 2023. This is evidence that 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. Aging is a privilege that ACCOA appreciates and for many, the programs offered by ACCOA and funded by the Senior Levy help them overcome depression, relieve loneliness, provide learning opportunities, and alleviate the negative health effects related to social isolation. Simply put, successful aging is more likely when individuals are actively engaged in their life.

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.

Social participation naturally decreases with age, but the effect of social participation becomes considerably more important as one gets older. Many older adults experience feelings of social isolation and have reduced interaction with people. This drastically influences their health and

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

increases the risk of loneliness and depression. As a result, social participation is regarded as the number one defining factor of healthy aging. ACCOA promotes independence by offering programs where seniors get a chance to socialize, indulge in activities, and take part in educational events. These activities provide confidence to the seniors and help them age with peace of mind.

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 pay 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.

Consistent socialization reduces the likelihood that seniors will experience 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.

3. Experience of applicant in administering the proposed service

ACCOA's mission is to change the way we age. It drives their strategy and is the basis for all their programs, so it is essential to understand what they mean by changing the way we age, and how we translate this into operational terms.

There are a lot of things wrong with how society deals with aging in America today. We underinvest in geriatricians and overinvest in nursing homes. We drive people out of the workforce when they still have the desire and capability to contribute. We have created an age-segregated society where older and younger people rarely socialize, collaborate, or create together. We are facing unprecedented growth in the proportion of our population that is old, yet we have failed to update or modernize our public policies or social practices to prepare for these changes or to care for the people who will, in increasing numbers, need our help.

After working with seniors for over 50 years, ACCOA has developed some distinct ideas about what is wrong with how we do "aging" today. Ours is not a universal point of view, and there are many worthy organizations helping seniors today who bring very different approaches to diagnosing this problem. But as with all meaningful work, ours begins with a particular vantage point. One that is rooted in grassroots activism, optimism about social change, and a faith in the potential of older people. It is a vantage point born from tens of thousands of hours of working side-by-side with seniors determined to learn, to grow, and to change themselves and the world around them.

Our culture is permeated by ageism, a pervasive and corrosive bias that often manifests in simply ignoring the presence and importance of older people. In a society that places little value on being old (aside from a nostalgic and somewhat condescending respect for "wisdom"), seniors have been

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

scrubbed from physical and social spaces. Many social settings—in commerce, fitness facilities, fashion, nightlife, popular music—are informally age-segregated and older adults are rarely or never visible. Unsurprisingly, seniors report feeling unwelcome and, when they do venture to contribute their voices, unheard. Even in social work and medicine, programs offering geriatric specializations and placements have been notably under-subscribed; today we face an increasing mismatch between the growing population of older adults and a shrinking workforce of people interested in working with them.

We live in an era of increasing lifespans, improving health and mobility for people over 60, and expanding possibilities for what older adults can create and produce. Yet, Americans continue to associate aging with decline, sickness, impairment, and dependency, and our cultural framework for aging remains mired in outdated stereotypes of seniors—caught in the image of the old lady eating cat food, or the slumped nursing home patient in a gown. To be sure, cognitive and physical decline often accompany aging, especially in the more advanced years, but aging is not about frailty or impairment. For many older adults, their older years are their best ones, and they are seizing their most valuable time on earth to fulfill themselves.

Unfortunately, we live in a culture where we treat the phrase "senior moment" as a harbinger of loss and inadequacy. This is what ACCOA means when they say that they want to change the way we age.

Ashtabula County Council on Aging, Inc has been in existence since 1973 and has been providing I & W as well as prescription assistance 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: *1 Unit of service = 1 hour of programing.*

- *Prior Year 2023:* ACCOA provided approximately 4,003 units of service to 545 unduplicated clients between January 1, 2023, and December 31, 2023.
- *Proposed year 2025:* If this funding request is awarded ACCOA proposes to provide 2,500 units of service to approximately 588 unduplicated clients during January 1, 2025, and December 31, 2025.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

	Age 60 - 75				Age 76+			
	Units/Unduplicated				Units/Unduplicated			
	2023		2025		2023		2025	
Township	Units	Unduplicated	Units	Unduplicated	Units	Unduplicated	Units	Unduplicated
Andover	3	1	4	2	0	0	5	2
Ashtabula	1181	143	1185	145	934	130	965	133
Austinburg	22	3	25	5	27	4	30	5
Cherry Valley	4	1	4	1	7	1	8	2
Conneaut	243	34	245	35	106	15	110	17
Dorset	11	2	15	3	17	3	19	4
Geneva	115	15	120	17	122	17	127	19
Jefferson	133	19	140	20	169	22	175	25
Kingsville	102	15	107	16	65	8	75	10
Monroe	13	2	13	2	5	1	6	2
Morgan	31	5	35	6	19	3	23	5
Orwell	5	1	5	1	0	0	6	2
Pierpont	25	3	25	5	7	1	9	2
Plymouth	61	11	70	15	21	3	25	5
Richmond	9	2	9	2	0	0	3	1
Rome	12	2	15	3	0	0	3	1
Saybrook	248	36	260	38	186	26	194	27
Sheffield	13	2	15	4	6	1	9	4
Williamsfield	4	1	4	1	0	0	2	1
Unidentified	47	7	0	0	30	5	0	0
TOTAL	2282	305	2296	321	1721	240	1794	267

5. Days and hours program is available.

Generally, the center is open Monday through Friday 8:30 am to 4:30 pm. The Independence and Wellness Program, with funds made available from this grant, will be scheduled Monday through 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 with 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.

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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 $10,500 for the "Senior Wellness" program from United Way for the funding period from July 1, 2024, through June 30, 2025.

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 organizations:

- Geneva Senior Center, Conneaut Human Resource Center, and Jefferson Senior Center, to collaborate programs in person and 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 Extension Agency who provides the speaker for varies nutritional programs,

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

EXHIBIT II

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

INDEPENDENCE & WELLNESS

Applicant Budget Summary

ACJFS RFP #8-25

Applicant: Ashtabula County Council on Aging, Inc.	
Date From: January 1, 2025	**To: December 31, 2025**

		Amount
I. Staff		
A. Salaries	$	102,642.12
B. Payroll-Related Expenses	$	19,858.98
Total Staff **Costs**	$	122,501.10
II. Operations		
A. Travel and Short-Term Training	$	3,000.00
B. Consumable Supplies	$	3,250.00
C. Occupancy Costs	$	14,950.00
D. Contract and Professional Services	$	4,200.00
E. Other - Miscellaneous	$	6,500.00
Total Operational **Costs**	$	31,900.00
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**	$	154,901.10
IV. Minus Other Program **Resources**	$	45,740.00
Total **Program Costs**	$	109,161.10

Budget Computation

Total Operating Expenses	$	109,161.10
Divided by Total Operating **Units**		4,200.00
= Unit Rate	$	25.99

Unit Rate	$25.99
X **number of units purchased**	2,292.53444
= Total Contract Amount	$59,582.97

1 Unit = 1 meal, 1 hour of **programing, 1 ride, 1 call**

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
PAS Coordinator	$ 3,861.00	Annual	94.00%	$ 3,629.34
Director	$ 52,000.00	Annual	15.00%	$ 7,800.00
Fiscal Clerk	$ 33,425.60	Annual	14.00%	$ 4,679.58
Custodian	$ 31,200.00	Annual	50.00%	$ 15,600.00
Telephone Reassurance Coord.	$ 15,600.00	Annual	67.95%	$ 10,600.20
Computer Tutor	$ 3,900.00	Annual	39.00%	$ 1,521.00
Receptionist 1 & 2	$ 31,200.00	Annual	61.00%	$ 19,032.00
Fitness Instructor	$ 15,600.00	Annual	75.00%	$ 11,700.00
Activities Coordinator	$ 31,200.00	Annual	90.00%	$ 28,080.00
Total Salaries				$ 102,642.12

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 5,132.11
Worker's Compensation	$ 4,105.68
Unemployment Insurance	$ 3,111.19
Retirement Expenses	$ 100.00
Hospitalization	$ 7,410.00
Other (*Medicare*)	
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 19,858.98

Docusign Envelope ID: 3A6C6EEB-AF6B-4 03F-85A6-D8C0C1291898

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ 0.65	$ 2,500.00
Short-Term, Training	$ 500.00
Total Travel and Short-**Term Training**	$ 3,000.00

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	$ 750.00
Other (Maintenance/janitorial, trash, snow removal)	$ 1,500.00
Other *(Fuel)*	$ 1,500.00
Total **Occupancy Costs**	$ 14,950.00

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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

Identify Each Contract of Service	Amount
SchedulePlus - program to document & record	$ 850.00
Westbend Insurance Services - Van Insurance	$ 1,000.00
Liability Insurance	$ 850.00
Copy Machine	$ 500.00
Technology	$ 500.00
Audit	$ 500.00
Total Contract & Services Costs	$ 4,200.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Refreshments for five holiday parties for total of 300 guest	$ 3,000.00
Puzzles, Playing Cards, Craft Supplies, Games	$ 1,500.00
Entertainment, Seminar Speakers	$ 1,500.00
Advertising	$ 250.00
Technology	$ 250.00
Total Miscellaneous Costs	$ 6,500.00

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

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	$ 2,000.00
United Way - Senior Wellness	$ 10,500.00
United Way - Freezer Meals	$ 3,850.00
Direction Home of Eastern Ohio - Telephone Reasurance	$ 5,000.00
Fundraising	$ 12,000.00
Direction Home of Eastern Ohio - Supportive Services	$ 12,390.00
Total Other Resources	$ 45,740.00

Docusign Envelope ID: 3A6C6EEB-AF6B-408F-85A6-D8C0C1291898

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:25:59 AM**

This search produced the following list of 7 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
Ashford, Velma	4400 Clarkwood Parkway, Unit 225
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 an 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 awarded 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1800

DocuSigned by:

FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — 12/16/2024 Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone 994-1240.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4009-S; funded by the Ashtabula County Senior Services Levy, which provides **Independence & Wellness** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Ashtabula County Community Action Agency
4200 State Road, Ashtabula, Ohio 44004
Ashtabula, OH 44005

Cost (include where funds are coming from):
$5,500.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025,** through **December 31, 2025**.

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:

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

$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, phone number, 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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

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

12/16/2024
Date

Signed by:

108DC7DC63F8423...

Alissa Holdson, Executive Director
Ashtabula County Community Action Agency

12/16/2024
Date

DocuSigned by:

3E6154CBF4DA44C...

Signed by:

72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:

8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0215
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $5,500.00 and free from any previous encumbrances.

Agreement Title: an agreement with **Ashtabula County Community Action Agency**

DocuSigned by:

181F4CE35A0C459...

David Thomas
Ashtabula County Auditor

Date: 12/16/2024

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

EXHIBIT I

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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: 440-997-6005 FAX: 440-997-6162

FEDERAL TAX I.D. NUMBER: 34-1059824

EXECUTIVE DIRECTOR/DIRECTOR: Alissa Holdson

PROGRAM COORDINATOR: Samantha Dragon EMAIL: sdragon@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: Alissa Holdson SIGNATURE: Alissa Holdson

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: 7/30/2024

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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:

Samantha Dragon, 440-990-1719

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

Alissa Holdson, 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 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 workplace? _X_ Yes ___ No

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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Appendix I
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Independence and Wellness for Seniors

Term: January 1, 2025 – December 31, 2025
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

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 Community Resource Specialist (CRS) will explain the situation and why the Senior is being connected to them. Once a successful transition is underway, the 2-1-1 CRS 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, etc.)

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

- 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. Two years ago, 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 staff.

Once they make that call, our 2-1-1 staff are 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, over a third of all calls in 2023 were from are callers age 60 or older. 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 Community Resource Specialists have been assisting some customers/clients regularly throughout the years as they experience new needs and they have developed trust in our service. 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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 Inform USA (formerly AIRS). This accreditation is similar to the ISO 9000 certification in industry and includes adherence to twenty-seven (27) Inform USA Standards and Quality Indicators for Professional Information and Referral. Reaccreditation is required every five (5) years. 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

4. Program Statistics

The following chart contains statistics for our Enhanced Information and Referral for Seniors program year January 1, 2023 to December 31, 2023, and the projected service levels Community Action is proposing for 2024. This only represents units "billable" as a Senior Levy Service.

Ashtabula County Community Action Agency
Enhanced Information and Referral for Seniors
January 1, 2023 - December 31, 2023

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	9	1	10	1	10	1	11	1
Ashtabula	276	33	304	36	73	10	80	11
Austinburg Township	0	0	0	0	7	1	8	1
Cherry Valley Township	0	0	0	0	0	0	0	0
Colebrook Township	0	0	0	0	0	0	0	0
Conneaut	47	5	52	6	55	7	61	8
Denmark Township	0	0	0	0	0	0	0	0
Dorset Township	5	1	6	1	11	1	12	1
Geneva	50	5	55	6	56	5	62	6
Harpersfield Township	0	0	0	0	0	0	0	0
Hartsgrove Township	0	0	0	0	0	0	0	0
Jefferson Township	63	6	69	7	18	2	20	2
Kingsville Township	25	2	28	2	2	1	2	1
Lenox Township	0	0	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 Townshi	6	1	7	1	0	0	0	0
Orwell Township	24	2	27	2	0	0	0	0
Pierpont Township	6	1	7	1	2	1	2	1
Plymouth Township	0	0	0	0	0	0	0	0
Richmond Township	0	0	0	0	0	0	0	0
Rome Township	0	0	0	0	0	0	0	0
Saybrook Township	21	2	23	2	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	12	1	13	1	0	0	0	0
Windsor Township	0	0	0	0	0	0	0	0
Totals	544	61	601	66	234	29	258	32

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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:

2019	$5,500	$9.29/unit	2020	$5,500	$9.29/unit	2021	$5,390	$9.29/unit
2022	$5,500	$9.29/unit	2023	$5,500	$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. Annually we undertake a comprehensive update of all services in the database, a requirement of our Inform USA Accreditation. We also contact community organizations and partners directly on an as needed basis to ensure we had the very most current information, understanding that programs can change from day-to-day. 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.

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. We are also part of many social and human service groups, coalitions, and meetings. We network to link not only customers in need, but to connect other organizations or entities that

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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., governmental offices, local churches, food pantries, 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. 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) exemption 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, Youth Services, and Community and Senior Services, the department that oversees the Enhanced Information & Referral for Seniors. Through these various departments, individuals and families across the age spectrum are provided nutrition and health services for pregnant women, infants, and children,

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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, 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.

C. 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 Senior and Community Services, and Program Services Coordinator. The Director of Senior and Community services has general oversight of the administrative and direct service aspects of the program. The Coordinator provides support to the Director and assists with coordination for the 2-1-1 Ashtabula County, the Enhanced Information and Referral for Seniors, and other Community Services 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. The 2-1-1 Community Resource Specialists are the heart of our operation and they take all inquiries 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 Program Services Coordinator 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.

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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. Staff 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" which is the extensive training manual provided by the national association- Inform USA (formerly AIRS). The manual takes them through 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 staff are eligible they obtain their Certified Community Resource Specialist (CRS) certification through the national association, Inform USA. 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. Addition information regarding training requirements can be found in Section 2(G) – Employee Training Program Description.

