

COMMISSIONERS JOURNAL NO. 63 - DELAWARE COUNTY
MINUTES FROM REGULAR MEETING HELD OCTOBER 1, 2015

THE BOARD OF COMMISSIONERS OF DELAWARE COUNTY MET IN REGULAR SESSION ON THIS DATE WITH THE FOLLOWING MEMBERS PRESENT:

Present:
Gary Merrell, President
Barb Lewis, Vice President
Jeff Benton, Commissioner

1
RESOLUTION NO. 15-1167

IN THE MATTER OF APPROVING THE ELECTRONIC RECORD OF THE PROCEEDINGS FROM REGULAR MEETING HELD SEPTEMBER 28, 2015:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following:

WHEREAS, the Board of Commissioners of Delaware County, Ohio (the "Board") met in regular session on September 28, 2015; and

WHEREAS, the Clerk of the Board has certified, pursuant to section 305.12 of the Ohio Revised Code, that the entire record of the proceedings at that meeting is completely and accurately captured in the electronic record of those proceedings;

NOW, THEREFORE, BE IT RESOLVED that the Board hereby approves the electronic record of proceedings at the previous meeting.

Vote on Motion Mr. Merrell Aye Mrs. Lewis Aye Mr. Benton Aye

2
PUBLIC COMMENT

3
ELECTED OFFICIAL COMMENT

Judge Shaw, Tribute

4
RESOLUTION NO. 15-1168

IN THE MATTER OF APPROVING PURCHASE ORDERS, THEN AND NOW CERTIFICATES, AND PAYMENT OF WARRANTS IN BATCH NUMBERS CMAPR0930:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve Then And Now Certificates, payment of warrants in batch numbers CMAPR0930 and Purchase Orders as listed below:

<u>Vendor</u>	<u>Description</u>	<u>Account</u>	<u>Amount</u>
PO' Increase			
Adriel School	Residential Treatment	22511607-5342	\$ 26,600.00
PR Number	Vendor Name	Line Description	Line Account Amount
R1504989	HORIZON SYSTEMS LLC	NETWORK INTRUSION PROTECTION	40111402 - 5320 \$157,049.15
R1504991	HENRY P THOMPSON CO INC.	REPLACE ROTORKS 4A AND 5A AT ALUM CREEK	66211904 - 5428 \$26,800.00

Vote on Motion Mrs. Lewis Aye Mr. Merrell Aye Mr. Benton Aye

5
RESOLUTION NO. 15-1169

IN THE MATTER OF APPROVING TRAVEL EXPENSE REQUESTS:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following:

The EMS Department is requesting that Jon Young participating in a Hazmat IQ Training on-line 2015 at no cost.

The EMS Department is requesting that Joseph Farmer, Glen Keating, Pete Halpin, Aaron Jennings, Jude James, Josh Boliantz, Chuck Roderick, attend an Advanced Stoke Life Support Instructor Update in Columbus, Ohio November 6, 2015; at no cost.

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The Administrative Services Department is requesting an amendment to Dana Bushong Ohio Public Employee Labor Relations Association in Independence, Ohio October 2, 2015; at the cost of \$175.00 (fund number 10011108).

The Child Support Enforcement Agency is requesting that Sandy Disantis, Maren Aikey, Darci Sholler, Lisa Cain, Lisa Thompson, Sue Sours, Pat Church, Jason Porter, Deb Benjamin, Joyce Bowens attend the Ohio CSEA Fall Conference; October 19-20, 2015 (at various times); at the cost of \$775.00 (fund number 23711630)

Vote on Motion Mr. Benton Aye Mr. Merrell Aye Mrs. Lewis Aye

**6
RESOLUTION NO. 15-1170**

IN THE MATTER OF UPDATING THE SPEAKER REGISTRATION FORM ADOPTED IN RESOLUTION NO. 11-322 (ADOPTING RULES GOVERNING PUBLIC COMMENT BEFORE THE BOARD OF COUNTY COMMISSIONERS OF DELAWARE COUNTY, OHIO):

It was moved by Mrs. Lewis, seconded by Mr. Benton to update the “Speaker Registration Form” adopted in Resolution No. 11-322 (Adopting Rules Governing Public Comment Before The Board Of County Commissioners Of Delaware County, Ohio).

Whereas, the Board of Delaware County Commissioners adopted Resolution No. 11-322 (Adopting Rules Governing Public Comment Before The Board Of County Commissioners Of Delaware County, Ohio); and

Whereas, Resolution 11-322 contains a “Speaker Registration Form”; and

Whereas, the “Speaker Registration Form” is in need of updating;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF DELAWARE COUNTY, OHIO:

The Board hereby approves an updated “Speaker Registration Form”

Speaker Registration Form

The following rules apply to any individual who wishes to speak before the Delaware County Board of Commissioners during Regular Session meetings:

1. This form is to be completed and submitted to the Clerk to the Board prior to speaking.
2. Speakers shall limit their remarks to three (3) minutes. If the subject does not concern the legislative or administrative responsibilities of county government, the President of the Board may refer the speaker to another public forum and/or deny the request to speak.
3. Speakers may only speak on the item(s) noted on the form. If a non-agenda item discussion is wanted please provide a brief description of the subject matter on the “Public Comment” line of the form, and you will be recognized during “Public Comment.”
4. The Board reserves the right to limit the number of speakers to three (3) in favor and three (3) not in favor of any item.
5. Speakers’ subject matter shall not contain obscenity, profanity, defamation or slander. Speakers shall not disrupt the order or decorum of the session. Speakers are expected to refrain from criminal behavior, including, but not limited to, riot, (R.C. 2917.03), disorderly conduct (R.C. 2917.11), or disturbing a lawful meeting (R.C. 2917.12).
6. All comments will be directed to the Board of Commissioners.
7. Permission to speak may be denied or terminated by the President subject to the rules governing public comment.

(Refer to Resolution No. 11-322 for a complete listing of the Adopted Rules Governing Public Comment)

The Clerk to the Board will present Speaker Registration Forms to the President of the Board in the order received. Individuals who would like to contact the Commissioners or County Administrator may do so via the following options:

E-mail:
 Jeff Benton: County Commissioner: jbenton@co.delaware.oh.us 740-833-2103
 Barb Lewis: County Commissioner: blewis@co.delaware.oh.us 740-833-2101
 Gary Merrell: County Commissioner: gmerrell@co.delaware.oh.us 740-833-2102

 Tim Hansley: County Administrator: thansley@co.delaware.oh.us 740-833-2104

U.S. Mail: 101 N. Sandusky Street, P.O. Box 8006 Delaware, OH 43015-8006

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General Session will be held on Mondays at 9:30AM and Thursdays at 9:30AM. Please call ahead to confirm at 740-833-2100.

Name: _____

Organization: _____

If organization please check one:
_____, authorized to speak for organization or _____ speaking only for self

Address: _____

Telephone: _____ E-Mail: _____

Agenda Item: _____ Public Comment: _____

Speaking "For" or "Against" the Item (please circle one): For Against

Date: _____

Vote on Motion Mr. Merrell Aye Mr. Benton Aye Mrs. Lewis Aye

7
RESOLUTION NO. 15-1171

IN THE MATTER OF GRANTING THE ANNEXATION PETITION OF 74.8229 ACRES OF LAND IN BERKSHIRE TOWNSHIP TO THE VILLAGE OF SUNBURY:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following resolution:

Whereas, on August 26, 2015, the Clerk to the Board of the Delaware County Commissioners received an annexation petition filed by Michael R. Shade, agent for the petitioners, of 74.8229 acres, more or less, in Berkshire Township to the Village of Sunbury; and

Whereas, ORC Section 709.023-Expedited Type 2 Annexation Petition; Petitions By All Property Owners With Or Without Consent of Municipality & Township(s) – If the Municipality or Township does not file an objection within 25 days after filing of annexation, the Board at its next regular session shall enter upon its journal a resolution granting the proposed annexation; and

Whereas, 25 days have passed and the Clerk of the Board has not received an objection from the Village of Sunbury or the Township of Berkshire;

Therefore, Be It Resolved, the Delaware County Board of Commissioners grants the annexation petition request to annex 74.8229 acres, more or less, in Berkshire Township to the Village of Sunbury.

Vote on Motion Mrs. Lewis Aye Mr. Benton Aye Mr. Merrell Aye

8
RESOLUTION NO. 15-1172

IN THE MATTER OF ACCEPTING THE TREASURER’S REPORT FOR THE MONTH OF AUGUST 2015:

It was moved by Mrs. Lewis, seconded by Mr. Benton to accept the Treasurer’s Report for the month of August 2015.

(Copy available for review at the Commissioners’ Office until no longer of administrative value.)

Vote on Motion Mr. Benton Aye Mr. Merrell Aye Mrs. Lewis Aye

9
RESOLUTION NO. 15-1173

IN THE MATTER OF AMENDING BY SUBSTITUTION RESOLUTION NO. 15-1092, A COOPERATION AGREEMENT BETWEEN DELAWARE COUNTY AND ORANGE TOWNSHIP TO SUBMIT AN APPLICATION TO THE OHIO PUBLIC WORKS COMMISSION FOR THE PROJECT KNOWN AS BALE KENYON ROAD (DEL-TR107-1.55) IMPROVEMENTS:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following:

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Whereas, the County Engineer recommends approval of the Cooperation Agreement with Orange Township;

Now Therefore Be It Resolved, that the Delaware County Board of Commissioners approves the Cooperation Agreement with Orange Township:

COOPERATION AGREEMENT

ORANGE Township and Delaware County
Bale Kenyon Road (DEL-TR107-1.55) Improvements

ORANGE TOWNSHIP RESOLUTION NUMBER 15-355 Date 9/8/15

DELAWARE COUNTY RESOLUTION NUMBER 15-1173 Date 10/01/2015

Orange Township and Delaware County, the Parties to the agreement, hereby enter into a cooperative agreement to submit an application to the Ohio Public Works Commission for the Project known as Bale Kenyon Road (DEL-TR107-1.55) Improvements.

Orange Township will provide funds totaling 71.4% of the cost of the Project. Such funds will come from the Improvement of Sites Highway Bale Kenyon fund.

