



REQUEST FOR QUOTE

#21345

For

Providing Fraud Hotline Intake and Related Case Management Services

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 INTERNAL AUDIT DEPARTMENT OF THE BOARD OF EDUCATION OF THE
CLEVELAND METROPOLITAN SCHOOL DISTRICT CUYAHOGA COUNTY, OHIO

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LETTER REQUESTING QUOTATIONS

Date: April 29, 2022

Subject: Providing Fraud Hotline Intake and Related Case Management Services (RFQ #21345)

Dear Vendors:

In order to be considered, All Quotations must be delivered to the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Cleveland, OH 44114 on or before 1:00 pm, May 17, 2022.

Written questions must be received on or before 12:00 pm May 6, 2022. No telephone calls will be permitted. Send questions to: Seletha Thompson @ seletha.thompson@clevelandmetroschools.org.

Under no circumstances should any firm interested in providing services identified in this RFQ, their designees, or any affiliated with their firm, contact any other District employee or official during the RFQ process in an attempt to lobby or influence the selection of a vendor pursuant to this RFQ.

RFQ number and title must be included in all correspondence. All questions/concerns with corresponding answers will be sent to every prospective vendor and posted on the District's webpage.

M. Angela Foraker
Executive Director, Procure to Pay
April 29, 2022

INSTRUCTIONS FOR VENDORS

1. Quotations are due to Seletha Thompson via delivery to the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Cleveland, OH 44114 on or before 1:00 pm on May 17, 2022.
2. The Cleveland Metropolitan School District reserves the right to reject any and all Quotations, to waive any and all informalities or irregularities, and to disregard all non-conforming responsive conditional Statements.
3. Vendors understand and agree that subsequent to the submission of the Quotation, any District resolution authorizing the award of a contract or agreement does not vest any contractual rights in the vendor.
4. Vendor understands and agrees that any such District resolution operates only to encumber funds necessary for the projects and does not create a binding contract.
5. Vendor acknowledges and agrees that it has no vested contractual right until such time as a purchase order and contract have been issued.
6. Vendor further acknowledges and agrees that execution of a contract and issuance of a purchase order is not a ministerial function, but is a formal requirement.
7. Vendor must present evidence to the District, upon request, that they are fully competent and have the necessary facilities, equipment, and financial resources to perform the work required within the time frame required.
8. **SECURITY:** Vendor's workmen, foremen, other personnel, and subcontractors will be required to meet Cleveland Metropolitan School District security requirement. Vendor must issue personnel identification badges. Any worker not complying with CMSD security requirements will be immediately ordered off the project and without prejudice or recourse to CMSD.
 - a. Vendor agrees to successfully complete background checks on all of its employees, agents, and subcontractors who provide services under this Agreement to CMSD facilities. Vendor agrees to warrant that it will not at any time hire or utilize any individual to provide services under this Agreement on CMSD premises where such person has been convicted of, or pleaded guilty to, any criminal offense enumerated in O.R.C.3319.39(B) or equivalent provisions under the laws of another state or the Federal Government.
9. **INSURANCE:** The successful company, their subcontractors, and suppliers of labor and/or materials for this project on behalf of the Cleveland Metropolitan School District, 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. **Workers Compensation:** **Workers compensation and employer’s insurance to the full extent as required by applicable Law**
- d. **Professional Liability:** **Per occurrence/in the aggregate
\$1,000,000.00/\$3,000,000.00**

This requirement must be fulfilled by the successful vendor providing the Purchasing Office of CMSD 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) business days of Notice of Intent to Award Agreement. The certificates of insurance shall contain a provision that the policy or policies will not be canceled without thirty (30) days prior written notice to the District.

The required insurance must be provided by a company licensed by the State of Ohio, which company must be financially acceptable to the Administration of the Cleveland Municipal School District.

The School District is not liable for vandalism which results in damage(s) to the property or vehicles of the Vendor. The school District will not reimburse for private insurance deductibles for such vandalism.

Vandalism damage is defined as damage resulting from criminal conduct for which an individual may (but not necessarily be processed under the Ohio Revised Code.