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				
		FY2023	FY2022	FY2021	FY2020	FY2019
AAoA HOME REPAIR PROGRAM	January - December	$ -	$ 30,972	$ 2,634	$ 16,986	$ 13,028
CACFP	October - September	$ 94,290	$ 159,924	$ 175,225	$ 161,537	$ 155,967
COMMUNITY SERVICES BLOCK GRANT	January - December	$ 413,708	$ 279,007	$ 360,306	$ 291,942	$ 243,810
EMERGENCY FOOD AND SHELTER PROGRAM	January - December	$ 9,819	$ 5,547	$ 12,366	$ 3,752	$ 2,858
H.E.A.P/Operations	September - August	$ 367,632	$ 371,545	$ 335,117	$ 183,300	$ 286,945
H.E.A.P/Summer Crisis	June - August	$ 259,766	$ 173,959	$ 123,260	$ 75,174	$ 70,927
H.E.A.P/Winter Crisis	November - March	$ 397,841	$ 495,793	$ 374,030	$ 735,892	$ 602,507
HEAD START - Federal	April - March	$ 4,409,456	$ 3,643,943	$ 3,873,659	$ 3,551,151	$ 3,557,923
HWAP - ASHTABULA/GEAUGA (H.H.S.)	April - March	$ 1,441,420	$ 1,298,292	$ 583,180	$ 759,057	$ 473,104
HWAP - ASHTABULA/GEAUGA (D.O.E.)	April - March	$ 450,306	$ 500,803	$ 501,091	$ 440,972	$ 454,108
MIECHV	October - September	$ -	$ 123,218	$ 205,624	$ 190,150	$ 197,903
SENIOR NUTRITION PROGRAM - AAOA/Passport/OHC	January - December	$ 505,778	$ 550,898	$ 421,028	$ 346,449	$ 344,089
TANF	April - March	$ 71,558	$ 32,241	$ 20,688	$ 33,397	$ 26,553
I&R	July - June	$ 14,000	$ 13,361	$ 11,668	$ 5,184	NA
WOMEN, INFANTS & CHILDREN	October - September	$ 767,337	$ 631,822	$ 648,702	$ 665,020	$ 616,809
COMMUNITY DEVELOPMENT BLOCK GRANT	January - December	$ -	$ 368,044	$ 28,002	NA	NA
CONONAVIRUS RELIEF FUND/HOME RELIEF GRANT	March - December	$ 2,364,128	$ 2,186,606	$ 650,009	NA	NA

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

EXHIBIT II

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Applicant Budget
Summary

Applicant: ACCAA - Enhanced Senior Information and Referral	
Date From: 1/1/25	To: 12/31/2025

	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 = 1 mile

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Community Resource Specialist 1	$ 29,120.00	40	6.25%	$ 1,820.00
Community Resource Specialist 2	$ 24,128.00	32	6.03%	$ 1,456.00
Program Services Coordinator	$ 37,440.00	40	2.83%	$ 1,061.00
Program Services Specialist	$ 34,320.00	40	1.15%	$ 395.00
Dir. of Sr. and Com. Services	$ 62,500.00	40	0.47%	$ 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*)	$ 10.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 473.00

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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	$ -

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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. 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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

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	$ -

Docusign Envelope ID: 04370BC5-9D30-4F26-85F4-88C69A3A8AFF

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:24:42 AM**

This search produced the following list of **7** 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
Ashford, Velma	4400 Clarkwood Parkway, Unit 225
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 an 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 awarded 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.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1300

DocuSigned by:
FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — 12/16/2024 Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone 994-1240.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4008-S; funded by the Ashtabula County Senior Services Levy, which provides **Independence & Wellness** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Geneva Area Senior Corporation
62 West Main Street
Geneva, OH 44041

Cost (include where funds are coming from):
$40,719.25 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025,** through **December 31, 2025**.

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: $40,719.25 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:

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

$23.00 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, phone number, 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.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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

SIGNATURES:

DocuSigned by:
FB74060D0EAC4B8...

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

12/16/2024
Date

Signed by:
E57A5B5A765F4F5...

Carolyn Holden, Director
Geneva Area Seniors Corporation

12/17/2024
Date

DocuSigned by:
3E6154CBF4DA44C...

Signed by:
72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:
8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0214
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $40,719.25 and free from any previous encumbrances.

Agreement Title: an agreement with **Geneva Area Seniors Corporation** of Ashtabula County

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/17/2024

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

EXHIBIT I

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

Applicant Information

AGENCY / ORGANIZATION NAME: Geneva Area Senior Corporation

ADDRESS: 62 West Main Street Geneva, OH 44041

PHONE: (440) 466-3048 FAX: (440) 466-3049

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 16-1629941

EXECUTIVE DIRECTOR/DIRECTOR: Carolyn Holden

PROGRAM COORDINATOR: Michaeline Federico EMAIL: genevaseniorcenter@windstream.net

FISCAL CONTACT: Heather Williams EMAIL: hwilms@demshareatoncpa.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: Guinevere Copeland SIGNATURE: _____

(Note: original signature must be in blue ink)

TITLE: President DATE: 8-7-24

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Geneva Area Senior Corporation

Company Address: 62 West Main Street Geneva, OH 44041

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:

Guinevere Copeland (440) 346-5108

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

Guinevere Copeland (440) 346-5108

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

Date of establishment/incorporation: February 6, 2001

Federal Employer Identification Number (FEIN): 16-1629941

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 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 workplace? X Yes ___ No

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

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

Appendix I
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

Independence and Wellness for Seniors

Term: January 1, 2025 – December 31, 2025
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

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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 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 6 to 7 per year with an average attendance of about 25 people.
   b. **Events** – Monthly Lunch Bunch, Senior Center Craft Show, Monthly Birthday Celebrations, Ashtabula County Senior Prom, Holiday Parties, Bus Trips.
   c. **Games** - Pool, Pinochle, Poker, Miniature Golf, Board Games, Bingo, and Puzzles.
   d. **Entertainment** - Karaoke, Reading Materials, Socialization.
   e. **Education & Health** - Health Forums, Medicare 101 Class, SCAM Seminar, blood sugar testing, blood pressure testing, A Matter Of Balance Program, Gentle Chair Yoga, and Commodity Supplemental Food Program.
   f. **Classes** - Painting, Ceramics, Wreath Making Class.
   g. **Services Offered** - Free transportation to and from any place within the Geneva Area School District, Smoke Alarms, Buckeye Card, Assist with Safe Link Phone and Affordable Connectivity Program, Prescription Assistance, Medical Equipment Lending, Power of Attorney, Living Wills, ACTS Transportation Card, Copying and Faxing, help with HEAP and other Applications and Wellness Checks.
   h. **Referrals** - Adult Protective Services, Community Action, Job and Family Services, Geneva Food Pantry, Catholic Charities, Legal Aid, 211 Ashtabula County, ACTS Transportation, University Hospital of Geneva, The Ashtabula County Health Department, The VFW, FOE, Vantage Aging, Geneva Clothing Bank and many others.

2. The Geneva Area Senior Corporation can provide the services or offer helpful information to our Seniors, their Relatives or Caregivers. The Geneva area has a lot to offer our Seniors and they can benefit from all our resources we have available by joining the Senior Center and getting involved in our community.
3. The Geneva Area Senior Corporation has been operating since 2001. The center is adding new programs and trying to expand our services to satisfy our clients' needs.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

4. Charted below are the statistics regarding prior year and projected performance.year.

Service Area Geneva Area School District & Ashtabula County	Unduplicated **60-64**	Unduplicated **65-74**	Unduplicated **75-84**	Unduplicated **85+**	Unknown age	Unduplicated & Units Total
Number Served 1/1/23 – 12/31/23	22	137	160	101	4	424 Units 2719
Projected # 1/1/25 – 12/31/25	20	112	134	42	0	308 Units 3037

5. The Geneva Area Senior Corporation is open Monday – Friday 9:00AM – 2:00PM with some occasional outside hours for special events and certain activities.
6. Client Intake
   a. The Geneva Area Senior Corporation receives new clients from phone calls inquiring about our services and requesting our help, through social media and by referrals from family, friends, local and county organizations.
   b. When a new senior arrives, we give them a tour of our facility, and inform them of our activities and services we offer. We introduce them to our 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. The Geneva Area Senior Corporation receives funding by the Ashtabula County Senior Services Levy through the Ashtabula County Department of Job and Family Services at a unit rate of $23.00/hour. All other funding is through donations with no restrictions.
8. The Geneva Area Senior Corporation collaborates/coordinates with all the other Senior Centers in Ashtabula County and the **Referrals** listed in Section 3 A.1.h. These agencies often refer seniors to us and by collaborating we can provide health, independence, wellness, and happiness for seniors.
9. The Geneva Area Senior Corporations vision is to continue providing information, support, and education to our seniors. We strive for our seniors to maintain their independence by assisting them with transportation and other services when needed. Our organization is helping our seniors because we care.

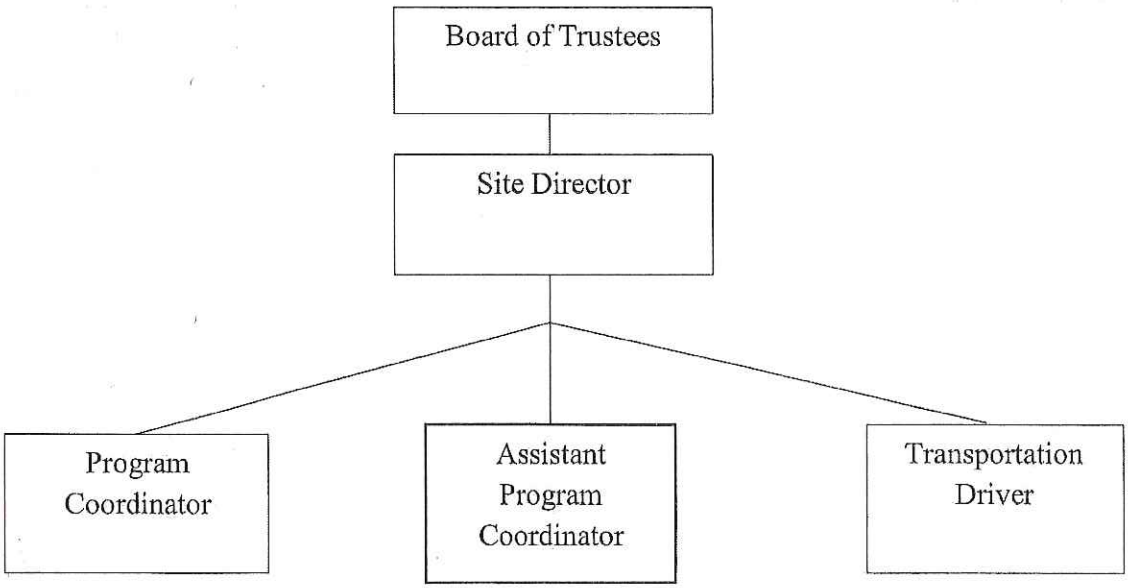
Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

C. Organizational structure

1. The Geneva Seniors Corporation was incorporated in the State of Ohio, February 6, 2001. The name was changed to Geneva Area Senior Corporation on March 15, 2004. The main source of funding is from the Ashtabula County Senior Services Levy. The following page indicates our new organizational chart. This page also includes the names of our current Board of Trustee.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

Geneva Area Seniors Corporation
Organizational Chart



Board of Trustees

Guinevere Copeland – President

Ronald Colby – Vice President

Pastor Johnathan Schroeder – Treasurer

Janie Spade – Secretary

Tonia Varckette – Trustee

Philip Cordova – Trustee

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

D. Provider/Staff Structure

1. As stated in C. Organizational structure the Site Director, Program Coordinator, Assistant Program Coordinator and Transportation Driver form the organizational structure in the Independence and Wellness Program. Outlined in the following job descriptions, these positions fulfill the requirements to perform the proposed services. The budget for these employees is covered in Section 4. The following pages address the job descriptions.
2. Training requirements are included in the job descriptions and in Section 2 G.
3. Volunteers are utilized in areas of housekeeping, preparing snacks, socializing with our seniors and assisting in the events we provide. We currently have 5 different seniors who volunteer an estimated 500 hours of service per year.

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

EXHIBIT II

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

Applicant Budget Summary

Applicant: Geneva Area Senior Corporation	
Date From: 1/1/2025	**To:** 12/31/2025

	Amount	
I. Staff		
A. Salaries	$ 34,684	-
B. Payroll-Related Expenses	$ 7,308	-
Total Staff Costs	$ 41,992	-
II. Operations		
A. Travel and Short-Term Training	$ 518	-
B. Consumable Supplies	$ 522	-
C. Occupancy Costs	$ 6,000	-
D. Contract and Professional Services	$ 9,600	-
E. Other - Miscellaneous	$ 9,006	-
Total Operational Costs	$ 25,646	-
III. Equipment		
A. Equipment Depreciation	$ 0	-
B. Small Equipment Purchases	$ 0	-
C. Leased and Rented Equipment	$ 1,600	-
Total Equipment Costs	$ 1,600	-
Sub- Total of All Costs	$ 69,238	-
IV. Minus Other Program Resources	$	-
Total Program Costs	$ 69,238	-

Budget Computation

Total Operating Expenses	$ 69,238	-
Divided by Total Operating Units	$ 3037	-
= Unit Rate	$ 23	-

Unit Rate	$ 23	-
X number of units purchased	1770	
= Total Contract Amount	$ 40719.25	-

Unit = 1 hour

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Site Director	16,900	year	80%	13,520.00
Program Coordinator	14,300	year	80%	11,440.00
Assistant Program Coordinator	8,580	year	80%	6,864.00
Transportation Driver	14,300	year	20%	2,860.00
Total Salaries				$ 34,684.00 -

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	3650.00
Worker's Compensation	780.00
Unemployment Insurance	225.00
Retirement Expenses	
Hospitalization	
Other (*identify*) Employer Medicare	503.00
Other (*identify*) Employer Social Security	2150.00
Other (*identify*)	
Total Payroll-Related Expenses	$ 7308.00 -

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: $ -	418.00
Short-Term, Training	100.00
Total Travel and Short-Term Training	$ 518.00 -

II. B. Consumable Supplies

Type	Amount
Office Supplies	522.00
Cleaning Supplies	
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ 522.00 -

II. C. Occupancy Costs

	Amount
	6000.00
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of $500.00 per 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	$ 6000.00 -

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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

Identify Each Contract of Service	Amount
Demshareaton CPA	1700.00
Crawford Insurance	6550.00
XAVUS Solutions My Senior Center Software/Adobe	1350.00
Total Contract & Services Costs	$ 9600.00 -

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Entertainment/Speakers	1628.00
Program/Party Supplies	2828.00
Equipment and Supplies	4550.00
Total Miscellaneous Costs	$ 9006.00 -

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

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

Item	Quantity	Amount
Total Small Equipment Purchases		$ 0 -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Konica Minolta Copier Lease	1	1600.00
Total Leased and Rented Equipment		$ 1600.00 -

IV. Other Program Resources

Source	Amount
Total Other Resources	$ 0 -

Docusign Envelope ID: DB544406-8A5D-48E6-A78C-A7932001D996

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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 Senior Corporation**
Date: **12/3/2024 11:30:12 AM**

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 an 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 awarded 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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:
FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — 12/16/2024 Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work Session Date:
December 3, 2024

Proposed Agenda Date:
November 26, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4011-S; funded by the Ashtabula County Senior Services Levy, which provides Guardianship and Payeeship to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Catholic Charities of Ashtabula County
4200 Park Avenue, Third Floor
Ashtabula, Ohio 44004

Cost (include where funds are coming from):
$56,868.32 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
SENIOR PROTECTIVE SERVICES

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025,** through **December 31, 2025**.

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:

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

$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, phone number, 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

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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

SIGNATURES:

DocuSigned by:
FB74060D0EAC4B8...

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

12/16/2024
Date

DocuSigned by:
Jill Valentic
486877807A834C6...

Jill Valentic, Executive Director
Catholic Charities of Ashtabula County

12/17/2024
Date

DocuSigned by:
Casey Kozlowski
3E6154CBF4DA44C...

Signed by:
Kathryn Whittington
72C9CAC40E3D4A8...

12/17/2024
Date

DocuSigned by:
8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $56,868.32, and free from any previous encumbrances.

Agreement Title: an agreement with **Catholic Charities of Ashtabula County**

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/17/2024

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

EXHIBIT I

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Appendix II
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Senior Protective Services
Program Description

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Adult Protective Services

Term: January 1, 2025 – December 31, 2025
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

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

ATTACHMENT A
SENIOR SERVICES PROGRAM
APPLICANT INFORMATION

AGENCY / ORGANIZATION NAME: Catholic Charites of Ashtabula County – Payeeship

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: Jennifer Brockway EMAIL: jenniferb@doyccac.org

FISCAL CONTACT: James 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: 8/1/24

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

ATTACHMENT A
SENIOR SERVICES PROGRAM
APPLICANT INFORMATION

AGENCY / ORGANIZATION NAME: Catholic Charites of Ashtabula County - Guardianship

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: Kristin Cellini EMAIL: kristinc@doyccac.org

FISCAL CONTACT: James 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: 8/1/24

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Section 3
Program Planning and Development

A. Program description - Guardianship

1. Proposed service

The Guardianship Program of Catholic Charities of Ashtabula County is the only program in Ashtabula County providing Guardian of Person (GOP) services to vulnerable, frail community members age 60 and over as well as adults with severe and persistent mental illness under the age of 60. The program's clients typically suffer from forms of dementia, brain trauma, or mental health issues so severe they are unable to speak on their own behalf or have been a victim of abuse, exploitation, or neglect.

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. The Guardianship program serve as Guardians of Person for Ashtabula County residents. The program referrals generally come from Adult Protective Services (APS), nursing homes, social service agencies, mental health agencies, hospitals, and community members. Challenging 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.

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.

