Request For Proposals
Marion County Job and Family Services

Non-Emergency Medical Transportation (NEMT) Services

Closing Date: 4:00 p.m., Friday, August 28, 2026

Contact Person:

Debbie Ewalt

Marion County Job and Family Services
363 W. Fairground Street
Marion, OH 43302

(740) 386-1018

Debbie.Ewalt@jfs.ohio.gov

I. Timetable

August 14, 2026	Request For Proposals (RFP) Released
August 21, 2026	Deadline for Submitting Questions
August 28, 2026	Deadline for Submitting Proposals
September 11, 2026	Award Contract
October 01, 2026 to September 30, 2027	Contract Period

The following attachments specify all components and expectations of this Request For Proposals (RFP):

- Request For Proposals
- Attachment A: Sample Invoice
- Attachment B: Cover Page requirements for proposals
- Attachment C: Checklist for Proposals
- Attachment D: Competitive Proposal Affidavit
- Attachment E: Representations, Assurances, and Certifications
- Attachment F: Definitions
- Attachment G: Violations
- Attachment H: Direct-Service PTV Employee information

II. Objective

The objective of the transportation contract is to provide eligible residents of Marion County with transportation to and from non-emergency, medically necessary appointments, covered by Medicaid. The agency may contract with multiple vendors to provide these services.

III. Scope of Work and Deliverables

Within the scope of the proposal, the bidder will address the items listed below:

A. Description of services to be provided (i.e. handicap accessibility, service level volume/capacity, door-to-door service, etc.).

B. Provision of services to only those individuals authorized by Marion County Job and Family Services (MCJFS) with verification of eligibility.

C. Specification of any restrictions on trips, including geographic, times/days of the week, age limits, policy on personal assistance, etc.

D. Describe the process for scheduling, making referrals for transportation services.

E. Provide monthly itemized invoices, including client names, trip origination, and destination points, number of miles, dates/times, actual cost per trip/mile, and invoiced cost per trip/mile.

IV. Proposal Guidelines

A. Proposals must clearly address each of the requested deliverables outlined under Scope of Work and Deliverables.

B. Proposals providing one or more elements of this RFP, through

partnership or contract, require a complete description of coordinated services, including:

- Name and contact information of collaborating agency(ies)
- Description of what customer services will be provided by each partner,
- How costs of services and operating costs of the partnerships will be funded,
- Method of referral between partners.

The provider will be responsible for performance of any sub-contracted activities, including proper procurement, provision of information for audit, performance levels, and quality of work provided. MCJFS reserves the right to verify all information described in proposal and agreement with referenced parties.

C. Failure to clearly address how the bidder will meet each of the *Objectives,* Scope *of Work and Deliverables, and Rate Requirements*, directly or through specified sub-contract, may result in immediate dismissal of consideration.

D. The contract will run from **October 1, 2026,** through **September 30, 2027**. MCJFS reserves the right to extend the contract for two (2) optional renewals, at the same terms and conditions, based on funding availability and performance.

Questions on this RFP may be emailed to Debbie Ewalt no later than **4:00 p.m., Friday, August 21, 2026**. Email is Debbie.Ewalt@jfs.ohio.gov. Answers will be provided to all bidders no later than **4:00 p.m., Monday, August 24, 2026.**

E. At the discretion of MCJFS, if it becomes necessary to revise any part of this RFP, an addendum will be provided to all applicants who have submitted letters of intent to apply. All requested clarifications will become an addendum.

F. MCJFS reserves the right to cancel all or any part of this RFP at any time without prior notice. Additionally, MCJFS reserves the right to modify the proposal process and timeline as deemed necessary.

I. If an applicant disagrees with the rating decision, the applicant must provide a written response to the MCJFS Director no later than three (3) business days after receipt of rating decision. The MCJFS Director will review the information and provide a written response within two (2) weeks.

J. Ohio Administrative Code 5160-15-14 Transportation: non-emergency services through a CDJFS: program integrity provisions, effective July 1, 2022, requires Private Transportation Vendors (PTV) (e.g. individual person, for-profit company, not-for-profit organization), seeking to establish or to maintain a contract with a county department of job and family services (CDJFS) to supply transportation service to Medicaid recipients and is not a government agency, transit authority, public transportation system, or other quasi-government organization to meet the following conditions:

1. Each PTV owner/manager having an ownership or control interest in the PTV, as defined in 42 C.F.R. 455.101 (October 1, 2016) must meet the disclosure requirements set forth in 42 C.F.R. 455, Subpart B (October 1, 2020).

