



REQUEST FOR PROPOSAL

#21348

For

Prevention Program Wrap Around Supports

FOR THE CLEVELAND MUNICIPAL SCHOOL DISTRICT
DBA: CLEVELAND METROPOLITAN SCHOOL DISTRICT
BOARD OF EDUCATION, 1111 SUPERIOR AVENUE E, SUITE 1800
CLEVELAND, OHIO 44114

UNDER THE DIRECTION OF THE SAY YES TO EDUCATION, PARTNERSHIPS, AND WRAPAROUND PREVENTION PROGRAMS and SERVICES DEPARTMENT- ENGAGEMENT DIVISION OF THE BOARD OF EDUCATION OF THE CLEVELAND METROPOLITAN SCHOOL DISTRICT - CUYAHOGA COUNTY, OHIO

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Table of Contents

Part 1: OVERVIEW, BACKGROUND & SCOPE OF WORK 3

Section A: Overview 3

Section B: Background..... 3

Section C: Scope of Work & Requirements..... 4

Part II: RFP SUBMISSION & PROCESS REQUIREMENTS 7

Section A: Proposal Submission & Format Requirements 7

Section B: Proposal Constraints 9

Section C: Evaluation Process..... 10

Section D: All District Related Forms..... 11

Section E: Award of Contract 11

Part III: COST PROPOSAL 12

Cost Proposal Form 13

Appendix A: District Related Forms 15

Addendum Acknowledgement Form for RFP #21348..... 15

Certificate of Debarment 16

Certificate of Debarment Continued..... 17

Section C: Conflict of Interest Form 18

Section D: Proposer Qualifications Form 20

Section E: Non-Collusion Affidavit..... 24

Section F: Diversity Business Enterprise Forms 25

Section G: EOA Contractual Declaration Forms 35

Form i. Service Provider Contract Compliance Form 35

Form ii: Compliance Declaration 36

Form iii: Employee Data Form..... 37

Section H: References 38

CLEVELAND MUNICIPAL SCHOOL DISTRICT

PREVENTION PROGRAM WRAP AROUND SUPPORTS

Part 1: OVERVIEW, BACKGROUND & SCOPE OF WORK

Section A: Overview

The Cleveland Metropolitan School District (hereafter the “District”) under RFP #21348 is seeking service providers to provide prevention program wrap around supports that focus on mental health and overall wellness in response to the COVID-19 Pandemic within the District.

Through this RFP, the District is seeking multiple service providers to expand its pool and offerings of prevention programs, particularly Tier 1 and Tier 2 interventions and support for District scholars and staff, and to partner with service providers in the development and piloting of trauma response action plans for early identification and intervention supports that addresses diverse needs.

Tier 1 services are defined as support and interventions focusing on the general population in classroom or school setting.

Tier 2 services are defined as more specialized and targeted evidence-based individual or support groups focusing on specific populations or certain topics i.e., anger management, gender specific programming or responding to specific crisis.

This effort is intended to broaden and expand the Multi-Tiered Systems of Support (MTSS) across the entire district- building upon the assets already in place and providing a continuum of support to meet various student mental health needs.

The District is a large urban school system with over 100 instructional and non-instructional sites, approximately 6,000 teachers and administrative staff, 36,000 District students, and 3,500 classrooms. This includes 62 Pre-K-8 Schools, 31 High Schools (9-12), 2 K-8 schools, 1 Pre-K-6 school, 2 remote school options (K-8, 9-12) and 1 Online Building (K-12). The demographics of our student population include 63.9% Black or African American, 17.2% Hispanic, 14.5% White and 4.4% Other.

The District intends to select organizations to provide high quality prevention programs for CMSD. To facilitate submission and evaluation of proposals, the following provides relevant background information, scope of work requirements, and instructions for services providers to submit their proposal responses to this RFP.

Section B: Background

The Covid-19 pandemic has impacted student mental health from its earliest days. Students report increases in depression symptoms, suicidal ideation and intent, anxiety; and decreases in things like focus/attention. Moreover, students increasingly have been unable to access supports or lack awareness on how to do so. Indeed, disruptions to learning over the onset of the pandemic affected students’ supportive social connections—especially those individual experiences they crave from adults in their buildings. The return to school has brought these challenges, along with other matters, like conflict/violence carryover, into the buildings even more than before.

CLEVELAND MUNICIPAL SCHOOL DISTRICT

PREVENTION PROGRAM WRAP AROUND SUPPORTS

To best prevent mental health crises before they occur, it helps to visualize a river. After helping a person who has fallen into the river (through no fault of their own), it becomes necessary to go upstream and keep people from ending up in the river in the first place. To adequately meet this need, more services are necessary to CMSD scholars and educators in the primary (first tier) and secondary (second tier) prevention strategies—that is, more education to address mental health wellness and cultivating emotional support (primary/first tier), and more school-based direct intervention immediately after an incident like an act of violence or a mental health situation for a classmate (secondary/second tier).

Historically, the District has supplied mental health intervention services for students through third party school based behavioral health providers. Each agency has been assigned a roster of schools ensuring that every school in the District has a community based behavioral health provider. Over the course of the pandemic, it has become clear that additional and differentiated supports are required to meet the growing demand and diversified needs.

Considering the lack of resources and dramatic post pandemic behavioral health issues detailed throughout, the District is seeking to broaden the menu of available resources and to build out its tier 1 and tier 2 prevention programming and intervention capacities.

Section C: Scope of Work & Requirements

This RFP is being issued for the District to select multiple service providers that will provide Tier 1 and Tier 2 prevention programs and intervention supports for District students and staff, and to partner with the District in the development and piloting of trauma response actions plans for early identification and intervention supports.

