LEGAL NOTICE: Request for Proposal

Notice is hereby given that the Fairfield County Sheriff's Office (FCSO) has issued a Request for Proposal (RFP) to secure a qualified vendor to provide Pharmaceutical Medications and Supplies for the Fairfield County Jail and a Intent to bid Notification Email shall be sent to alex.lape@fairfieldcountyohio.gov at the Fairfield County Jail by Friday, February 1, 2019 at Noon. Vendors must deliver a signed original proposal of the entire written proposal to Chief Deputy Alex Lape, 345 Lincoln Ave, Lancaster, Ohio 43130 no later than Thursday, February 21, 2019 at 4:00pm. Proposals received after the deadline will not be considered. Faxes or e-mailed proposals will not be accepted. “Fairfield County Jail Pharmaceutical Provider” MUST BE CLEARLY MARKED ON THE ENVELOPE.

A copy of the RFP package may be obtained by internet access at www.co.fairfield.oh.us or by contacting Chief Deputy Alex Lape at (740) 652-7905 or alex.lape@fairfieldcountyohio.gov.

All proposals submitted will become the property of the FCSO and we reserve the right to reject any or all proposals, the right to waive any formalities in the proposals received, and to cancel in part or in its entirety this RFP.
REQUEST FOR PROPOSALS (RFP) FOR
FAIRFIELD COUNTY JAIL
INMATE MEDICATIONS AND PHARMACUETICAL
SUPPLIES

Issued By:
The Fairfield County Board of County Commissioners and the Fairfield County Sheriff's Office.

C/O Chief Deputy Alex Lape
345 Lincoln Ave.
Lancaster, Ohio 43130

Contact:
Chief Deputy Alex Lape
Phone: 740-652-7905
Email: alex.lape@fairfieldcountyohio.gov

Fairfield County Sheriff's Office Jail Mission
To provide those in our care, custody and control the necessary medical attention required while being an advocate and steward of the interests of the taxpayer.

Fairfield County Jail Information
The Fairfield County Jail is a state-of-the-art detention facility located at the junction of US 22 (Lincoln Ave.) and US 33 (Memorial Dr.) in the County Seat of Lancaster, Ohio. The facility is a full-service jail with a 384-bed capacity.
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General Overview

The Fairfield County Board of County Commissioners and the Fairfield County Sheriff (referred collectively in this document as Fairfield County) are now accepting proposals for pharmaceutical services for the Fairfield County Jail and the Inmate/Patients housed and cared for therein.

The Inmate/Patients are seen on a weekly basis by the attending Physician on request or as needed. Nursing staff are in direct communication with the attending Physician and review Inmate/Patient needs daily. The Physician may, through direct observation and diagnosis or through consultation with medical staff prescribe certain orders or items such as he is permitted to do by law and licensure.

Fairfield County seeks to contract with a pharmaceutical provider who can provide the pharmacy needs typically associated with detention facilities.

The selected party shall begin operations March 1, 2019 or at a time agreed upon by Fairfield County and the selected party. The evaluation of the proposals shall be made by Fairfield County representatives who will comprise a proposal review team who will use the attached evaluation form.

The awarding of the contact for services shall be determined on various factors, including but not limited to:

- The breadth and depth of services proposed to be rendered
- Demonstrated experience
- Proven knowledge of the requirements of a detention facility

Minimum required services to be performed by the pharmaceutical provider include:

Qualifications of Bidders

To be considered for award of this contract, the Contractor must meet the following:

1. The Contractor must be organized for the purpose of providing pharmacy services to institutions comparable in size to the Fairfield County Jail. The Contractor must have three years previous experience with proven effectiveness in administering pharmacy services.

2. The Contractor must have a proven ability for a contract startup date of March 1, 2019.

3. The Contractor must have qualified and trained staff with sufficient back up personnel.

4. The Contractor must have the central office capability to supervise provision of services. In addition, the vendor must have an alternative emergency preparation plan and/or site in the area.
5. The Contractor shall submit a list of three references, including the name of the institution, address, contact person and telephone number. The institutions should be comparable to the size of the Fairfield County Jail.

