



## County of Summit ADM Board

### Request For Proposal (RFP)

#### County of Summit ADM Board System Workforce Wage Study

##### I. **Background**

Beginning in 2022, the County of Summit Alcohol, Drug Addiction, and Mental Health Services (ADM) Board launched a multi-year project to ensure that behavioral health contract service providers obtain and maintain a sufficient capacity of highly skilled and effective workforce to meet system demand for services. To continue our work, the ADM Board is accepting proposals for a consultant to conduct a wage study for our contract providers that will assist our system of care with insight into ways to successfully compete in the workforce market.

##### II. **Eligibility to Respond**

The ADM Board is seeking a consultant with the following expertise:

- Significant experience in compensation market research and benchmarking which will allow us to gain insight into wage trends in our provider system.
- Demonstrated success in compensation analysis within health care, Federally Qualified Health Clinics and behavioral health organizations, preferred.

##### III. **Project Scope and Deliverables**

The consultant will work closely with the ADM Board's Associate Director of Operations and its Manager of Evidence Based Practices and Outcomes. Additionally, the consultant will obtain necessary information from twenty-seven (27) behavioral health contract providers (Providers) with approximately two thousand two hundred (2,200) staff members. The Providers will assign a project lead to respond to the informational needs of the consultant.

The consultant will participate in:

- A kickoff meeting where the consultant will outline data needed and deadlines, method of communication, etc.
- A project closeout meeting where the consultant will conduct a presentation that aggregates the overall ADM Board Provider network wage analysis identifying key insights for the Providers to obtain and maintain staff capacity.

The consultant will produce analyses and reporting that:

- Identifies current compensation trends and practices within the Provider network.
- Compares compensation between each position in the Provider agency, the Provider network, and the market in northeast Ohio.
- Recommends tools and processes to ensure that the compensation program remains competitive.

#### IV. Confidentiality

All individually identifiable data remains the sole property of the Providers. The firm shall agree to keep all information related to this process in strict confidence, including any confidential ADM Board and Provider agency information or proprietary information gathered during this process.

#### V. Proposal Requirements

Responses must provide a straightforward and concise description of the ability to meet the requirements of this RFP with an emphasis on completeness and clarity of content. The proposal must include:

- Contractor and staff relevant experience
- Overview of at least two similar projects completed (portions may be redacted to protect confidentiality)
- Project plan to include scope of work, deliverables, work methods and timeline.
- The proposal should be no longer than 5 pages (Not including the budget and section VII forms to be completed).
- Project budget (**must be submitted in separate document titled "Project Budget\_Contractor Name"**) to include the payment schedule tied to deliverables.

#### VI. Process for Proposal Submission and Evaluation

- Submission due date: 05/07/2025
- Submission address: electronic proposals will be submitted to the following web address:  
<https://admboard.egnyte.com/ul/9BSOCQJf3J>
- Inquiries about the RFP: questions will be submitted to [grantapplications@admboard.org](mailto:grantapplications@admboard.org). The subject line must include "County of Summit ADM Board Workforce Wage Study." The deadline for submitting any inquiries is Friday, April 25, 2025.
- Conditions of the proposal: all costs incurred in preparing a response to this RFP are the responder's responsibility and will not be reimbursed by the ADM Board.
- **Telephone calls, emails, text messages, etc. advocating, supporting, inquiring about the selection of an RFP responder are not acceptable and may result in the disqualification of an RFP response.**