Prevention programs should include but not be limited to promoting developmental assets, gender specific programs, anger management, bullying, stress management, coping skills, self-esteem/self-awareness, the impact of social media on mental health, culturally responsive programs, and others. These programs will be administered during the school day. Proposed programs should be evidenced based or at the minimum evidence informed.

Please note the purpose of this RFP is to increase the array of Tier 1 and Tier 2 supports. If a scholar is identified to need more intensive school based behavioral health supports (Tier 3), they will be referred to the appropriate school based mental health provider.

As part of the proposal, services providers should address how they will partner with the District and school staff in the development and growth of prevention programs. Service providers should detail in their proposals responses the prevention programs they offer, focusing on the following:

- Gender-specific mental health programs and consultative groups for K-8 and high school students
- Prevention Programs that incorporate unique mental health needs of at-risk youth, such as racial and ethnic minorities, LGBTQ youth and youth with unique needs.

CLEVELAND MUNICIPAL SCHOOL DISTRICT PREVENTION PROGRAM WRAP AROUND SUPPORTS

- Direct support to schools (students and staff) after experiencing a tragedy and following the standard District crisis response.
- Prevention Programs that incorporate the significance of youth voice into the design.
- Professional development for staff focusing on numerous factors including but not limited to promoting developmental assets, responding to trauma, anger management, mindfulness, compassion fatigue, grief, and other areas (targeted for both scholars and staff).

In addition to growing its prevention program supports, the District is seeking service providers that will partner with the District to identify one to two schools to pilot the creation and implementation of trauma informed action plans. These plans will focus on creating a school climate that is a safe environment by providing early identification and intervention of students and staff who have risk factors for those exposed to trauma and need immediate support. Service providers that offer trauma information planning, early identification and intervention support should detail these offerings in their proposal responses.

Partnerships with the District and schools are essential to the success and effectiveness of the prevention programs. The partnership should be inclusive, and in addition to the above scope of work, services providers will be expected to meet and provide the following requirements to be further considered and if awarded a contract:

Background/Experience

- The district is encouraging applicants with expertise in this space to apply for this RFP opportunity.
- The district is seeking providers with staff supplying services that have appropriate licenses and credentialed in behavioral health in the State of Ohio, as necessary. This is strongly preferred.
- Experience working with specific populations is also valued and appreciated and will be considered.
- It is encouraged that agencies should consider collaborating with other organizations to build capacity to maximize ability to provide service.

Reporting Requirements/Obligations:

- Maintain information on programmatic impact including schools served, number of scholars and staff served, program administered and other program outcomes.
- Utilize the C.M.S.D.'s informed consent form where applicable.
- Attend routine administrative program meetings with the District's Say Yes to Education, Partnerships, and Wraparound Services Department.
- Engage in individual agency meetings and site visits.
- Compile documentation as requested and submit to the District Say Yes to Education, Partnerships and Wraparound Services Department.

Billing/Payment:

- Submit monthly invoices detailing costs and services provided.
- The District anticipates prevention program and intervention supports to grow over time. In support of sustainability, the District may request service providers to seek third party reimbursements, either

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

through Medicaid and/or other sources of insurance, as the programs stabilize and use increases. (If we are doing solely prevention program).

Questions for Respondents

In your proposal response, please respond to and provide the following information:

1. Discuss your organization's experience in providing services to school age youth and adolescents (school related services you provide), including a brief history of your organization.
2. How do you envision development and implementation of prevention programs in the District?
3. Please discuss the outcome measures your organization currently or plans to use to monitor the quality of the services/programs you proposed to deliver for the District.
4. Describe your capacity to address and meet the scope of work and requirements as set forth in this RFP for prevention programs, and/or early identification and intervention services.

Include in your response the plan for ongoing education, awareness, and promotion of prevention programs, trauma response- early identification and intervention supports for students, families, and school staff beginning at the start of each school year and throughout.

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Part II: RFP SUBMISSION & PROCESS REQUIREMENTS

Part II of the RFP provides a detailed set of instructions which the service provider will use to prepare the response.

Schedule for Posting and Service Provider(s) Selection for the Prevention Program Wrap Around Supports RFP #21348:

Step	Date*
RFP Posted	May 23, 2022
Pre-Proposal Meeting	June 1, 2022
All final questions from service providers to the District	June 2, 2022
Answers to service providers from the District and all addenda issued (if necessary)	June 10, 2022
RFP Responses Due	June 20, 2022
Service Provider(s) selection	July 20, 2022
Contract negotiation	August 15 to August 19, 2022
Contract Start	September 1, 2022

*Dates listed are subject to change at the discretion of the District. Service providers will be notified of changes to the schedule, as appropriate

Section A: Proposal Submission & Format Requirements

i. Proposal Submission Requirements

- a. In order for the District to evaluate proposals fairly and completely, service providers should follow the format set forth herein and provide all of the information requested. The District discourages overly lengthy and costly proposals.
- b. All proposals shall include all proposal format requirements found below. All information requested in the district related forms must be filled in legibly and completely with blue ink signatures, or the proposal may be considered non-responsive. **Proposal Name: Prevention Program Wrap Around Supports and #21348 must be on the outside of the envelope of submittals including shipping labels.**
- c. Proposals are due at the Cashier’s Office of the Cleveland Metropolitan School District, 1111 Superior Ave E. Cleveland, Ohio 44114 on or before **1:00 pm** current local time on **June 20, 2022. Mailing of Proposals is encouraged. However, hand deliveries will be accepted from 12:00 pm to 1:00 pm on June 20, 2022.**
- d. All submissions must include **one (1) original with blue signatures, one (1) copy, and one (1) electronic proposal on a USB B Flash Drive.** Service providers not complying with this requirement will be notified that they have twenty-four (24) hours in which to comply with this requirement or their proposal may be disqualified. This applies to **copies only.** All materials and proposals submitted should be considered as is.
- e. There will be a Pre-Proposal Meeting at **11:00 AM on June 1, 2022.** The meeting will be held Via Zoom. The Zoom link is as follows:

CLEVELAND MUNICIPAL SCHOOL DISTRICT

PREVENTION PROGRAM WRAP AROUND SUPPORTS

<https://clevelandmetroschools-org.zoom.us/meeting/register/tZ0sce-upzotHtwLGoeOaFi-sF958fqjZQ7t>

Service providers are encouraged to submit questions prior to the Pre-Proposal Meeting so that they may be addressed.

- f. All written questions shall be directed to the Purchasing Division via email to: amanda.joyce@clevelandmetroschools.org. Written questions will be accepted via email until **12:00 pm on June 2, 2022**. Under no circumstances should any firm interested in providing the services identified in the RFP, their designees, or anyone affiliated with their firm, contact any other District employee or official during the RFP process, in an attempt to lobby or influence the selection of a service provider pursuant to this RFP.
- g. The District reserves the right to reject any and all proposals, to waive any and all informalities or irregularities, and to disregard all non-conforming responsive conditional proposals. Each Proposer is liable for all proposal errors or omissions. A proposer shall not be permitted to alter or amend any proposal documents after the Proposal deadline time and date detailed in the RFP unless such is formally requested, in writing, by the District.
- h. Proposals must remain open and valid for ninety (90) days from the opening date, unless the time for awarding the contract is extended by mutual consent of the District and service provider. Service providers may withdraw their proposals any time before proposal opening date by providing written notice to the Purchasing Department before the time and date set for the proposal opening.

ii. Proposal Format Requirements

- a. The Prevention Program Wrap Around Supports scope of work for RFP #21348 is described in Part I. Service Providers are required to provide the information below as well as complete the District Related Forms in Appendix A. The narrative part of the proposals must present the following information, be organized with the following headings and respond to the requested information and questions presented in the RFP scope of work. For evaluation purposes, each heading should be clearly marked in the proposal response.
- b. Proposal responses are to be divided into sections as follows:
 - i. **Transmittal Cover Letter:** Prepare a letter transmitting the proposal on business letterhead. The letter should identify the business name, phone number, and business web address along with the name, phone number and email address of the key contact person. The letter must have the signature of a person with authority to obligate the business. The transmittal letter shall also contain a statement that the proposal is a firm offer for a ninety (90) day period.
 - ii. **General Information Section**
 - 1. **Executive Summary:** Information about the service provider's history, structure, organizational metrics, and qualifications for fulfilling the District's requirements
 - 2. **Business Health:** information about the service provider's financial structure and viability, particularly as it relates to fulfilling a multiple year agreement.
 - 3. **Experience:** information about the service provider's current and previous contracts, particularly those with organizations similar to the District.

CLEVELAND MUNICIPAL SCHOOL DISTRICT PREVENTION PROGRAM WRAP AROUND SUPPORTS

- 4. General Narratives** about at least three clients using services similar to those being proposed for the District.
 - 5. Management support services:** information about staff, project, issue, performance, quality, and risk management methodology.
 - 6. Security:** information about the service provider's policies, practices, and standards for maintaining the confidentiality and integrity of client's data, intellectual property, and trade secrets.
 - 7. Risks:** service provider's evaluation of the greatest challenges and risks associated with the particular services and suggestions for mitigating risk.
 - 8. Dispute resolution:** information about the service provider's standard dispute resolution methodologies.
- iii. Response to Scope of Work Section:** The Response to Scope of Work Section of the proposal shall specifically address the manner in which the proposer will meet scope and requirements described in the **Scope of Work & Requirements Section of Part I**. The proposal shall provide enough information so that the evaluators will be able to determine the proposer's ability to meet the scope of work, requirements, and minimum qualifications. Simply paraphrasing the RFP statement of requirements will not be sufficient data for the evaluation and may be considered as a non-responsive proposal response.
 - iv. Cost proposal** Service Providers should submit cost proposal forms for each program they are offering, for example gender-specific mental health programs for Grades K-5 would be one cost proposal form, and professional development for staff would be a separate cost proposal form. Service providers may submit one overall proposal response with multiple cost proposal forms for all programs offered that fall within the required scope of work. Service providers should be mindful of their capacity when determining the amount of programs they offer in their proposal response.
 - v. Completed District Related Forms** set forth in Appendix A of this RFP.

Section B: Proposal Constraints

- i.** The service provider must comply with all laws, rules and regulations dictated by the Board of Education of the Cleveland Metropolitan School District, City of Cleveland, the State of Ohio and the United States Federal Government.
- ii.** Purchases funded by federal grant funds must adhere to regulations found in Uniform Guidance "Super Circular", 2 CFR 200 (UGG), as a condition of receiving funds and to meet annual audit compliance. In an effort to keep policy for all grants consistent, the District implemented the new federal guidelines regarding procurement utilized with federal grants immediately
- iii.** The District will only accept proposals that cover all of the major components requested in the RFP.
- iv.** Service provider shall not include Ohio Sales Tax in the price quoted. The District will provide tax exempt certificate to the successful Proposer.
- v.** Service provider's personnel and subcontractors on the District site will be required to meet security requirements. Service provider agrees to successfully complete background checks on all of its employees, agents and subcontracts, if necessary, who provide services on site under this scope of

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

work. Each person on site must wear an identification badge that clearly identifies and makes visible the person’s name and company.