Contractors will be expected to provide the following services as part of the pharmacy service:

Packaging

1. Wherever feasible medication should be in blister packs. Exceptions may be made if the medication is not suitable for blister pack or the prescription is for a short period of time (i.e. A seven (7) day prescription)

2. Prescription labels must include the following information:
   a. Inmate name and number
   b. Name of prescription
   c. Usage and usage instructions
   d. Doctor's name
   e. Number of refills

3. Alternative packaging (other than blister packs) may be suggested and will be considered.

Delivery

1. Fairfield County Jail Facility and employees shall have access to a 24/7 ordering system. Fairfield County Jail Facility will notify the pharmacy by 1:00pm of medication needs, preferably by email or fax.

2. If the pharmacy is closed on Sunday or holidays, two deliveries should be made on Saturday, one earlier and one later.

3. Delivery to the facility by 5:00pm.

4. Outline of emergency plan for after hour and holiday needs. Emergency phone numbers and contact persons must be listed. Fairfield County Jail Facility must receive immediate notification of any changes to the emergency contacts.
Pricing

1. List all packaging charges. Please include how packaging charges are determined. (i.e. per medication, per day, etc.) All packing slips must include the price of the prescription. Please include a sample of a packing slip with proposal.

2. List all delivery charges, if any.

3. Attached: (See Attachment “G”) is a list of some of the most frequently used medications by the Fairfield County Jail Facility. Price each of the medications using your current price, include any packaging or delivery charges in the cost. List those costs separately. Include the cost to the Fairfield County Jail of the “name brand” and the generic brand.

4. Indicate how much notice the Fairfield County Jail would receive before a price increase would go into effect.

5. Contractor shall include in detail the return policy of any unused medication. Include any restocking fees, if applicable. Include a sample of the credit invoice. Return of medication should be in accordance with Ohio State law.

6. Generic drugs should be used whenever possible or as prescribed by the facility physician.

Reports

Fairfield County Jail Facility must have the ability to access reports that include but are not limited to the following:

1. Monthly medication usage by selected inmate and/or all inmates. This should include the name of the medication, cost of medication, number of prescriptions per inmate, total doses dispensed to inmate.

2. Management data including medications ordered, processed, delivered and disposed. Data should also include formulary and nonformulary medications dispensed.

3. Summary of total medication costs. Reports should include information as to cost of medications above and below the average cost range.

4. All reports must be able to be run by date and time range.
Emergency Bags/Medical Carts

1. The jail facility must maintain an emergency bag. This is to be supplied by the pharmacy and the cost of the initial supplies and replacement supplies will be paid by the Jail Facility.

2. The emergency supplies will be determined by the Fairfield County Jail medical staff.

3. Medical carts shall be provided for the purpose of dispensing medications during medical rounds within the facility. Contractor shall supply two (2) carts.

Insurance Provision

The Contractor shall provide and maintain insurance coverage, meeting the following minimum requirements.

1. Commercial General Liability Insurance written on an occurrence basis and covering personal injury and property damage, with a minimum combined single limit of not less than one million dollars ($1,000,000) per incident, which coverage shall include coverage for the following:
   -Premises/Operations
   -Complete Operations
   -Contractual Liability
   -Independent Contractors

Billing Information

1. The Fairfield County Jail requires two (2) copies of the packing slip/invoice be delivered with the medications.

2. A statement by the 10th day of the month listing all invoices by date, invoice number and invoice date.

3. All credit memos should also be listed on the monthly statement.
Proposal Requirements

Discussions and/or negotiations may be conducted with respondents who submit proposals for the purpose of clarification and/or correction, including any clarification relating to a revision that may occur during negotiation to promote full understanding of and responsiveness to the requirements, terms, conditions, and specifications of the RFP.

Proposals must be received no later than 4:00 p.m. on February 21, 2019.

Dates of importance

Date Issued: January 17, 2019

Intent to Bid (Notice Due): February 1, 2019
An Intent to Bid is a non-binding indication of interest. This notice ensures those responding will receive e-mail correspondence regarding the RFP process and answers to questions posed during the question and answer period.

Question & Answer Period: Through February 14, 2019
Questions must be e-mailed to Chief Deputy Alex Lape: alex.lape@fairfieldcountyohio.gov

The e-mail subject line should be: PHARMACY RFP QUESTIONS. Questions will be answered within two business days, and responses will be made to parties who submitted an Intent to Bid.

Proposals Due: February 21, 2019, 4:00 p.m.