The process for guardianship includes several steps starting with a staff assessment for the client's program eligibility, followed by seeking the right guardian match for the client (staff or volunteer), and contacting a volunteer attorney for representation on the case. The guardianship appointment is ordered under the Ashtabula County Probate Court Judge, Honorable Judge Albert Camplese along with Magistrate Richard Dana and the support of Probate Court Administration. This order creates a legal relationship between the GOP and the ward. The GOP is legally responsible to make medical, mental health, and housing decisions that are in the best interest of the ward. The appointment of a Guardian of Person insures physical safety, improved or better-maintained health, and enhances the client's quality of life. Local attorneys support the program by volunteering their time pro-bono filing Guardianship legal paperwork with the Ashtabula County Probate Court.

CCAC provides two guardianship services: (1) Guardian of Person, consisting of a staff guardianship caseworker or volunteer ward match; and/or (2) Guardian of Estate which is coordinated by a staff caseworker under the Agency name. Majority of guardianship are Guardianship of Person. All applications for guardianship are prepared by Catholic Charities staff and filed by a program volunteer attorney. Volunteer guardians are not involved with Guardianships of Estate.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Challenging guardianship cases that involve complicated family dynamics and/or legal issues are facilitated by staff guardianship caseworkers, as these cases may be time-intensive and complex for a volunteer's involvement. Catholic Charities of Ashtabula County ensures the proper administration of guardianship cases facilitated by the program.

The Guardianship Program has been known to 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.

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 role of 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.

Guardianship Volunteers of the program

Volunteers Guardians are utilized in the program to become legal guardians of person through the Ashtabula County Probate Court. Volunteer Guardians are trained and monitored by the Guardianship Program Manager 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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

2. Need

In 2019, Governor Mike DeWine issued a resolution noting that by 2030 Ohioans age 60 and older will make up more than a quarter of the population in 81 Ohio counties (2019, jfs.ohio.gov). According to the Ashtabula County 2022 Community Health needs Assessment, 19.8% of the population is age 65 and older, versus the state average of 17.5%.

In Ohio from July 1, 2021 through June 30, 2022 Ohio Adult Protective Service Agencies received 37,714 reports of abuse, neglect, and exploitation for adults 60 and over. (ODJFS APS Data Fact Sheet for SFY 2022) Of that number 5,823 were referrals reporting of abuse cases comprising of emotional, physical or sexual abuse and 20,017 were reporting referrals of self-neglect and neglect by others. Ashtabula County Adult Protective Services received 351 reports of alleged abuse, neglect, or exploitation in SFY 2023.

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.

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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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 500 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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

4. Units of Service and number of unduplicated clients

Guardianship units of service under SSL based on funding allocated:

Period of time	Units of service	Number of Clients
2022 actual	323	100
2024 projected**	323	115

Service Area	Unduplicated clients 2022 age 60-75	Unduplicated clients projected 2024 age 60-75	Unduplicated clients 2022 age 76 +	Unduplicated clients projected 2024 age 76 +
Andover	0	0	2	1
Ashtabula	32	35	17	20
Austinburg	3	1	3	1
Conneaut	2	7	3	3
Geneva	10	12	2	5
Jefferson	4	7	7	5
Kingsville	1	4	4	8
Orwell	1	0	0	2
Other **	6**	4	2**	0
TOTAL				
	60	**70**	**40**	**45**

** Some guardianships are in specialized nursing homes outside of the county. Those residents are from Ashtabula County. Those facilities are temporary with the goal to be placed back into a facility in Ashtabula County that can handle the wards level of care.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

5. Days and hours program is available

   Catholic Charities of Ashtabula County has office hours on Monday through Friday from 8:00 am – 4:00 pm. Employees and volunteer guardians in the program are available to receive telephone calls regarding their wards 24 hours/day – 7 days/week. Guardianship Program Manager 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 Guardianship Program Manager 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

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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 Guardianship Program Manager 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 Guardianship Program Manager will advise the Executive Director of any assessments not completed within a 30-day time period. The Guardianship Program Manager will advise the Executive Director of a plan and timeline as to when the overdue assessments will be completed. The Guardianship Program Manager will contact the referral source to advise the timeline as to when an assessment will be conducted.

Once the assessment is completed, the Guardianship Program Manager 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 Guardianship Program Manager 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 Guardianship Program Manager 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 Guardianship Program Manager or Guardianship Caseworker will start the guardianship application process and coordinate a volunteer attorney to represent and file the guardianship application.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

As part of the application process with a volunteer, the Guardianship Program Manager 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 Guardianship Program Manager will ensure that the volunteer guardian 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 Guardianship Program Manager 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 Guardianship Program Manager 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 Guardianship Program Manager monitors the information contained within the monthly contact reports and provides feedback and visitation as necessary. The Guardianship Program Manager will also try to make a visitation to every ward annually. The Guardianship Program Manager and the Guardianship

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Caseworker are available to all volunteer guardians to discuss any guardianship issues, attend meetings with healthcare providers, support in emergency situations and provide support with end of life situations. The Guardianship Program Manager 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 Guardianship Program Manager 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	2018	2019	2020	2021	2022	2023	Unit Rate
Catholic Charities	23,177	28,240	45,000	$32,702	$31,805	$31,805	N/A
Probate Court	10,000	0	9,000	$9,000	$9,000	$9,000	N/A
Senior Levy	33,637	29,767	$35,000	$35,000	$25,214.32	$25,214.32	78.00
Title XX	48,126	48,126	$48,000	$48,126	$48,126	$48,126	78.00
Direction Home Title III						$25,000	78.00
United Way	3,989.31	3,719	$3,250	$3,250	$3,250	$3,250	N/A
ACMHRSB**	10,977	57,576	$60,000	$88,826	$146,656	$146,656	N/A

** Guardianships under 60 years of age. Increase staffing for Mental Health caseload

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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 those who are 60 years of age and older in Ashtabula County. CCAC is the only organization in Ashtabula County that provides Representative Payeeship Services, which is a stabilization program that manages benefits for individuals who are incapable of managing their own finances. Typically, these individuals receive Social Security or 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, where 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 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, drug addiction and/or physical and mental disabilities. Most clients have been a victim of exploitation, neglect, 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:

- Completing Representative Payee application for Social Security.
- Using benefits for the beneficiary's current and foreseeable basic living needs.
- 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 case manager where applicable to create and discuss budget.
- Providing monthly allowance/spending checks.
- Completing Social Security annual accounting report.
- Being aware of the client's financial, legal, vocational status and living situation

Representative Payeeship clients are considered some of the most vulnerable and at risk individuals in the community. If there is no trusting family or friend to serve as a Representative Payee, those individuals would be at-risk of exploitation from family, friends or acquaintances potentially causing homelessness, financial instability, and poor quality of life.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

A client in the Representative Payeeship Program will meet with their CCAC Representative Payee caseworker to discuss and create a budget. The caseworker's role is to pay all the necessary bills, ensure that basic food, shelter, utilities and clothing needs are met first and that appropriate benefits are accessed, thus providing financial and personal stability to our vulnerable clients.

2. Need

In 2019, Governor Mike DeWine issued a resolution noting that by 2030 Ohioans age 60 and older will make up more than a quarter of the population in 81 Ohio counties (2019, jfs.ohio.gov). According to the Ashtabula County 2022 Community Health Needs Assessment, 19.8% of the population is age 65 and older, versus the state average of 17.5%.

In Ohio from July 1, 2021 through June 30, 2022 Ohio Adult Protective Service Agencies received 37,714 reports of abuse, neglect, and exploitation for adults 60 and over. (ODJFS APS Data Fact Sheet for SFY 2022) Of that number 5,823 were referrals reporting of abuse cases comprising of emotional, physical or sexual abuse and 20,017 were reporting referrals of self-neglect and neglect by others. Ashtabula County Adult Protective Services received 351 reports of alleged abuse, neglect, or exploitation in SFY 2023.

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 (most recent) Center of Community Solutions 2018 report, 28 percent of Ashtabula County is made 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 262 current clients being served through CCAC this year (2023), 34 percent (90 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, exploitation by friends and/or 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 allow them to avoid homelessness and exploitation.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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 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 three (3) 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 called Lightgov which manages and documents client needs and monthly financials.

4. Units of Service and number of unduplicated SSL clients

** Client currently living in an outside county facility due to need of specialized health care.

Service Area	Unduplicated clients 2022 age 60-75	Unduplicated clients projected 2024 age 60-75	Unduplicated clients 2022 age 76 +	Unduplicated clients projected 2024 age 76 +
Andover	3	1	1	1
Ashtabula	57	58	13	13
Austinburg	2	2	1	0
Conneaut	8	7	0	0
Geneva	11	9	1	1
Jefferson	2	3	0	0
Kingsville	1	1	1	0
Orwell	3	3	0	1
Other **	7	2	1	1
TOTAL				0
	94	**86**	**18**	**17**

SSL

Payeeship units of service based on allocated SSL funding:

Period of time	Units of Service	Number of Clients 60 and older
2022 actual	448	112
2024 projected*	550	103**

*The total SSL funding contract amounts may be adjust between the Representative Payeeship and Guardianship Program based on client needs. Units of service may vary each year.
** Client numbers may fluctuate up or down based on program referral activity and/or client becoming inactive due to residing in a nursing home long-term with a new payee, obtains a new appropriate payee or a client death.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

5. Days and hours program is available

   Catholic Charities of Ashtabula County has office hours on Monday through Friday from 8:00 am – 4:00 pm.

6. Client Intake

   The Representative Payeeship Program has an intake application process. All applicants 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. The majority of the Representative Payeeship applications are referrals and are typically received directly from one of the following sources:

   - Adult Protective Services
   - Mental health organizations
   - Hospitals
   - Probate Court
   - Nursing homes
   - Other services
   - Relatives
   - Caseworkers

   The Representative Payeeship Program Manager accepts and reviews all referrals to the program.

   Representative Payeeship 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. The 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 and/or are accompanied by an outside organization that provides case management services.

   Representative Payeeship Prioritization Policy (60 years of age):

   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 manager and listed by referral date. 60 and older referrals will be prioritized by referral source. (Ex: APS or medical provider, and greatest need, has no alternative trusted family member or friend to assist them.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Regular monthly meetings or (if needed) an immediate meeting, with Adult Protective Services will assist with the prioritization of the wait list.

The Program Manager implements the application process for Representative Payeeship to SSA. Once Payeeship is awarded to CCAC, the caseworker is responsible for the following activities:

- 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
- Providing referrals to other resources or agencies for other services needed to support the client.

The Representative Payeeship application is enclosed.

7. Federal, State and local funding for representative payeeship services

Source	2018	2019	2020	2021	2022	2023	Unit Rate
Catholic Charities	59,093	72,000	77,000	76,465	31,805.00	$49,144	N/A
Ashtabula County Mental Health and Recovery Services Board	37,020	37,020	35,000	40,000	$48,000	$48,000	N/A
Program Service Fees (those clients < age 60)	13,658	13,250	13,000	17,000	$17,000	$13,797	N/A
Senior Levy	26,091	29,962	24,729	24,729	24,729.00	$31,654	66.88
United Way	19,376	17,779	15830	12,000	$14,000	$16,288	N/A

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

8. Service collaboration/coordination with other providers

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 an inability to make appropriate financial decisions. When there is no appropriate family or friend 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:*

  This 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 clients that live in the community. The SSA's\ consult with and update the representative payee about their clients' current progress and provide community case management support for the payee.

- *Other:*

  CCAC also works closely with local mental health agencies and service area providers.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

9. Mission Statement Alignment

In partnership with the Senior Services Levy, the Representative Payeeship Program provides superior services by advocating for the 60 years of age and older population in Ashtabula County. Our program promotes well-being and self-sufficiency by serving and advocating for the most vulnerable and often invisible individuals in the community. 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.

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

EXHIBIT II

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Applicant Budget
Summary

Applicant: Catholic Charities of Ashtabula County/Guardianship SSL	
Date From: January 2025	**To: December 2025**

	Amount	
I. Staff		
A. Salaries	$	12,294.00
B. Payroll-Related Expenses	$	3,846.32
Total Staff Costs	$	16,140.32
II. Operations		
A. Travel and Short-Term Training	$	550.00
B. Consumable Supplies	$	205.00
C. Occupancy Costs	$	874.00
D. Contract and Professional Services	$	900.00
E. Other - Miscellaneous	$	1,415.00
Total Operational Costs	$	3,944.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	20,084.32
IV. Minus Other Program Resources	$	-
Total Program Costs	$	20,084.32

Budget Computation

Total Operating Expenses	$	20,084.32
Divided by Total Operating Units		257.50
= Unit Rate	$	78.00

Unit Rate	$	78.00
X number of units purchased		257.50
= Total Contract Amount	$	20,084.32

Unit 1 hour of direct service

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Caseworker	$ 35,100.00	Year	15.00%	$ 5,265.00
Program Supervisor	$ 44,790.00	Year	10.00%	$ 4,479.00
Front Desk	$ 30,128.00	Year	5.00%	$ 1,506.00
Grans/Payroll Administrator	$ 20,591.00	Year	1.00%	$ 206.00
Fiscal Specialist	$ 46,195.00	Year	1.00%	$ 462.00
Fiscal Clerk	$ 37,519.00	Year	1.00%	$ 376.00
Total Salaries				$ 12,294.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 941.00
Worker's Compensation	$ 123.00
Unemployment Insurance	$ 123.00
Retirement Expenses	$ 615.00
Hospitalization	$ 1,844.00
Other (*identify*) Life & Disability Ins.	$ 200.32
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,846.32

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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	$ 115.00
Cleaning Supplies	$ -
Other *(identify) Program Supplies*	$ 50.00
Other *(identify) Other Supplies*	$ 40.00
Total Consumable Supplies	$ 205.00

II. C. Occupancy Costs

	Amount
Rent	$ 664.00
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) Alarm* Other *(identify)*	$ 200.00 $ 10.00
Total Occupancy Costs	$ 874.00

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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

Identify Each Contract of Service	Amount
Auditor	$ -
Technology	$ 200.00
Other Contract Service Fees	$ 700.00
Total Contract & Services Costs	$ 900.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Postage & Shipping	$ 300.00
Advertising	$ 40.00
Computer Software Training & Support	$ 650.00
Other Technological	$ 75.00
Other Printing & Publications	$ 100.00
Volunteer Development	$ 50.00
Court Fees	$ 200.00
Total Miscellaneous Costs	$ 1,415.00

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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	$ -

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Section 4
Applicant Budget
(Attachment B)

Representative Payeeship

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Applicant Budget
Summary

Applicant:Catholic Charities of Ashtabula County/Payeeship	
Date From: January 2025	**To: December 2025**

	Amount
I. Staff	
A. Salaries	$ 23,360.00
B. Payroll-Related Expenses	$ 8,632.00
Total Staff Costs	$ 31,992.00
II. Operations	
A. Travel and Short-Term Training	$ 75.00
B. Consumable Supplies	$ 275.00
C. Occupancy Costs	$ 879.00
D. Contract and Professional Services	$ 1,048.00
E. Other - Miscellaneous	$ 2,515.00
Total Operational Costs	$ 4,792.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 36,784.00
IV. Minus Other Program Resources	$ -
Total Program Costs	$ 36,784.00

Budget Computation

Total Operating Expenses	$ 36,784.00
Divided by Total Operating Units	550.00
= Unit Rate	$ 66.88

Unit Rate	$ 66.88
X number of units purchased	550.00
= Total Contract Amount	$ 36,784.00

Unit 1 hour of direct service

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Applicant Budget

Summary

Applicant: Catholic Charities of Ashtabula County/Guardianship SSL	
Date From: January 2025	**To: December 2025**

	Amount	
I. Staff		
A. Salaries	$	12,294.00
B. Payroll-Related Expenses	$	3,846.32
Total Staff Costs	$	16,140.32
II. Operations		
A. Travel and Short-Term Training	$	550.00
B. Consumable Supplies	$	205.00
C. Occupancy Costs	$	874.00
D. Contract and Professional Services	$	900.00
E. Other - Miscellaneous	$	1,415.00
Total Operational Costs	$	3,944.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	20,084.32
IV. Minus Other Program Resources	$	-
Total Program Costs	$	20,084.32

Budget Computation

Total Operating Expenses	$	20,084.32
Divided by Total Operating Units		257.50
= Unit Rate	$	78.00

Unit Rate	$	78.00
X number of units purchased		257.50
= Total Contract Amount	$	20,084.32

Unit 1 hour of direct service

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Caseworker	$ 35,100.00	Year	15.00%	$ 5,265.00
Program Supervisor	$ 44,790.00	Year	10.00%	$ 4,479.00
Front Desk	$ 30,128.00	Year	5.00%	$ 1,506.00
Grans/Payroll Administrator	$ 20,591.00	Year	1.00%	$ 206.00
Fiscal Specialist	$ 46,195.00	Year	1.00%	$ 462.00
Fiscal Clerk	$ 37,519.00	Year	1.00%	$ 376.00
Total Salaries				$ 12,294.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 941.00
Worker's Compensation	$ 123.00
Unemployment Insurance	$ 123.00
Retirement Expenses	$ 615.00
Hospitalization	$ 1,844.00
Other (*identify*) Life & Disability Ins.	$ 200.32
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,846.32

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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	$ 115.00
Cleaning Supplies	$ -
Other *(identify) Program Supplies*	$ 50.00
Other *(identify) Other Supplies*	$ 40.00
Total Consumable Supplies	$ 205.00

II. C. Occupancy Costs

	Amount
Rent	$ 664.00
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) Alarm* Other *(identify)*	 $ 200.00 $ 10.00
Total Occupancy Costs	$ 874.00

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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

Identify Each Contract of Service	Amount
Auditor	$ -
Technology	$ 200.00
Other Contract Service Fees	$ 700.00
Total Contract & Services Costs	$ 900.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Postage & Shipping	$ 300.00
Advertising	$ 40.00
Computer Software Training & Support	$ 650.00
Other Technological	$ 75.00
Other Printing & Publications	$ 100.00
Volunteer Development	$ 50.00
Court Fees	$ 200.00
Total Miscellaneous Costs	$ 1,415.00

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

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	$ -

Docusign Envelope ID: D62793D1-0679-4787-8F10-9992F3DF42FE

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:27:38 AM**

This search produced the following list of **9** 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
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 an 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 awarded 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).