- vi.** The successful Service Provider and their subcontractor(s), including organizations having personnel, equipment and vehicles on District property, shall provide evidence of insurance as follows:
 - a. Commercial General Liability Including limited contractual liability
\$2,000,000.00 Limit of Liability
(Per occurrence)
 - b. Automobile Liability Including non-owned and hired
\$2,000,000.00 Limit of Liability
(Per occurrence)
 - c. Worker’s Compensation Worker’s compensation and employer’s insurance
to full extent required by applicable law
- vii.** The insurance requirement must be fulfilled by the successful service provider providing the District with a current Certificate of Insurance (standard ACORD form), showing the Board of Education of the Cleveland Municipal School District as an additional insured (Certificate Holder does not constitute being an additional insured), within five (5) days of Notice of Intent to Award Agreement. The certificates of insurance shall contain a provision that the policy or policies shall not be canceled without thirty (30) days' prior written notice to the District.
- viii.** The required insurance must be provided by a company licensed by the State of Ohio and be financially acceptable to the District.
- ix.** In submitting a proposal, service providers agree, unless specifically authorized in writing by an authorized representative of the District on a case by case basis, that it shall have no right to use, and shall not use, the name of Cleveland Metropolitan School District, its officials or employees, in any advertising, publicity, promotion, nor to express or imply any endorsement of service provider’s services
- x.** The District has a Diversity Business Enterprise and Affirmative Action Program in effect. Information about this program is set forth at <https://bit.ly/3wvVApK>. Forms related to this program are set forth in Appendix A. Service providers submitting a proposal must complete the appropriate forms and submit same with their proposal.

Section C: Evaluation Process

- i.** **Responsiveness:** Proposals will be evaluated, first, as responsive or non-responsive to the RFP’s instructions. A preliminary review will be conducted of all proposals submitted on time to ensure the proposal adheres to the material submission requirements specified in the RFP. Proposals that do not meet the material submission requirements may be deemed non-responsive and rejected. In the event that all proposers do not meet one or more of the submission requirements, the District reserves the right to continue the qualitative evaluation of the proposals and select proposal(s) which most closely meets the scope of work specified in the RFP. Proposal responses must include, or meet, the following submission requirements:
 - a.** Timely Submission
 - b.** Transmittal Cover Letter
 - c.** General Information Section
 - d.** Response to Scope of Work

CLEVELAND MUNICIPAL SCHOOL DISTRICT PREVENTION PROGRAM WRAP AROUND SUPPORTS

- e. Cost proposal
 - f. District Related Forms
 - ii. **Qualitative Evaluation**- proposals will next be evaluated based on the information presented in the proposal and on additional information obtained during the evaluation process. Responses will be evaluated based on the following weighted criteria:
 - a. Understanding District needs and ability to perform the requested services for general and specific populations (35%)
 - b. Service Provider’s demonstrated experience and qualifications (30%)
 - c. Scope of Services offered (20%)
 - d. Cost (15%)
- iii. Evaluations are based on the submitted proposal. Follow-up discussions with the proposer’s best suited to complete the work may be requested. The District reserves the right to interview or to seek additional information related to criteria already specified in the RFP after opening the proposals and prior to entering into a contract, to reject any or all proposals, and to award a contract to one or multiple service providers as the District deems necessary. The District also reserves the right to check references identified by any proposer from any service provider that submitted a proposal. The evaluation process is designed to identify the service provider that is the “best value,” which is the best combination of attributes based upon the evaluation criteria, not necessarily to the service provider with the lowest cost.

Section D: All District Related Forms

There are a number of REQUIRED forms in Appendix A of the RFP that must be completed and submitted with the proposal response. These forms include:

- a. Addendum Acknowledgement
- b. Certificate of Debarment
- c. Conflict of Interest
- d. Proposer Qualification Form
- e. Non-Collusion Affidavit
- f. DBE Forms – A, B, C, D, E F, G & H
- g. EOA Contractual Declaration Forms
- h. References

Section E: Award of Contract

- i. The contents of the RFP, including all appendices and addenda thereto, and the commitments set forth in the proposals shall be considered contractual obligations. Failure to accept these obligations may result in cancellation of the award.
- ii. The contract award will not be final until the District and the selected Service Provider execute a mutually satisfactory contractual agreement.
- iii. The Contract Documents consist of the following:

CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS

- a.** District Contract
 - b.** Response to Scope of Work
 - c.** RFP Submission Requirements
 - d.** Cost Proposal
 - e.** All Required District related forms set forth in Appendix A
 - f.** All applicable addenda
- iv.** The service provider shall perform all work described in the Contract Documents, including without limitation, all terms and conditions of the scope of work and specifications contained herein or otherwise stated in the Contract Documents reasonably inferable there from by the service provider as necessary to produce the results intended therein

Part III: COST PROPOSAL

The undersigned proposes to provide Prevention Program Wrap Around Supports for schools-based staff and scholars of the District in accordance with the Proposal response, Scope of Work, and Requirements Requirement to the entire satisfaction and acceptance of the District, for the period September 1, **2022 through June 30, 2025**, with two (2) one year renewal options. The First Renewal Option is from July 1, 2025 through June 30, 2026. The Second Renewal Option is from July 1, 2026 through June 30, 2027. These renewal options will be under the same terms and conditions as the initial contract and the following cost(s). Undersigned also agrees to hold their costs firm for ninety (90) days from date of submission.