Delaware County, through the County Engineer’s Grant Enhancement Program, will provide matching funds totaling 2.6% of the cost of the Project, not to exceed the amount of funds provided by Orange Township or \$50,000, whichever is less. Such funds will come from the Road and Bridge General Fund Account. The County Engineer will also provide design and construction engineering at no cost to the Townships.

Delaware County authorizes Orange Township to be the lead applicant and to sign all necessary documents.

Each party agrees to pay its percentage of Project costs as construction invoices are due.

Vote on Motion Mr. Merrell Aye Mrs. Lewis Aye Mr. Benton Aye

**10
RESOLUTION NO. 15-1174**

IN THE MATTER OF APPROVING A SUPPLEMENTAL APPROPRIATION FOR DELAWARE COUNTY BOARD OF ELECTIONS:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following:

Supplemental Appropriations		
10016101-5260	Board of Elections/Inventoried Equipment	\$329,400.00

Vote on Motion Mrs. Lewis Aye Mr. Merrell Aye Mr. Benton Aye

**11
RESOLUTION NO. 15-1175**

SETTING DATE AND TIME FOR REQUEST FOR PROPOSALS FOR WORKFORCE INVESTMENT ACT YOUTH SERVICES FOR DELAWARE, KNOX, MARION, AND MORROW COUNTIES:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following:

**PUBLIC NOTICE
REQUEST FOR PROPOSALS
Workforce Innovation and Opportunity Act (WIOA) Youth Services and Programs**

Delaware, Knox, Marion, and Morrow Counties (DKMM) wish to receive sealed proposals from qualified providers of comprehensive academic, training, and employment services designed to prepare targeted at risk youth for a successful career.

The complete WIOA Request for Proposals packet and related information is posted on the internet and may be viewed on the DKMM OhioMeansJobs web site: www.opportunityjobnetwork.com

Any proposals submitted to DKMM are to be prepared at the submitter’s expense. DKMM reserves the right to reject any and all proposals in whole or in part. Acceptance of a proposal shall not constitute an agreement between the submitter and the respective DKMM County. DKMM shall not have any liability whatsoever to any submitter whose proposal is not accepted.

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A Public Information Session regarding proposal interest or questions will be held on October 14, 2015 at 1:30 p.m. in Room 235, The Hayes Administration Building, 140 North Sandusky Street, Delaware, Ohio, 43015

Questions regarding the RFP can be submitted to Mr. Steve Ehrle by email to steve.ehrle@jfs.ohio.gov

Proposals will be received at:

Delaware County Department of Job and Family Services , Attention Mr. Steve Ehrle , Contracts Administrator, 140 North Sandusky Street, Delaware, Ohio 43015. The outside of the sealed package should also include the title of this Request For Proposals. **All proposals must be received by the addressee no later than 4:00 pm, local time, November 9, 2015. NO EXCEPTIONS.**

Contract start date will be January 1, 2016.

**Request For Proposals (RFP)
For
Workforce Innovation and Opportunity Act (WIOA)
Youth Services Program**

**For
Delaware, Knox, Marion, and Morrow Counties**

**PROGRAM DATES:
Initial Service Period: January 1, 2016 – June 30, 2016
First Option Year: July 1, 2016 – June 30, 2017
Second Option Year: July 1, 2017 – June 30, 2018**

**FUNDING AVAILABLE:
TBD - Estimates Provided**

OhioMeansJobs – Delaware, Knox, Marion, and Morrow (hereinafter DKMM) shall have the option, upon thirty (30) days written notice to renew this agreement for up to two (2) successive option years thru June 30, 2018, based on successful performance outcomes and the availability of funds. The total amount paid for each option year may allow for doubling the negotiated budget for the initial service period and either an annual increase based upon the consumer price index or three percent (3%), whichever is less.

**PROPOSAL DUE DATE:
November 9, 2015**

**PROPOSALS SUBMITTED TO:
Mr. Steve Ehrle
Contracts Administrator
Delaware County of Job and Family Services
140 North Sandusky Street, 2nd Floor
Delaware, Ohio 43015**

Questions regarding this RFP may be directed to: steve.ehrle@jfs.ohio.gov

I. GENERAL INFORMATION

INTRODUCTION

Delaware, Knox, Marion, and Morrow Counties (DKMM) are seeking proposals from qualified and innovative providers to run the Workforce Innovation and Opportunity Act (WIOA) Youth Program in their respective counties. Prospective providers are invited to submit proposals for any or all counties. Funds available, resources available, numbers of targeted youth to be served, and program and process responsibilities will vary by county.

PURPOSE

The goal of the WIOA youth program is to assist youth in making a successful transition to employment and further education. A wide range of activities and services must be available to assist youth, especially those who are disconnected and out-of-school, in making a successful transition to adulthood. The WIOA youth program is designed to provide services, employment, and training opportunities to those who can benefit from, and who are in need of such services.

The purpose of the funds allocated to serving in-school youth (ISY), ages 14-21 or out-of-school youth (OSY), ages 16-24 under the WIOA program are to:

1. Assist youth in achieving academic and employment success;
2. Provide effective and comprehensive youth activities;
3. Develop individual service strategies to include a variety of options for improving educational and skill

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- competencies and effective connections to employers;
- 4. Offer on-going mentoring opportunities;
- 5. Direct youth toward activities that lead to the attainment of a secondary school diploma or its recognized equivalent, or recognized post-secondary credentials;
- 6. Prepare and place youth in unsubsidized employment opportunities;
- 7. Provide opportunities for eligible youth related to leadership development, decision-making, citizenship, and community service;
- 8. Provide follow-up services to ensure credential attainment and employment retention.

EXPECTED OUTCOMES

WIOA requires that DKMM achieve performance outcomes for its WIOA-funded youth programs. As a result, DKMM will require all providers to achieve these same performance outcomes for their individual WIOA-funded programs. The required performance outcomes will be set forth in the contract. Those selected through this process will be expected to coordinate and/or implement one or more of the fourteen (14) WIOA elements, to meet the state-negotiated (TBD) outcomes listed below:

WIOA Performance Outcomes
Placement in Employment, Education, and Training (measured after 2nd quarter after exit).
Retention in Employment, Education, or Training (% of participants in education, training, or unsubsidized employment; measured 4th quarter after exit).
Credential Rate (% of participants who obtain a recognized credential, secondary diploma during participation, or within one (1) year after program exit).
Earnings after entry into unsubsidized employment (median earnings of participants in unsubsidized employment during the second quarter after exit).
In-Program Skills Gain – (% of participants in education leading to credential or employment during the program year achieving measurable gains. Measured in real time).
Delaware, Knox, Marion, and Morrow Counties are responsible for meeting all performance outcomes listed above.

ESTIMATED FUNDS AVAILABLE FOR THIS GRANT

County	Initial Service Period Jan 1, 2016- June 30,2016 6 months	First Option Year July 1, 2016 – June 30,2017 12 months (if exercised)	Second Option Year July 1, 2017 – June 30,2018 12 months (if exercised)
Delaware	\$ 70,000	\$ 140,000	\$ 140,000
Knox	\$ 35,000	\$ 80,000	\$ 80,000
Marion	\$35,000	\$ 75,000	\$75,000
Morrow	\$10,000	\$ 45,000	\$ 45,000

Not less than 75% of the youth program funds shall be used to provide out-of-school youth services as required by WIOA.

Not less than 20% of the youth program funds shall be used to provide in-school and out-of-school youth with work experience activities as required by WIOA.

RESOURCES TO BE PROVIDED BY THE DKMM COUNTIES

The table below summarizes what resources will and will not be made available to the provider at no cost by the specific DKMM counties. Resources required for the program but not included in the table should be included in the provider’s budget proposal.

Description	Delaware	Knox	Marion	Morrow
Facilities	None Provider responsible for obtaining site and its related rent and utility costs	Room provided/County	None Provider responsible for obtaining site and its related rent and utility costs	None Provider responsible for obtaining site and its related rent and utility costs
Furniture	County will provide classroom desks and chairs	Furniture provided/County	None	None

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Information Technology	Limited IT assets available. Some netbooks, two inkjet printers, and a locking laptop storage cabinet	IT provided/County	None	None
Program Outreach & Advertisement Materials	County will assume costs of postage and reproduction for outreach materials County will provide access to OMJ-Delaware web page for internet exposure	County assumes costs of postage and reproduction for outreach.	County will assume costs of postage and reproduction for outreach materials County will provide access to OMJ-Marion and Marion County Job and Family Services web page for internet exposure	County will assume costs of postage and reproduction for outreach materials
Classroom Staffing	None Provider responsible	County to contract for teacher and possible TA in summer	None Provider responsible	None

YOUTH ELIGIBILITY REQUIREMENTS

In-School Youth Eligibility Requirements

Eligibility for in-school youth, who at the time of enrollment, is:

- a. Attending school;
- b. Not younger than 14 or (unless an individual with a disability who is attending school under state law) older than age 21;
- c. Is a low-income individual; and
- d. Has one or more of the following barriers:
 - Basic skills deficient;
 - An English language learner;
 - An offender;
 - A homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6))), a homeless child or youth (as defined in section 725 (2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))), a runaway, in foster care or has aged out of the foster care system, a child eligible for assistance under the John H.Chafee Foster Care Independence Program, or in an out-of-home placement;
 - Pregnant or parenting;
 - An individual with a disability; or
 - An individual who requires additional assistance to complete an education program or to secure or hold employment as defined by the local area.

Out-of-School Youth Eligibility Requirements

Eligibility for out-of school youth, who at the time of enrollment, is:

- a. Not attending any school;
- b. Not younger than 16 or older than age 24; and
- c. Has one or more of the following barriers:
 - A school dropout;
 - A youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter;
 - A recipient of a secondary school diploma or its recognized equivalent who is a low income individual and is basic skills deficient or an English language learner;
 - An individual who is subject to the juvenile or adult justice system;
 - A homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6))), a homeless child or youth (as defined in section 725 (2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2))), a runaway, in foster care or has aged out of the foster care system, a child eligible for assistance under the John H.Chafee Foster Care Independence Program, or in an out-of-home placement;
 - An individual who is pregnant or parenting;
 - A youth who is an individual with a disability; or
 - A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment as defined by the local area.