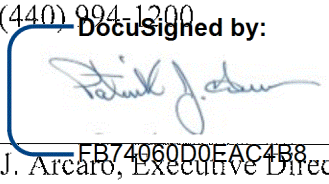
Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or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

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:

FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — 12/16/2024 Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone 994-1240.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4019-S; funded by the Ashtabula County Senior Services Levy, which provides **Independence & Wellness** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Ashtabula County YMCA
263 West Prospect Rd
Ashtabula, OH 44004

Cost (include where funds are coming from):
$15,859.38 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the 1st day of **January 2025** 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, 2025,** through **December 31, 2025**.

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: $15,859.38 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:

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

$7.60 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, phone number, 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

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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.

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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.

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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.

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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

SIGNATURES:

DocuSigned by:
FB74060D0EAC4B8...

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

12/16/2024
Date

DocuSigned by:
8B7A31E972B34AF...

Ashtabula County YMCA

12/19/2024
Date

DocuSigned by:
3E6154CBF4DA44C...

Date

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0226
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $15,859.38 and free from any previous encumbrances.

Agreement Title: an agreement with **Ashtabula County YMCA.**

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/19/2024

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

EXHIBIT I

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

Applicant Information

AGENCY / ORGANIZATION NAME: Ashtabula County YMCA

ADDRESS: 263 West Prospect Road, 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: Eric Stinehelfer

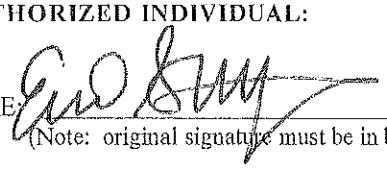
PROGRAM COORDINATOR: Bonnie Konczal EMAIL: bkonczal@ashtabulaymca.org

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 pre'sumed availability of funds. ACJFS will not be liable should funds be eliminated or reduceq. 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: Eric Stinehelfer SIGNATURE: 

(Note: original signature must be in blue ink)

TITLE: CEO DATE: 8/7/24

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

REPRESENTATIONS, ASSURANC,ES, 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:

Bonnie Konczal 440-997-5321

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

Eric Stinehelfer 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

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

Appendix I
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

Independence and Wellness for Seniors

Term: January 1, 2025 – December 31, 2025
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

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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.

This above was our objective for 2024 and remains the same for 2025. In 2024, we were able to add a location at the Conneaut Art Center and bring in a gentle yoga class.

In 2024, we also increased the number of events we are running in outreach to connect our seniors more to the community. Each site was also included in a food drive at Christmas and participated in our Goodwill Fundraiser drive which helped them to feel intrinsically rewarded by donating and helping the Ashtabula County YMCA youth swim team

Enhance®Fitness has three physical fitness assessment segments that are performed before each participant is permitted to attend class. This includes the 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. Not only is there a physical assessment, but each participant's physician is notified that they are participating in our program, so that the physician is aware of the activity and what it is, as a brochure is sent to the physician. 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 increases their strength on their physical assessments.

At this time, we have no wait list for any of our SilverSneakers® classes that we deliver in outreach at any given time.

-If any individual would like to participate in one of our classes, they can just show up at the preferred site.
-Upon entering, the following page is what we call a Quick Add Form. These forms enable us to collect the pertinent data needed for our record keeping for us as well as the Senior Levy. Once the form is completed, either the Administrative Assistant or the Director will reach out to the insurance companies online to ensure that there is no other coverage for these participants, before we list them as a Senior Levy participant. The forms are then kept on file at the Ashtabula County YMCA, located at 263 W. Prospect Road, Ashtabula, OH 44004.

For the new coming year, costs for advertising in The Gazette, The Courier, The Star Beacon and billboards has been included in our expenses to drive participation in programming upward.

-These participants have no other sourced funding unless they become a member at the Ashtabula County YMCA and apply for financial assistance, which at that time, they will no longer be eligible for the Senior Levy Funds.

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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 1209 Unduplicated Clients 155	Units 1354 Unduplicated Clients 174	Units 261 Unduplicated Clients 10	Units 269 Unduplicated Clients 11
Andover	Units 455 Unduplicated Clients 36	Units 491 Unduplicated Clients 40	Units 182 Unduplicated Clients 0	Units 199 Unduplicated Clients 2
Orwell	Units 207 Unduplicated Clients 16	Units 222 Unduplicated Clients 18	Units 29 Unduplicated Clients 3	Units 31 Unduplicated Clients 4

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

ASHTABULA COUNTY FAMILY YMCA

Quick Add Information/Update Form

Name*:_____ Employer:_____

FIRST M.I. LAST

Gender*: M / F Birth date*:__-__-____ Employer Phone #:_____

Address*:_____ Emergency Contact*:_____

_____ Emergency Phone #*:_____

City*:_____Zip*:_____ Relation to Primary:_____

Primary Phone #:_____ Email:_____

Supplemental Insurance: _____ Confirmation Code: _____

Insurance ID #_____

*Medicare does not qualify for health/wellness benefits

Please check all that apply:☐ Renew Active ☐ SilverSneakers® ☐ Silver and Fit

The Ashtabula County YMCA is supported, in part, by the United Way of Ashtabula County and other agencies which require us to report information on the population we serve. Any information provided to us about your income, race, or otherwise will be used for statistical reporting purposes, to these agencies only, and is not required to participate at the Y.

Race	Household Income
□ Asian/Pacific Islander	□ $0 - $13,999
□ African American/Black	□ $14,000 – $24,999
□ Alaskan Native	□ $25,000 - $39,999
□ Hispanic	□ $40,000 - $54,999
□ Native American	□ $55,000 - $74,999
□ Caucasian/White	□ $75,000 and over
□ Other	

Disclaimer/Hold Harmless Statement

I/we understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my participation I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and executors, I hereby release and hold the YMCA and its officers, trustees, employees, agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement.

I/we authorize the Ashtabula County YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

I understand that the Ashtabula County YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I/we have read and understand the mission statement, conditions of membership, and disclaimer/hold harmless statement above. In addition, I/we understand and agree that the conditions of membership and the disclaimer/hold harmless statement are in effect throughout my/our membership with the Ashtabula County YMCA. I/we also understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Signature:_____ Date:_____

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Outreach Fitness Class Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
New Leaf Methodist Church 110 Gateway Ave, Conneaut				
Tai Chi w/ Dave 10am	SilverSneakers® Circuit w/Natasha 4 pm	SilverSneakers® Circuit w/Glenda 8:30am	Tai Chi w/ Dave 10am	SilverSneakers® Circuit w/Glenda 8:30am
			SilverSneakers® Circuit w/Natasha 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 6-7:30pm Intermediate	
Conneaut Art Center 1025 Buffalo St, Conneaut				
				Gentle Yoga w/Donna 11:45am (Bring your own Mat)
United Methodist Church 181 S. Main St., Andover				
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				
	SilverSneakers® Classic w/ Viv OR Bonnie 8:30am			

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

30 Minute Body Blast: This is a full body workout that involves a total body workout with resistance training to sculpt the arms, butt, and core. It is an intense workout to start your day out right and have you leave class feeling great!

Aquacize: A light cardio workout that is gentle on your joints. Increase strength and flexibility using a variety of water exercise equipment.

AquaDANCE: A low impact light cardio workout in the shallow end of the pool. Get your heart rate up by dancing in the water to your favorite classic and contemporary hits.

Aqua Stretch/Pilates: Relax and find your center. This is a low impact, gentle class for any fitness level. using Pilates movements and a series of stretches to improve strength, mobility, range of motion, and balance.

Basic Step: An easy to follow step class with a lot of fun choreography. A great way to burn calories and tone your body. All fitness levels are welcome.

CardioMixx40: This medium/low intensity class combines danced-Based cardio with intervals of targeted strength work.

Deep Water Toning: A no impact class that utilizes a variety of water exercise equipment and provides high resistance for the whole body. Deep water provides a resistance environment for strengthening major muscles, the core muscles of the abs and back, as well as the arms and legs.

Gentle Splash: This class offers fun, shallow-water movement to improve agility and flexibility while addressing cardiovascular, strength and endurance conditioning.

Gentle Wall Stretch: This class offers a gentle way to fall into deeper stretches by using the wall as a prop and allowing gravity to do most of the work for you.

Gentle Yoga: This class will relax, unwind and release stress through yoga poses and stretches to soothing music. Calming and peacefulness will help ease your stress with meditation as well.

Group Cycling: Set to music, this workout takes you through an intense ride. Every fitness level is welcome!

H2cardiO: This water fitness class will raise your heart rate with various exercises and games. It's like a party in the water!

Line Dancing: Dance to your favorite country music you hear on the radio, with easy to learn steps to follow. All fitness levels are welcome.

Muscle Pump: Put a little muscle into your workout, and join us for a class designed to build muscle strength and endurance with low to medium weights and high repetitions.

Pilates : A gentle, full-body, bodyweight routine for any fitness level using movements from multiple disciplines to help build a mind/body connection while strengthening the core and improving joint mobility.

Pound Pro®: A pair of Ripstix, fun upbeat music, and great choreography make this work out one you won't want to miss out on!

Seniors with Sass: This is a program designed for seniors that are looking for additional challenges with core work on an exercise mat, weights training for strength and cardiovascular workout for your heart.

SilverSneakers® Classic: This is designed for our seniors to have fun and move to the music through a variety of exercises designed to increase muscular strength, range of movement and activity for daily living skills. Hand-held weights, elastic bands with handles and a ball are offered for resistance, and a chair is used for seated and/or standing support.

SilverSneakers® Circuit: A class consisting of standing low-impact choreography alternated with standing upper body work with hand-held weights, elastic tubing with handles and the Silver-Sneakers ball.

Silver Dance Fit is less intense, dance based class designed for beginners and older adults using modified movements and the occasional light weights.

Stretch: A series of sports inspired stretches to help your flexibility, range of motion, balance and posture. Most beneficial if your body is already warmed up. A great plan for the end of any workout!

Tai Chi/Chi Kung/Tai Chi Ruler (Chinese Yoga): These are mind/body exercises that integrate slow gentle movements, breathing and a variety of cognitive components such as focused attention and multi tasking.

Water Walk: This is a low-impact, light-intensity workout set to music, that uses the natural resistance of the water to strengthen core musculature, increase balance, coordination and flexibility by performing various types of walking forward, backward, and sideways through the water.

Zumba®: An exhilarating, effective, easy to follow Latin inspired, calorie burning dance fitness party.

ALL OUTREACH FITNESS CLASSES:

FREE FOR YMCA MEMBERS/ SILVERSNEAKERS® PARTICIPANTS/ RENEW ACTIVE PARTICIPANTS

$8 EACH CLASS PER NON-MEMBER

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

EXHIBIT II

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

Applicant Budget
Summary

Ashtabula County YMCA	
1/1/2025	12/31/2025

	Amount	
I. Staff		
A. Salaries	$	9,670.27
B. Payroll-Related Expenses	$	1,706.80
Total Staff Costs	$	11,377.07
II. Operations		
A. Travel and Short-Term Training	$	2,661.91
B. Consumable Supplies	$	47.38
C. Occupancy Costs	$	1,446.75
D. Contract and Professional Services	$	-
E. Other - Miscellaneous	$	-
Total Operational Costs	$	4,156.04
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	326.27
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	326.27
Sub- Total of All Costs	$	15,859.38
IV. Minus Other Program Resources	$	-
Total Program Costs	$	15,859.38

Budget Computation

Total Operating Expenses	$	15,859.38
Divided by Total Operating Units		
= Unit Rate	$	7.60

Unit Rate		
X number of units purchased		2,086.75
= Total Contract Amount	$	15,859.38

Unit = 1 mile

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Conneaut - Group Fitness Instruc	$11	15.25 hrs wk	26.85%	$ 2,271.96
Andover - Group Fitness Instruct	$11	4 hrs week	27.93%	$ 626.74
Orwell - Group Fitness Instruct	$11	1 hr week	40.00%	$ 228.20
Conneaut - Administrative	$ 15.45	173.3 hrs year	25.00%	$ 719.04
Andover - Administrative	$ 15.45	173.3 hrs year	25.00%	$ 747.96
Orwell - Administrative	15,45	173.3 hrs year	25.00%	$ 1,070.99
Conneaut - Director	$ 19.85	173.3 hrs year	25.00%	$ 923.81
Andover - Director	$ 19.85	173.3 hrs year	25.00%	$ 960.97
Orwell - Director	$ 19.85	173.3 hrs year	25.00%	$ 1,376.26
Conneaut - CEO			1.00%	$ 86.65
Andover - CEO			1.00%	$ 270.41
Orwell - CEO			1.00%	$ 387.28
The Multiplier for expenses:				
Orwell: 40%				
Andover 27.93%				
Connueat 26.85%				
Total Salaries				$ 9,670.27

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	
Worker's Compensation	$ 739.77
Unemployment Insurance	
Retirement Expenses	$967.03
Hospitalization	
Other (*identify*)	
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 1,706.80

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

II. A. Travel and Short-Term Training

			Amount
Mileage Reimbursement rate per mile:	$	0.63	$ 2,444.91
Short-Term, Training	C-$300,A-$200,O-$200		$ 217.00
			$ -
Total Travel and Short-Term Training			$ 2,661.91

II. B. Consumable Supplies

Type		Amount
Office Supplies		$0.00
Cleaning Supplies	$50 ea site-	$ 47.38
Other *(identify)*	3 sites (And,Orwell,Conn)	
Other *(identify)*		
Total Consumable Supplies		$ 47.38

II. C. Occupancy Costs

	Amount
Rent	$ 1,446.75
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	$ 1,446.75

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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	$ -

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

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

Item	Quantity	Amount
Balls $4 ea-Qty 10 ea Conn-$10.74 Andover-$11.17 Orwell - $16	30	$ 37.91
Speaker Qty 2 JBL-$100 Andover $27.93 Orwell - $40		$ 67.93
Conneaut Therabands		$ 32.12
Weights: Conn-3#-4, 4#-4, 5#-4, 7#-3, And-3#-4, 4#-4 Orwell-3#-3, 5#-3, 7#-2		$ 108.99
3# $9.50 4# $10.50 5# $12 7# $16.50		
Bands Grn ($7), Red($8) Multi ($70)		
Conn-5 Green 5 Red $20.13 And-5 Green 1 Multi $29.32 Orwe-5 Grn 5 Red$30		$ 79.32
		$ -
Total Small Equipment Purchases		$ 326.27

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		$ -

IV. Other Program Resources

Source	Amount
Total Other Resources	$ -

Docusign Envelope ID: C45177C4-199C-4DF7-994A-5720EB927A0D

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:31:23 AM**

This search produced the following list of **7** 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
Ashford, Velma	4400 Clarkwood Parkway, Unit 225
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 an 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 awarded 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:

Patrick J. Arcaro, Executive Director — 12/16/2024

FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator ACJFS; phone 994-1295.