10. DIVERSITY BUSINESS GOAL: The Diversity Business and Vendor Contract Compliance Programs shall make every good faith effort to ensure that certified diversity business enterprises in the Cleveland Metropolitan School’s relevant geographic market area shall be afforded the maximum opportunity to compete for contracts, services, and purchases. The general goals for diversity business participation are: 15% for services, 20% for goods and supplies, and 30% for maintenance, construction, and repair.

- a. Non-diversity vendors will have their diversity business participation counted toward their goal attainment only with minority vendors who are certified and demonstrate previous experience in the respective business classification of the prime contractor. Only direct participation in the subcontract will be counted toward diversity business enterprise goal attainment.
- b. Vendors shall refer to Section V of this RFQ for further information and requirements on the District’s diversity goals.

c. The diversity business goal for this RFQ is: 15% for services

11. REQUESTS FOR CLARIFICATIONS: Questions regarding interpretation of the content of this RFQ must be directed to: Seletha Thompson, via email at: seletha.thompson@clevelandmetroschools.org on or before 12:00 pm May 6, 2022. Answers to any questions shall be in writing and shall be sent to all firms who are on record with the District as having received a copy of this RFQ. It is therefore imperative that firms provide full and accurate contact information to the District. The name of the party submitting the question will not be identified in the answers. Firms considering responding to this RFQ are strictly prohibited from communicating with any member of District’s staff or representatives of the Owner except as set forth in this section.

12. EVALUATION CRITERIA. Evaluation of the proposal will be based upon several factors including, but not limited to: competence to perform the required services as indicated by the training, education and experience of the firm’s personnel, especially the training, education and experience of the employees who would be assigned to perform the services; ability in terms of workload and availability of qualified personnel, equipment and facilities to perform the required services competently and expeditiously; past

performance as reflected by the evaluations of previous clients with respect to factors such as control of costs, quality of work and meeting of deadlines; and other similar factors. The District is not required to select the firm that submits the lowest cost proposal for providing the services. In the event the District is unable to negotiate a satisfactory contract with the selected firm, the District may terminate negotiations with that firm and enter into negotiations with another firm submitting that submitted a proposal.

13. The Vendor authorizes the District and its representatives to contact the owners and professionals on projects on which the Vendor has worked, and Vendor authorizes such owners and professionals to provide the District with a candid evaluation of the Vendor's performance. By submitting its proposal, the Vendor agrees that if it or any person, directly or indirectly, on its behalf or for its benefit brings an action against any of such owners or professional or the employees of any of them as a result of or related to such candid evaluation, the Vendor will indemnify and hold harmless such owners and professionals and the employees of any of them from any claims whether or not proven that are part of or are related to such action and from all legal fees and expenses incurred by any of them arising out of or related to such legal action. This obligation is expressly intended for the benefit of such owners and professionals, and the employees of each of them.
14. The new Uniform Grant Guidance, 2 CFR200 (UGG) will go into effect for Cleveland Metropolitan School District (CMSD) on July 1, 2018 and will apply to awards or funding increments issued on or after this date. 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 CMSD will implement the new federal guidelines regarding procurement utilized with federal grants immediately.
15. This request for quotations should be submitted on or before 1:00 pm current local time, May 17, 2022 to the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Cleveland, OH 44114.

The submission is to include the following:

- a. Completed and Signed RFQ #21345 Quotation Form
- b. Vendor Request Form
- c. Signed Conflict of Interest Form
- d. Completed and notarized Non-Collusion Affidavit
- e. Certificate of Liability Insurance
- f. Completed Appendix A: Supplemental Information

PART I: INTRODUCTION, SCOPE OF WORK & REQUIREMENTS

RFQ #21345

Providing Fraud Hotline Intake and Related Case Management Services

GENERAL INFORMATION

The Board of Education of the Cleveland Metropolitan School District (“CMSD” or “District”) is committed to the highest standards of legal and ethical behavior. In an effort to deter and detect fraud, waste, and abuse, the CMSD Fraud Hotline has been established to provide community members, employees and others, with a confidential method of reporting fraud and acts of waste and abuse. The District is the second largest school district in the State of Ohio. The urban District has approximately thirty-six thousand (36,000) students at one hundred (100) buildings and six thousand (6,000) employees.

As a result, the District is requesting proposals from interested and qualified vendors (“Vendor”) to administer an independent CMSD telephone and internet hotline that will receive alleged fraud, waste, and abuse complaints, in addition to providing related case management services.