2. Each PTV owner/manager must identify all related enterprises, defined as

all other business in which the PTV owner/manager has an ownership or control interest and with respect to those businesses the PTV owner/manager also must meet the disclosure requirements set forth in 42 C.F.R. 455.101 (October 1, 2016).

3. Each PTV must disclose the following information for the PTV, each PTV owner/manager, and any related enterprise:

   a. Name;

   b. Medicaid provider name if applicable;

   c. Physical address;

   d. Mailing address if different;

   e. Tax identification number;

   f. Medicaid provider number if applicable; and

   g. National provider identifier (NPI) if applicable.

4. Whenever a contract between the CDJFS and the PTV is established or renewed and whenever the PTV is considering an applicant for a position as a direct-service employee, which is a PTV employee who provides direct services to Medicaid recipients (e.g. drivers), the following actions must be taken:

   a. Each driver holding or applying for a position with the PTV has a valid driver's license;

   b. For each driver holding or applying for a position with the PTV, a certified driving record history is obtained from the bureau of motor vehicles of the Ohio department of public safety and provided to the CDJFS;

   c. A criminal background check performed in accordance with section 109.572 of the Revised code on each direct-service employee or applicant returns one of two results:

      i. The direct-service PTV employee or applicant has never been convicted of or pleaded guilty to an offense listed in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code (a disqualifying offense); or

      ii. The direct-service PTV employee or applicant has been convicted of or pleaded guilty to a disqualifying offense and one of the following criteria is met:

         (A) The individual has satisfied the conditions associated with any applicable exclusionary periods set forth in rule 5160-1-
         17.8 of the Administrative Code; or

         (B) The individual has obtained a certificate of qualification

for employment in accordance with section 2953.25 of the Revised Code or an equivalent certification issued by another state or federal jurisdiction; and

d. A search substantiates that no PTV, PTV owner/manager, or direct- service PTV employee or applicant is currently listed as sanctioned or excluded in either of the following databases:

i. The system for award management (SAM) maintained by the United States general services administration; or

ii. The list of excluded individuals and entities (LEIE) maintained by the office of inspector general in the United States department of health and human services.

K. Provided passage of Ohio House Bill 315, which may substantially revise administrative rule 5160-15-14, PTV's will be required to be knowledgeable about and abide by the rule changes as defined in the Ohio Administrative Code.

IV. Completing and Submitting Proposals

1. Proposal Costs. Vendors are responsible for any and all costs related to preparing and submitting proposals for this RFP.

2. Closing Date for Proposals. The closing date and time for receipt of proposals is ***4:00 p.m., Friday, August 28, 2026.*** Any proposal not received by Marion County Job and Family Services by the time and date, will not be considered.

3. Proposal Format. Proposals must be typewritten (no smaller than 12 pt. font) and single spaced. The proposal must be in a clear and legible format.

4. Submission of Proposals. Proposals may be submitted by e-mail to Debbie.Ewalt@jfs.ohio.gov. Proposals shall be accepted unconditionally, and without alteration or correction. Withdrawals of proposals, before the closing date and time, are permitted.

All information contained in the selected proposal will become part of the purchased services agreement, unless otherwise negotiated by the MCJFS.

a. Questions. Questions regarding this RFP can be directed to Debbie Ewalt, made by email (Debbie.Ewalt@jfs.ohio.gov)

b. Final selection of the successful applicant(s) will be made no later than **10:00 a.m., Friday, September 11, 2026**. The successful applicant(s) will be notified no later than **4:00 p.m., Monday, September 14, 2026**.

V. Proposal Format

Proposals must be assembled according to the following outline and format. The forms necessary to provide the referenced information are included in the Attachments to this

Request For Proposals. Failure to follow the outline may result in rejection of the proposal.