Work Session Date:
November 5, 2024

Proposed Agenda Date:
November 12, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4001-S; funded by the Ashtabula County Senior Services Levy, which provides **Home Delivered Meals** to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Country Neighbors Program, Inc.
39 South Maple Street
Orwell, Ohio 44076

Cost (include where funds are coming from):
$259,602.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
HOME DELIVERED MEALS

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025,** through **December 31, 2025**.

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: $259,602.00 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:

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

$8.83 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, phone number, 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

12/16/2024

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

Date

Signed by:

Barbara Klingensmith

9AC9C4BA074947A...

12/19/2024

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

Date

Date

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24

Date

Matrix Matter No. 2024-CON-0208
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $259,602.00 and free from any previous encumbrances.

Agreement Title: an agreement with **Country Neighbor Program, Inc.**

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/19/2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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: Tiffany Artman EMAIL: tiffany.artman@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 6, 2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 501(c)(3)

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT I

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Appendix I
ACJFS RFP #5-25
Ashtabula County Senior Services Levy
Home Delivered Meals
Program Description

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Home Delivered Meals

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 180 unduplicated individuals residing throughout the southern half of Ashtabula County at a unit rate of $8.83. The unit rate represents a 1.7% increase over 2024. 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 continues to be a challenge to attract and retain qualified employees.

It is not uncommon to receive an average of 4 to 5 home delivered meals requests on a weekly basis.

We are projecting voluntary contributions in the amount of $4,508 and rebates on food purchased at $325. Voluntary contributions continue to decline year after 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 on the meal so the driver knows who that meal has been especially prepared for.

Currently, we have four routes that deliver throughout the southern half of Ashtabula County with three additional routes that travel into Trumbull County for a total of seven meal routes.

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

others have been on the program for an extended period. Everyone's 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 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 serious illness, or even passed on between delivery days.

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 and food insecurity continues to be an identified risk in our senior population.

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 30 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 12 years, Country Neighbor has been a Summer Food for Children sponsor funded through the Ohio Department of Education. During the summer months, we prepare and deliver lunches for children in the southern half of Ashtabula County and Jefferson. This past summer, we expanded our reach to include a site in Ashtabula City and Geneva.

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 the children's Summer Food Program, we are very

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

experienced in providing meals to individuals.

4. **Statistics of Past Performance**

From January 2023 to December 2023, Country Neighbor delivered 28,723 ACSSL meals to 167 individuals and traveled 68,287 miles, throughout "south county", up from 51,985 miles in 2022. Our average mile per meal in 2023 was 2.4 miles (up from 2.0 in 2022) 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 2023 through December 2023 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	1,458/10	3,500/10	6,173/36	5,550/39
Cherry Valley	230/1	50/1	0/0	400/1
Colebrook	83/1	275/1	837/6	650/7
Dorset	250/1	175/1	335/2	500/3
Hartsgrove	40/2	50/1	434/2	325/4
Lenox	0/0	50/1	0/0	50/1
Morgan	933/5	1,300/7	1,703/10	1,300/10
New Lyme	48/1	150/1	1,050/6	1,050/7
Orwell	1,253/6	1,750/8	4,591/27	3,988/25
Richmond	301/2	500/2	335/3	3/1
Rome	669/3	850/4	2,270/11	928/10
Trumbull	251/1	50/1	532/4	616/4
Wayne	2/1	50/1	2/1	292/2
Williamsfield	757/5	1,238/5	2,606/13	1,988/15
Windsor	358/2	265/2	1,222/5	1,507/5

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 A 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 a half of a percent of our meals are PASSPORT. In 2023, we received $9,755 to provide 1,106 meals. The maximum approved rate from PASSPORT is $8.80 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 2022/2023, we received $58,450 in Title XX funds for home delivered meals which will provide 7,000 meals for 35 unduplicated individuals at a unit rate of $8.35. 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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 Country Neighbor Program, Inc. is to help people remain independent by providing supportive services, thereby 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.

B. 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, socialization, education, and wellness activities.

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

The Ashtabula County Food Bank (Country Neighbor) serves 24 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2023, we distributed over 1.7 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

C. 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: Assist the Executive Director with the day-to-day administrative oversight of the 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

RN Supervisor: The RN reviews the LPN's care plans and approves them.

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 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.

4. Active Number of Volunteers and Hours Provided Annually

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT II

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc.	**(Home Delivered Meals)**
Date From: January 1, 2025	**To: December 31, 2025**

		Amount
I. Staff		
A. Salaries	$	125,066.00
B. Payroll-Related Expenses	$	12,158.00
Total Staff Costs	$	137,224.00
II. Operations		
A. Travel and Short-Term Training	$	1,350.00
B. Consumable Supplies	$	104,630.00
C. Occupancy Costs	$	4,506.00
D. Contract and Professional Services	$	7,025.00
E. Other - Miscellaneous	$	9,700.00
Total Operational Costs	$	127,211.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	264,435.00
IV. Minus Other Program Resources	$	4,833.00
Total Program Costs	$	259,602.00

Budget Computation

Total Operating Expenses	$	259,602.00
Divided by Total Operating Units		29,400
= Unit Rate	$	8.83

Unit Rate	$	8.83
X number of units purchased		29,400
= Total Contract Amount	$	259,602.00

Unit = 1 mile

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 83,810.00	Annual	4.00%	$ 3,355.00
Assistant Director	$ 60,000.00	Annual	1.50%	$ 900.00
Administrative Assistant/Bkkp	$ 40,000.00	Annual	5.00%	$ 2,000.00
In-Home Services Supervisor	$ 31,200.00	Annual	8.00%	$ 2,496.00
Recept/Data Sup/Backup Recpt	$ 65,520.00	Annual	2.60%	$ 1,705.00
RN Supervisor	$ 2,500.00	Annual	4.00%	$ 100.00
LPN Assessor	$ 29,120.00	Annual	13.74%	$ 4,000.00
Delivery Drivers	$ 91,260.00	Annual	56.30%	$ 51,380.00
Food Service Supervisor	$ 33,280.00	Annual	53.00%	$ 17,640.00
Food Service Assistants	$ 74,880.00	Annual	53.00%	$ 39,690.00
Facility Maintenance	$ 9,360.00	Annual	19.23%	$ 1,800.00
Total Salaries				$ 125,066.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 9,568.00
Worker's Compensation	$ 1,670.00
Unemployment Insurance	$ 750.00
Retirement Expenses	$ 60.00
Hospitalization	$ -
Other (*Life Insurance*)	$ 110.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 12,158.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: .67 per mile (IRS)	$ 1,200.00
Short-Term, Training	$ 150.00
Total Travel and Short-Term Training	$ 1,350.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 630.00
Cleaning Supplies	$ 150.00
Other *(Fuel)*	$ 10,250.00
Other *(Food/Nonfood)*	$ 93,600.00
Total Consumable Supplies	$ 104,630.00

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	$ 100.00
Utilities (if not included in rent) must be itemized	
Heat	$ 900.00
Electric	$ 1,380.00
Water	$ 200.00
Telephone	$ 366.00
Sewer	$ -
Other *(Garbage)*	$ 360.00
Other *(identify)*	
Total Occupancy Costs	$ 4,506.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Identify Each Contract of Service	Amount
Audit	$ 1,200.00
D & O Insurance	$ 300.00
Liability Insurance	$ 750.00
Vehicle Insurance	$ 3,000.00
Technology	$ 1,500.00
Employee Testing	$ 200.00
Contract Labor	$ 75.00
Total Contract & Services Costs	$ 7,025.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Licensure	$ 250.00
Advertising	$ 50.00
Equipment Maintenance & Repair	$ 350.00
Vehicle Maintenance & Repair	$ 9,000.00
Miscellaneous Expense	$ 50.00
Total Miscellaneous Costs	$ 9,700.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 Donations	$ 4,508.00
Rebates	$ 325.00
Total Other Resources	$ 4,833.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:29:17 AM**

This search produced the following list of **5** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
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 an 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 awarded 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00 a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:
FB74060D0EAC4B8...

12/16/2024

Patrick J. Arcaro, Executive Director — Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4005-S; funded by the Ashtabula County Senior Services Levy, which provides Chore Services to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Country Neighbor Program, Inc.
39 South Maple Street
Orwell, Ohio 44076

Cost (include where funds are coming from):
$6,967.50 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025,** through **December 31, 2025**.

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: $6,967.50 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:

$27.87 per unit of Chore as described in Exhibit II (subgrantee budget)

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

(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, phone number, 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

$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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

12/16/2024

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

Date

Signed by:

Barbara Klingensmith

9AC9C4BA074947A...

12/19/2024

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

Date

Date

Ashtabula County Board of Commissioners

Approved as to Legal Form:

10/16/24

Colleen M. O'Toole,
Ashtabula County Prosecutor

Date

Matrix Matter No. 2024-CON-0211
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

FISCAL OFFICER'S CERTIFICATE
5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $6,967.50, and free from any previous encumbrances.

Agreement Title: an agreement with **Country Neighbor Program, Inc.**

DocuSigned by:
181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/19/2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT I

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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: Tiffany Artman EMAIL: tiffany.artman@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 6, 2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 501(c)(3)

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Appendix III
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Chore Services
Program Description

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Chore

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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, enables them to do that.

Based on conditions we are familiar with, we anticipate mowing 20 lawns, beginning in late April, early May through the end 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 150 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 very challenging, 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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

individuals during the winter season. Total hours of snow removal service will be estimated at 25 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 25 hours of handyman service for 10 individuals. Depending on the need of the customer, we request they buy the necessary 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 afford professional services for their lawn care, snow removal and small "fix-it" needs. All our proposed services are needed to help them remain in their home, safely, for as long as possible.

We are requesting $7,000 at a unit rate of $35.00, which is an increase from $27.50 in 2023. 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, vehicle insurance, etc.

3. EXPERIENCE OF PROVIDER ORGANIZATION IN PROPOSED SERVICE

Country Neighbor has been providing chore/handyman services for over 13 years with Levy dollars.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

4. STATISTICS ABOUT PAST PERFORMANCE

Below are the statistics for January 2023 through December 2023.

JANUARY 2023 THROUGH DECEMBER 2023

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	0/0	0/0	18.25/3	16.75/3
Cherry Valley	0/0	0/0	0/0	0/0
Colebrook	0/0	0/0	0/0	0/0
Dorset	0/0	0/0	0/0	0/0
Hartsgrove	9.25/1	15/1	0/0	0/0
Lenox	0/0	0/0	0/0	0/0
Morgan	5.5/1	15/1	0/0	20/2
New Lyme	13.5/1	10/1	16.25/1	22/1
Orwell	30/2	10/1	36.5/3	36.25/4
Richmond	0/0	0/0	0/0	0/0
Rome	0/0	0/0	15.25/2	10/2
Trumbull	0/0	0/0	0/0	0/0
Wayne	0/0	0/0	0/0	5/1
Williamsfield	6.25/1	5/1	0/0	25/1
Windsor	0/0	0/0	18.75/2	10/1
Jefferson	6/1	0/0	0/0	0/0
Austinburg	0/0	0/0	0/0	0/0

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 the 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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" for 2019 to 2022. In 2023, the unit rate was changed to per hour.

YEAR	AMOUNT	UNIT RATE	FULLYALLOCATED UNIT RATE INCLUDES MATCH
2024	$8,147	$35.00	$35.36
2023	$8,147	$30.00	$35.62
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

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, thereby 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,

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 northernmost 15 townships in Trumbull County.

The Ashtabula County Food Bank (Country Neighbor) serves 24 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2023, we distributed over 1.7 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.

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT II

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc.	**(Chore/Handyman)**
Date From: January 1, 2025	**To: December 31, 2025**

	Amount	
I. Staff		
A. Salaries	$	4,904.00
B. Payroll-Related Expenses	$	468.00
Total Staff Costs	$	5,372.00
II. Operations		
A. Travel and Short-Term Training	$	-
B. Consumable Supplies	$	1,218.00
C. Occupancy Costs	$	30.00
D. Contract and Professional Services	$	240.00
E. Other - Miscellaneous	$	239.50
Total Operational Costs	$	1,727.50
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	7,099.50
IV. Minus Other Program Resources	$	132.00
Total Program Costs	$	6,967.50

Budget Computation

Total Operating Expenses	$	6,967.50
Divided by Total Operating Units		250
= Unit Rate	$	27.87

Unit Rate	$	27.87
X number of units purchased		250
= Total Contract Amount	$	6,967.50

Unit = 1 mile 1 Hour

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Associate Director	$ 60,000.00	Annual	0.10%	$ 60.00
Adm Asst/Bkkp	$ 40,000.00	Annual	0.10%	$ 40.00
In Home Services Supervisor	$ 31,200.00	Annual	0.25%	$ 78.00
Receptionist I	$ 26,000.00	Annual	0.10%	$ 26.00
Handyman	$ 17,290.00	Annual	27.18%	$ 4,700.00
Total Salaries				$ 4,904.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 375.00
Worker's Compensation	$ 65.00
Unemployment Insurance	$ 23.00
Retirement Expenses	$ -
Hospitalization	$ -
Other (*identify*) Life Insurance	$ 5.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 468.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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*	$ 1,173.00
Other *(identify) Mowing Supplies*	$ 15.00
Total Consumable Supplies	$ 1,218.00

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Identify Each Contract of Service	Amount
Audit	$ 35.00
D & O Insurance	$ 25.00
Liability Insurance	$ 50.00
Vehicle Insurance	$ 100.00
Technology	$ 30.00
Total Contract & Services Costs	$ 240.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Equipment Maintenance & Repair	$ 100.00
License Plates	$ 30.00
Vehicle Maitenance & Repair	$ 100.00
Miscellaneous Expense	$ 9.50
Total Miscellaneous Costs	$ 239.50

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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	$ 132.00
Total Other Resources	$ 132.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:29:17 AM**

This search produced the following list of **5** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
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 an 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 awarded 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:
Patrick J. Arcaro
FB74060D0EAC4B8...

12/16/2024

Patrick J. Arcaro, Executive Director — Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone 994-1240.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4007-S; funded by the Ashtabula County Senior Services Levy, which provides Independence & Wellness, Congregate Meals to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Country Neighbor Program, Inc.
39 South Maple Street
Orwell, Ohio 44076

Cost (include where funds are coming from):
$ 62,125.00 Ashtabula County Senior Services Levy (Independence & Wellness)
$12,295.00 Ashtabula County Senior Services Levy (Congregate Meals)

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
INDEPENDENCE AND WELLNESS

This Subgrant Agreement is entered into on the 1st day of **January 2025** 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, 2025,** through **December 31, 2025**.

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: **$62,125.00** and shall not exceed the actual cost of service.
   Congregate Meals: **$12,295.00** 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:

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

$25.50 per unit of Independence & Wellness as described in Exhibit II (subgrantee budget)
(A unit = one hour of direct service)
$ 8.75 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, phone number, 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

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

12/16/2024
Date

Signed by:

9AC9C4BA074947A...

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

12/19/2024
Date

Date

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0213
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $62,125.00 (Independence & Wellness) $12,295.00 (Congregate Meals) and free from any previous encumbrances.

Agreement Title: an agreement with Country Neighbor Program. Inc. of Ashtabula County

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/19/2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT I

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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: Tiffany Artman EMAIL: tiffany.artman@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 6, 2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 501(c)(3)

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Appendix I
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Independence and Wellness
Program Description

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Independence and Wellness for Seniors

Term: January 1, 2025 – December 31, 2025
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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 adults 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, three days per week, five hours per day seven 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Andover Meals Program:

The meals are prepared at the Orwell facility and shipped to the Andover Center on the three days per week the center is open.

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, 2025 will be 2,520 at a unit rate of $25.50 for a cost of $64,260 for the operations of both centers. Country Neighbor did not change the unit rate for Independence and Wellness for 2025 however we are requesting to increase our units served from 2,240 to 2,520 as we are experiencing an increased interest and participation in programs at our centers, with a significant increase at the Orwell center.

An additional $12,295 will provide 1,405 meals at a unit rate of $8.75, a rate increase from $8.32 (5.2%), however we are proposing 158 less meals, a budget reduction of $705 in the onsite meals. We based our request on our 2024 meal participation.

The rate increase for the onsite meals is a direct result of higher food and supply costs as well as fuel, utilities, wages, etc.

I am proposing two separate unit rates as programming is on an hourly rate and a meal is on a per meal rate. The total cost is $76,555.

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.