The District currently operates a hotline through a third party vendor over a two and a half year period and received less than twenty-five (25) calls/on-line reports.

Submitted proposals shall include a comprehensive description of the Vendor’s experience in providing the above captioned services to large government or non-profit organizations, including urban school districts.

All inquiries regarding this RFQ are to be submitted in **writing only** in accordance with the instructions given. on pages two (2) and five (5) of the RFQ. No telephone calls will be permitted. Under no circumstances shall anyone interested in providing services identified in this RFQ, or their designees, contact any other employee or official of the District during this RFQ process, in an attempt to lobby or influence the selection of a Vendor pursuant to this RFQ. All oral communications shall be considered unofficial and non-binding on the District.

PURPOSE

As required by the Board's "Whistleblower Protection Policy" GBCD, the District’s Fraud Hotline shall be administered by an independent third party that reports to the District’s Director of Internal Audit.

SCOPE OF WORK

CMSD requires an independent fraud hotline intake service and an integrated case management service that enables for a system to establish, manage, and track the status of all active fraud, waste and abuse cases, reported anonymously or otherwise, falling under the purview of the District.

The District requires the intake function be integrated with a case management system that the Vendor would also make available to the District, thus enabling the District to independently establish, manage and track the status of all active financial fraud, waste and abuse cases.

The District will require that trained service provider personnel (space, equipment, and personnel to be provided by the Vendor) for the telephone intake portion of the hotline service, and the District will be allowed to use the Vendor's software and/or related web module to enable twenty-four (24) hours/day and seven (7) days/week incident reporting (recording of incoming complaints), and related case management services thereafter.

HOTLINE

The hotline will have a pre-recorded message to assure all callers receive a common message regarding the use of the service prior to speaking with an operator. The Vendor will answer calls promptly, and courteously, following the pre-recorded message, and callers will be debriefed fully. A control number will be assigned to each call in order to assure anonymity and for tracking purposes. All persons contacting the hotline will have the capability to either remain anonymous or to disclose their identity if they desire.

Additionally, the Vendor will provide a dedicated website with a link to the District's website that will receive and categorize submissions, and include all the same capabilities as those of the telephone hotline at a minimum.

Hotline operators will provide District designated external referral points of contact for described situations outside of the District's purview. Hotline operators will not interpret District policies for callers, and will not provide advice, aside from the proper internal or external referral designated by the District and made available to the Vendor.

All submissions, by any method, will be forwarded to a designated individual of the Internal Audit Division of the District within twenty-four (24) hours of receipt, unless the designated person is the subject of the submission.

CASE MANAGEMENT

With respect to the case management system, the District requires the case management system support real-time dynamic management of open cases, including, but not limited to:

- The ability to create notes to the file;
- Attach documents;
- Provide a history of case activity and individual access;
- Utilize email notification and generate follow-up reminders; and
- Provide statistical reporting based on any number of potential reporting elements to include:
 - a. incident type
 - b. agency/location
 - c. assigned investigator
 - d. referral/collaborating agency

Finally, the District requires the case management system enable the District to control the migration of cases from open, to inactive, to closed and archived status.

SELECTION SCHEDULE

The dates below represent the *intended timeline* for the selection of a Provider and implementation of the services and system requested.

Task	Date & Time
Issuance of RFQ	<i>April 29, 2022</i>
Deadline for Submitters to provide any written questions	<i>May 6, 2022</i>
Issuance of any Addenda, including all answers to questions received prior to deadline	<i>May 11, 2022</i>
Due Date and Time for Receipt of Proposals	<i>May 17, 2022 at 1:00 PM</i>
Approval by the Board of Education via Resolution Process	<i>First Board Meeting following Award recommendation</i>
Contract Preparation and Award	<i>After Approval of Board of Education</i>
Implementation of Services	<i>July 1, 2022</i>

EVALUATION CRITERIA

The intent of the evaluation process is to foster an impartial and comprehensive evaluation of each proposal received, leading to the selection of the proposal representing the best value to the District. The evaluation factors (criteria) are weighted with price as the heaviest weighted factor. However, all of the factors will be considered *in total* for the final selection. Oral presentations may be requested from the proposer to clarify the submitted proposal.