- Submission instructions:
  - Submissions must be delivered electronically ONLY in pdf format.
  - Attachments must be relevant and legible.
  - Submissions will not be returned.
  - An email acknowledgement of each submission received will be sent to the applicant.
  - Submissions received by the deadline will undergo a preliminary screening. Late or incomplete submissions will not be accepted for review and rating. Any proposal may be disqualified if it deviates from submission instructions in the RFP.
  - Additional information may be required from the selected applicant prior to the awarding of the project.
  - Failure to disclose any history of deficiencies shall disqualify the responder from award of contract.
- Reservation of rights: The ADM Board reserves the right to request or negotiate changes in a proposal, accept all or part of a proposal, or reject any or all proposals. The ADM Board may, at its sole and absolute discretion, select no firm for these services if, in its determination, no applicant is sufficiently responsive to the need. The ADM Board reserves the right to disqualify any proposal that does not adhere to the RFP guidelines.
- Confidentiality: If the responder deems any material submitted to be proprietary or confidential, this must be indicated in the relevant section of the proposal.
- Notification of selection and timeline: After the initial review of the proposals, interviews may be scheduled with finalists. References will be contacted for all finalists.
- Proposal submission forms: the following forms must be completed and submitted with the proposal documents outlined and attached below:
  - Form of Proposal
  - Equal Employment Opportunity/Anti-Discrimination Compliance Certificate
  - Small and Emerging Business Enterprise Information
  - Statement of Indemnification (must be notarized)
  - Non-Collusion Affidavit (must be notarized)
  - Qualification Statement Professional Services
  - Current/Past Performance/References
  - Declaration of Personal Property Tax Delinquency Ohio Revised Code 5719.042 (must be notarized)

## **VII. Forms to be Completed**



## Form of Proposal

The wording of the proposal shall be retained throughout, without change, alterations, or additions. Any changes in the wording may cause the proposal to be rejected.

Having read the project overview and examined the work required for the project entitled:

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And, also having received and taken into account addenda numbers:

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In submitting this proposal, it is understood that the right is reserved by the County of Summit ADM Board to reject any and all proposals. It is also agreed that this proposal may not be withdrawn for a period of ninety days (90) from the opening thereof.

Insert below, proposers name. If a corporation gives the state of incorporation using the phrase, "A corporation organized under the laws of:" If a partnership, give name of partner using the phrase, "Co-partners trading and doing business under the firm name and style of". If an individual using a trade name, give individual name using the phrase, "An individual doing business under the name and style of".



## Form of Proposal (Continued)

Name of Firm \_\_\_\_\_

Name of Corporation \_\_\_\_\_

Name of President \_\_\_\_\_

Corporation is Organized Under the Laws of \_\_\_\_\_

Principal Place of Business Address \_\_\_\_\_

Date of Establishment of Place of Business \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Vendor hereby certifies that this proposal complies with all minimum response requests and those requirements are hereby made part of the Vendor's response and incorporated herein.

SIGNATURE \_\_\_\_\_

BY \_\_\_\_\_

Vendors should also attach vendor reference/experience and information addressing vendor's service.



# Equal Employment Opportunity/ Anti-Discrimination Compliance Certificate

## EQUAL EMPLOYMENT OPPORTUNITY/ANTI-DISCRIMINATION

- A. The undersigned agrees that in the hiring of employees for the performance of work under any contract or any subcontract awarded by the County of Summit, no contractor, subcontractor or any person acting on his behalf, shall discriminate against any citizen of the state in the employment of labor or workers who are qualified and available to perform the work to which the employment relates by reason of race, creed, sex, disability, military status as defined in section 4112.01 of the Ohio Revised Code, color, gender identity as defined in Section 101.02(f) in the Codified Ordinances of the County of Summit and sexual orientation as defined in Section 101.02(r) in the Codified Ordinances of the County of Summit.
  
- B. The undersigned agrees that no contractor, subcontractor or any person on his behalf shall, in any manner, discriminate against or intimidate any employee hired for the performance of work under this Agreement on account of race, creed, sex, disability, military status as defined in section 4112.01 of the Ohio Revised Code, color, gender identity as defined in Section 101.02(f) in the Codified Ordinances of the County of Summit and sexual orientation as defined in Section 101.02(r) in the Codified Ordinances of the County of Summit. The undersigned certifies he does not maintain, and he will not permit his employees from performing services at any segregated facilities.