Country Neighbor will continue the road to a "center without walls" concept whereby we provide both programming in-house, offsite locations, as well as utilizing technology and social media. At both centers, several of our programs are provided offsite, for example at the Andover Pymatuning State Park, Orwell Community Park pickleball courts, walking club, nature center, etc. We continue to collaborate with all the centers throughout the county.in "sharing" programs.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

The following is a list of programs and activities proposed for the 2025 contract year.

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

outside garden area, nurture growth of plants, harvested vegetables and consumed in onsite meals program.

Nature Trips: For a tour of exhibits, bird watching and nature walks.

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:

Indoor and outdoor sport activities: Daily indoor and outdoor sports. Some examples are chair volleyball, drumming, cornhole, pickleball, bocce ball, basketball and more.

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 connections, 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 its 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 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 2023 THROUGH DECEMBER 2023
INDEPENDENCE AND WELLNESS PROGRAMMING

Social Media/Activities/Etc.	Engagements
Walking Group	679
Craft Corner	6,435
Crocheting/Knitting Classes	6,175
Community Face Book Conversation	1,646
Food Distributions	44,347
Herb Gardening Classes	721
History Club	1,376
Bingo Online	3,212
Celebrations	2,073
Health Clinics and Educational Topics	5,590
Warming Wall	2,316
AARP	1,390
Total Number of Engagements	75,960

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

JANUARY 1, 2023 THROUGH DECEMBER 31, 2023 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	17/2,185	20/2,200	14/1,483	25/1,500
Cherry Valley	0	0	3/590	3/650
Colebrook	0	1/5	0	0/0
Dorset	0	1/3	2/100	2/100
Hartsgrove	0	0	0	0
Lenox	0	0	0	0
Morgan	2/2	2/4	5/24	6/50
New Lyme	0	0	0	1/3
Orwell	28/2,510	35/2,750	14/622	20/650
Richmond	0	0	0	0
Rome	8/24	10/50	4/21	5/25
Trumbull	0	0	0	0
Wayne	0	0	0	0
Williamsfield	0	1/3	1/1	1/5
Windsor	4/10	5/15	0	2/5
Jefferson	4/12	5/15	0	2/5
Ashtabula	6/8	6/10	0	0
Pierpont	1/1	1/3	2/4	2/5
Geneva	2/14	2/20	0	1/3

Please Note: Units are events the unduplicated clients participated in

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

JANUARY 1, 2023 THROUGH DECEMBER 31, 2023
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	10/510	10/500	9/514	10/550
Cherry Valley	1/1	0/0	2/93	2/93
Colebrook	0/0	0/0	0/0	0/0
Dorset	0	0/0	0/0	1/47
Lenox	0	0/0	0/0	0/0
New Lyme	0/0	0/0	2/72	0/0
Orwell	0/0	0/0	0/0	0/0
Richmond	1/60	1/75	0/0	1/10
Wayne	0/0	0/0	1/10	1/15
Williamsfield	1/69	1/65	0/0	0/0
Pierpont	0/0	0/0	1/37	1/50
Rome	0/0	0/0	0/0	0/0
Jefferson	1/2	0/0	0/0	0/0

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 and desires. Orwell Independence/Wellness programs are scheduled, most generally between 9:00 a.m. to 3:00 p.m. with some evenings as well.

The Andover Center is open three days per week, with programming between the hours of 10:00 a.m. and 3:00 p.m., with some flexibility dependent upon the community input.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 database 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 Healthy Aging Wellness Programs such as Matter of Balance, Walk with Ease, Active Living, and Diabetes Self-Management. Country Neighbor has a staff member who is a certified instructor for these programs.

8. Service Collaboration/Coordination

In providing Independence and Wellness programs, Country Neighbor works with the other senior centers throughout the county, 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.

9. Vision and Mission

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

Country Neighbor's vision is to provide high quality and effective programs that promote

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT II

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc. (Independence & Wellness - O & A)	
Date From: January 1, 2025	**To: December 31, 2025**

		Amount
I. Staff		
A. Salaries	$	43,533.00
B. Payroll-Related Expenses	$	4,081.00
Total Staff Costs	$	47,614.00
II. Operations		
A. Travel and Short-Term Training	$	700.00
B. Consumable Supplies	$	912.00
C. Occupancy Costs	$	10,852.00
D. Contract and Professional Services	$	2,250.00
E. Other - Miscellaneous	$	172.00
Total Operational Costs	$	14,886.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	62,500.00
IV. Minus Other Program Resources	$	375.00
Total Program Costs	$	62,125.00

Budget Computation

Total Operating Expenses	$	62,125.00
Divided by Total Operating Units		2,436
= Unit Rate	$	25.50

Unit Rate	$	25.50
X number of units purchased		2,436
= Total Contract Amount	$	62,125.00

Unit = 1 mile 1 Hour

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 83,810.00	Annual	2.00%	$ 1,675.00
Associate Director	$ 60,000.00	Annual	1.00%	$ 600.00
Administrative Assistant/Bkkp	$ 40,000.00	Annual	1.00%	$ 400.00
In Home Services Supervisor	$ 31,200.00	Annual	2.02%	$ 630.00
Recpt/Backup Recpt	$ 52,000.00	Annual	0.25%	$ 130.00
Program Coordinators (A & O)	$ 44,720.00	Annual	83.41%	$ 37,300.00
Prescription Assist Advocate	$ 27,040.00	Annual	8.62%	$ 2,330.00
Facility Maintenance	$ 9,360.00	Annual	5.00%	$ 468.00
Total Salaries				$ 43,533.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 3,333.00
Worker's Compensation	$ 580.00
Unemployment Insurance	$ 135.00
Retirement Expenses	$ 20.00
Hospitalization	$ -
Other (*identify*) Life Insurance	$ 13.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 4,081.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: 67 cents per mile (IRS)	$ 250.00
Short-Term, Training	$ 450.00
Total Travel and Short-Term Training	$ 700.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 372.00
Cleaning Supplies	$ -
Other *(Program Supplies)*	$ 540.00
Other *(identify)*	
Total Consumable Supplies	$ 912.00

II. C. Occupancy Costs

	Amount
Rent	$ 8,400.00
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	$ 480.00
Water	$ 120.00
Telephone	$ 1,562.00
Sewer	$ -
Other *(identify) Garbage*	$ 60.00
Other *(identify)*	
Total Occupancy Costs	$ 10,852.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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
Technology	$ 1,500.00
Employee Testing	$ 100.00
Total Contract & Services Costs	$ 2,250.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Equipment Maintenance & Repair	$ 100.00
Dues & Subscriptions	$ 20.00
Miscellaneous Expense	$ 52.00
Total Miscellaneous Costs	$ 172.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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	$ 375.00
Total Other Resources	$ 375.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:29:17 AM**

This search produced the following list of **5** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
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 an 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 awarded 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).

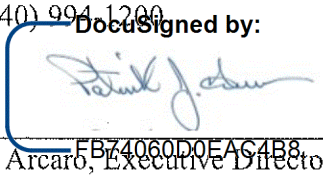
Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00 a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:

FB74060D0EAC4B8...

12/16/2024

Patrick J. Arcaro, Executive Director — Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4014-S; funded by the Ashtabula County Senior Services Levy, which provides **Homemaker** Services to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Country Neighbors Program, Inc.
39 South Maple Street
Orwell, Ohio 44076

Cost (include where funds are coming from):
$70,000.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January 2025** 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, 2025** through **December 31, 2025**.

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: $70,000.00 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:

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

$28.75 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, phone number, 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

SIGNATURES:

DocuSigned by:
FB74060D0EAC4B8...

12/16/2024

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

Date

Signed by:
9AC9C4BA074947A...

12/19/2024

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

Date

Date

Ashtabula County Board of Commissioners

Approved as to Legal Form:

10/16/24

Colleen M. O'Toole,
Ashtabula County Prosecutor

Date

Matrix Matter No. 2024-CON-0220
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $70,000.00, and free from any previous encumbrances.

Agreement Title: an agreement with **Country Neighbor Program, Inc.**

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/19/2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT I

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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: Tiffany Artman EMAIL: tiffany.artman@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 6, 2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 501(c)(3)

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Appendix IV
ACJFS RFP #8-25
Ashtabula County Senior Services Levy
Homemaker
Program Description

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Homemaker Assistance for Seniors

Term: January 1, 2025 – December 31, 2025
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.

- Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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. Generally, clients receive 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 2025 funding cycle, Country Neighbor is proposing to provide 2,750 hours of homemaker for 75 individuals at a unit rate of $28.75 which is an increase from $28.00 per hour.

Currently, we have 36 individuals on our waiting list. We only place priority 1's and 2's on the list. If during the initial assessment, the individual does not meet a priority 1 or 2, we let them know if their circumstances change to contact the office for a re-evaluation.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

4. Statistics of Past Performance

During the period of January 1, 2023 through December 31, 2023, Country Neighbor provided 1,841 hours of Ashtabula County Senior Services Levy homemaker services for 58 clients. Currently, 70.6% are over the age of 75. Some clients come into the program on a short-term basis while others are long term.

JANUARY 2023 THROUGH DECEMBER 2023 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	182.75/5	140/5	502/16	369/10
Cherry Valley	0/0	0/0	0/0	10/1
Colebrook	31.5/1	0/0	4/1	10/1
Dorset	0/0	50/1	4/1	25/1
Hartsgrove	2/1	50/1	0/0	35/1
Lenox	0/0	0/0	32.25/1	50/1
Morgan	117.5/3	65/1	48.25/2	75/2
New Lyme	0/0	0/0	4/1	35/1
Orwell	229/6	175/3	402.5/10	241/5
Richmond	0/0	0/0	0/0	15/1
Rome	0/0	5/1	14/2	100/3
Trumbull	2/1	0/0	77.25/1	80/1
Wayne	0/0	0/0	0/0	25/1
Williamsfield	0/0	40/1	0/0	75/1
Windsor	0/0	10/1	0/0	20/1
Denmark	0/0	0/0	0/0	25/1
Pierpont	0/0	0/0	0/0	25/1
Saybrook	0/0	50/1	4/1	100/3
Austinburg	0/0	0/0	0/0	10/1
Geneva	0/0	150/5	2/1	300/10
Harpersfield	0/0	0/0	0/0	15/1
Jefferson	0/0	115/3	181.5/4	250/3
Ashtabula	0/0	10/1	0/0	0/0

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

5. DAYS AND HOURS OF SERVICE

Service is available 5 days per week and hours will be scheduled per client's need. Generally, 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 at the client's residence.

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 for contacting 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Priority Level 1 is the level of highest priority. 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
2024	$11,935	$28.00	$33.18
2023	$11,935	$26.00	$29.68
2022	$11,935	$23.00	$27.25
2021	$11,935	$22.25	$26.21
2020	$11,935	$21.75	$26.07

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

9. Organization's Vision and Mission

The mission of the organization is to help people remain independent by providing supportive services, thereby 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.

B. 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, socialization, education, and wellness activities.

Generally, our service area consists of the southernmost 15 townships in Ashtabula County and the northernmost 15 townships in Trumbull County.

The Ashtabula County Food Bank (Country Neighbor) serves 24 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2023, we distributed over 1.7 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.

C. 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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

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

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 work cooperatively for the in-service training.

3. Volunteer Capacity

We do not utilize volunteers in the homemaker program.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT II

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Applicant Budget Summary

Applicant: Country Neighbor Program, Inc.	**(Homemaker)**
Date From: January 1, 2025	**To: December 31, 2025**

	Amount	
I. Staff		
A. Salaries	$	57,339.00
B. Payroll-Related Expenses	$	5,686.00
Total Staff Costs	$	63,025.00
II. Operations		
A. Travel and Short-Term Training	$	3,600.00
B. Consumable Supplies	$	680.00
C. Occupancy Costs	$	756.00
D. Contract and Professional Services	$	2,230.00
E. Other - Miscellaneous	$	109.00
Total Operational Costs	$	7,375.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	70,400.00
IV. Minus Other Program Resources	$	400.00
Total Program Costs	$	70,000.00

Budget Computation

Total Operating Expenses	$	70,000.00
Divided by Total Operating Units		2,435
= Unit Rate	$	28.75

Unit Rate	$	28.75
X number of units purchased		2,435
= Total Contract Amount	$	70,000.00

Unit = 1 Hour

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 83,810.00	Annual	4.00%	$ 3,350.00
Associate Director	$ 60,000.00	Annual	2.00%	$ 1,200.00
Administrative Assistant/Bkkp	$ 40,000.00	Annual	2.50%	$ 1,000.00
In Home Services Supervisor	$ 31,200.00	Annual	12.00%	$ 3,745.00
Recept/Data/Backup Recpt	$ 65,520.00	Annual	2.19%	$ 1,435.00
RN Supervisor	$ 2,500.00	Annual	10.00%	$ 250.00
LPN Assessors	$ 29,120.00	Annual	14.42%	$ 4,200.00
Homemakers	$ 145,782.00	Annual	28.76%	$ 41,925.00
Facility Maintenance	$ 9,360.00	Annual	2.50%	$ 234.00
Total Salaries				$ 57,339.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 4,386.00
Worker's Compensation	$ 960.00
Unemployment Insurance	$ 175.00
Retirement Expenses	$ 100.00
Hospitalization	$ -
Other (*identify*) Life Insurance	$ 65.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 5,686.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: 67 cents per mile (IRS)	$ 3,500.00
Short-Term, Training	$ 100.00
Total Travel and Short-Term Training	$ 3,600.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 530.00
Cleaning Supplies	$ 150.00
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ 680.00

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	$ 120.00
Electric	$ 180.00
Water	$ 40.00
Telephone	$ 342.00
Sewer	$ -
Other *(Garbage)*	$ 24.00
Other *(identify)*	
Total Occupancy Costs	$ 756.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Identify Each Contract of Service	Amount
Audit	$ 500.00
D & O Insurance	$ 100.00
Liability Insurance	$ 500.00
Technology	$ 780.00
Employee Testing	$ 350.00
Total Contract & Services Costs	$ 2,230.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Advertising	$ 50.00
Equipment Repair & Maintenance	$ 25.00
Miscellaneous Expense	$ 34.00
Total Miscellaneous Costs	$ 109.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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	$ 400.00
Total Other Resources	$ 400.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:29:17 AM**

This search produced the following list of **5** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
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 an 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 awarded 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).

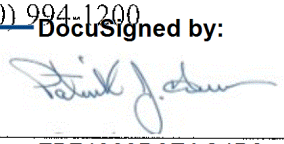
Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the agenda date, no later than Monday. At a public work session held on Tuesday at 10:00 a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:

FB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — 12/16/2024 Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Financial Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #24-4016-S; funded by the Ashtabula County Senior Services Levy, which provides **Personal Care** Services to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Country Neighbor Program, Inc.
39 South Maple Street
Orwell, Ohio 44076

Cost (include where funds are coming from):
$40,000.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the 1st day of **January, 2025** 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, 2025,** through **December 31, 2025**.

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: $40,000.00 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:

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

$31.75 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, phone number, 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

12/16/2024

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

Date

Signed by:

Barbara Klingensmith

9AC9C4BA074947A...

12/19/2024

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

Date

Date

Ashtabula County Board of Commissioners

Approved as to Legal Form:

10/16/24

Colleen M. O'Toole,
Ashtabula County Prosecutor

Date

Matrix Matter No. 2024-CON-0223
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $40,000.00 and free from any previous encumbrances.

Agreement Title: an agreement with **Country Neighbor Programs, Inc.**

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/19/2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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: Tiffany Artman EMAIL: tiffany.artman@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 6, 2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 501(c)(3)

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT I

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Appendix I
ACJFS RFP #6-25
Ashtabula County Senior Services Levy
Personal Care
Program Description

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Personal Care for Seniors

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 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 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

For the 2025 funding cycle, Country Neighbor is proposing to provide 1,575 hours of personal care for 18 individuals at a unit rate of $31.75, (3.3% increase over 2024).

While we are beginning to see a little more interest in individuals wanting to work in the home health field, it is still very challenging.

We continue to increase our salaries and benefits in hopes of being able to attract and retain qualified employees.

3. Experience of the Provider

Country Neighbor has provided personal care services for well over 35 years for the southern half of Ashtabula County. We meet all the service requirements as a Medicaid Waiver PASSPORT provider of Personal Care.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

4. Statistics of Past Performance

From January 2023 through December 2023 Country Neighbor provided 1,254.25 units of Personal Care for 16 individuals in southern Ashtabula County. Of the individuals served 75% are over the age of 75.