ESTIMATED NUMBER OF YOUTH TO BE SERVED

The table below summarizes the targeted number of youth to be served.

County	Initial Service Period Jan 1, 2016- June	First Option Year July 1, 2016 – June	Second Option Year July 1, 2017 – June
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	30,2016 6 months	30,2017 12 months (if exercised)	30,2018 12 months (if exercised)
Delaware	In School – 15 Out Of School - 30	In School – 20 Out Of School - 45	In School – 20 Out Of School - 45
Knox	In School – 20 Out Of School - 10	In School – 15 Out Of School - 20	In School – 15 Out Of School - 20
Marion	In School – 2 Out Of School - 4	In School – 3 Out Of School - 15	In School – 3 Out Of School - 17
Morrow	In School – 1 Out Of School - 5	In School – 4 Out Of School - 16	In School – 4 Out Of School - 16

PROGRAM REQUIREMENTS

Core Requirements

Per section 129 (c)(2) of the WIOA, in order to support the attainment of a secondary school diploma or its recognized equivalent, entry into postsecondary education, and career readiness for participants, the local area youth program shall make each of the following services available to youth participants:

1. Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies.

These strategies must lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate or attendance or similar document for individuals with disabilities) or for a recognized postsecondary credential.

2. Alternative secondary school services or dropout recovery services.

3. Paid and unpaid work experiences.

Work experience helps youth understand proper workplace behavior and what is necessary in order to attain and retain employment. They are designed to enable youth to gain exposure to the working world and its requirements. Work experiences can serve as a stepping stone to unsubsidized employment and is an important step in the process of developing a career pathway for youth. This is particularly important for youth with disabilities.

A work experience may take place in the private for-profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience where an employer/employee relationship, as defined by the Fair Labor Standards Act or applicable State law, exists. Work experiences provide the youth participant with opportunities for career exploration and skill development.

Work experiences must include academic and occupational education. The types of work experiences include the following categories:

- Summer employment opportunities and other employment opportunities available throughout the year;
- Pre-apprenticeship programs;
- Internships and job shadowing; and
- On-the-job training (OJT) opportunities.

Not less than 20% of the youth program funds shall be used to provide in-school and out-of-school youth with work experience activities. WIOA youth programs must track program funds spent on paid and unpaid work experiences, including wages and staff costs for the development and management of work experiences, and report such expenditures as part of the local WIOA youth financial reporting. The percentage of funds spent on work experience is calculated based on the total local area youth funds expended for work experience rather than calculated separately for in-school and out-of-school. Local administrative costs are not subject to the 20% minimum work experience expenditure requirement.

Guidance and requirements pertaining to paid and unpaid work experiences for youth participants are outlined in Workforce Innovation and Opportunity Act Policy Letter (WIOAPL) No. 15-13, Work Experience for Youth.

4. Occupational skills training.

Occupational skills training shall include priority consideration for training programs that lead to recognized postsecondary credentials that are aligned with state and local in-demand industry sectors or occupations. Such training must:

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- Be outcome-oriented and focused on occupational goals specified in the Individual Service Strategy (ISS);
- Be of sufficient duration to impart the skills need to meet the occupational goal; and
- Result in the attainment of a recognized post-secondary credential.

An Individual Training Account (ITA) is one of the primary methods through which training is financed and provided. ITAs are established on behalf of a WIOA participant to purchase a program of training services from eligible training providers. The use of an ITA is allowed for out-of-school youth, ages 18 to 24, using WIOA youth funds when appropriate.

As part of the determination of the appropriateness for occupational skills training, a review of "family self-sufficiency" must be completed for those youth participants whose eligibility was not based upon being a low income individual. In these cases, WIOA youth-funded ITAs may only be approved for those who have been determined to be below a locally defined standard of "family self-sufficiency." This requirement is intended to ensure that participants whose eligibility was not based upon being a low income individual and who are seeking youth-funded ITAs are those whose families lack or have limited ability to pay for training and supportive services needed in order to obtain or retain employment.

Guidance and requirements pertaining to the use of ITAs are outlined in WIOAPL No. 15-11, Use of Individual Training Accounts (ITA).

5. Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.

This element requires integrated education and training to occur concurrently and contextually with workforce preparation activities and training for a specific occupation or occupational cluster for the purpose of educational and career advancement. This program element describes how workforce preparation activities, basic academic skills, and hands-on occupational skills training are to be taught within the same time frame and connected to training in a specific occupation, occupational cluster, or career pathway. Youth participants will not be required to master basic skills before moving on to learning career-specific technical skills.

6. Leadership development opportunities.

Leadership development opportunities include:

- Exposure to post-secondary education opportunities;
- Community and services learning projects;
- Peer-centered activities, including peer mentoring and tutoring;
- Organizational and team work training, including team leadership training;
- Training in decision-making, including determining priorities and problem solving;
- Citizenship training, including life skills training such as parenting and work behavior training;
- Civic engagement activities which promote the quality of life in a community; and
- Other leadership activities that place youth in a leadership role such as serving on youth leadership committees.

Positive social behaviors are outcomes of leadership opportunities. Benefits of leadership development may include:

- Positive attitudinal development;
- Self-esteem building;
- Openness to work with individuals from diverse backgrounds;
- Maintaining healthy lifestyles;
- Maintaining positive social relationships with responsible adults and peers, and contributing to the well-being of one's community;
- Maintaining a commitment to learning and academic success;
- Avoiding delinquency;
- Postponing parenting and responsible parenting;
- Positive job attitudes and work skills; or
- Keeping informed in community affairs.

The purpose of leadership development activities is to develop skills and attitudes that are important in all areas of life. It provides encouragement and support to youth, developing skills, and instilling confidence as they transition to adulthood.

7. Supportive Services

Supportive services for youth may include, but are not limited to:

- Linkages to community services;
- Assistance with transportation;
- Assistance with child care and dependent care;
- Assistance with housing;
- Needs-related payments;
- Assistance with educational testing;

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- Reasonable accommodations for youth with disabilities;
- Referrals to health care; and
- Assistance with uniforms or other appropriate work attire and work-related tool costs

Supportive services may be provided to youth both during participation and after program exit.

8. Adult mentoring for the period of participation and subsequent period, for a total of not less than 12 months.

Adult mentoring for youth must:

- Last at least 12 months and may take place both during the program and following exit from the program;
- Be a formal relationship between a youth participant and an adult mentor that includes structured activities where the mentor offers guidance, support, and encouragement to develop the competence and character of the mentee;
- Include a mentor who is an adult other than the assigned youth case manager; and
- While group mentoring activities and mentoring through electronic means are allowable as part of the mentoring activities, at a minimum, the local youth program must match the youth with an individual mentor with whom the youth interacts on a face-to-face basis.

The purpose of adult mentoring is to build positive, supportive relationships between youth and adults and to provide positive adult role models for youth. High-quality adult mentoring programs include an adult role model who builds a working relationship with a youth and who fosters the development of positive life skills in youth.

Mentoring may include workplace mentoring where the local program matches a youth participant with an employer or employee of a company.

9. Follow-up services.

Follow-up services are critical services provided following a youth's exit from the program to help ensure the youth is successful in employment and/or post-secondary education and training.

Follow-up services may include:

- Leadership development and supportive service activities;
- Regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise;
- Assistance in securing better paying jobs, career pathway development, and further education or training;
- Work-related peer support groups;
- Adult mentoring; and/or
- Services necessary to ensure the success of youth participants in employment and/or post-secondary education

All youth participants must receive some form of follow-up services for a minimum duration of 12 months. Follow-up services may be provided beyond the 12 months at the local board's discretion. The types of services provided and the duration of services must be determined based on the needs of the youth and therefore, the type and intensity of follow-up services may differ for each participant. However, follow-up services must include more than only a contact attempted or made for securing documentation in order to report a performance outcome.

10. Comprehensive guidance and counseling.

Comprehensive guidance and counseling provides individualized counseling to participants. This includes career and academic counseling, drug and alcohol counseling, mental health counseling, and referral to partner programs.

The purpose of comprehensive guidance and counseling is to promote growth in each youth's educational, personal, social, and employability skills. Comprehensive guidance and counseling programs impart through counselor-directed learning opportunities that help youth achieve the success through academic, career, personal, and social development.

When referring participants to necessary counseling that cannot be provided by the youth program or its service providers, the local youth program must coordinate, including obtaining releases of information to obtain information regarding appropriateness of WIOA services, with the organization it refers to in order to ensure continuity of service.

11. Financial literacy education.

Financial literacy includes activities which:

- Support the ability of youth participants to create household budgets, initiate savings plans, and make informed financial decisions about education, retirement, home ownership, wealth building, or other savings goals;
- Support participants in learning how to effectively manage spending, credit, and debt, including student loans, consumer credit, and credit cards;

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- Teach participants about the significance of credit reports and credit scores; what their rights are regarding their credit and financial information; how to determine the accuracy of a credit report and how to correct inaccuracies; and how to improve or maintain good credit;
- Support a participant's ability to understand, evaluate, and compare financial products, services, and opportunities and to make informed decisions;
- Educate participants about identity theft, ways to protect themselves from identity theft, and how to resolve causes of identity theft and in other ways under their rights and protection related to personal identity and financial data; and
- Support activities that address the particular financial literacy needs of non-English speakers, including providing the support through the development and distribution of multilingual financial literacy and education materials.
- Provide financial education that is age appropriate, timely, and provides opportunities to put lessons into practice, such as by access to safe and affordable financial products that enable money management and savings; and
- Implement other approaches to help participants gain the knowledge, skills, and confidence to make informed financial decisions that enable them to attain greater financial health and stability by using high quality, age-appropriate, and relevant strategies and channels, including where possible, timely and customized information, guidance, tools, and instructions.

12. Entrepreneurial skills training.

Entrepreneurial skills training must develop skills associated with entrepreneurship. Such skills include, but are not limited to the ability to:

- Take initiative;
- Creatively seek out and identify business opportunities;
- Develop budgets and forecast resource needs;
- Understand various options for acquiring capital and the trade-offs associated with each option; and
- Communicate effectively and market oneself and one's ideas.