1. Request for Proposals Response Cover Page (See Attachment B)
2. Checklist for submitting Proposal (See Attachment C)
3. Competitive Proposal Affidavit (See Attachment D)
4. Service Provider Invoice (See Attachment A)
5. Budget (Including mileage breakdown)
6. Representations, Assurances and Certifications (See Attachment E)
7. Certificate of Liability Insurance
8. Copies of Vehicle Registrations for all vehicles that will be used to transport clients
9. Copy of current Worker Compensation Certificate
10. Copy of Management Letter from most recent audit completed on vendor.
11. Copies of criminal background checks on each direct service employee/driver, performed in accordance with ORC Section 109.572 (Attachment G)
12. Copies of valid driver licenses for all direct service employees/drivers
13. Copies of certified driving record history for all direct service employees/drivers
14. Direct-Service PTV Employee (Attachment H)

IV. Proposal Evaluation and Selection

Proposals will be rated against a total value of 100 possible points. Selection of vendor(s) will be awarded to the lowest and best proposal. Lowest and best will be determined by Marion County Job and Family Services, based on what is in the best interest of the County and its residents. Due to individual client needs, MCJFS reserves the right to select vendor(s) on factors other than price. The vendor(s) will be selected from the proposal(s) that offers the lowest price, greatest availability, and is the most advantageous to the clients utilizing this program.

This RFP does not constitute an offer. Acceptance of proposals for review does not commit the MCJFS to award a contract, nor is the MCJFS liable for any costs incurred in the preparation of a proposal. An e-mail notice of the award will be sent to the selected vendor(s), by the MCJFS. This will constitute official notification of selection of the proposal(s).
All proposals will be rated in accordance with the following rating scale:

NON-EMERGENCY TRANSPORTATION PROPOSAL SELECTION RATING TOOL		
Criteria	**Points Available**	**Points Rated**
Met requirements for Proposal Submission: o cover page information, Attachment B o checklist, Attachment C o signed affidavit, Attachment D o Service Provider Rate Schedule, Attachment A o representations/ assurances/ certifications, Attachment E o Certificate of Liability Insurance o vehicle registrations o copy of Worker Compensation Certificate o copy of management letter o copies of criminal background checks o copies of valid driver licenses o copies of certified driving record history o Direct-Services PTV Employee Forms	**PASS/ FAIL**	
Provider's Budget	**50**	
Availability and Flexibility to meet client volume, needs and demand.	**50**	
Total	**100**	
Comments:		

VI. Award

Based on historical data and present conditions, it is estimated that funding for the individual programs for Non-Emergency Medical Transportation (NEMT) services could be approximately $300,000 for the period of October 01, 2026 through September 30, 2027.

Award notification will be e-mailed to the approved vendor(s). Before funding is received, a mandatory orientation session will be provided for **new vendor(s)** with the opportunity to meet MCJFS staff, and review contract requirements.

VII. Vendor Disclosures

Vendors must provide a disclosure of any pending or threatened court actions or claims against the vendor. This information may not cause rejection of the Proposal but withholding the information may be cause to reject the proposal.

VIII. Conflict of Interest

No Vendor will promise or give any MCJFS employee anything of value that could influence that employee's decision on awarding contracts. No vendor shall attempt to influence an employee of MCJFS to violate any of the procurement policies of the MCJFS.

IX. Contract Requirements

Approved Contract Providers/Vendors will be required to obtain and maintain, at their expense, at all times throughout the contract term, a policy of professional liability and commercial general liability insurance with an insurance company licensed in the State of Ohio. The policy shall have limits of not less than one million dollars ($1,000,000) per claim and three million dollars ($3,000,000) in the annual aggregate to cover any loss, liability, or damage alleged to have been committed by the provider or the provider's employees, officers, agents, or subcontractors. The policy shall name MCJFS and Marion County Board of Commissioners as Additional Named Insured.

The contract provider/vendor shall furnish MCJFS upon execution of a contract, a Certificate of Insurance certifying the above types, and minimum amounts of insurance. Said Certificate shall include a "Notice of Cancellation" clause with notification being sent 30 days prior to cancellation to MCJFS. Cancellation of insurance will constitute a default, which, if not remedied within the 30-day notification period, shall cause immediate termination of the contract by MCJFS.