\_\_\_\_\_  
Firm Name:

\_\_\_\_\_  
By:

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## SMALL AND EMERGING BUSINESS ENTERPRISE INFORMATION

Please check the descriptions below that apply to your business. If your business meets the criteria of a Small and Emerging Business Enterprise but does not currently have a formal certification through a certifying body, you may complete and submit the Small and Emerging Business Enterprise Affidavit.

Please check *all that apply*:

**8(a) Business Development Program**

In order to help small, disadvantaged businesses compete in the marketplace, the SBA created the 8(a) Business Development Program. The 8(a) Business Development Program is a business assistance program for small, disadvantaged businesses. The 8(a) Program offers a broad scope of assistance to firms that are owned and controlled at least 51% by socially and economically disadvantaged individuals. Participation in the program is divided into two phases over nine years: a four-year developmental stage and a five-year transition stage.

**Disadvantaged Business Enterprise (“DBE”)**

DBEs are for-profit small business concerns where socially and economically disadvantaged individuals\* own at least a 51% interest and also control management and daily business operations. (\*African Americans, Hispanics, Native Americans, Asian-Pacific and Subcontinent Asian Americans, and women are presumed to be socially and economically disadvantaged). Other individuals can also qualify as socially and economically disadvantaged on a case-by-case basis. To participate in the DBE program, a small business owned and controlled by socially and economically disadvantaged individuals must receive DBE certification from the relevant state—generally through the state Uniform Certification Program (UCP).

To be regarded as economically disadvantaged, an individual must have a personal net worth that does not exceed \$1.32 million. To be seen as a small business, a firm must meet SBA size criteria AND have average annual gross receipts not to exceed \$22.41 million. Size limits for the airport concessions DBE program are higher. The Department has issued a final rule amending its disadvantaged business enterprise (DBE) program at 49 CFR part 26.

**Encouraging Diversity, Growth and Equity (“EDGE”)-Certified Business Enterprise**

An EDGE-certified business must be owned and controlled by a U.S. citizen who is a resident of Ohio. A business may qualify for EDGE certification if either (a) its owner is both socially and economically disadvantaged, or (b) the business is located in a qualified census tract and the owner is economically disadvantaged. A business enterprise that is eligible for EDGE certification must (1) have been in business for at least one year prior to applying; and (2) be at least 51 percent owned by socially and economically disadvantaged individuals. The business owner must (1) have day-to-day control over the business, exercising final authority over all aspects of the daily operations of the business, including but not limited to operations, financial and business management, and human resources and policy decisions; and (2) possess all licenses and permits required by law to perform the scope of work within.





## SMALL AND EMERGING BUSINESS ENTERPRISE INFORMATION (Continued)

### **Lesbian, Gay, Bisexual, Transgender Business Enterprise (“LGBTBE”)**

An independent business concern that is at least fifty-one percent (51%) owned and controlled by one or more LGBT persons who are U.S. citizens or lawful permanent residents, or in the case of any publicly-owned business, at least fifty-one percent (51%) of the equity of which is owned and controlled by one or more LGBT persons who are U.S. citizens or lawful permanent residents; and whose management and daily operation is controlled by one or more of the LGBT owners.

### **Local Economically Disadvantaged Enterprise (“LEDE”)**

A sole proprietorship, partnership, company, corporation or joint venture that has been in business for at least one year prior to the date of determination in connection with the County’s contracting or procurement activities and that meets certain size limitations based on the Federal Small Business Administration Regulations set forth in 13 C.F.R. §121.201 and the revisions thereto.

The enterprise must be local, having (a) its principal place of business within Summit County, Ohio as determined by the payment of real or personal property taxes on property located in such county for not less than one taxable year immediately prior to the date of determination or (b) more than 50% of its full-time employees residing within the boundaries of Summit County; and must be economically disadvantaged such that the enterprise is at least 51% owned and controlled directly or indirectly by one or more individuals, each with a personal net worth equal to or less than \$750,000. Personal net worth of an individual includes the personal net worth of the individual’s spouse, if any, but does not include (1) the individual’s ownership interest in the enterprise being considered in connection with the County’s contracting and procurement activities or (2) the individual’s equity in his or her primary residence. Additionally, a contingent liability does not reduce an individual’s personal net worth.