Approaches to teaching youth entrepreneurial skills include, but are not limited to, the following:

- Entrepreneurship education that provides an introduction to the values and basics of starting and running a business;
- Enterprise development which provides supports and services that incubate and help youth development their own business; and
- Experiential programs that provide youth with experience in the day-to-day operation of a business.

13. Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services.

14. Activities that help youth prepare for and transition to postsecondary education and training.

Additional Program Requirements

Additional program requirements include:

- The successful service provider must be able to document and establish linkages with local school systems and the local One Stop Systems.
- The successful service provider must have a process for collecting/evaluating their clients' satisfaction with all aspects of the program to ensure needs are being met and report results to the appropriate DKMM representative.
- The successful service provider must complete an objective assessment on every eligible customer who is enrolled in the program.
- The successful service provider must complete a WIOA Individual Service Strategy (ISS) on every eligible youth who is enrolled in the program. Services provided must correlate with the barriers identified in the objective assessment. Provider must submit status reports on each individual ISS to the appropriate DKMM representative (frequency and format to be determined by local DKMM representative.)
- The successful service provider must collect all data required for WIOA eligibility with final approval for enrollment to be determined by the appropriate DKMM representative.
- The successful service provider must provide youth services in the DKMM county in a location suitable for the program and the targeted participants. Online services for some program elements is acceptable.

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- The successful service provider will track participant attendance thru DKMM's Swipeit Customer Registration web based application.

PROCESS RESPONSIBILITIES

The table below clarifies who will be responsible for certain aspects of the WIOA Youth Program. Responsibilities will vary by county.

Description	Delaware	Knox	Marion	Morrow
Outreach Participant recruitment; Networking with local schools; Attendance at community service events	Joint Responsibility Provider and County	Joint Responsibility Provider and County	Joint Responsibility Provider and County	County
Interviews Appropriateness and Suitability Determination Eligibility Determination Enrollment	Joint Responsibility Provider and County	County	County	County
Eligibility Final Determination	County	County	County	County
Case File Administration Eligibility Documentation Enrollment Documentation Assessments Documentation Program Element Progress Documentation Individual Service Strategies	Joint Responsibility Provider and County	County	Joint Responsibility Provider and County	Joint Responsibility Provider and County
Academic Assessment Coordination TABE Ohio Graduation Tests (OGT) GED	Provider	Provider	Provider	Joint Responsibility Provider (OGT,GED) and County (TABE)
Program Element Services and Delivery	Provider responsible for all 14 WIOA Youth Program Elements	Provider responsible for all 14 WIOA Youth Program Elements	Provider WIOA Elements 1,2,3,5,6,8 Joint Responsibility WIOA Elements 7,9,13,14 County WIOA Elements 4,10,11,12,	Provider responsible for all 14 WIOA Youth Program Elements
Work Experience Administration	Provider	Provider	Provider	Provider
Program Exits Final Determination	County	County	County	County
State of Ohio OWCMS Web Application Administration	County	County	County	County

II. PROPOSAL ADMINISTRATION**RFP TIMELINES AND INFORMATION:**

RFP Issued	October 5, 2015
Public Information Session	October 14, 2015
RFP Questions Due Date	October 30, 2015
Proposal Submission Due Date (Deadline)	November 9, 2015
Contract Award/Non-Award Notification	November 20, 2015

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Protests Due Date	November 30, 2015
Contract Start Date	January 1, 2016

DKMM reserves the right to adjust the schedule listed in the table above in the best interest of **DKMM** and/or to comply with procurement procedures. The Proposal Submission Due Date and the Contract Start Date will remain fixed and will not change.

RFP ISSUANCE

The Request for Proposal (RFP) Packets will be available to the public beginning October 5, 2015. The RFP Packets will be available for download from the OhioMeansJobs-DKMM website listed below as well as individual county web sites:

www.opportunityjobnetwork.com

PUBLIC INFORMATION SESSION

A Public Information Session will be held on October 14, 2015, 1:30pm, at The Hayes Administration Build, 140 North Sandusky Street, Room 222, Delaware, Ohio 43015.

Potential **proposers** are encouraged to attend.

RFP QUESTIONS AND ANSWERS

All questions regarding this RFP should be submitted by **email** to the following email address not later than October 30, 2015:

Email: steve.ehrle@jfs.ohio.gov

Questions submitted by any other means (in person, by mail, or by phone, etc.) are not permitted and will not be addressed (except questions posed in the Public Information Session).

Answers to RFP questions will be publicly and anonymously posted on the OhioMeansJobs-DKMM website:

www.opportunityjobnetwork.com

PROPOSAL SUBMISSION

Interested **proposers** must submit four (4) printed copies and one (1) computer file copy (MS Word Format on a CD) of the proposal to:

Mr. Steve Ehrle
Contracts Administrator
Delaware County DKMM of Job and Family Services
140 North Sandusky Street
Delaware, Ohio 43015

** All bids must be received by the addressee listed above not later than 4:00pm local time, November 9, 2015– No exceptions! **

*** Proposers must submit a proposal packet for each county they wish to serve. Each packet will be scored and evaluated independently. ***

**** Different (or no) proposers may be awarded the grant by the different DKMM counties. ****

Proposers are fully responsible for all costs associated with the development and submission of a proposal.

DKMM staff assumes no contractual or financial obligation as a result of the issuance of this RFP, the preparation and submission of a proposal by a **Proposer**, the evaluation of an accepted proposal or the selection of the finalist.

All proposals and associated materials become the property of **DKMM** once submitted to **DKMM**. The content of all proposals and associated materials will be held confidential to the fullest extent permitted public agencies under Ohio law, until an award of contract is made.

DKMM reserves the right to reject any or all proposals, to accept or reject any or all of the items in the proposal, to waive any informality in the proposals received, and to award a contract in whole or in part if it is deemed to be in the best interest of **DKMM**. **DKMM** reserves the right to negotiate with any **Proposer** after proposals are reviewed, if such action is deemed to be in the best interest of **DKMM**.

DKMM reserves the right to cancel all or any part of this RFP at any time without prior notice.

DKMM also reserves the right to modify the RFP process and time limits as deemed necessary.

The time frame of this agreement of the initial service period will be designated for a 6 month period, beginning January 01, 2016 and ending June 30, 2016. **DKMM** shall have the option, upon thirty (30) days written notice to renew this agreement for up to two (2) successive option years thru June 30, 2018, based on successful performance outcomes and the availability of funds. The total amount paid for each option year may allow for doubling the negotiated budget for the initial service period and either an annual increase based upon the consumer price index or three percent (3%), whichever is less.

III. PROPOSAL GUIDELINES

Proposers must submit their proposal to this RFP which meets the minimum requirements of this RFP. All **Proposers** are required to respond to this RFP exactly as outlined in order for **DKMM** to evaluate all proposals on an equal and timely basis.

Minimum Standards

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These minimum standards must be met if the proposal is to be further evaluated:

1. The proposal was submitted before the closing time and date.
2. The proposing organization is not on a Federal or State Debarment List.
3. The proposing organization is fiscally solvent.
4. The proposing organization has additional funding sources and will not be dependent on WIOA funds alone for ongoing operations.
5. The person signing the proposal as the submitting officer has the authority to do so.
6. The proposing organization agrees to meet all Federal, State, and local EEO and WIOA program and fiscal compliance requirements.

Proposal Organization – Introduction

Cover Page	This must include the RFP title, complete vendor name, and mailing address.
Cover Letter	Proposals must include the telephone number, name, and title of the person DKMM should contact regarding the proposal. Must indicate the proposer will comply with all requirements of the RFP. Proposer must provide a brief description of the organization including history, number of years the organization has been in business, type of services provided, legal status of vendor organization, i.e. corporation, partnership, sole proprietor, and federal tax ID number. The organization must confirm that it will develop, maintain, and update an individual case file for each direct-service program participant. Case files cannot be destroyed without the written permission of DKMM. An authorized representative capable of binding the organization must sign the Cover Letter.
Conflict Of Interest	Each proposer shall include a statement indicating whether or not the organization or any of the individuals performing work under the contract has a possible conflict of interest and, if so, the nature of that conflict. DKMM reserves the right to cancel the award, if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program. DKMM’s determination shall be final.
Contract Performance	If a proposer has had any contract terminated due to proposer’s alleged or proven non-performance or poor performance during the past five years, then all such incidents must be described, including the other party’s name, address and telephone number. If no such terminations have been experienced by proposer in the past five years, then indicate in the proposal.
Table of Contents	Provide sufficient detail, so reviewers can locate all the important elements of your document readily. Identify each section of your response as outlined in the proposal package.
Executive Summary	Provide a high level overview of your approach, the distinguishing characteristics of your proposal, and the importance of this project to your overall operation.

Proposal Organization – Project Understanding

Provide the Following Information	What do you understand to be the purpose and scope of this project related to the specific target population you propose to serve? Please explain which of the WIOA fourteen (14) elements your organization plans to implement and why?
Scope Of Work, Solution, Project Narrative	What is your proposed solution for the identified needs of this program? Please include the WIOA elements to be addressed, outline the goals, objectives, activities and timelines for addressing how the elements support the identified program. Describe your program to the fullest extent possible. Who are the targeted populations you intend to serve and why? Please indicate if you plan to offer WIOA services to ISY, OSY, or both.