Service Providers should submit a cost proposal form for each program they are offering, for example gender-specific mental health programs for Grades K-5 would be one cost proposal form, and professional development programs for staff would be a separate cost proposal form. Service Providers should use the following template to ensure details are provided and may be fully evaluated by the District.

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Cost Proposal Form

Program Title:

Program Description:

Tier(1 or 2):

Program Duration: Service Providers must indicate the amount of hours, days, and/or weeks included in the total cost of the program:

Participants Per Program: Service Providers must indicate how many individuals are included in the cost of the program (Ex. 30 students)

Program Cost: Service Providers must indicate the service cost for the program, either the per hour, daily or weekly per program cost:

Hourly Cost:

Daily Cost:

Weekly Cost

Materials Cost: Service Providers must indicate the materials cost for the program(Ex. Journals, Books, Poster Board, etc.)

Administrative Cost: Service Providers must indicate any and all administrative costs for the program including travel expenses, overhead, reimbursables, and any other administrative costs. (Ex. \$50 administrative fee)

Other Costs: Service Providers must indicate any additional costs that do not fall under the above costs.

Total Cost for Program: Service Providers must indicate the total cost of the program. All costs must be identified(Service Cost, Materials Cost, Administrative Cost). The District will not pay for any additional costs not proposed here unless explicitly agreed to in advance by the District and the Service Provider.

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Service providers must complete the signatory requirement below

COMPANY NAME: _____

REPRESENTATIVE: _____

PRINT

(TITLE)

SIGNATURE: _____

ADDRESS: _____

CITY: _____ STATE: _____

TELEPHONE: () _____ FAX NO: () _____

E-MAIL ADDRESS: _____

DATE: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Appendix A: District Related Forms

Addendum Acknowledgement Form for RFP #21348

Having read and examined the Request for Proposal Documents, including the specifications, prepared by the Cleveland Metropolitan School District for the above-referenced Project, and the following Addenda:

Addendum Number	Date of Receipt
_____	_____
_____	_____
_____	_____
_____	_____

Proposer: _____

The undersigned Service provider proposes to perform all work for the applicable contract, in accordance with the contract document for the proposed sums.

****Failing to acknowledge a published Addendum may cause your response to be rejected***

Signature: _____ Date: _____

CLEVELAND MUNICIPAL SCHOOL DISTRICT PREVENTION PROGRAM WRAP AROUND SUPPORTS

Certificate of Debarment



Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____

Name and Title of Authorized Representative

Signature of Authorized Representative

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS
Certificate of Debarment Continued.**

- 2 -

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Section C: Conflict of Interest Form

Statement of Potential Conflicts of Interest

Service Provider Name:	Primary Contact:
Address 1:	Telephone #:
Address 2:	Fax #:
City:	Email:
State, Zip:	Website:

Cleveland Metropolitan School District (CMSD) adheres to Ohio Ethics Law and strictly follows the opinion of the Ohio Ethics Commission. As such, each service provider is requested to submit this statement declaring any potential conflicts of interest in doing business with the District. Please answer the following two questions providing all requested information.

1. Are any current Cleveland Metropolitan School District (CMSD) employees, Cleveland Board of Education members, or any of their immediate family members, also members of the service provider’s board of directors, hold any officer position with the service provider, or own any shares of any stock issued by the service provider?

Yes _____ No _____

If **yes**, and if the CMSD employee, CMSD board member, or immediately family member is a member of the service provider’s board of directors or holds an office with the service provider, please state the person’s name and position with the service provider.

Name: _____

Position: _____

If **yes**, and if the CMSD employee, CMSD board member, or immediate family member owns share of any stock in the service provider organization or company, state the percentage of all outstanding company shares owned by the CMSD employee or board member.

_____ %

2. Are any current CMSD employees, CMSD board members, or any immediate family members also employees of the service provider?

Yes _____ No _____

If **yes**, please state the person’s name and provide a description of their job duties for the provider:

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Name: _____

Job Duties: _____

If **Yes**, please describe the contact that the service provider will have with the CMSD employee or CMSD board member in the course of providing services to the District:

CERTIFICATION

I do hereby certify that the foregoing statements are true and accurate, and that my signature below attests to the authenticity of my identity as the person actually signing this form. This document is not a contract. In order for a binding Agreement to exist, a signed Agreement will be required prior to any legally binding commitment by the District.

NOTARIZED STATEMENT

_____ being duly sworn and deposes says

That he/she is the _____ of
(title)

_____, and answers to all the
(organization)
foregoing questions and all statements therein contained are true and correct.

(signature)

Subscribed and sworn before me this ____ day of _____, 20 ____

Notary Public: _____

My commission expires: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Section D: Proposer Qualifications Form

Proposer must answer all questions or attach a written explanation for each question.