The Certificate of Insurance, as noted above, will be required within thirty days of contract approval. Failure to provide the Certificate of Insurance will constitute a default and shall cause immediate termination of the contract by MCJFS.

Attachment A – Invoice

Sample Invoice

Invoice

Provider Name
Provider Address
City State Zip
Phone Number

Date
to

Invoice #

To: Fiscal
Marion County
363 W.
Fairground St.
Marion, OH
43302

Authorization #	Date	Client Name	Destination	Mileage	# of Trips	Cost/Trip	Total Due
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
					Total		$ -

Attachment B – Cover Page

Transportation Services

Name of Vendor:	
Federal ID Number or Social Security Number if an individual:	
Address of Vendor:	
Phone and FAX of Vendor:	
Name of Person with Ownership or Control in Company:	
Contact Person and Contact Number:	
Date of Submission:	

Attachment C - Checklist for Submitting Competitive Proposals

All Vendors responding to the Transportation Services Request for Proposals must include the following documents or Proposals will be rejected:

- ☐ Cover page with summary information (See Attachment B)
- ☐ Checklist for Submitting Competitive Proposals (This page)
- ☐ Budget
- ☐ Competitive Proposal Affidavit (Attachment D)
- ☐ Representations, Assurances and Certifications (Attachment E)
- ☐ Direct-Service PTV Employee Forms (Attachment H)
- ☐ Certificate of Liability Insurance
- ☐ Vehicle Registrations
- ☐ Copy of current Worker Compensation Certificate
- ☐ Copy of Management Letter from most recent audit.
- ☐ Copies of Background Checks
- ☐ Copies of Valid Driver Licenses
- ☐ Copies of certified driving record history's

Attachment D – Competitive Proposal Affidavit
State of Ohio

I,_____,_____,
(Name of person signing affidavit) (Title)

swear that _____
(Name of Individual, Corporation, or Organization)

(NON-COLLUSION AFFIDAVIT) its agents, officers, or employees have not directly, nor indirectly, entered into any agreements, participated in any collusion, nor taken any action to restrain free competition in connection with this Proposal.

(NON-DISCRIMINATION AFFIDAVIT) its agents, officers or employees will not discriminate in the hiring of employees for work under this Proposal or in providing services sent forth in this Proposal on the basis of race, color, religion, sex, age, disability, national origin or ancestry, or political affiliation or belief.

(PERSONAL PROPERTY TAX DELINQUENCY STATEMENT) The organization is not now charged with any delinquent personal property taxes on the general tax list of personal property of the county. If such delinquency is now charged, a statement setting forth the unpaid delinquent taxes and any due and unpaid penalties and interest now follows:

_____

_____

(CERTIFICATION). The information contained in this Proposal fairly represents the organization and its proposed operating plans and price for the Scope of Services and Deliverables described in the Request for Proposals for Transportation Services. I acknowledge that I have read and understand the requirements and provisions of this Request for Proposals, and this organization is prepared to provide the Deliverables, as specified in this Proposal.

I further certify that all information contained in this Proposal is true and correct, and shall be open to verification, should Marion County Job and Family Services choose to do so.

I certify that I am authorized to sign the attached Proposal, and to commit this organization to the provisions described in the Deliverables, and other provisions contained in the Request for Proposals. Furthermore, I can and do certify that this is a firm offer to complete the items outlined in the Request for Proposals.

Finally, I do certify that this organization is not currently involved in any state of formal bankruptcy proceedings.

_____

Signature of Authorized Representative of Entity Submitting Proposal Date

Sworn to and subscribed before me this_____day of _____

_____
(Notary Public)

My Commission Expires: _____

_____, Ohio.

Attachment E - Representations, Assurances, And Certifications

1. Company Name: _____

2. Company Address: _____

   _____

   (Must include primary business address, every business location and P.O. Box address)

3. Telephone Number: _____ FAX: _____

4. The names of any and all persons with ownership or control in the company:

   _____

   _____

5. The name and telephone number of the person(s) who has the authority to submit Proposals:

   _____

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

   _____

7. The legal status of the entity submitting Proposal (e.g. corporation, sole proprietor, post- secondary education institution, etc.)