Estimated Contract Beginning Date: March 1, 2019

Vendor Disclosures

Responding vendors must provide a disclosure of any pending or threatened court actions and/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.

Conflict of Interest

No vendor will promise or give to any county or Fairfield County employee, representative, or official anything of value that could influence the decision on awarding a contract. No vendor will try to influence an employee, representative, or official of the county or Fairfield County to violate county procurement policies or provisions of the Ohio Revised Code.
Contractual Requirements

- As a condition of receiving a contract with Fairfield County, the contractor shall certify compliance with any court order for the withholding of child support which is issued pursuant to Section 3113.217 of the ORC. The contractor must also agree to cooperate with FCJFS and any Ohio Child Support Enforcement Agency in ensuring that the contractor or employees of the contractor meet child support obligations established under state law.

- By signing a contract with Fairfield County, a vendor agrees that all necessary insurance is in effect.

- The selected vendor will indemnify and hold harmless Fairfield County against any loss, penalties, damage, settlements, costs, professional fees, and/or related expenses incurred through the provision of services.

- The selected vendor shall be required to comply with prevailing wage standards applicable to the State of Ohio and Fairfield County.

- The selected vendor agrees that as a condition to any contract, there shall be no discrimination against any client or any employee because of race, color, sex, religion, disability, national origin, or any other factor as specified in Title VI of the Civil Rights Act of 1964, Rehabilitation Act of 1973 and subsequent amendments. It is further agreed that the vendor will comply with all appropriate federal and state laws regarding such discrimination.

- ORC Section 9.24 prohibits awarding a contract to any entity against whom the Auditor of State has issued a finding for recovery, if the finding for recovery is “unresolved” at the time of award. By submitting a proposal, the vendor warrants that it is not now (and will not become subject to an “unresolved” finding for recovery under R.C. 9.24) prior to the award of any contract arising out of the RFP without notifying FCJFS of such finding. Fairfield County will review the Auditor of State’s website prior to completion of evaluation of proposals submitted pursuant to this RFP. Fairfield County will not evaluate a proposal from any vendor whose name (or the name of any subcontractors proposed by the vendor) appears on the website of the Auditor of State of Ohio as having an “unresolved” finding for recovery.

Vendor Examination of the RFP

Vendors are expected to be familiar with the entire RFP. The vendor is expected to respond to the RFP in a manner that makes it clear they understand and have responded to all sections of the RFP.

Changes to RFP

Fairfield County may make changes to this RFP no later than February 14, 2019 at 4:00 p.m. by sending changes to all vendors who register with Intent to Bid for the RFP. Revisions and additions to any portion of the RFP will be provided to all registered vendors.
Availability of Funds

This RFP and all agency contracts are contingent on the availability of funds. If, during the RFP process, funds are not available for the proposed services, the RFP process will be canceled. The vendor will be notified at the earliest possible time. Fairfield County is not required to compensate the vendor for any expenses incurred as a result of the RFP process.

Communication Protocol

Chief Deputy Alex Lape will serve as the contact person regarding this RFP. The contact information is provided below for submission of proposals or inquiries. Questions must be submitted by e-mail prior to February 14, 2019, 12:00 p.m., to the attention of Chief Deputy Alex Lape, alex.lape@fairfieldcountyohio.gov.

It is the responsibility of each vendor to provide an e-mail address so that an appropriate and timely response may be supplied.

Please reference communication protocol guidelines below:

- Written questions are to be presented by e-mail to the designated contact person.
- Questions and answers are shared with all registered vendors by e-mail.
- Any revisions and additions to the RFP will be provided to all registered vendors.
- Fairfield County reserves the right to modify the submission process and time line, as well as to cancel any part of this RFP, without prior notice.
- Any error, omission, or discrepancy noted by a vendor must be communicated as soon as it is recognized to Fairfield County during the question and answer period with a request for clarification or modification of the RFP document. Any modifications to this RFP will be issued to all registered vendors, while maintaining anonymity as to the source of the request.
- Vendors who are aware of errors and do not report such errors submit at their own risk. Unreported errors will not entitle the vendor to additional compensation or time.

In order to assure that the proposal review/evaluation process is conducted in a fair and competitive manner for all potential providers, any ex-parte communication between any potential contractor and Fairfield County or any other person serving as a proposal evaluator is prohibited. Violation of this provision may disqualify the respondent from further consideration.
Preparation of Proposal

Proposals are expected to be concise and provide a clear picture of the vendor's qualifications. The vendor should respond to the RFP instructions and requirements. The proposal must include all costs that relate to the responses submitted.