JANUARY 2023 THROUGH DECEMBER 2023

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	353.25/3	318/4	174.25/3	316/5
Cherry Valley	0/0	0/0	0/0	0/0
Colebrook	0/0	0/0	6/1	16.5/1
Dorset	0/0	0/0	0/0	0/0
Hartsgrove	0/0	0/0	0/0	0/0
Lenox	0/0	0/0	57.75/1	87.25/1
Morgan	0/0	54.75/1	0/0	60.25/1
New Lyme	0/0	0/0	0/0	0/0
Orwell	5.25/1	0/0	303/5	342.75/5
Richmond	0/0	0/0	0/0	3.5/1
Rome	0/0	0/0	0/0	25/1
Trumbull	0/0	0/0	0/0	0/0
Wayne	0/0	0/0	0/0	0/0
Williamsfield	0/0	0/0	129.25/2	140/4
Windsor	0/0	6/1	0/0	91/2
Jefferson	0/0	34/1	229.5/2	80/2
Austinburg	0/0	0/0	0/0	0/0

5. Days and Hours Service is Available

Service is available 5 days per week. Hours are scheduled, per customer need, generally between the hours of 7:00 a.m. to 5:00 p.m. Weekend service is available only in extreme situations. All personal care will be provided in the client's home.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

6. Client Intake and Assessment

a. Method of Client Intake

When a referral is received into our office, the In-Home Services Supervisor will 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 must 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 120 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 $7.24 per quarter unit ($28.96/hour). We heavily subsidize the program. We are limiting the number of PASSPORT clients we serve. We do not currently have any PASSPORT clients in Ashtabula County for personal care.

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 to 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, thereby 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.

B. 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 24 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2023, we distributed over 1.7 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

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: Assist the Executive Director with the day-to-day administrative oversight of the 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 Receptionists: 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.

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

Job Descriptions Attached

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

EXHIBIT II

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc. (Personal Care)	
Date From: January 1, 2025	**To: December 31, 2025**

	Amount
I. Staff	
A. Salaries	$ 31,945.00
B. Payroll-Related Expenses	$ 3,179.00
Total Staff Costs	$ 35,124.00
II. Operations	
A. Travel and Short-Term Training	$ 1,700.00
B. Consumable Supplies	$ 470.00
C. Occupancy Costs	$ 750.00
D. Contract and Professional Services	$ 1,850.00
E. Other - Miscellaneous	$ 106.00
Total Operational Costs	$ 4,876.00
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 40,000.00
IV. Minus Other Program Resources	$ -
Total Program Costs	$ 40,000.00

Budget Computation

Total Operating Expenses	$ 40,000.00
Divided by Total Operating Units	1,260
= Unit Rate	$ 31.75

Unit Rate	$ 31.75
X number of units purchased	1,260
= Total Contract Amount	$ 40,000.00

Unit = 1 mile

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 83,810.00	Annual	1.00%	$ 840.00
Associate Director	$ 60,000.00	Annual	1.00%	$ 600.00
Administrative Assistant/Bkkp	$ 40,000.00	Annual	1.50%	$ 600.00
In-Home Services Supervisor	$ 31,200.00	Annual	5.00%	$ 1,560.00
Recept/Data/Backup Recpt	$ 65,520.00	Annual	0.50%	$ 325.00
RN Supervisor	$ 2,500.00	Annual	7.20%	$ 180.00
LPN Assessors	$ 29,120.00	Annual	10.99%	$ 3,200.00
Home Health Aides	$ 68,640.00	Annual	35.75%	$ 24,540.00
Facility Maintenance	$ 9,360.00	Annual	1.07%	$ 100.00
Total Salaries				$ 31,945.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 2,444.00
Worker's Compensation	$ 515.00
Unemployment Insurance	$ 95.00
Retirement Expenses	$ 25.00
Hospitalization	$ -
Other (Life Insurance)	$ 100.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 3,179.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: .67 per mile (IRS)	$ 1,600.00
Short-Term, Training	$ 100.00
Total Travel and Short-Term Training	$ 1,700.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 290.00
Cleaning Supplies	$ 180.00
Other *(identify)*	
Other *(identify)*	
Total Consumable Supplies	$ 470.00

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	$ 120.00
Electric	$ 240.00
Water	$ 40.00
Telephone	$ 276.00
Sewer	$ -
Other *(Garbage)*	$ 24.00
Other *(identify)*	
Total Occupancy Costs	$ 750.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Identify Each Contract of Service	Amount
Audit	$ 350.00
D&O Insurance	$ 100.00
Employee Testing	$ 400.00
Liability Insurance	$ 400.00
Technology & Software	$ 600.00
Total Contract & Services Costs	$ 1,850.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Advertising	$ 50.00
Equipment Mtn & Repair	$ 30.00
Miscellaneous Expense	$ 26.00
Total Miscellaneous Costs	$ 106.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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	$ -

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:29:17 AM**

This search produced the following list of **5** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
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 an 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 awarded 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).

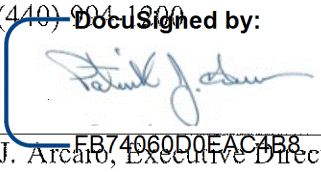
Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1800

DocuSigned by:

FB74060D0EAC4B8...

12/16/2024

Patrick J. Arcaro, Executive Director — Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone 994-1240 & Alissa Drees, Financial Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4018-S; funded by the Ashtabula County Senior Services Levy, which provides Senior Transportation Service to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Country Neighbor Program, Inc.
39 South Maple Street, Orwell, OH 44076
Orwell, Ohio 44076

Cost (include where funds are coming from):
$350,020.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
SENIOR TRANSPORTATION SERVICES

This Subgrant Agreement is entered into on the 1st day of **January, 2025** 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, 2025,** through **December 31, 2025**.

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:

   $350,020.00 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:

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

$2.18 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, phone number, 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 42 inclusive.

SIGNATURES:

DocuSigned by:

FB74060D0EAC4B8...

12/16/2024

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

Date

Signed by:

9AC9C4BA074947A...

12/19/2024

Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

Date

Date

Ashtabula County Board of Commissioners

Approved as to Legal Form:

10/16/24

Colleen M. O'Toole,
Ashtabula County Prosecutor

Date

Matrix Matter No. 2024-CON-0225
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

FISCAL OFFICER'S CERTIFICATE

5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $350,020.00, and free from any previous encumbrances.

Agreement Title: an agreement with **Country Neighbor Program, Inc**. of Ashtabula County

DocuSigned by:

181F4CE35A6C459...

David Thomas
Ashtabula County Auditor

Date: 12/19/2024

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.**

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.**

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Country Neighbor Program, Inc.
Ashtabula County Senior Services Levy Transportation
Program Planning and Development

A. 1. Program Description

Country Neighbor is proposing to provide 190,000 miles of medical and non- medical transportation for residents 60 and older residing within Ashtabula County at a unit rate of $2.18 per mile. We are requesting a 1.4%-unit rate increase from $2.15 to $2.18 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 continues to be 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 ACJFS transit unit, ACTS, and medical facilities throughout our service area to provide transportation for our Ashtabula County residents.

From January 2023 through December 2023, Country Neighbor provided 6,389 one-way Ashtabula County Senior Services Levy trips (a 2.9% increase from 2022) for 337 unduplicated individuals (an increase of 11.6%) of which 91.8% were medical, 6.1% were shopping, and 2.1% 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 2023, when analyzing the amount of Senior Levy trips shared with other funders through coordination, 106,469 miles were saved by the Senior Levy (a 22.8% increase over 2022). This is a $222,520.02 savings for Senior Levy (a 22.8% increase), made possible through coordination of services between Senior Levy funded transportation and other funders. Country Neighbor provided services equaling $665,233.65 on a $436,325.49 budget. It is more cost effective and allows more trips for the same amount of available resources.

The statistics from January 2023 through December 2023 indicate that overall, 3,014 out of 6,389, (47.2%) of the Senior Levy trips provided by Country Neighbor were shared with more than 1 person, many times with other funding sources.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

For the current 2024 contract period, January through June, we have provided 3,138 trips of which 1,726 (55%) have been shared trips! Country Neighbor has saved the Ashtabula County Senior Levy $142,420.54 in the first 6 months of our 2024 contract.

We continue to see an increase in transportation requests. Our unit receives an average of 10 or more new senior levy applications each month. Sharing trips is one way to serve more individuals with the limited funds available.

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 are 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 the needs of the individuals. On occasion, we do provide limited transportation on Sundays and holidays for dialysis.

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. As well as Country Neighbor has been designated by the Ashtabula County Commissioners as the Lead Agency for county-wide transportation coordination.

3. a. Senior Transportation

1. Calculating Trip Charge

Country Neighbor charges a flat, per mile fee. There are no additional fees for Waiting time or "lift drops".

Mileage begins from our vehicle lot and back, unless it is already 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.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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 they 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, (4) modified minivan, and (5) lift vehicles. The modified minivans have 1 wheelchair position, 1 of the lift vans have 3 wheelchair positions and 4 have 2 positions.

We have been anxiously awaiting the delivery of 2 new transit vans awarded through a grant written in 2023 from the Ohio Department of Transportation. The update to our delivery is sometime the end of July or beginning of August! These new vehicles will help tremendously with our ability to expand our service. We have been awarded another new vehicle in the latest round of funding which we should receive sometime in 2025.

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. Most of our medical transportation is to Geauga, Ashtabula, Cuyahoga and Trumbull Counties.

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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, thereby 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 24 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2023, we distributed over 1.7 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: Assist the Executive Director with the day-to-day administrative oversight of the 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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Applicant Budget

Summary

Applicant: Country Neighbor Program, Inc.	(Transportation)
Date From: January 1, 2025	To: December 31, 2025

	Amount	
I. Staff		
A. Salaries	$	221,757.00
B. Payroll-Related Expenses	$	21,429.00
Total Staff Costs	$	243,186.00
II. Operations		
A. Travel and Short-Term Training	$	450.00
B. Consumable Supplies	$	40,330.00
C. Occupancy Costs	$	10,362.00
D. Contract and Professional Services	$	59,000.00
E. Other - Miscellaneous	$	21,692.00
Total Operational Costs	$	131,834.00
III. Equipment		
A. Equipment Depreciation	$	-
B. Small Equipment Purchases	$	-
C. Leased and Rented Equipment	$	-
Total Equipment Costs	$	-
Sub- Total of All Costs	$	375,020.00
IV. Minus Other Program Resources	$	25,000.00
Total Program Costs	$	350,020.00

Budget Computation

Total Operating Expenses	$	350,020.00
Divided by Total Operating Units		160,560
= Unit Rate	$	2.18

Unit Rate	$	2.18
X number of units purchased		160,560
= Total Contract Amount	$	350,020.00

Unit = 1 mile

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Executive Director	$ 83,810.00	Annual	20.02%	$ 16,775.00
Assistant Director	$ 60,000.00	Annual	15.00%	$ 9,000.00
Administrative Assistant/Bkkp	$ 40,000.00	Annual	20.00%	$ 8,000.00
In-Home Services Supervisor	$ 31,200.00	Annual	2.00%	$ 624.00
Recpt/Data/Backup Recpts	$ 65,520.00	Annual	15.22%	$ 9,975.00
Transportation Supervisor	$ 36,000.00	Annual	45.00%	$ 16,200.00
Transportation Assistants	$ 58,240.00	Annual	21.03%	$ 12,250.00
Drivers	$ 355,635.00	Annual	41.75%	$ 148,465.00
Facility Maintenance	$ 9,360.00	Annual	5.00%	$ 468.00
Total Salaries				$ 221,757.00

I. B. Payroll-Related Expenses

	Amount
PERS or Social Security	$ 16,964.00
Worker's Compensation	$ 2,950.00
Unemployment Insurance	$ 665.00
Retirement Expenses	$ 450.00
Hospitalization	$ -
Other (Life Insurance)	$ 400.00
Other (*identify*)	
Other (*identify*)	
Total Payroll-Related Expenses	$ 21,429.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: .67 per mile (IRS)	$ 50.00
Short-Term, Training	$ 400.00
Total Travel and Short-Term Training	$ 450.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	$ 680.00
Cleaning Supplies	$ 150.00
Other *(Fuel)*	$ 39,500.00
Other *(identify)*	
Total Consumable Supplies	$ 40,330.00

II. C. Occupancy Costs

	Amount
Rent	$ 4,200.00
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	$ 480.00
Electric	$ 1,200.00
Water	$ 100.00
Telephone	$ 4,152.00
Sewer	$ -
Other *(Garbage)*	$ 180.00
Other *(identify)*	
Total Occupancy Costs	$ 10,362.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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	$ 500.00
Liability Insurance	$ 3,000.00
Vehicle Insurance	$ 45,000.00
Technology & Software	$ 6,000.00
Subcontracts (Contract Labor)	$ 2,000.00
Total Contract & Services Costs	$ 59,000.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Licensure	$ 1,200.00
Advertising	$ 250.00
Vehicle Maintenance & Repair	$ 20,000.00
Equipment Maintenance & Repair	$ 150.00
Miscellaneous Expense	$ 92.00
Total Miscellaneous Costs	$ 21,692.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

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	$ 25,000.00
Total Other Resources	$ 25,000.00

Docusign Envelope ID: 605BEA02-6722-41CE-8BDB-AC400E3A1D3F

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **12/3/2024 11:29:17 AM**

This search produced the following list of **5** possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
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 an 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 awarded 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.

Docusign Envelope ID: B49E6AC9-4678-4C66-A42A-D16A96E6A741

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:
Patrick J. Arcaro
FB74060D0EAC4B8...

12/20/2024

Patrick J. Arcaro, Executive Director — Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Finance Administrator, ACJFS; phone 994-1295.

Work session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Memorandum of Understanding (MOU) #25-4017-S between the Board of County Commissioners of Ashtabula County through and on behalf of Ashtabula County Job and Family Services and on behalf of Ashtabula County Transportation System (ACTS). Funded by the Ashtabula County Senior Services Levy, provides free Transportation services to Ashtabula County residents aged 60 and older 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. on Saturday.

Name of Provider(s):
Ashtabula County Transportation System (ACTS)

Cost (include where funds are coming from):
$71,572.80 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: B49E6AC9-4678-4C66-A42A-D16A96E6A741

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, 2025,** and continue through **December 31, 2025** 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:

Docusign Envelope ID: B49E6AC9-4678-4C66-A42A-D16A96E6A741

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, 2025. By signing this MOU the signer hereby acknowledges and agrees to the terms herein.

Signatures:

DocuSigned by:

FB74060D0EAC4B8...

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

12/20/2024
Date

DocuSigned by:

Casey Kozlowski

3E6154CBF4DA44C...

Signed by:

Kathryn Whittington

72C9CAC40E3D4A8...

12/24/2024
Date

DocuSigned by:

8CC3D2025A6D44F...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0224
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the agenda date, no later than Monday. At a public work session held on Tuesday at 10:00 a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:
Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200

DocuSigned by:

Patrick J. Arcaro, Executive Director — 12/17/2024

EB74060D0EAC4B8...

Patrick J. Arcaro, Executive Director — Date

Presented by: Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240 & Alissa Drees, Financial Administrator, ACJFS; phone 994-1295.

Work Session Date:
November 26, 2024

Proposed Agenda Date:
December 3, 2024

Brief Description of Item and Recommendation:
Subgrant Agreement #25-4020-S; funded by the Ashtabula County Senior Services Levy, which provides **Personal Care** Services to Ashtabula County residents aged 60 and older.

Name and Address of Provider(s):
Arcadia Home Care & Staffing
3721 North Ridge Road, Suite A Room B
Perry, Ohio 44081-9579

Cost (include where funds are coming from):
$35,000.00 Ashtabula County Senior Services Levy

Term (beginning and ending date, if applicable):
January 1, 2025 - December 31, 2025

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE

This Subgrant Agreement is entered into on the **1st** day of **January, 2025** 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 **Arcadia Home Care & Staffing** located at **3721 North Ridge Road, Suite A Room B, Perry, OH 44081,** 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, 2025,** through **December 31, 2025**.

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: $35,000.00 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:

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

$35.00 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, phone number, 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

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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

SIGNATURES:

DocuSigned by:
FB74060D0EAC4B8...

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

12/17/2024
Date

DocuSigned by:
F06A0F877698451...

Darby Anderson, EVP & Chief Government Relations Officer
Addus Home Care

12/17/2024

DocuSigned by:
3E6154CBF4DA44C...

Signed by:
72C9CAC40E3D4A8...

12/24/2024
Date

DocuSigned by:
8CC3D2025A6D44E...

Ashtabula County Board of Commissioners

Approved as to Legal Form:

Colleen M. O'Toole,
Ashtabula County Prosecutor

10/16/24
Date

Matrix Matter No. 2024-CON-0227
Reviewed by Matthew J. Hebebrand, Esq.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

FISCAL OFFICER'S CERTIFICATE
5705.41 O.R.C.