   _____

8. Date of establishment/ incorporation: _____

9. Federal Employer Identification Number (FEIN): _____

10. Social Security Number, if an individual: _____

11. Workers' Compensation Account Number: _____

12. Unemployment Insurance Account Number: _____

13. Is the company co-owned or controlled by a parent company? ____Yes ____No

    If yes, name of parent company: _____

14. Is the vendor authorized/ licensed to do business in the state of Ohio?_____Yes ____No

15. Is the vendor bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? ____Yes_____No

    If yes, has the company filed all required EEO reports to the necessary agencies? ____Yes_____No

16. The company certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. ____Yes_____No

17. Does the company have current or future plans for a buyout or sale? ____Yes_____No

18. The company certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this Request for Proposals. ____Yes_____No

19. The company certifies it will not use the contract funds to lobby. ____Yes_____No

20. The company certifies it is a drug-free work place. ____Yes_____No

21. The company certifies it is not delinquent on any Federal debt. ____Yes_____No

22. The company certifies that it does not have any Findings for Recovery with the State of Ohio Auditor. ____Yes_____No

23. The company certifies that its agents, officers, or managing employees have <u>not</u> been convicted of a criminal offense related to any programs under Medicaid, Medicare, or the Title XX programs since the inception of these programs. _____Yes____No

Attachment F- Definitions

1) "Private transportation vendor (PTV)" *is an entity (e.g., individual person, for-profit company, not-for-profit organization) that meets the following criteria:*

(a) It seeks to establish or to maintain a contract with a county department of job and family services (CDJFS) to supply transportation service to Medicaid recipients in accordance with rule 5160-15-13 of the Administrative Code; and

(b) It is not a government agency, transit authority, public transportation system, or other quasi- governmental organization.

(2) **"PTV owner/manager"** *is a person having an ownership or control interest in the PTV, as defined in 42 C.F.R. 455.101 (October 1, 2016).*

(3) **"Related enterprise"** *is any other business in which a PTV owner/manager has an ownership or control interest.*

(4) **"Direct-service PTV employee"** *is a PTV employee who provides direct services to Medicaid recipients.*

Person with an ownership or control interest means a person or corporation that—

(a) Has an ownership interest totaling 5 percent or more in a disclosing entity;

(b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;

(c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;

(d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;

(e) Is an officer or director of a disclosing entity that is organized as a corporation; or

(f) Is a partner in a disclosing entity that is organized as a partnership.

Attachment G – Violations

959.13 Cruelty to animals
959.131 Prohibitions concerning companion animals
2903.01 Aggravated murder
2903.02 Murder
2903.03 Voluntary manslaughter
2903.04 Involuntary manslaughter
2903.041 Reckless homicide
2903.11 Felonious assault
2903.12 Aggravated assault
2903.13 Assault
2903.15 Permitting child abuse
2903.16 Failing to provide for a functionally impaired person
2903.21 Aggravated menacing
2903.211 Menacing by stalking
2903.22 Menacing
2903.34 Patient abuse or neglect
2903.341 Patient endangerment
2905.01 Kidnapping
2905.02 Abduction
2905.05 Criminal child enticement
2905.11 Extortion
2905.12 Coercion
2905.32 Trafficking in persons
2905.33 Unlawful conduct with respect to documents
2907.02 Rape
2907.03 Sexual battery
2907.04 Unlawful sexual conduct with minor

2907.05 Gross sexual imposition

2907.06 Sexual imposition

2907.07 Importuning

2907.08 Voyeurism

2907.09 Public indecency

2907.21 Compelling prostitution

2907.22 Promoting prostitution

2907.23 Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another

2907.24 Soliciting - after positive HIV test - driver's license suspension

2907.25 Prostitution - after positive HIV test

2907.31 Disseminating matter harmful to juveniles

2907.32 Pandering obscenity

2907.321 Pandering obscenity involving a minor

2907.322 Pandering sexually oriented matter involving a minor

2907.323 Illegal use of minor in nudity-oriented material or performance

2907.33 Deception to obtain matter harmful to juveniles

2909.02 Aggravated arson

2909.03 Arson

2909.04 Disrupting public services

2909.22 Soliciting or providing support for act of terrorism

2909.23 Making terroristic threat

2909.24 Terrorism

2911.01 Aggravated robbery

2911.02 Robbery

2911.11 Aggravated burglary

2911.12 Burglary

2911.13 Breaking and entering

2913.02 Theft

2913.03 Unauthorized use of a vehicle
2913.04 Unauthorized use of property - computer, cable, or telecommunication property