All proposals become the property of Fairfield County. All proposals will be considered public information and will be open for inspection.

The proposal solicitation does not constitute an offer. Acceptance of bids for review does not commit Fairfield County to award a contract. The costs of creating proposals are the responsibility of the vendor and shall not be chargeable to Fairfield County. The vendor must guarantee the pricing listed in the proposal will remain in effect for a minimum of 150 days after the proposal submission date. Fairfield County reserves the right to award contracts to a single applicant, multiple applicants, or to reject any and all bids received.

Fairfield County reserves the right to negotiate services and costs on any and all bids received or to cancel in part or in its entirety this proposal solicitation.

Fairfield County may award in whole or in part to one or multiple respondents.

Proposals containing false or misleading statements may be rejected.

The proposal must be signed by an individual who is authorized to contractually bind the vendor. The signature must indicate the title or position the individual holds in the vendor's organization. Unsigned proposals will be rejected.

The proposal, including attachments, will become part of the contract of the vendor(s) receiving awards. Interested parties should read the entire contents of this RFP since the provisions contained therein may affect your organization's decision to submit an RFP. All questions should be answered completely, honestly, and to the best of your organization's ability.

Vendors must deliver one original copy and four copies of the entire written proposal with completed Attachments A, B, C, D, E, and G, to Chief Deputy Alex Lape, Fairfield County Sheriff's Office, 345 Lincoln Ave., Lancaster, Ohio 43130 no later than 4:00 p.m. on February 21, 2019.

A receipt will be issued for all proposals received. Proposals received after the deadline will not be considered. "FAIRFIELD COUNTY JAIL PHARMACEUTICAL PROVIDER" MUST BE CLEARLY MARKED ON THE PACKAGE.

All vendors must carefully review their final proposals. Once opened, proposals cannot be changed; however, Fairfield County may request information or respond to inquiries for clarification purposes only.

Fairfield County reserves the right to reject any or all proposals.

Written notification may be made to all vendors who submit a proposal. If a successful vendor fails to execute the contract, Fairfield County may award the contract to another vendor whose proposal met the requirements of the RFP and any addenda. The period of time within which such an award of the contract may be made shall be subject to the written agreement between Fairfield County and the vendor.
Proposal Selection

Proposal selection does not guarantee a contract for services will be awarded. Prospective vendors are advised that an offer for a contract may be initiated after a review of the proposals received by Fairfield County and members of a proposal review team.

Bids submitted in response to this proposal solicitation must comply with the specifications stated herein.

All proposals will be evaluated based on the criteria in the RFP. All proposal evaluation criteria are established by Fairfield County (Attachment F). If no response adequately addresses the services and outcomes requested, Fairfield County may recommend that no award be made.

The request for proposal (RFP) does not constitute an offer. Acceptance of proposals for review does not commit Fairfield County to award a contract, nor is it liable for any costs incurred in the preparation of proposals. Fairfield County reserves the right to award contracts to a single applicant, multiple applicants or to reject any and all proposals received. Additionally, Fairfield County reserves the right to cancel in part or in entirety this RFP.

Vendor Requirements

All organizations submitting proposals must agree to operate programs in compliance with all federal, state and local guidelines.

The successful vendor agrees to accept full responsibility for payment of all unemployment compensation, contributions or reimbursements, insurance premiums, income tax deductions, social security deductions, and any and all other employee taxes and payroll accounting required for employees.

Any additional services that the vendor includes in response to this proposal solicitation will be considered.

Any vendor responding to any Fairfield County RFP or any other procurement opportunity is required to provide certification that the vendor has not provided material support or resources to any organization listed on the “Terrorist Exclusion List” (TEL) maintained by the U.S. Department of State. The Declaration of Material Assistance Form, provided as part of Attachment C to the RFP must be completed and signed by the interested vendor’s authorized representative and provided as a component of the vendor’s proposal.

If Fairfield County and the vendor are unable to successfully come to terms regarding the contract, Fairfield County reserves the right to terminate contract discussions with the bidder. If this happens, Fairfield County reserves the right to select another bidder from the bid process, cancel the RFP, or reissue the RFP.
Confidentiality and Security

Any vendor that has access to confidential information will be required to keep that information confidential. Disclosure of information to any party beyond Fairfield County or county personnel and/or a court of law without written consent of the party served is prohibited.