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	<p>How will your proposed solution increase employment opportunities for the target population(s) and how do you plan to engage and retain youth in the targeted populations?</p> <p>Please describe your plan to provide and/or coordinate WIOA elements and your referral process to other organizations or community programs.</p>
Deliverables	<p>Describe how you will implement the plan of service. Include the applicable components that pertain to your response such as (examples only):</p> <ul style="list-style-type: none"> • Outreach and recruitment; • Case management; • Program Services (i.e., basic/remedial education, tutoring, study skills training, and instruction leading to the completion of a secondary school); • Occupational skills training, leadership development; • Paid or unpaid work experiences, internships, job shadowing, job placement (20% of budget must be spent on work experience); • Supportive Services.
Outcomes	<p>Please describe which of the five performance outcomes (summarized on page 5 of this RFP) your organization will assist DKMM to accomplish.</p> <p>Please describe how you will accomplish the outcomes you defined. Additionally, please describe how you plan to implement and measure the outcomes.</p>

Proposal Organization - Methodology

Carrying out The Project	Describe the methodology you would use to carry out this project and the reason for selecting this methodology. Detail the tasks to be undertaken.
Project Schedule	Provide a chart showing project activities and deliverables, including timeframes for completion of each.
Evaluation Plan	<p>How will you assess the progress of your project while it is underway?</p> <p>How will you course correct should your assessment of progress yield less-than-favorable results?</p>

Proposal Organization – Qualifications and Experience

Vendor Qualifications	Identify the qualifications that you bring to this project. Explain what differentiates your services from others.
Prior Experience	<p>Describe the adequacy of staff, equipment, research tools, administrative resources, quality, and appropriateness of technical or support staff.</p> <p>Explain your capacity to undertake the scope of work based on demonstrated history of successfully completing similar or related work with the targeted service population(s).</p> <p>Explain your capacity to undertake the scope of work based on an organizational structure with adequate facilities, fiscal controls, and other resources.</p> <p>Provide a position description for each of the key positions, the work each performs, and the name of the individual(s) filling each position.</p>
Personnel	All proposed key project personnel must be identified in the proposal. Resumes of all key project personnel are required (Personal Information contained on resumes may be redacted).
Sub-Contractors	<p>Subcontractors may be used to perform work under this contract.</p> <p>Proposers must clearly identify the subcontractor(s) that will be used under this agreement and their tasks in their proposals.</p>

Proposal Organization – Budget and Pricing

Budget	<p>Proposers must submit a budget for all costs .</p> <p>DKMM has developed a budget worksheet along with instructions. Proposers must use the budget worksheet and it is available upon request by emailing: steve.ehrle@jfs.ohio.gov</p> <p>Budget worksheet instructions are available for download at: www.opportunityjobnetwork.com</p>
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	<i>Note: All providers must adhere to GAAP and where applicable, comply with OMB Circular A-122, Attachment B, regarding allowability of costs. http://www.whitehouse.gov/omb/circulars_a122_2004/</i>
Narrative on Related Costs	Proposers must submit a detailed narrative, which demonstrates how all personnel and fixed costs are related and why they are necessary to the proposed program. The narrative must detail the amount of money being requested from DKMM.
Narrative describing non-DKMM funding streams	Proposers shall submit a detailed narrative describing all non-DKMM funding received from any source that funds any part of the proposed project. Provider must include the percent of the total project cost of each funding source.

Proposal Organization – Assurances and Certifications

Attachments Required Proposers shall submit the following completed certifications as part of the proposal:

Contractor Assurances Form

Affidavit in Compliance With O.R.C. SECTION 3517.13

Independent Contractor/Worker Acknowledgement Form
(only if proposer is a sole proprietor and/or are a corporation and/or organization with less than five (5) full-time employees)

Forms available for download at:
www.opportunityjobnetwork.com

EVALUATION CRITERIA

DKMM will review all proposals for completeness and compliance with the terms and conditions of the RFP. Proposals inconsistent with the RFP requirements will be eliminated from consideration. Proposals received after the proposal due date and time shall be rejected and returned to the **Proposer**.

Each proposal will be reviewed according to the rating system below. A total of 100 points may be awarded to each proposal. Scoring will be based on a consensus of the proposal evaluators.

SECTION	POSSIBLE POINTS
Project Understanding	25
Methodology	25
Qualifications and Experience	25
Budget and Pricing	25

IV. CONTRACT AWARD

CONTRACT AWARD

Based upon the aforementioned criteria, the proposal(s) with the highest total number of points will be recommended for approval. Once the selection has been approved, **DKMM** will notify the **Proposer(s)** (with the winning proposal) officially in writing. This notification will take place during the week of **November 16 – November 20, 2015**. A contract negotiation process will immediately follow the verbal notification, in order to begin services as soon as possible.

PROTESTS

Any potential or actual proposer objecting to the award of a contract resulting from the issuance of this RFP may file a protest of the award of the contract or any other matter relating to the process of soliciting the proposals. Protests must include the name, address, and telephone number of the protestor along with a detailed statement of legal and factual grounds for the protest, including copies of any relevant documents. Protests must be filed no later than 12:00 noon on November 30, 2015 . All protests must be filed with:

Mr. Steve Ehrle
Delaware County Contracts Administrator
Delaware County Job and Family Services
140 North Sandusky Street
Delaware, Ohio 43015
740-369-2485

V. ADDITIONAL RESOURCES

The following links are provided as helpful supplementary information:
[WIOA - The Law](#)

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- [WIOA - General Information U.S. Department of Labor](#)
- [WIOA - General Information State of Ohio](#)
- [State of Ohio Policy Letter WIOAPL 15-10 Youth Program Services](#)
- [State of Ohio Policy Letter WIOAPL 15-03 Youth Program Eligibility](#)
- [State of Ohio Policy Letter WIOAPL 15-13 Work Experience For Youth](#)
- [State of Ohio Policy Letter WIOAPL 15-07 Source Documentation for WIOA Eligibility](#)
- [OMB Circular A-122 Allowable Costs](#)

Vote on Motion Mr. Benton Aye Mr. Merrell Aye Mrs. Lewis Aye

12
RESOLUTION NO. 15-1176

IN THE MATTER OF ADOPTING UPDATES IN THE DELAWARE COUNTY PERSONNEL POLICY MANUAL:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following:

WHEREAS, the Delaware County Board of Commissioners adopted the Personnel Policy Manual on April 29, 2013 (and subsequently amended said Personnel Policy Manual on May 9, 2013; September 16, 2013 and October 23, 2014) to revise management practices, procedures, and policies to appropriately manage federal, state, and civil service laws and regulations and to administer and set employment standards, and provide for the general management of employees, based upon best practices recommended by the County Risk Sharing Authority; and

Whereas, the Assistant County Administrator/ Director of Administrative Services recommends updates to the Personnel Policy Manual for the following: Family and Medical Leave Act Policy; and

WHEREAS, Employees should note the updates in their manuals with the understanding that the remainder of the manual remains in full force and effect. The updated manual can be found on the Delaware County Website at www.co.delaware.oh.us

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Delaware County, State of Ohio, that the Delaware County Personnel Policy Manual be amended to include updates to the Family and Medical Leave Act policy;

Vote on Motion Mr. Merrell Aye Mr. Benton Aye Mrs. Lewis Aye

13
RESOLUTION NO. 15-1177

IN THE MATTER OF ADOPTING UPDATES TO THE DELAWARE COUNTY FAMILY AND MEDICAL LEAVE ACT POLICY:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following:

Whereas, the Assistant County Administrator/ Director of Administrative Services recommends updates to the Family and Medical Leave Act policy;

NOW, THEREFORE, BE IT RESOLVED the Board of Commissioners of Delaware County approve updates to the Family and Medical Leave Act policy;

Subject	Effective	Supersedes Policy	This Sheet	T.Sheets
FAMILY MEDICAL LEAVE ACT (FMLA)	October 8, 2015	1/16/2009, March 21, 2013	1	22 (including forms)

1.0 Purpose

To ensure that the Delaware County Offices/Departments comply with the federally mandated Family and Medical Leave Act (FMLA) of 1993, the National Defense Authorization Act of 2008 and 2010. This policy meets the applicable federal standards. Additional/other leaves of absences may be approved by the appointing authority pursuant to County policy.

2.0 Scope

This policy pertains to all departments operating under the authority of the Delaware County Board of Commissioners however, Federal Law requires this of all entities, and therefore, it is recommended that all Offices adopt such a policy to ensure compliance.

3.0 Distribution

To all departments operating under the authority of the Delaware County Board of Commissioners.

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4.0 Definitions

- A. *COVERED EMPLOYER* is all public employers, regardless of the number of employees employed, and all private employers with fifty (50) or more employees for each working day during each of twenty (20) or more calendar workweeks in the current or preceding calendar year. (Twenty (20) calendar weeks do not need to be consecutive.)
- B. *ELIGIBLE EMPLOYEE* is a person:
1. employed by the County for twelve months, which need not be consecutive; however, employment periods prior to a break in service of seven years or more need not be counted unless the service was caused by fulfillment of his or her National Guard or Reserve military obligation (as protected under the Uniformed Services Employment and Reemployment Rights Act (USERRA) or unless specified differently in a collective bargaining agreement;
 2. has worked or been in a paid status (e.g. vacation, sick leave, holiday pay, compensatory time, previous FMLA leave, etc.) at least 1250 working hours in the twelve (12) month period prior to the date on which leave is to commence, and
 3. is employed at a worksite where fifty (50) or more employees are employed by the employer or the employer employs fifty (50) or more employees within seventy-five (75) miles of the worksite.
- C. *PAID STATUS* is time away from work with pay or FMLA leave, (e.g. vacation, sick leave, holiday pay, compensatory time, previous FMLA leave, etc.).
- D. *UNPAID LEAVE* is time taken away from work without pay. FMLA leave may be unpaid leave, but will be classified as paid status although the employee will not accrue service time or seniority during unpaid FMLA. Unpaid leave not qualified as FMLA leave will not be classified as paid status.
- E. *INTERMITTENT LEAVE* is leave taken by an employee in blocks of time, or by reducing their normal weekly or daily work schedule.
- F. *SERIOUS HEALTH CONDITION* means an illness, injury, impairment, or physical or mental condition that involves either:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (i.e., inability to work, attend school, or perform other regular daily activities) or subsequent treatment in connection to such inpatient care; OR

2. Continuing treatment by a health care provider, which includes:

A period of incapacity lasting **more than three consecutive, full calendar days** (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

a. Treatment two or more times by or under the supervision of a health care provider (i.e., in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); OR

b. One Treatment by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment** (i.e., an in-person visit within 7 days of the first day of incapacity with a continuing regimen of treatment such as prescription medication, physical therapy, etc.