PROPOSER NAME: _____

ADDRESS: _____

CITY; STATE: _____ ZIP: _____

CONTACT PERSON: _____

TITLE: _____

TELEPHONE: () _____ TOLL FREE: () _____

TAXPAYER IDENTIFICATION NUMBER: _____

1. What type of organization? (i.e. corporation, partnership, etc.)

2. How many years has your organization been in business?

3. How many years has your organization been in business under its current name?

4. List any other aliases your organization has utilized in the last two years and the form of Business

5. If you are currently a corporation, list the following:
 - a. State of incorporation

 - b. Date of incorporation

 - c. President's name

 - d. Secretary's name

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

e. Treasurer's name

f. Statutory agent's name

g. Name of shareholders, if less than 10

h. Principal place of doing business

6. If you are currently in a partnership, list the following:

a. Name and address of all general and limited partners.

b. Original name and date of organization's inception

7. If you are neither a corporation nor a partnership, please describe your organization and list principals.

8. Are you legally qualified to do business in the State of Ohio?

9. Are you legally qualified to do business in Cuyahoga County and licensed by the City of Cleveland?

10. Has your organization ever been (i) declared by a customer to be in default under a contract and/or (ii) sued by a customer for failure to completely a contract or properly perform services in a timely manner? If yes, please state where, when, and why.

11. Has your organization ever been cited by a local, county, state, or federal authority for violation of a regulation or statute or failing to timely complete a contract in accordance with specifications? If yes, please state date, agency, and final disposition.

12. Has your organization ever filed for bankruptcy? If yes, please state where, when and why?

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

13. On a separate sheet, list the major customers for whom your organization has provided this type of equipment or service in the past five years. Include owner's name and type of work performed.

14. Has your organization ever been sued by a supplier for failure to timely pay for materials or equipment provided? If yes, please provide details.

15. What is the dollar limit of your firm's General (CLS) Liability Insurance?

Name of insuring company: _____

Policy number: _____

16. What is the dollar limit of your firm's Automotive Liability Insurance?

Owned vehicles _____

Non-Owned vehicles _____

Name of insuring company _____

Policy number _____

17. List the name and address of every person having an interest in this RFP.

18. Has any federal, state or local government entity ever cited or taken any action against your organization or any of its principals for failure to pay or remit any taxes including but not limited to income, withholding, sales, franchise, or personal property taxes? If yes, please give name of agency, date and amount of taxes overdue and resolution of the issue.

19. Is your organization and its' principals current in payment of personal property taxes?

20. The prospective lower tier participant certifies, by submission of this RFP, that neither it nor its principals is presently debarred, suspended, proposed, for debarment or suspension, declared ineligible, or voluntarily excluded from participation in this transaction by any State and/or Federal Department or Agency.

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

21. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this RFP.

Notarized Statement

_____ being duly sworn and deposes says
that he/she is the _____ of
(title)

_____, and answers to all the
(organization)

foregoing questions and all statements therein contained are true and correct.

(signature)

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public: _____

My commission expires: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Section E: Non-Collusion Affidavit

This Affidavit must be executed and shall accompany the proposal in order for the proposal to be considered.

NON-COLLUSION AFFIDAVIT
State of Ohio, Cuyahoga County

_____, being first duly sworn, deposes and says that

he/she is _____ of _____

of the party making the foregoing proposal; that such proposal is genuine and not collusive or sham; that said proposer has not colluded, conspired, connived, or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal, or that such other person shall refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or any other proposer, to fix any overhead, profit or cost element of said proposal price, or of that of any proposer, or to secure any advantage against the Board of Education of the Cleveland Metropolitan School District, or any person or persons interested in the proposal; and that all statements contained in said proposal are true; and further that such proposer has not, directly or indirectly, submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any Association or to any member or agent thereof.

Affiant

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

Notary Public in and for Cuyahoga County, Ohio

My commission expires: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Section F: Diversity Business Enterprise Forms

i. DBE Form A

Name of Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Type of Business (Product or Service): _____

Date of Proposed Contract Award: _____

Amount of Proposed Contract Award: _____

Diversity Business Enterprise Subcontractor(s):

Dollar Amount Subcontract Award: _____

Percent of Subcontract Award: _____

D.B.E. Participation: _____ \$ _____

F.B.E. Participation: _____ \$ _____

Name of EEO Officer: _____

(Signature of owner, partner, or authorized officer)

Name: _____ Dated: _____

(printed)

Title: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

DO NOT COMPLETE BELOW THIS LINE

Compliant Compliance Pending Non-Compliant

Compliance Date: _____

(signature, DBE Department)

(date)

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

ii. DBE Form B

**NOTICE OF REQUIREMENT TO ENSURE
DIVERSITY BUSINESS ENTERPRISE (DBE) OPPORTUNITY**

Note: All eligible proposers for award of the contract should comply with the Requirements, Terms, and Conditions of this Notice.

The undersigned proposer hereby agrees that the goal it has established for DBE participation in this project through either subcontracting or entering into a joint Venture with DBEs in conformity with the Requirements, Terms and Conditions of this Notice is a goal of thirty (30%) percent for a construction/repair/ maintenance contract, twenty (20%) percent for a supply contract, and fifteen (15%) for a service contract of the total contract amount of this project. In no event will the absence of goals as stated above be deemed as compliance with the requirements, terms and conditions of this notice.

In addition, the undersigned will complete and attach hereto the DBE (Form C) Schedule for DBE participation, showing all DBE/FBE that will participate as subcontractors or joint ventures in this contract and a DBE (Form D), DBE Letter of Intent form for each DBE/FBE listed on the Schedule.

Proposer: _____

Date: _____

By: _____

Title: _____

Definition of DBE: A Diversity Business Enterprise (DBE)

"Small Diversity business concern" means a small business concern that is at least (51) percent unconditionally owned by one or more individuals who are both socially and economically diverse, or a publicly owned business that has at least (51) percent of its stock unconditionally owned by one or more socially and economically diverse individuals and that has its management and daily business controlled by one or more such individuals. This term also means a small business concern that is at least (51) percent unconditionally owned by an economically diverse Indian tribe or Native Hawaiian Organization, or a publicly owned business that has least (51) percent of its stock unconditionally owned by one of these entities, that has its management and daily business controlled by members of an economically diverse Indian tribe or Native Hawaiian Organization.