Proposals will be evaluated in a two-step process: first as responsive or non-responsive to the RFQ's specifications; second, based on the information presented in the proposal and on information obtained during the evaluation process, e.g. oral presentations of the proposed service.

Step two in election of Vendor(s) will not be based solely on price, although price will be the heaviest weighted factor. Selection will also be based on, but not limited to, the following factors:

- Pricing
- History/Experience
- References

Evaluation and selection of awarded Vendor will be made at the sole discretion of CMSD. All information received by CMSD shall become the property of CMSD. CMSD reserves the right to accept or reject any or all proposals without explanation.

If information submitted by a Vendor is unclear to CMSD, the District may request additional explanations or breakdowns of the information. Such requests will be made, and responded to, in writing **ONLY**, with the Vendor's responses being integrated into, and being made a part of, the Vendor's proposal. Responses to CMSD requests must be received within five (5) business days from receipt of request.

PART II: PROPOSAL REQUIREMENTS & RESPONSE COMPONENTS & STRUCTURE

SECTION A: Proposal Submission & Formatting

1. Proposal Submission Requirements

The District discourages overly lengthy and costly quotes. 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. Proposals that do not adhere to these formatting requirements may be considered non-responsive.

All information requested in the request for quote and in the quote package must be filled in legibly and completely with blue ink signatures, or the proposal may be considered non-responsive. **Proposal name: Providing Fraud Hotline Intake and Related Case Management Services and RFQ number: #21345 must be on the outside envelope of submittals including shipping labels.**

Responses are due at the Cashier's Office of the Cleveland Metropolitan School District, Administration Building, 1111 Superior Avenue E, Suite 1800, Cleveland Ohio, 44114, on or before **1:00 pm** current local time on May 17, 2022.

All written questions shall be directed to the Purchasing Division via email to:

seletha.thompson@clevelandmetroschools.org. Written questions will be accepted via e-mail until **12:00 pm May 6, 2022**. The District will **NOT ACCEPT** any telephone calls regarding any of the submittals and/or "short lists." Under no circumstances should any firm interested in providing the services identified in this RFQ, their designees, or anyone affiliated with their firm, contact any other District employee or official during the RFQ process, in an attempt to lobby or influence the selection of a service provider pursuant to this RFQ. No oral, telephonic, telegraphic, or electronic modifications will be considered. All materials submitted are as is.

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 proposals documents after the Proposal Deadline time and date detailed in the RFQ unless such is formally requested, in writing, by the District.

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 the 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.

2. Proposal Response Format Requirements

The scope of work for RFQ #21345 is described within. Service Providers are required to provide the information below as well as complete the Purchasing Required Documents located in Part II. The narrative part of the proposals must present the following information and be organized with the following headings. Each heading should be separated by tabs or otherwise clearly marked.

Responses are to be divided into sections as follows:

1. **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.

2. A completed set of Required Purchasing Division documents set forth in Part II of this RFQ.

3. General Information Section

- a. **Executive Summary:** Information about the service provider's history, structure, organizational metrics, and qualifications for fulfilling the District's requirements
 - b. **Business Health:** information about the service provider's financial structure and viability, particularly as it relates to fulfilling a multiple year agreement.
 - c. **Experience:** information about the service provider's current and previous contracts, particularly those with organizations similar to the District.
 - d. **General Narratives** about at least three clients using services similar to those being proposed the District (including detailed reference information for those clients on the reference forms in Part III Appendices.
 - e. **Management support services:** information about staff, project, issue, performance, quality, and risk management methodology.
 - f. **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.
 - g. **Risks:** service provider's evaluation of the greatest challenges and risks associated with the particular services and suggestions for mitigating risk.
 - h. **Dispute resolution:** information about the service provider's standard dispute resolution methodologies.
 - i. **Qualifications & expertise:** include a detailed statement of relevant experience and expertise in conducting equity and inclusion Survey Work.
 - j. **Subcontract relationship:** include a brief statement about how/when the primary service provider and subcontractors have worked together before (if applicable), and describe the role the subcontractor will play on the District Survey Work.
4. **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 the minimum requirements present in the Scope of Work Section in Part I. Service provider shall address the quantitative and qualitative resources to the accomplishment of these requirements. The proposal shall provide enough information so that the evaluators will be able to determine the proposer's ability to meet scope of work requirement and qualifications.