3. Pregnancy

Any period of incapacity due to **pregnancy** or **prenatal care**.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

a. Requires **periodic visits** of at least two visits per year for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

b. Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and

c. May cause **episodic** rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

5. Permanent/Long Term Conditions Requiring Supervision

A period of **incapacity** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer's, severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

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Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, or for a condition **that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

Incapacity means inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. **Treatment does not include** routine physical examinations, eye examinations, or dental examinations.

A regimen of continuing treatment includes, for example, a course of prescription medication (e.g. an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. **A regimen of treatment does not include** the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

Conditions That Typically Are Not Serious Health Conditions Under The FMLA

1. Cosmetic treatments, such as for acne or plastic surgery, except after an injury or removal of a cancerous growth or if complications develop.
2. Common cold, flu, earaches, upset stomach, minor ulcers, headaches (other than migraine), or routine dental or orthodontia problems, unless complications develop.
3. Allergies or mental illness resulting from stress unless all requirements of serious health condition are met.
4. Substance abuse unless absence is for treatment.

G. *HEALTH CARE PROVIDER* means:

1. Doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctors practice; or
2. Podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, and performing within the scope of their practice, under state law, or
3. Nurse practitioners, nurse-midwives and clinical social workers authorized to practice, and performing within the scope of their practice, as defined under state law; or
4. Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; or
5. Any health care provider recognized by the employer or the employer's group health plan benefits manager.

H. *IMMEDIATE FAMILY MEMBER* includes a spouse, parent, or son or daughter under eighteen (18) unless disabled. It does not include non-disabled adult children, unmarried partners, in-laws, siblings, grandparents, or other relatives, unless the person stood in *loco parentis* to the employee before the employee reached the age of majority.

I. *ACTIVE DUTY*.—The term "active duty" means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code.

J. *COVERED SERVICEMEMBER*.—The term "covered service member" means a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness or the aggravation of an existing or pre-existing injury, of an active duty service member of the armed forces. A "covered service member" also includes veterans undergoing treatment, recuperation or therapy for an illness or injury incurred in the line of duty as long as the veteran was a member of the Armed Forces, National Guard or Reserves within five years of requiring care.

K. *OUTPATIENT STATUS*.—The term "outpatient status", with respect to a covered service member, means the status of a member of the Armed Forces assigned to—

1. a military medical treatment facility as an outpatient; or
2. a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

L. *NEXT OF KIN*.—The term "next of kin", used with respect to an individual, means the spouse, son, daughter, parent or nearest blood relative of that individual.

M. A "serious injury or illness", for purposes of the 26 week military caregiver leave means either:

- a. In the case of a current member of the Armed Forces, including a member of the National Guard or Reserves, an injury or illness that was incurred by the covered service member in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that may render the member medically unfit to perform the duties of the member's office, grade, rank or rating; or

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- b. In the case of a covered veteran, an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the member became a veteran, and is:
 - i. a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the service member unable to perform the duties of the service member's office, grade, rank, or rating; or
 - ii. a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
 - iii. a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
 - iv. an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

5.0 Policy

Leave Entitlement

- A. In accordance with the federal Family and Medical Leave Act of 1993 and the National Defense Authorization Act, an eligible employee is entitled to an unpaid leave of absence of up to twelve (12) workweeks during any (12) twelve month period measured backward from the date the leave commences for one of the following reasons:
 - 1. for the birth and care of the newborn child of the employee;
 - 2. for placement with the employee of a son or daughter for adoption or foster care;
 - 3. to care for an immediate family member including a spouse, child under 18 years of age or child 18 years or older if incapable of self-care because of mental or physical disability, or the employee's parent (but not parent in-laws), of the employee, with a serious health condition;
 - 4. to take medical leave when the employee is unable to work because of a serious health condition; or
 - 5. for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the Regular Armed Forces, National Guard or Reserves.

- B. Spouses employed by the same employer are limited to a combined total of 26 workweeks in a single 12 month period if the leave is to care for a covered service member.

Spouses employed by the same employer are jointly entitled to a combined total of 12 workweeks of family leave for the birth and care of the newborn child, for placement of a child for adoption or foster care, and to care for an immediate family member who has a serious health condition.

- C. Leave for birth and care of a newborn, or placement of a child for adoption or foster care must conclude within 12 months of the birth or placement.

- D. Under certain circumstances, employees may take FMLA leave intermittently either by taking leave in blocks of time or by reducing their normal weekly or daily work schedule.
 - 1. If FMLA is for birth and care of a newborn or placement of a child for adoption or foster care, use of intermittent leave is subject to the employer's approval.
 - 2. FMLA leave may be taken intermittently only when there is a medical need for leave **and** the need is best accommodated via intermittent leave in order to care for a seriously ill family member, or because the employee is seriously ill and unable to work.
 - 3. FMLA leave may be taken intermittently to care for a covered service member with a serious health condition or injury or for a qualifying exigency arising out of active duty status or call to active duty of a covered military member.
 - 4. Intermittent or reduced schedule leave may be taken by the employee in any size increments, and Delaware County shall charge intermittent or reduced schedule FMLA leave against the employee's twelve (12) workweek or twenty-six (26) work week (where eligible) total by the quarter hour (15 minute) increment.
 - 5. Employees using any form of intermittent leave for planned medical treatment must make reasonable efforts to schedule medical treatment so as not to unduly disrupt business operations.
 - 6. Employees using intermittent leave due to chronic conditions may be asked to provide re-certification every thirty (30) days in connection with an absence.

- E. If leave to care for an immediate family member or for the employee's own serious health condition is planned medical treatment, the employee shall make a reasonable effort to schedule the treatment so as not to disrupt the County's operation or interfere with the employee's work schedule.

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- F. All employees shall be required to substitute all accrued but unused compensatory time, vacation, personal, family, or sick leave for unpaid FMLA leave with the following limitations:
1. Employees shall not utilize sick leave to be substituted for FMLA leave unless the situation involves a serious health condition. Under the FMLA, sick leave shall not be used for the birth or placement of a child unless it is used for the employee's own recovery after giving birth or for care of an ill family member.
 2. The utilization of sick leave for the care of an ill family member following birth or placement of a child shall only be approved when medical evidence of a serious health condition is provided on the proper form (U.S.D.O.L. Form WH-380 F, Certification of Health Care Provider).
 3. Employees shall substitute paid leave for unpaid FMLA leave in the following order:
 - a) for the birth and care of the newborn child of the employee:
 - sick leave shall be utilized for the extent of inpatient care in the hospital and continued to the extent as certified by a qualified health care provider as a serious health condition,
 - thereafter, all accrued compensatory time shall be utilized until exhausted or the employee returns to work,
 - all accrued vacation leave shall be utilized until exhausted or until the employee returns to work,
 - requests for leave must follow employee's department procedures and may be approved or denied accordingly.
 - b) for placement with the employee of a son or daughter for adoption or foster care:
 - all accrued compensatory time shall be utilized until exhausted or the employee returns to work,
 - all accrued vacation leave shall be utilized until exhausted or until the employee returns to work,
 - requests for leave must follow employee's department procedures and may be approved or denied accordingly.
 - c) to care for an immediate family member of the employee with a serious health condition or for the employee's own serious health condition:
 - sick leave shall be utilized until exhausted or until the employee or his/her immediate family member no longer has the serious health condition,
 - all accrued compensatory time shall be utilized until exhausted or until the employee or his/her immediate family member no longer has the serious health condition,
 - all accrued vacation leave shall be utilized until exhausted or until the employee or his/her immediate family member no longer has the serious health condition,
 - requests for leave must follow employee's department procedures and may be approved or denied accordingly.
 - d) for "qualifying exigency" leave, accrued leaves shall be utilized in accordance with County policy. Requests for leave must follow employee's department procedures and may be approved or denied accordingly.
- G. Even if the employee does not designate or request that absence be covered under the FMLA, the County may, upon proper notification, designate a qualifying absence as FMLA leave.
- When an employee seeks leave due to a FMLA qualifying reason for which the employer has previously provided the employee FMLA protected leave, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave.
- H. "Next of Kin" / Military Caregiver Leave: In accordance with the National Defense Authorization Act of 2008 and 2010, an eligible family member of a covered service member will be able to take up to 26 workweeks of leave in a "single 12-month period" measured forward from the date the leave commences to care for a covered service member with a serious illness or injury incurred in the line of duty on active duty. This 26 workweek entitlement is a special provision that extends FMLA job-protected leave beyond the normal 12 weeks of FMLA leave. This provision also extends FMLA protection to additional family members (i.e., next of kin) beyond those who may take FMLA leave for other qualifying reasons and may be taken intermittently.
- This type of leave may be used by family members of veterans to care for veterans undergoing treatment, recuperation or therapy for a serious illness or injury incurred in the line of duty, as long as the illness or injury was within five years of the date of treatment, recuperation or therapy. The coverage applies even if the injury or illness manifested itself after the service member's discharge from military service.
- The National Defense Authorization Act of 2010 also expands military caregiver leave so that employees may use FMLA to care for a covered service member's serious injury or illness incurred because service on active duty aggravated an existing or preexisting injury or injuries.
- J. "Qualifying Exigency" Leave: This military leave entitlement helps families of members of the regular armed forces when deployed to a foreign country, as well as members of the National Guard and Reserves manage their affairs while the member is on active duty. This provision makes the normal 12 workweeks in a rolling calendar year of FMLA job-protected leave available to use for "any qualifying exigency"

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arising out of the fact that a covered military member is on active duty, or has been notified of an impending call or order to active duty. "Qualifying Exigency Leave" may be taken intermittently when necessary.

1. Qualifying Exigencies:
 - a. Short-notice deployment of 7 days or less;
 - b. Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations or the American Red Cross that are related to the active duty or call to active duty status of a covered military member.
 - c. To arrange for childcare and related activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at a school or day care facility if they are necessary due to circumstances arising from the active duty or call to active duty of the covered military member;
 - d. To take care of financial and legal affairs and matters for a covered military family member;
 - e. To attend non-health care provider counseling arising from active duty in the military or the call to active duty status of the covered military member;
 - f. Up to ~~five~~ fifteen days to spend time with a covered military service member on rest and recoupment leave during deployment;
 - g. Attending to certain post deployment activities including attending arrival ceremonies, reintegration briefings, and events and other official ceremonies or programs sponsored by the military for a period of 90 days following the termination of the covered military member's active duty status and addressing issues arising from the death of a covered military member.
 - h. Additional activities not encompassed in the other categories, but agreed to by Delaware County and the employee.