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

iii. DBE Form C

SCHEDULE MBE/FBE PARTICIPATION

Project Name: _____

Name of Non-DBE Contractor: _____

Identification Number: _____

Location: _____

Name of Minority Contractor: _____

Address: _____

City, State, Zip: _____

Type of work to be performed and work hours involved:

Projected commencement and completion dates for work:

Agreed price in dollars or percentage:

The undersigned will enter into a formal agreement with DBE for work listed in this schedule conditioned upon execution for a contract with the Cleveland Municipal School District

TO BE RETURNED WITH THE PROPOSAL

Signature of Non-DBE Prime Contractor

Date: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

iv. DBE Form D

DBE LETTER OF INTENT

To: _____
Non-DBE Prime or General Proposer

Project: _____

NON-DBE PRIME OR GENERAL PROPOSER

The Undersigned intends to perform work in connection with the above-referenced project as (check one):

an individual a corporation a partnership a joint venture

DBE status of the undersigned is confirmed in the Cleveland Municipal School District's DBE file of bona fide enterprises with a certification date of: _____

The Undersigned is prepared to perform the following described work in connection with the above referenced project. Specify in detail particular work items or parts thereof to be performed:

at the following price or percent of contract: \$ _____

You have projected the following commencement date of such work, and the undersigned is projecting completion of such work as follows:

Items _____

Projected Commencement Date _____

Projected Completion Date _____

_____ % (percent) of the dollar value of the subcontract will be sublet and/or awarded to NON-DBE contractor (s) and/or NON-FBE SUPPLIERS. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the Cleveland Municipal School District.

Date

Name of DBE Firm (where applicable)

Signature of DBE (where applicable)

Signature of MBE Firm

(TO BE RETURNED WITH RFP)

Name of FBE Firm

Signature of FBE Firm

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

v. DBE Form E

DBE Unavailability Certification

I, _____,
Name Title

Of _____, certify that on _____
Date

I contacted the following DBE to obtain a Proposal for work items to be performed on:

Board Project: _____

Minority Contractor: _____

Work Items Sought: _____

Form of Proposal Sought: _____

Female Contractor: _____

Work Items Sought: _____

Form of Proposal Sought: _____

To the best of my knowledge and belief said minority business enterprise was unavailable (exclusive of the unavailability due to lack of agreement on price) for work on this project or unable to prepare a proposal for the following reason (s):

Signature, Non-DBE prime Proposer Date

_____ was offered an opportunity to proposal on the above-referenced work on
_____ by _____
Date Non-DBE Prime Proposer

Signature, Non-DBE Prime Proposer

The above statement is a true and accurate account of why I did not submit a Proposal on this project.

Signature, Non-DBE prime Proposer

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

**vi: DBE Form F
Non-Minority Prime Affidavit For DBE**

STATE OF }
COUNTY OF } SS.

AFFIDAVIT

The undersigned swear that the foregoing statements are correct and include all material information necessary to identify and explain the items and operation of our subcontract and the intended participation by each party in the undertaking. Further, the undersigned covenant and agree to provide to the Cleveland Municipal School District current, complete, and accurate information regarding actual subcontract work and the payments thereof, and any proposed changes in any of the subcontract arrangements and to permit the audit and examination of the books, records and files of the subcontract or those of each party relevant to the subcontract, by authorized representatives of the Cleveland Municipal School District. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

Name of Firm: _____

Signature: _____

Name and Title: _____

Date: _____

STATE OF }
COUNTY OF } SS.

On this _____ day of _____ 20____, before me appeared _____

_____, to me personally known, who being duly sworn,

did execute the foregoing affidavit, and did state that they were properly authorized by _____

_____ to execute the affidavit and did so as their free act and deed.

(Seal)

Notary Public _____

Commission expires _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

vii: DBE Form G

This form need not be completed if all join venture firms are diversity business enterprises

1. Name of Joint Venture: _____
2. Address of Joint Venture: _____
3. Phone Number of Joint Venture: _____
4. Identify the firms which comprise this joint venture. (The DBE partner must complete DBE Form A or have current DBE Certification)

a. Describe the roll of the DBE firm in the joint venture: _____

b. Describe briefly the experience and business qualifications of each non-DBE Joint Venture: _____

5. Nature of Joint Venture's Business: _____

6. Provide a copy of the Joint Venture Agreement.
7. What is the percentage of DBE Ownership? DBE _____% FBE _____%
8. Ownership of Joint Venture: (This need not be completed if described in the Joint Venture agreement provided in response to question 6).
 - a. Profit and loss sharing: _____

 - b. Capital contributions, including equipment: _____

 - c. Other applicable ownership interest: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

9. Control of and participation in this contract. Identify by name, race, and “firm” those individuals and their titles who are responsible for day-to-day management and policy decision making, including, but not limited to, those prime responsibility form:

a. Financial decisions: _____

b. Management decisions, such as:

i. Estimating: _____

ii. Marketing and Sales: _____

iii. Hiring and firing of management personnel: _____

iv. Purchasing of major items or supplies: _____

c. Supervision of field operations: _____

Note: If after complete the DBE Form B and before the completion of the joint venture’s work on any contract awarded, there is any significant change in the information submitted, the joint venture must inform the Cleveland Municipal School District, either directly or through the non-DBE prime subcontractor if the joint service provider is a subcontractor.