In the event of a material breach of contractor obligations under this section, Fairfield County may at its option terminate the contract according to provisions within the contract for termination.

Required Elements of Proposal

The successful vendor will include all of the following elements in their proposal:

1. A **cover sheet and transmittal letter** must be included in the proposal. The cover sheet is attachment A. A transmittal letter must be on agency/organization letterhead and signed by the individual authorized to legally bind the vendor/organization to fulfill the agreed upon contractual obligations. The transmittal letter must incorporate the following elements:

   a) A statement indicating the legal entity tax status of the organization/vendor.
   b) A statement regarding the vendor’s qualifications and experience.
   c) A statement regarding the vendor’s knowledge of supplying pharmaceuticals to detention facilities.
   d) The name, title, address, telephone, and e-mail of the individual to be contacted, if necessary, during the review and selection process.

2. An **overview of the proposed services** to be provided by the vendor must include a detailed response to each of the following:

   a) Proposal Table of Contents
   b) Organization Description
   c) Description of Services to be Provided
   d) Cost of required equipment, necessary reporting, packaging and delivery.

3. Vendors must complete required forms as provided in Attachments A-E to be established as a Vendor for Fairfield County. Attachment G must be completed as part of the proposal.

   A. Organizational Information Cover Sheet
   B. Certification Letter from Signatory Authority
   C. OPERS Independent Contractor Acknowledgement Form
   D. Request for Taxpayer Identification Number (W-9) Form
   E. Ohio New Hire Reporting Form
   F. Evaluation Form
   G. Completed Pricing sheet, reflecting proposed final cost of Medications as they would be received by Fairfield County.

4. Completion of “required forms” as contained in the **Appendix should be submitted as a separate packet of originals with a clearly defined cover sheet marked “Appendix”**. Only one (1) set is needed to accompany the one (1) original and four (4) copies of the proposal.
Protests

Any potential, or actual, vendor objecting to the award of a contract resulting from the issuance of the RFP may file a protest of the award of the contract, or any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:

1. A protest may be filed by a prospective or actual bidder objecting to the award of a contract resulting from this RFP. The protest shall be in writing and shall contain the following information:
   A. The name, address, and telephone number of the protestor;
   B. The name and release date of the RFP being protested;
   C. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
   D. A request for a ruling by Fairfield County;
   E. A statement as to the form of relief requested from Fairfield County; and
   F. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.

2. A protest based on alleged improprieties in the issuance of the RFP or any other event preceding the closing date for receipt of proposals which are apparent, or should be apparent prior to the closing date for receipt of proposals, shall be filed no later than 4:00 p.m. the closing date for receipt of proposals.

3. An untimely protest may be considered by Fairfield County if Fairfield County determines that the protest raises issues significant to the agency’s procurement system.

4. All protests must be filed at the following location:
   Fairfield County
   Attn: County Administrator
   210 East Main Street
   Lancaster, Ohio 43130

5. When a timely protest is filed, a contract shall not proceed until a decision on the protest is issued or the matter is otherwise resolved. The vendor who would have been awarded the contract shall be notified of the receipt of the protest.

6. The County Administrator shall provide the written decisions on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.
**Mutual Agreement:**

With mutual agreement of Fairfield County and the Contractor the contract may be terminated on an agreed date prior to the end of the contract period without penalty to either party.

**Lack of Funds:**

Not withstanding any other provisions of the contract, if the funds anticipated for the continued fulfillment of this contract are at any time not forthcoming, through failure of the County Government to appropriate funds or discontinuance of material alteration of the program under which funds were provided, Fairfield County shall have the right to terminate the contract without penalty by giving not less than ninety (90) days written notice documenting the lack of funding.