3. District Related Forms

There are a number of REQUIRED forms identified in the RFQ that must be completed by the service provider. These forms must be completed, signed as described in the text and included in the service provider response. These forms include:

- Vendor Request Form
- Conflict of Interest
- Non-Collusion Affidavit
- Certificate of Liability Insurance
- Cost Proposal Form

4. Term of Agreement

This Agreement shall be for three (3) years, commencing on the date executed by the second of the Parties to sign the Agreement, and shall be for either one (1) year with two (2) one-year renewal options, or for the full three (3) years, and will terminate no later than **June 30, 2025**, based on fiscal funding and mutual agreement of both parties; however, the District may terminate this Agreement without obligation and without cause by giving fourteen (14) days written notice to the Vendor under the Termination for Convenience clause in the Agreement.

PART III: Scope of Work

Submittal Questions, Experience and Support Capabilities

Appendix A: Submittal Requirement Questions, Experience and Support Capabilities Form

Vendor Submittal Requirement Questions

Each submission should address the following questions, if not already requested, in addition to those required throughout this document:

- 1) What are the Vendor's fees and cost structure?
- 2) Are there any set-up costs, or post set-up, maintenance fees, including any software upgrade fees? Training of District assigned personnel?
- 3) What is the media for receiving information: phone, website, mail, etc?
- 4) What is the standard reporting mechanism for the informant and the District representative?
- 5) What are the custom reporting options included or available? Please furnish sample(s).
- 6) Describe the case tracking system, including the provisions for case status.
- 7) Can the system accommodate foreign language translation services, including at a minimum, Spanish?
- 8) Can we use our own established phone number and website as a link? Who hosts the website, phone, and archiving?
- 9) Do you currently service any large urban school districts, governments, or non-profit organizations? If so, please provide names and contacts.
- 10) What are the District's software/hardware requirements?

NOTE: *Proposer should note that the Specifications for this RFQ are general; Proposer should feel free to define, and specify in detail, their services and products.*

INFORMATION ABOUT THE VENDOR

Company Name _____

Legal Name (if different) _____

Years in Business _____

Number of years installing systems similar to this proposal _____

Contact Person/Title _____

Full Mailing Address _____

Telephone Number _____

FAX Number _____

E-Mail Address _____

Names and titles of personnel who would work on this project (attach résumés and extra sheets, if necessary):

Name	Title

List the name and title of the person who would be primary Point of Contact (POC) for this service. (attach résumé). This person will be required to meet with the District during the entire course of the service to discuss, track and document progress.

Name	Title

Experience and Existing Customers

The District is interested in the vendor's experiences that most closely resemble this service. How many such services has/does the vendor provide? How many statewide? How many nationwide?

Area _____

State-Wide _____

Nationwide _____

References

Include below three references of equal or larger size to this current RFQ service. K-12 implementation experience is preferred, but not required. Please attach relevant supporting documentation.

Reference #1

Company/School Name _____

Address _____

Type of Business _____

Contact Person _____

Telephone and Fax #'s _____

Dates of Installation _____

Description of system _____

Reference #2

Company/School Name _____

Address _____

Type of Business _____

Contact Person _____

Telephone and Fax #'s _____

Dates of Installation _____

Description of system _____

Reference #3

Company/School Name _____

Address _____

Type of Business _____

Contact Person _____

Telephone and Fax #'s _____

Dates of Installation _____

Description of system _____

Subcontractors/Partners

Every subcontractor must be bound by the applicable terms and provisions of the contract documents the vendor may certify. Further information about subcontractors may be requested prior to the award.

Identify all subcontractors or partners you intend to use for any purposes. Include separate sheet(s) labeled "Subcontractors/Partners" if necessary. The District reserves the right of prior approval of all subcontractors prior to signing a contract.

BUSINESS NAME	YEARS EXPERIENCE	FUNCTION
1.		
2.		
3.		

References for Subcontractors/Partners

Include below two references of equal or larger size to this current RFQ project for **EACH** subcontractor (duplicate this section if needed for multiple subcontractors). K-12 implementation experience is preferred, but not required. Please attach relevant supporting documentation, such as project plans.