- K. An eligible employee is limited to a combined total of 26 workweeks of leave for any FMLA qualifying reason during the "single 12 month period". Only 12 of the 26 weeks total may be for a FMLA qualifying reason other than to care for a covered service member.

Maintenance of Health Benefits

- A. As required under the FMLA, Delaware County will maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If applicable, arrangements will be made for employees to continue to pay their share of health insurance premiums while on leave. Payment must be made by the first day of each month with a thirty (30) day grace period or benefits shall terminate.
- B. If the employee chooses not to continue coverage while on leave, upon proper return to work, the employee shall be reinstated into the plan on the same terms as prior to commencement of leave.
- C. As allowed under the FMLA, Delaware County shall make every effort to recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave without medical justification.

Job Restoration

- A. Upon return from FMLA leave, an employee must be restored to the employee's original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee has no greater right to reinstatement or to other benefits and conditions of employment than if the employee had been continuously employed during the FMLA leave period.
- B. In addition, an employee's use of FMLA leave cannot result in the loss of any employment benefit that the employee earned or was entitled to before using FMLA leave, nor be counted against the employee under a "no fault" attendance policy. This includes salary increases that are across the board or for cost of living received by all employees in the same job classification.
- C. If paid leave is substituted for FMLA, then the employee shall continue to accrue service time during that paid status. If FMLA is unpaid leave, the employee shall not accrue service time or seniority during the unpaid status.
- D. Under specified and limited circumstances where restoration to employment will cause substantial and grievous economic injury to its operations, Delaware County may refuse to reinstate certain highly paid "key" employees (highest paid 10% of all employees) after using FMLA leave during which health coverage was maintained. In order to do so the Delaware County must:
 1. Notify the employee of his/her status as a "key" employee in response to the employee's notice of intent to take FMLA leave;
 2. Notify the employee as soon as the employer decides it will deny job restoration, and explain the reasons for this decision;
 3. Offer the employee a reasonable opportunity to return to work from FMLA leave after giving this notice, and

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4. Make a final determination as to whether reinstatement will be denied at the end of the leave period if the employee then requests restoration

Other Provisions

- A. Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under Regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave.

Procedure for Administration

In accordance with the federal Family and Medical Leave Act of 1993 and the National Defense Authorization Act, an eligible employee is entitled to an unpaid leave of absence of up to twelve (12) workweeks measured backward from the date the leave commences or twenty six (26) workweeks measured forward from the date the leave commences (if the leave is for military caregiver leave).

(The Supervisor should provide his/her employee with a copy of the FMLA policy including the appropriate U.S. Department of Labor's certification form and notify Human Resources when the employee misses work or will miss work due to one of the following reasons):

1. for the birth and care of the newborn child of the employee;
 2. for placement with the employee of a son or daughter for adoption or foster care;
 3. to care for an immediate family member (spouse, child under 18 years of age or child 18 years or older if incapable of self-care because of mental or physical disability, or the employee's parent (but not parent in-laws) of the employee with a serious health condition; or
 4. to take medical leave when the employee is unable to work because of a serious health condition.
 5. military caregiver leave;
 6. qualifying exigency leave.
- A. Employees must provide notice when a qualifying event occurs and/or is planned to occur as follows:
 1. For foreseeable need for leave, including prenatal visits, the employee must provide thirty (30) days notice to the employer; if thirty (30) days is not possible, then as soon as practical, or
 2. For unforeseeable need for leave, employees must notify the employer as soon as practical.
 3. An employee must complete the appropriate leave form and submit it to their supervisor, director or appointing authority for approval along with the appropriate FMLA forms.
 4. If the employee has been absent from work for one of the qualifying reasons without providing the above notice, that leave may be considered as part of the 12 work week period (or 26 workweek period for military care giver leave) upon the employer discovering the qualifying event depending upon the reason for the failure to provide proper notice. Any further leave the employee is entitled to take under this policy will be for 12 workweeks (or 26 workweek period for military care giver leave) less the amount of such absent time previously taken.
 5. The employee should provide notice by completing the appropriate forms as indicated within this policy. (Form A, Application for Family or Medical Leave).
 6. If the employee has incurred previous absences for one of the qualifying reasons, he/she shall complete Form A1, Explanation of Prior Leave.
 7. Failure to honestly complete FMLA forms in the prescribed manner may result in FMLA leave being rejected or revoked and the possibility of disciplinary action up to and including termination.
 - B. Upon receipt of an Application for Family or Medical Leave, Delaware County shall either approve FMLA leave or require medical certification of the initial need for leave of an employee's annual FMLA entitlement. The County will give this indication of approval or request for appropriate medical, qualifying exigency or military caregiver certification by completing the appropriate U.S.D.O.L. Certification Forms. The County will notify the employee of eligibility / ineligibility within five (5) business days after leave is requested or it has knowledge the leave is for an FMLA reason, absent exigent circumstances. If the employee will use paid time for the majority of the leave, the employee must complete a "Leave Request Form" and submit the form to his/her supervisor. If the majority of the employee's leave will be unpaid, a request for leave form and an employee action form with appropriate approvals must be completed.
 1. The employee shall provide such certification to Delaware County within fifteen (15) days after receiving the requirement to provide such certification. The employee shall use U.S.D.O.L. Form WH-380 E (employee) or F (family), Certification of Health Care Provider to provide this certification in cases involving a serious health condition of the employee or eligible family member. In cases involving serious injury or illness of a covered service member for military family leave the employee must use U.S.D.O.L Form WH-385 or use Form WH-384 for certification of qualifying exigency for military family leave. All entries within the certification must be answered sufficiently and completely.
 - a) Delaware County Human Resources may contact the employee's doctor or service provider directly to authenticate / clarify the certification.
 - b) Delaware County may request subsequent certifications every 30 days, upon expiration of the period specified in the certification, when circumstances change, or when the validity of the certification is in doubt.
 - c) Failure of the employee to provide a complete and sufficient certification in a timely manner may result in:
 - For foreseeable leave, leave may be denied until a complete and sufficient certification is received,

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- For unforeseeable leave, continuation of leave may be denied, and
 - If certification is never received, if the certification is incomplete or is insufficient FMLA leave will be denied.
- d) Expenses for all such certifications, including subsequent certifications and clarifications, shall be paid by the employee or by insurance, if covered.
2. Delaware County may obtain a second medical opinion from a health care provider of Delaware County's choice at the expense of Delaware County.
3. If the employee's medical certification and the second medical opinion disagree, Delaware County may require a third, final, and binding evaluation of the employee by a health care provider selected mutually by Delaware County and the employee. The cost of the third evaluation shall be borne by Delaware County.
- C. Prior to an employee's return to work for FMLA leave due to his/her own serious health condition, the employee shall provide a fitness-for-duty certification from a health care provider showing that the employee can perform the functions of his/her position. The employee or health care provider must submit the fitness-for-duty certification directly to Human Resources. The employee shall not return to work until such certification is provided and may be terminated at the expiration of leave if fitness-for-duty certification is not provided and the employee does not have other leave (e.g., sick leave, compensatory, vacation, or personal leave, if granted) to cover further absence. The employee shall utilize Form C, Health Care Provider's Certification of Ability to Return to Work, as the fitness- for- duty certification.

Employer Responsibilities

- A. The County will post an approved Department of Labor FMLA notice in a conspicuous place.
- B. The employer will provide a copy of this policy to each employee and provide training periodically as needed on the employee's rights and responsibilities under the FMLA.

**FORM A
APPLICATION FOR FAMILY OR MEDICAL LEAVE**

I hereby apply for family/medical leave for the following reason, (check one):

- _____ Birth of my son or daughter and in order to care for my son or daughter
- _____ Placement of a son or daughter with me for adoption of foster care
- _____ Serious health condition affecting my spouse child parent, for which I am needed to provide care
- _____ Serious health condition that makes me unable to perform the functions of my position
- _____ In accordance with the National Defense Authorization Act of 2008 to care for a covered service member with a serious illness or injury incurred in the line of duty on active duty
- _____ Qualifying "exigency" arising out of the fact that a covered military member is on active duty or called to active duty status in support of a contingency operation.

Leave period to being ____ / ____ / _____ and end on (through) ____ / ____ / _____ **(You must have an estimated leave/return date)**

I certify that I meet the eligibility requirements as set forth in the Family and Medical Leave Policy. If I am applying for leave because I have a serious health condition or a member of my immediate family does, I am supplying medical certification in accordance with the Family and Medical Leave Policy.

I authorize my employer to contact my treating health care provider for information or clarification about my medical certification. I agree to cooperate fully with my treating health care provider's course of treatment. I release any and all medical personnel with knowledge of my condition to communicate with my employer for the purpose of certifying or clarifying my certification. I agree that if my leave is due to my own serious health condition that before being permitted to return to work, I will present a certification from my health care provider that I am able to resume work (Form C).

I understand that I must pay my portion of health benefits, if applicable, by the first day of the month. I further understand that if I do not return to work after my leave for any reason but a continuance, recurrence, or onset of a serious health condition or other circumstances beyond my control, I will be obligated to repay to my employer the amount of my health insurance premiums that it contributed on my behalf during my leave. I agree that said repayment may be made by deductions from any remaining paychecks.

I understand that any FMLA leave might be otherwise substituted and reduced by paid leave in accordance with the Family and Medical Leave Policy. If I have been absent previously during this calendar year, I have attached Form A1, as a written explanation of this leave. I agree to supplement this explanation with medical certification if I am requested to do so by my employer.

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Printed Name Address
Employee Signature Date
Employee Personal Email Address Employee Home/Cell Phone Number

FORM A1
APPLICATION FOR FAMILY OR MEDICAL LEAVE

Under the Family and Medical Leave Act of 1993, prior leave used may be qualified as a portion of the 12 weeks of FMLA leave if certain criteria are met. To determine whether this qualification is met, please complete the following certification.