### **Minority Business Enterprise (“MBE”)**

Minority business concern, as used in this definition, means a small business concern (1) which is at least 51 percent owned by one or more minorities or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more minorities; and (2) whose management and daily business operations are controlled by one or more minorities. “Minority business enterprise” means Blacks or African Americans, American Indians, Hispanics or Latinos, and Asians as defined in the Ohio Revised Code.

## SMALL AND EMERGING BUSINESS ENTERPRISE INFORMATION (Continued)

**Small and Emerging Business Enterprise (“SEBE”)**

A small and emerging business enterprise is defined as a business concern, operated, not dominant in the field of operation in which it is bidding on government contracts, and qualified as a small business under the criteria and size standards in 13 CFR Part 121.201. Such a concern is “not dominant in its field of operation” when it does not exercise a controlling or major influence on a national basis in a kind of business activity in which a number of business concerns are primarily engaged.

**Veteran Business Enterprise (“VBE”)**

A veteran business enterprise is defined as a business concern (1) which is at least 51 percent owned by one or more veterans or service-disabled veterans, or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more veterans or service-disabled veterans; and (2) whose management and daily business operations are controlled by one or more veterans or service-disabled veterans. “Veteran” means a veteran of the U.S. military, – either active duty or reservist – from all five Service Branches (Army, Navy, Air Force, Marine Corps and Coast Guard).

**Women Business Enterprise (“WBE”)**

Women-owned business concern, as used in this definition, means a small business concern (1) which is at least 51 percent owned by one or more women or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and (2) whose management and daily business operations are controlled by one or more women.

**None of the Above**

The business bidding does not meet one of the above definitions, classifications requested.



## STATEMENT OF INDEMNIFICATION

The Vendor hereby agrees that if his or her proposal is accepted, that they will assume all risk of injuries to property of persons, including death resulting there from arising from the performance of the work under this project, or in connection therewith, or appertaining thereto, sustained by the vendor, the employees of the Vendor, the employees of the county and/or any other person. The Vendor does hereby agree to protect, indemnify, and hold harmless County of Summit and participating jurisdictions and agencies against any and all actions, claims, demand or liabilities for death, personal injuries or property damage arising from the performance of the work under this project by any person as aforesaid for any cause whatsoever, not including, however any act of negligence or omission by County of Summit or is authorized representatives and employees, and any defect in the premises, machinery or equipment of County of Summit. In addition, the Vendor shall pay all expenses, which County of Summit may incur in the investigation and/or defense of any such claim, including counsel fees and court costs.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Representative's Signature & Title

SUBSCRIBED AND DULY SWORN BEFORE ME ACCORDING TO LAW, BY THE ABOVE-NAMED APPLICANT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_ COUNTY OF AND THE STATE OF \_\_\_\_\_.

Signature\_\_\_\_\_



## NON-COLLUSION AFFIDAVIT

STATE OF OHIO,

COUNTY OF SUMMIT, SS:

(Authorized Affiant) \_\_\_\_\_ being first duly SWORN, deposes and says that he is the (Title) \_\_\_\_\_ or authorized representative of (Company/Corporation) \_\_\_\_\_ or is the party submitting this proposal; that such proposal is genuine and not collusive or sham; that said Vendor has not colluded, conspired, connived, or agreed, directly or indirectly, with any other Vendor or person, to submit a sham proposal, or refrain from submittal; 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 Vendor, to fix any overhead, profit or cost element of said proposal price, or of that of any other Vendor; to secure any advantage against the County of Summit or any person or persons interested in the proposed contract; that all statements contained in said proposal of proposal are true and that, such Vendor has not, directly or indirectly submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any other potential Vendor. Further, Affiant affirms that no county employee has any financial interest in this company or the proposal being submitted.