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

viii: DBE Form H

Non-Minority Prime Affidavit (Joint Venture)

STATE OF OHIO

CUYAHOGA COUNTY

AFFIDAVIT

The undersigned swear that the forgoing statements are correct and include all material information necessary to identify and explain the items and operation of our subcontract and the intended participation by each joint venture in the undertaking. Further, the undersigned covenant and agree to provide to the Cleveland Municipal School District current, complete, and accurate information regarding actual joint venture work and the payments thereof and any proposed changes in any of the subcontract arrangements and to permit the audit and examination of the books, records and files of the joint venture or those of each party relevant to the joint venture, by authorized representatives of the Cleveland Municipal School District. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

<hr/> <i>Name of Firm (Prime)</i> <hr/> <i>Signature</i> <hr/> <i>Name and Title</i> <hr/> <i>Date</i>	<hr/> <i>Name of Firm (DBE)</i> <hr/> <i>Signature</i> <hr/> <i>Name and Title</i> <hr/> <i>Date</i>
STATE OF _____] COUNTY OF _____

On this _____ day of _____ 20 ____, before me appeared _____, to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that they were properly authorized by _____ to execute the affidavit and did so as their free act and deed.

(Seal)

Notary Public

Commission expires

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Section G: EOA Contractual Declaration Forms

Information about the District's Affirmative Action Program can be found at <https://bit.ly/3wvVApK>.

Form i. Service Provider Contract Compliance Form

Name of Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Standard Metropolitan Statistical Area: _____

Recruitment Area: _____

Type of Business (product or service): _____

Name of EEO Officer: _____

Signature of Owner, Partner, or Authorized Officer: _____

Name (type or print): _____

Date: _____ Title: _____

Do not complete below this line

Status of Service provider:

Compliance Conditional Compliance

Non-Compliance Compliance Pending

Comments: _____

Date: _____ Signature: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Form ii: Compliance Declaration

The following must be filled out completely:

It is the policy of _____ that equal employment opportunity be afforded to all qualified persons without regard to race, religion, color, sex, national origin, age, or handicap.

In support of this policy, _____ will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, or handicap.

_____ will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, color, sex, national origin, age, or handicap. Such action will include, but not be limited to:

Recruitment, advertising, or solicitation for employment, hiring, placement, upgrading, transfer or demotion, selection for training including apprenticeship rates of pay or other forms of compensation, layoffs or termination.

The undersigned company states that they are of current applicable requirement pertaining to Fair Labor Standards and Non-Discriminatory Practices of Federal, State, and Local Governments.

The undersigned further acknowledges that if the contract is awarded to the undersigned, that the undersigned will comply with all Fair Labor Standard Practice.

(Name of Company)

(Signature of Company Official) Date: _____

STATE OF ())
COUNTY OF () SS.

BEFORE ME, a Notary Public in and for said County and State personally appeared the above-named Company _____ by _____

It's _____, who acknowledged that they knowingly signed the aforesaid instrument, and that the same is their free act and deed duly authorized and the free act and deed of said company.

IN TESTIMONY WHEREOF, I have hereto set my hand and affixed seal at _____, _____, this

day of _____, 20____.

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Form iii: Employee Data Form

Please note this data may be obtained by visual survey or post-employment record. Neither visual surveys nor post-employment records are prohibited by any federal, state or local law. All specified data is required to be filled in by District policy. Descriptions of the job categories below can be found at <https://bit.ly/3wvVApK>

Job Categories	All EMPLOYEES			MALES					FEMALES				
	TOALS MALES & FEMALES	MALES	FEMALES	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	ASIAN AMERICAN OR PACIFIC ISLANDER	INDIGENOUS OR ALSKAN NATIVE	HISPANIC	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	ASIAN AMERICAN OR PACIFIC ISLANDE	INDIGENOUS OR ALSKAN NATIVE	HISPANIC
OFFICIALS, MGRS & SUPERVISORS													
PROFESSIONALS													
TECHNICIANS													
SALES WORKERS													
OFFICE/CLERICAL													
CRAFTWORKERS (SKILLED)													
OPERATIONS (SEMI-SKILLED)													
LABORERS (UNSKILLED)													
SERVICE WORKERS													
APPRENTICES													
TOTAL													

Additional information (optional):

Describe any other actions taken which show that all employees are recruited, hired, or trained or promoted without regard to their race, religion, color, sex, handicap, age or national origin. Use second sheet if additional space is needed:

The undersigned certifies that they are legally authorized by the proposer to make the statements and representations contained in this report, and that they have read all of the foregoing statements and representations which are true and correct to the best of their knowledge and belief.

FIRM OR CORPORATE NAME: _____

DATE: _____

SIGNATURE: _____

TITLE: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Section H: References

Include below three references of equal or larger size to this current RFP project. Public sector experience is preferred, but not required. Please attach relevant supporting documentation, such as project plans, scope of work.

Reference #1:

Company/School Name: _____

Address: _____

Type of Business: _____

Contact Person: _____

Telephone and Fax#: _____

Dates of Service: _____

Description of Services Provided: _____

Reference #2:

Company/School Name: _____

Address: _____

Type of Business: _____

Contact Person: _____

Telephone and Fax #: _____

Dates of Service: _____

Description of Services Provided: _____

**CLEVELAND MUNICIPAL SCHOOL DISTRICT
PREVENTION PROGRAM WRAP AROUND SUPPORTS**

Reference #3:

Company/School Name: _____

Address: _____

Type of Business: _____

Contact Person: _____

Telephone and Fax#: _____

Dates of Service: _____

Description of Services Provided: _____