Reference #1

Company/School Name _____

Address _____

Type of Business _____

Contact Person _____

Telephone and Fax #'s _____

Dates of Installation _____

Description of system _____

Reference #2

Company/School Name _____

Address _____

Type of Business _____

Contact Person _____

Telephone and Fax #'s _____

Dates of Installation _____

Description of system _____

Reference #3

Company/School Name _____

Address _____

Type of Business _____

Contact Person _____

Telephone and Fax #'s _____

Dates of Installation _____

Description of system _____

PART IV: COST PROPOSAL FORM

RFQ #21345

FRAUD HOTLINE INTAKE AND RELATED CASE MANAGEMENT SERVICES

By signing below, Vendors authorized representative proposes to provide fraud hotline intake and related case management services to the Cleveland Metropolitan School District in accordance with the terms, conditions, and Specifications of this RFQ, and to the entire satisfaction and acceptance of the Cleveland Metropolitan School District; and to hold pricing, listed below, firm for a period of ninety (90) days from submittal due date.

NO MINIMUM PRICING WILL BE PERMITTED

Please enter pricing for both Terms shown

Initial one (1) year term: Grand Total \$ _____

Option two (2) renewal: Grand Total \$ _____

Option three (3) renewal: Grand Total \$ _____

Three (3) year term: Grand Total \$ _____

GRAND TOTALS MUST BE ALL INCLUSIVE: Vendor may offer detailed breakdown of the grand total costs on a separate page.

VENDOR NAME: _____

ADDRESS: _____

CITY & STATE: _____ **ZIP:** _____

REPRESENTATIVE: _____
(SIGNATURE)

REPRESENTATIVE: _____
(PLEASE PRINT)

TITLE: _____

TELEPHONE NO: _____ **FAX NO:** _____

E-MAIL ADDRESS: _____

DATE: _____

ITEMIZED COST BREAKDOWN

DESCRIPTION OF ITEM/PRODUCT/SERVICE

COST

PART V: DISTRICT RELATED FORMS

Required Purchasing Division Documents and Instructions

Section I: Vendor Request Form

VENDOR INFORMATION

VENDOR NUMBER
(IF APPLICABLE) _____
VENDOR NAME _____
ADDRESS LINE 1 _____
ADDRESS LINE 2 _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. _____ FAX NO _____
Area Code Number Area Code Number

E-MAIL ADDRESS _____
PRIMARY CONTACT PERSON _____

REMIT TO (IF DIFFERENT FROM ABOVE)

VENDOR NAME _____
ADDRESS LINE 1 _____
ADDRESS LINE 2 _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NO. _____ FAX NO _____
(Area Code) Number (Area Code) Number

PRIMARY SERVICE, PRODUCT, OR SPECIALTY:

NOTE: VENDOR NAME AND TAX ID NUMBER MUST BE AS FILED WITH THE INTERNAL REVENUE SERVICE.

PLEASE INDICATE WHERE APPLICABLE

DIVERSITY BUSINESS ENTERPRISE: YES NO

MINORITY BUSINESS ENTERPRISE: YES NO

FEMALE BUSINESS ENTERPRISE: YES NO

Section II: Conflict of Interest Form

Statement of Potential Conflicts of Interest

Vendor 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 vendor 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 vendor's board of directors, hold any officer position with the vendor, or own any shares of any stock issued by the vendor?

Yes _____ No _____

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

Name: _____

Position: _____

If **Yes**, and if the CMSD employee, CMSD board member, or immediate family member owns share of any stock in the vendor 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 vendor?

Yes _____ No _____

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

Name: _____

Job Duties: _____

If **Yes**, please describe the contact that the vendor 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: _____

Section III: 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: _____

Section IV: Sample Certificate of Liability Insurance

Sample: Acord Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)																
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>																		
<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>																		
PRODUCER INSURED	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> <tr><td>INSURER F:</td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:				
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COVERAGES		REVISION NUMBER:																
CERTIFICATE NUMBER:																		
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>																		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">WC STATU-TORY LIMITS</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 80%;"></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$
WC STATU-TORY LIMITS	OTH-ER																	
E.L. EACH ACCIDENT		\$																
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																		
CERTIFICATE HOLDER				CANCELLATION														
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.														
				AUTHORIZED REPRESENTATIVE														