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## Qualification Statement Professional Services

Service: \_\_\_\_\_

Name of Business Entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Page: \_\_\_\_\_ Email: \_\_\_\_\_

If Business, Form: \_\_\_\_\_  
(Corporation, Partnership, etc.)

Branches or Additional Locations, if any:

\_\_\_\_\_  
\_\_\_\_\_

If Partnership, List All Partners:

\_\_\_\_\_  
\_\_\_\_\_

Length of Time in Business or Practice: \_\_\_\_\_

Statements of Services Available (Include Areas of Specialization):

\_\_\_\_\_  
\_\_\_\_\_

Description of Service Facilities (Personnel, Equipment, Resources):

\_\_\_\_\_  
\_\_\_\_\_

Experience, Education, Skills:

\_\_\_\_\_  
\_\_\_\_\_

If additional information or space is required, submit a typed, concise summary on 8½" x 11" plain bond paper.



## Current/Past Performance/References

In completing your references, you should cite, if possible, at least two government projects of similar size and scope to the one defined in this request.

### Reference One:

Company/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Contract/Description of Work

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### Reference Two:

Company/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Contract/Description of Work

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**DECLARATION OF PERSONAL PROPERTY TAX DELINQUENCY  
OHIO REVISED CODE 5719.042**

I, \_\_\_\_\_, hereby affirm that \_\_\_\_\_, responding to this Request for Proposal at the time of submitting this response with any delinquent personal property taxes on the general tax list of personal property of the County of Summit.

The amount of such due and unpaid delinquent tax and any due and unpaid penalties and interest is \$ \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_, ss

Before me, a Notary Public, in and for said County, personally appeared \_\_\_\_\_, authorized signatory for \_\_\_\_\_, and acknowledges that he has signed the foregoing instrument and that same is his/her free act and deed.

IN TESTIMONY WHERE OF, I have affixed my hand and seal of my Office at \_\_\_\_\_, State of \_\_\_\_\_. This \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Notary Public \_\_\_\_\_



DECLARATION OF PERSONAL PROPERTY TAX DELINQUENCY
OHIO REVISED CODE 5719.042, continued

I, \_\_\_\_\_, hereby affirm that \_\_\_\_\_,
firm herein, is [ ] / is not [ ] (check one) charged at the time of submitting this request for
proposal with any delinquent real property taxes on the general tax list of real property of the
County of Summit.

The amount of such due and unpaid delinquent tax and any due and unpaid penalties and interest
is \$ \_\_\_\_\_.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF OHIO )

SS: )

COUNTY OF SUMMIT )

Before me, a Notary Public, in and for said County, personally appeared \_\_\_\_\_,
authorized signatory for \_\_\_\_\_, and acknowledges that he has read the
foregoing subsections, and that the information provided therein is true to the best of his
knowledge and belief.

IN TESTIMONY WHERE OF, I have affixed my hand and seal of my Office.
at \_\_\_\_\_, Ohio, this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

(Official Seal)

Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_\_





**APPENDIX A**

**Request for Proposal Submission Checklist**

- \_\_\_\_\_ Cover sheet (APPENDIX B) (signed)
- \_\_\_\_\_ Written qualifications (No more than 5 pages)
- \_\_\_\_\_ Contractor's Resume
- \_\_\_\_\_ Forms to be Completed and Required Attachments



**APPENDIX B  
Cover Sheet**

**County of Summit ADM Board**

<b>Applicant</b>	<b>Contact Person</b>
Name of Organization:  Address:  Telephone:  Fax:  Website:  Federal tax identification #:	Name:  Address:  Telephone:  Email:  How did you hear about this?

***The applicant certifies to the best of their knowledge and beliefs, the data and information in this submission are true and correct and this document has been duly authorized by the governing body of the applicant. Further, the applicant certifies that, if the submission is approved, the project will be conducted in accordance with the project submission and any special condition included in the Request for Proposal.***

***Authorized representative to complete the following:***

**Name and Title (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_