2913.05 Telecommunications fraud

2913.11 Passing bad checks

2913.21 Misuse of credit cards
2913.31 Forgery - Forging identification cards or selling or distributing forged identification cards

2913.32 Criminal simulation

2913.40 Medicaid fraud

2913.41 Defrauding a rental agency or hostelry

2913.42 Tampering with records

2913.43 Securing writings by deception

2913.44 Personating an officer

2913.441 Unlawful display of law enforcement emblem

2913.45 Defrauding creditors

2913.46 Illegal use of food stamps or WIC program benefits

2913.47 Insurance fraud

2913.48 Workers' compensation fraud

2913.49 Identity fraud

2913.51 Receiving stolen property

2917.01 Inciting to violence

2917.02 Aggravated riot

2917.03 Riot

2917.31 Inducing panic

2919.12 Unlawful abortion

2919.121 Unlawful abortion upon minor

2919.123 Unlawful distribution of an abortion-inducing drug

2919.22 Endangering children

2919.23 Interference with custody

2919.24 Contributing to unruliness or delinquency of a child

2919.25 Domestic violence

2921.03 Intimidation

2921.11 Perjury

2921.12 Tampering with evidence

2921.13 Falsification - in theft offense - to purchase firearm

2921.21 Compounding a crime

2921.24 Disclosure of confidential information

2921.32 Obstructing justice

2921.321 Assaulting or harassing police dog or horse or service dog

2921.34 Escape

2921.35 Aiding escape or resistance to lawful authority

2921.36 Illegal conveyance of weapons, drugs or other prohibited items onto grounds of detention facility or institution

2921.51 Impersonation of peace officer or private police officer

2923.12 Carrying concealed weapons

2923.122 Illegal conveyance or possession of deadly weapon or dangerous ordnance or of object indistinguishable from firearm in school safety zone

2923.123 Illegal conveyance of deadly weapon or dangerous ordinance into courthouse - illegal possession or control in courthouse

2923.13 Having weapons while under disability

2923.161 Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function

2923.162 Discharge of firearm on or near prohibited premises

2923.21 Improperly furnishing firearms to minor

2923.32 Engaging in pattern of corrupt activity

2923.42 Participating in criminal gang

2925.02 Corrupting another with drugs

2925.03 Trafficking, aggravated trafficking in drugs
2925.04 Illegal manufacture of drugs - illegal cultivation of marihuana – methamphetamine offenses
2925.041 Illegal assembly or possession of chemicals for the manufacture of drugs
2925.05 Funding, aggravated funding of drug or marijuana trafficking
2925.06 Illegal administration or distribution of anabolic steroids
2925.09 Unapproved drugs - dangerous drug offenses involving livestock
2925.11 Possession of controlled substances
2925.13 Permitting drug abuse
2925.14 Illegal use or possession of drug paraphernalia
2925.141 Illegal use or possession of marijuana drug paraphernalia
2925.22 Deception to obtain a dangerous drug
2925.23 Illegal processing of drug documents
2925.24 Tampering with drugs
2925.36 Illegal dispensing of drug samples
2925.55 Unlawful purchase of pseudoephedrine or ephedrine product
2925.56 Unlawful sale of pseudoephedrine or ephedrine product
2927.12 Ethnic intimidation
3716.11 Placing harmful or hazardous objects in food or confection

Felonious sexual penetration in violation of former section 2907.12 of the Revised Code

A violation of section 2905.04 of the Revised Code as it existed prior to July 1, 1996

A violation of section 2923.01, 2923.02, or 2923.03 of the Revised Code when the underlying offense that is the object of the conspiracy, attempt, or complicity is one of the offenses listed above

2923.01 Conspiracy

2923.02 Attempt to commit an offense

2923.03 Complicity

A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses listed above

Attachment - H: Direct-Service PTV Employee
(*Complete for each Direct-Service PTV Employee*)

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____

Last Name:_____First Name:_____

SSN:_____ Address:_____

City:_____, State:_____, County:_____, Zip Code:_____