The undersigned, County Auditor of Ashtabula County, hereby certifies that the amount required to meet the obligations of the County during the year 2025 under the Agreement has been lawfully appropriated for that purpose and is in the Treasury of the County or in the process of collection to the credit of: 2006.030.455-601; not to exceed $35,000.00 and free from any previous encumbrances.

Agreement Title: an agreement with **Arcadia Home Care & Staffing**

12/18/2024

David Thomas
Ashtabula County Auditor

Date: DocuSigned by: 181F4CE35A6C459...

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

EXHIBIT I

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Applicant Information

AGENCY / ORGANIZATION NAME: Addus HealthCare (South Carolina), Inc.

ADDRESS: 2300 Warrenville Road, Downers Grove, IL 60515

PHONE: (630)296-3400 FAX: (630) 487-2713

SERVICE SITE (if different than above): Arcadia Home Care & Staffing

ADDRESS: 3721 North Ridge Road, Suite A Room B, Perry, OH 44081-9579

PHONE: (440) 219-0245 FAX: (440) 259-2714

FEDERAL TAX I.D. NUMBER: 27-2920131

EXECUTIVE DIRECTOR/DIRECTOR: Angela Dooley

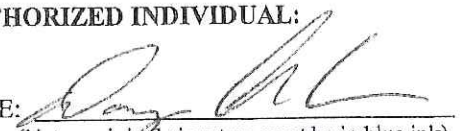
PROGRAM COORDINATOR: Debra Boslett EMAIL: DBoslett@Addus.com

FISCAL CONTACT: Anna Bui EMAIL: ABui@Addus.com

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted because 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 based on 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: Darby Anderson SIGNATURE: 

(Note: original signature must be in blue ink)

TITLE: EVP & Chief Government Relations Officer DATE: 8/6/2024

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Addus HealthCare (South Carolina), Inc dba Arcadia Home Care & Staffing

Company Address: 2300 Warrenville Rd., Suite 100, Downers Grove, IL 60515

Telephone Number: (630) 296-3400 FAX: (630) 487-2713

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

Stacy Clark (630) 296-3438

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

Darby Anderson (630) 296-3400

The legal status of the Applicant's organization The organization is a Corporation

Date of establishment/incorporation: 6/24/2010

Federal Employer Identification Number (FEIN): 27-2920131

Is the Company co-owned or controlled by a parent company? X Yes ____ No

If yes, name of parent company: Addus HealthCare, Inc.

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 for a buyout or sale? ____ Yes x No

The Applicant certifies that it will not enter 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 workplace? x Yes ____ No

The Applicant certifies it is not delinquent on any Federal debt? x Yes ____ No

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Appendix I
ACJFS RFP #6-25
Ashtabula County Senior Services Levy
Personal Care
Program Description

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Personal Care for Seniors

Term: January 1, 2025 – December 31, 2025
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.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Section 3 – Program Planning and Development

A. Program Description

As a longtime service provider, Addus HealthCare (South Carolina), Inc. dba Arcadia Home Care & Staffing understands how critical continuity of care is to promote independence and provide for the emotional well-being of elderly and/or disabled clients along with their family members. Arcadia is committed to "keeping clients healthy and independent at home" for each client referred through Ashtabula County Job and Family Services program.

The company's purpose is to provide the highest possible quality in-home, supportive services to elderly, non-elderly disabled, and intellectually disabled populations. This is accomplished by following professionally authorized Plans of Care developed in concert with the client, in accordance with the rules and regulations of the contracting entity and within an efficiently operated, managed framework. Care delivery staff are trained to be sensitive to each recipient's need to be independent and provide such services. This means staff will allow or assist the recipient in doing all that he/she can do for themselves within the authorized service plan. Our company understands the unique needs and desires of our clientele, and provides each with the respect, personal attention and flexibility they deserve.

Our family of companies is proud to bring exceptional organizational strengths to our contracted partners:

- Addus HealthCare, Inc. has over 44 years of home care experience as well as a commitment and compassion to improve quality of life for Clients regardless of socio-economic situation

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

- Nationally recognized, financially stable company dedicated to providing Home and Community Based Services
- Proven track record of providing quality services under contract with federal, state, and local government entities through varied program funding
- Solid compliance, and quality assurance programs ensure Client and vendor satisfaction
- Wide range of services and specialized outcome focused programs designed to meet Client needs with delivery support mechanisms; like language resources and Electronic Visit Verification/ GPS telephony
- Locally managed, trained and supervised, dedicated direct care staff
- Strong corporate resources for our local branches from our National Support Center

Addus HealthCare (South Carolina), Inc. is proposing to provide Personal Care Services for the Ashtabula County Job & Family Services program to eligible residents in Ashtabula County. In Perry, OH we operate under the DBA *Arcadia Home Care & Staffing*. Arcadia intends to provide a service package that will deliver high quality services both efficiently and compassionately. Services should help prevent premature institutionalization, promote a healthy lifestyle, and ensure a safe and functional home environment.

Our personal care aides service clients in all aspects of personal care and light housekeeping. The personal care service includes bathing, stand by assist for bathing, bed baths, hair care, incontinence care, dressing, mobility and transfer care. The light housekeeping we offer includes sweeping, dusting, vacuuming, laundry, meal prep, errands, grocery shopping and picking up prescriptions.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Ashtabula County is a very underserved county in Ohio. The presence of non-skilled home care agencies is scarce, and smaller agencies that have serviced these areas are closing rapidly. The wait list for existing clients is large and long, and there are not enough home care agencies to cover the high demand. Our Arcadia Home Care & Staffing Perry office currently has a very strong presence in Ashtabula County and services over 80 clients, with 75% of our aides residing in Ashtabula County and assisting Ashtabula County residents. If awarded the contract, Arcadia will have the exciting opportunity to assist more clients and employ even more residents of Ashtabula County. Please see the Roster List from the Arcadia Perry office (*Attachment 1)* as a supporting document.

The local office exercises a great deal of autonomy in the delivery of Client services. It also receives support from our National Support Center, located in Downers Grove, Illinois. From the National Support Center, the Ohio Branches (including our Perry office) will receive operational support from Accounting, Information Systems, Payroll, Billing and Reimbursement. Our C-Suite in Frisco Texas provides support in the form of Executive Management and Human Resources including recruitment.

Arcadia currently has in place an established organizational structure and staff that is experienced and well suited to meeting the needs of clients and contractual requirements. The Perry, OH branch operates under the direction of a local, full-time Agency Director who receives direct support from the Regional Director of Ohio. The Regional Director receives direction from the Division President responsible for operations in Ohio and several other states. The Agency Director manages the day-to-day operation, oversees the local office personnel, and coordinates all service delivery. The Regional Director oversees the effective operation of the Company's branch offices in Ohio.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

The existing organizational relationship between the local branch office and the National Support Center is as follows:

President and COO
|
Division President
|
Regional Director Operations-Ohio
|
Agency Director
|
Director of Nursing
|
Registered Nurse
|
Service Coordinator(s)
|
Branch Staff
|
Field Staff

A list of Job Descriptions has been provided under *Attachment 2.*

Arcadia provides open lines of communication to ensure that all client needs are met efficiently and effectively. We maintain a centralized referral system for all service requests. We accept requests via facsimiles and email. Scheduling and support staff are available through an on-call system, which is monitored by Arcadia personnel after normal business hours. Utilizing this 24/7 system, Arcadia can make informed decisions and assign personnel that are able to fully meet the client's needs.

Arcadia endeavors to provide continuity of care for its clients by assigning the same Home Care Aide to each client. The local office has additional home care personnel available to provide back-up service, if necessary. Arcadia maintains an Emergency Preparedness Plan to minimize disruption of staffing services during times of emergencies, including inclement weather.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Revisions to this plan will occur regularly to maintain emergency preparedness and compliance with regulations.

This is the first time Arcadia Home Care & Staffing has submitted a proposal to the Ashtabula County Senior Personal Care Services Program, therefore providing "the units of service and number of unduplicated clients for the prior year and the same number for the proposed year" does not apply to Arcadia at this time.

Arcadia will provide personal care services through our Arcadia Home Care & Staffing office located at 3721 North Ridge Road, Suite A, Room B, Perry, OH 44081-9579. Services are available 24 hours a day, 7 days per week. An On-Call Coordinator is available to assist with scheduling requests.

Every effort will be made to accommodate the Client's preferred days/times for service scheduling, so long as the care plan is followed. It is our goal to assign a permanent Aide at the service's scheduled start date, but the Client will always be given the opportunity to reject an incompatible Worker.

Client Intake & Assessment Process

All client referrals are received and screened by the Agency Director/designee for appropriateness of admission according to Arcadia's admission criteria. A client admission visit is performed within 48 hours but no longer than 7 days. The assessment is performed by Arcadia's Agency Director/designee that is trained in the admission process.

Minimally, the following information must be obtained and reviewed by the Agency Director/designee prior to accepting the referral:

- The address for care
- The reason for the referral
- The type of service being requested i.e., personal care services, homemaking,

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

- Anticipated payment source for services

The information gathered at the screening is used to develop an individualized service plan to meet the unique needs and situations of the client. Arcadia will notify all referral sources whenever the Agency is unable to provide the requested services to a client.

Agency Director or Designee Responsibilities:

- Documents personal care referral information on the Home Care Intake Information Form or directly into the Arcadia Computer system.
- Receives and reviews referral information to ensure the admission criteria is met. Obtain additional information, if needed.
- Documents whether referral was accepted or declined in Arcadia Computer System. If declined, documents reason.
- Initiates assignment of staff to client for admission visit.

Staffing - Arcadia ensures the availability of sufficient staff by routinely reviewing capacity and engaging in ongoing recruitment. Staffing patterns and needs are continuously monitored to assure the availability of qualified Aides. Our hiring practices are implemented in accordance with Equal Employment Opportunity requirements to assure that selection of employees is made without regard to race, creed, color, sex, national origin, age, religion, sexual preference, or disability. Employees will be selected based on their ability to meet the requirements of the position for which they are applying. Arcadia also provides for routine supervision of all Direct Care Aides by an appropriately qualified employee.

Scheduling - Scheduling of services will be the responsibility of the Service Coordinator/ Supervisor. Each office utilizes a premier home care scheduling system. This system integrates

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Client data, employee data, schedules and billing allowing additional flexibility in quality management, monitoring, and reporting. Reports regarding units delivered, un-served hours and Client and a roster of Aides' information are readily available.

Please see *Attachment 3* for the Client Intake Tool.

Staff Substitution - Every effort will be made to ensure that Clients receive service from the same Aide. When a Client's regular Aide is unavailable for any reason, the local branch shall provide or arrange for a substitute. To identify available personnel, the local branch will utilize our proprietary "best fit" technology. One feature of this program is the ability to locate other qualified personnel who are providing services in geographical proximity to a client in need of a substitute. The system provides the Service Coordinator with a roster of personnel near the anticipated need. The Service Coordinator then reviews the roster along with the location of the Aide to identify the location, in real time, of personnel who are available and who possess the special skills and/or training required by the Client.

The Service Coordinator/ Supervisor is ultimately responsible for the effective performance of all Aides under his/ her supervision, including:

- Assuring that each worker has completed the initial training program and participated in ongoing in-service training.
- Serving as liaison and coordinator between the Aide and AAA staff or other external contacts who support the Client's well-being and overall service plan.
- Establishing acceptable service delivery schedules and selecting substitute Workers when necessary.
- Interviewing, screening, selecting, and evaluating the Aides' performance.
- All information is documented and available in each Aide's personnel file.

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

For the Arcadia Perry Office, we received lump sum payments totaling $92,988.29 in Federal ARPA funding from March 2022 to December 2023. There were no specific unit rates associated with the funding.

Our strong presence as a community provider includes services funded by the PASSPORT Medicaid Home Care Waiver and MyCare Ohio programs through direct obligations with regional Area Agencies on Aging in Ohio, Veterans Affairs Medical Centers, Commercial insurers, Long Term Care insurance carriers as well as private pay consumers.

The Addus family of companies' mission is in line with Ashtabula county's mission to provide superior service, promote well-being and self-sufficiency, alleviate conditions of poverty, and improve health and safety. Our office is located in Perry and also serves the surrounding Lake, Ashtabula, and Geauga Counties. Our mission is to improve the health and well-being of our patients and consumers through quality, cost effective home and personal care services. We strive to meet each consumer's needs and provide companionship and personal support to each client and community we serve. Addus is proud to be a nationally recognized provider of high quality, home care.

Arcadia currently holds accreditation from the Joint Commission. A copy of our certification is under *Attachment 4.*

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

EXHIBIT II

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Applicant Budget
Summary

Date From:	**To:**

	Amount
I. Staff	
A. Salaries	$ 24,561.84
B. Payroll-Related Expenses	$ 4,108.82
Total Staff Costs	$ 28,670.66
II. Operations	
A. Travel and Short-Term Training	$ 489.97
B. Consumable Supplies	$ 169.99
C. Occupancy Costs	$ 369.80
D. Contract and Professional Services	$ -
E. Other - Miscellaneous	$ 5,299.58
Total Operational Costs	$ 6,329.34
III. Equipment	
A. Equipment Depreciation	$ -
B. Small Equipment Purchases	$ -
C. Leased and Rented Equipment	$ -
Total Equipment Costs	$ -
Sub- Total of All Costs	$ 35,000.00
IV. Minus Other Program Resources	$ -
Total Program Costs	$ 35,000.00

Budget Computation

Total Operating Expenses	$ 35,000.00
Divided by Total Operating Units	1,000.00
= Unit Rate	

Unit Rate	$ -
X number of units purchased	1,000.00
= Total Contract Amount	$ -

Unit = Example: 1 meal, 1 hour

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

I. A. Salaries

Position Title	Salary	Frequency i.e. hour, week, month, year	% of Time to Program	Program Salary
Aide	$ 19.52	hour	100.00%	$ 19,518.62
Registered Nurse	$ 33.65	hour	3.95%	$ 1,330.37
Coordinator Service	$ 19.69	hour	5.28%	$ 1,039.40
Agency Director	$ 37.70	hour	2.93%	$ 1,105.58
Director Regional Ops	$ 82.23	hour	1.13%	$ 928.70
Recruiter & Development Manager	$ 28.46	hour	1.65%	$ 468.38
Division President		hour		$ 170.79
Total Salaries				$ 24,561.84

I. B. Payroll-Related Expenses

		Amount
PERS or Social Security		$ 1,878.98
Worker's Compensation		$ 319.98
Unemployment Insurance		$ 239.98
Retirement Expenses		
Hospitalization		
Other (*identify*)	Liability Insurance	$ 129.99
Other (*identify*)	Health Insurance	$ 449.97
Other (*identify*)	Benefits (PTO, life ins, bonus)	$ 1,089.92
Total Payroll-Related Expenses		$ 4,108.82

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

II. A. Travel and Short-Term Training

		Amount
Mileage Reimbursement rate per mile: $ 0.33	$	319.98
Short-Term, Training	$	169.99
Total Travel and Short-Term Training	$	489.97

II. B. Consumable Supplies

Type		Amount
Office Supplies	$	159.99
Cleaning Supplies		
Other *(identify)* Direct Service Supplies	$	10.00
Other *(identify)*		
Total Consumable Supplies	$	169.99

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	$ 269.80
Maintenance and Repairs	
Utilities (if not included in rent) must be itemized Heat Electric	$ 60.00
Water Telephone Sewer	
Other *(identify)* rental tax	$ 40.00
Other *(identify)*	
Total Occupancy Costs	$ 369.80

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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
Background checks & employee vaccines	$ 69.99
Advertising / Help Wanted	$ 99.99
Postage & Freight	$ 10.00
Data/Phone	$ 469.96
Dues and Subscriptions	$ 60.00
Other Operating Expenses	$ 1,109.91
Support Allocation	$ 3,479.73
Total Miscellaneous Costs	$ 5,299.58

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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				$ -	$ -	$ -		$ -

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

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	$ -

Docusign Envelope ID: 00BC97EB-7556-40D5-B265-BD3D65BDB064

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery

OHIO AUDITOR OF STATE
KEITH FABER

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

(614) 466-4514
(800) 282-0370

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: **Arcadia Home Care and Staffing**
Date: **12/3/2024 11:33:17 AM**

This search produced the following list of **2** possible matches:

Name/Organization	Address
Marcellino, Sam	208 S. Remington
Marchionda, Dominic	7886 Via Attilio

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 an 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 awarded 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.