I hereby certify that my previous absence(s) during this calendar year has (have) been for the following reason(s):

Number of Days:

- Birth of my son or daughter or because of the placement of a son or daughter with me for adoption or foster care.
Care for my spouse, or a son, daughter, or parent who has a serious health condition.
My serious health condition that makes me unable to perform the functions of my position.
Other reasons.

Employee
Office/Department
Date

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)
U.S. Department of Labor Employment Standards Administration Wage and Hour Division WH-380E

SECTION I: For the Completion by the Employer

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Delaware County Human Resources - Brad Euans - 740-833-2127

Employee's job title: Regular work schedule:

Employee's essential job functions:

Check if job description is attached:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name:

First Middle Last

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SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

Part A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
___No ___Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___Yes.

Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
___No ___Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ___No ___Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Part B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No ___Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?

___No ___Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

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Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ___No ___Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups? ___ No ___ Yes . If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or ___ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC

20210. DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act) WH-380-F

U.S. Department of Labor Employment Standards Administration Wage and Hour Division

SECTION I: For the Completion by the Employer

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Delaware County Human Resources - Brad Euans

10 Court Street 2nd Floor Delaware, Ohio 43015 Phone 740-833-2127 Fax 740-833-2119

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name:

First Middle Last

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Name of family member for whom you will provide care: _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature

Date

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

Part A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
___No ___Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? ___No ___Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? ___ No ___ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
___No ___Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___No ___Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? ___ No ___ Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? ___ No ___ Yes.

Explain the care needed by the patient and why such care is medically necessary:

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5. Will the patient require follow-up treatments, including any time for recovery? ___No ___Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary:

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ___ No ___ Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

hour(s) per day; days per week from through

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily Activities? ___ No ___ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: times per week(s) month(s)

Duration: hours or day(s) per episode

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary:

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC

20210. DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

FORM C
HEALTH CARE PROVIDER'S CERTIFICATION OF ABILITY TO RETURN TO WORK

- 1) I hereby certify that I have physically examined (name of employee) and have determined that he/she is able to resume all the essential functions of his or her job with Delaware County as of (date).
2) I received and reviewed the employee's job description: Yes No
3) Health Care Providers Contact Information and Signature

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Health Care Provider Printed Name

Health Care Provider Signature

Health Care Provider Address

Telephone Number

Date

Return to: Delaware County
Human Resources Department
10 Court Street, 2nd Floor
Delaware, Ohio 43015
Fax: 740/833-2119
Email: Brad Euans at BEauns@co.delaware.oh.us

Vote on Motion Mrs. Lewis Aye Mr. Benton Aye Mr. Merrell Aye

**14
RESOLUTION NO. 15-1178**

IN THE MATTER OF AUTHORIZING THE ACCEPTANCE AND AWARDING OF THE BID AND APPROVING THE CONTRACT SUBMITTED BY REZOD, LLC FOR THE PROJECT KNOWN AS THE CDBG PY2014 ACTIVITY 3 GALENA VILLAGE HALL ADA RESTROOMS:

It was moved by Mrs. Lewis, seconded by Mr. Benton to approve the following:

WHEREAS, the Board of Delaware County Commissioners approved the Program Year 2014 Small Cities Community Development Block Grant Agreement B-F-14-1AT-1 with the Ohio Development Services Agency per Resolution No. 14-1479; and

WHEREAS, the Delaware County Economic Development Coordinator and Miller Watson Architects reviewed the bids received, and the bid submitted by Rezod, LLC, in the amount of \$106,750.00 has been determined to be the lowest and best bid, and

WHEREAS, the Delaware County Economic Development Coordinator and the Village of Galena jointly recommend approving the acceptance and award of the bid and approving the contract for the project;

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners that:

Section 1. That the Delaware County Board of Commissioners awards the bid to Rezod, LLC in the amount of \$106,750.00 for CDBG PY2014 Activity 3 Galena Village Hall ADA Restrooms.
Section 2. That this resolution shall take effect and be in force immediately after its passage.

CONTRACT

THIS AGREEMENT is made this 1st day of October 2015, by and among, Rezod, LLC (hereinafter called the "Contractor"), the Delaware County Commissioners (hereinafter called the "Owner"), and the Village of Galena (hereinafter called the "Village").

WITNESSETH, that the Contractor, the Owner, and the Village, for the consideration stated herein, mutually agree as follows:

ARTICLE 1. Statement of Work.

The Contractor shall furnish all supervision, technical personnel, labor, materials, machinery, tools, equipment and services including utility and transportation services, and perform and complete all work required for the improvements described herein.

Contractor shall complete all Work as specified or indicated in the Contract Documents. The Work is generally described as follows:

The project consists of improvements to three existing restrooms in the Galena Village Hall to meet current ADA standards.

ARTICLE 2. The Contract Price.

The Contractor shall be paid for the total quantities of work performed at the unit prices stipulated in the Bid for the respective items of work completed for the sum One Hundred-Six Thousand Seven Hundred Fifty Dollars (\$106,750), subject to additions and deductions as provided in the Contract Documents. The Owner shall be liable for contributing the remaining CDBG Formula allocation dedicated to this project, which remaining balance is Ninety Thousand Three Hundred Dollars (\$90,300). The Village shall be liable for the remaining balance of the Contract Price, which

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remaining balance is Sixteen Thousand Four Hundred Fifty Dollars (\$16,450), and the Village shall also be liable for the cost of additions as provided in the Contract Documents, provided that no addition shall be approved without the Village's prior approval given in writing.

ARTICLE 3. Contract.

The executed contract documents shall consist of the following:

- a. This Agreement
- b. Addenda
- c. Invitation for Bids
- d. Instructions to Bidders
- e. Signed copy of Bid
- f. General Conditions, Parts I and II
- g. Special Conditions
- h. Technical Specifications
- i. Drawings (as listed in the Schedule of Drawings)

This Agreement, together with other documents enumerated in this ARTICLE 3, which said other documents are as fully a part of the Contract as if hereto attached or herein repeated, forms the Contract between the parties hereto. In the event that any provision in any component part of this Contract conflicts with any provision of any other component part, the provision of the component part first enumerated in this ARTICLE 3 shall govern, except as otherwise specifically stated.

Article 4. Miscellaneous Terms & Conditions

- 4.1 Contractor agrees that no agency, employment, joint venture, or partnership has been or will be created between the parties hereto pursuant to the terms and conditions of this Contract. Contractor also agrees that, as an independent contractor, Contractor assumes all responsibility for any federal, state, municipal, or other tax liabilities alone with workers compensation, unemployment compensation, and insurance premiums which may accrue as a result of compensation received for services or deliverables rendered hereunder.
- 4.2 This Contract shall be governed by and interpreted in accordance with the laws of the State of Ohio. Any and all legal disputes arising from this Contract shall be filed in and heard before the courts of Delaware County, Ohio.
- 4.3 No term or provision of this Contract shall be deemed waived, and no breach excused, unless such a waiver or consent is expressly made in writing and signed by the party claimed to have waived or consented. Such waiver shall not constitute and shall not in any way be interpreted as a waiver of any other term or provision or future breach unless said waiver expressly states an intention to waive another specific term or provision or future breach.
- 4.4 If any item, condition, portion, or section of this Contract or the application thereof to any person, premises, or circumstance shall to any extent, be held to be invalid or unenforceable, the remainder hereof and the application of such term, condition, provision, or section to persons, premises, or circumstances other than those as to whom it shall be held invalid or unenforceable shall not be affected thereby, and this Contract and all the terms, conditions, provisions, or sections hereof shall, in all other respects, continue to be effective and to be complied with to the fullest extent permissible under the law.
- 4.5 Contractor certifies that it has no outstanding findings for recovery pending or issues against it by the State of Ohio.
- 4.6 The Contractor shall indemnify and hold harmless Delaware County and the Village, and their respective officers, agents and employees from any and all losses, claims, damages, lawsuits, costs, judgments, expenses or any other liabilities which they may incur as a result of bodily injury, sickness, disease or death, or injury to or destruction of tangible property including the loss of use resulting therefrom, caused in whole or part by the negligent act or omission of the Contractor, any subcontractor, any person directly or indirectly employed by any of them or any person for whose acts any of them may be liable.

Vote on Motion Mr. Benton Aye Mr. Merrell Aye Mrs. Lewis Aye

**15
ADMINISTRATOR REPORTS
No Reports**

**16
COMMISSIONERS' COMMITTEES REPORTS
Commissioner Benton
-Attended Mary Jane Santos retirement party yesterday afternoon.**

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Commissioner Lewis

-Also attended the retirement party. Was asked to give comments about Mary Jane. She is leaving a legacy of her love of reading.

Commissioner Merrell

-There was an article in the Gazette yesterday regarding the parking at the new judicial building planned. There seems to be a misunderstanding. Has contacted the City of Delaware.
-Met with John Phillipiano this morning to get an update on the outlet mall. Everything is moving along well with an anticipated opening in late June 2016.

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RESOLUTION NO. 15-1179

IN THE MATTER OF ADJOURNING INTO EXECUTIVE FOR CONSIDERATION OF PROMOTION OF A PUBLIC EMPLOYEE OR PUBLIC OFFICIAL; TO CONSIDER THE SALE OF PROPERTY AT COMPETITIVE BIDDING; FOR COLLECTIVE BARGAINING:

It was moved by Mrs. Lewis, seconded by Mr. Benton to adjourn into Executive Session at 9:59 AM.

Vote on Motion Mr. Merrell Aye Mrs. Lewis Aye Mr. Benton Aye

RESOLUTION NO. 15-1180

IN THE MATTER OF ADJOURNING OUT OF EXECUTIVE SESSION:

It was moved by Mrs. Lewis, seconded by Mr. Benton to adjourn out of Executive Session at 11:55 AM.

Vote on Motion Mr. Benton Aye Mr. Merrell Aye Mrs. Lewis Aye

There being no further business, the meeting adjourned.

Gary Merrell

Barb Lewis

Jeff Benton

Jennifer Walraven, Clerk to the Commissioners