**Without Cause:**

The agreement may be terminated by Fairfield County with a six (6) month notice, without cause, at the end of any calendar year.
Attachment A

ORGANIZATIONAL INFORMATION COVER SHEET
(Required for all Proposals)

Name of Organization: 

Address of Organization: 

Contact Person: 

Phone Number: 

Total Number of Staff: 

Federal ID Number: 

Corporation No.______________ (if applicable)

Type of Organization: (Check the most appropriate one)

[ ] Local Government  [ ] Public Post-Secondary Education  [ ] Private Post-Secondary Education
[ ] Public School System  [ ] Technical/Trade School  [ ] Private Consultant
[ ] Private Non-Profit Organization  [ ] Private For-Profit Organization
Attachment B

CERTIFICATION LETTER FROM SIGNATORY AUTHORITY

CERTIFICATION: The information contained in this proposal fairly presents the organization and its proposed plans to obtain Pharmaceutical Services for the Fairfield County Jail Facility. I acknowledge that I have read and understand the requirements and provisions of the RFP.

I further certify that all information contained in this proposal is true and correct and shall be open to verification should Fairfield County desire to do so.

I agree that our organization will abide by the rules, regulations, state and local policies, as applicable to law, regulations, and plans for administration.

I certify that I am authorized to sign the attached proposal and to commit this organization to the provision of services contained therein.

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

_________________________________________  ______________
Authorizing Official's Name                      Title

_________________________________________  ______________
Authorizing Official's Signature               Date

Social Security Number or Taxpayer ID Number
INDEPENDENT CONTRACTOR
ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0065
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

First Name  MI  Last Name

STEP 2: Public Employment Information

Name of Public Employer

Employer Contact

First Name  MI  Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service
Month  Day  Year

End Date of Service
Month  Day  Year

PEDACKN (Revised 12/2012)
STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature ___________________________________________ Today's Date / /

Do not print or type name
Form W-9
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return):

Box: your name (or disregarded entity name, if different from above)

Check appropriate box for federal tax classification (required): [ ] Individual/sole proprietor [ ] C Corporation [ ] S Corporation [ ] Partnership [ ] Trust/estate

[ ] Limited liability company. Enter the tax classification (C, S corporation, partnership, etc.) on line 3 of the instructions on page 2.

Part or type of entity:

[ ] Other (see instructions)

Address (number, street, and apt. or suite no.):

City, state, and ZIP code:

[ ] List account number(s) here (optional)

Part I - Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For example, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number:

[ ]

[ ]

[ ]

Employer identification number:

[ ]

[ ]

[ ]

Part II - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out Item 5 above if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of a secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of a secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding,

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

• An estate (other than a foreign estate), or

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, if a partnership has received a partnership interest in a U.S. partnership, the partnership is required to determine whether the partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
The person who gives Form W-8 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,
• The U.S. grantor or other owner of a grantor trust and not the trust, and
• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign Person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain provisions known as "saving clauses." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the taxpayer has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-8 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The year the article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarships or fellowships received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if he or she stays in the United States for more than 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarships or fellowships would have to attach to Form W-8 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 2 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Updating Your Information
You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties
Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect. Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misleads of TIN. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions
Name
If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your first name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/described entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/described entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/described entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (individual/effective proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3, enter the entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.
Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see how to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on page 4), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-4, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an EIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradeable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-8. You may be requested to sign by the withholding agent even if Item 1, below, and Items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt Payees on page 3.

Signature requirements. Complete the certification as indicated in Items 1 through 5, below, and Items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out Item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out Item 2 of the certification.
4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have been placed on the IRS's 'list of noncompliant taxpayers.' Other payments include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

<table>
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<th>For this type of account:</th>
<th>Give name and SSN of:</th>
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<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The individual</td>
</tr>
<tr>
<td>3. Custodial account of a minor</td>
<td>The minor (if minor is also individually accountable)</td>
</tr>
<tr>
<td>4. A. The usual revocable trust (grantor is also individually accountable)</td>
<td>The actual owner</td>
</tr>
<tr>
<td>B. So-called trust account that is not a legal or valid trust under state law</td>
<td>The grantor</td>
</tr>
<tr>
<td>5. Sole proprietorship or disregarded entity owned by an individual</td>
<td>The owner</td>
</tr>
<tr>
<td>6. Grantee trust filing under Optional Form 8888 (See Circular 61) (See Section 1.671-4(b)(3)(ii)(a))</td>
<td>The grantor</td>
</tr>
<tr>
<td>7. Disregarded entity not owned by an individual</td>
<td>The owner</td>
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<tr>
<td>8. A valid trust, estate, or pension trust</td>
<td>The benefits received by the grantor</td>
</tr>
<tr>
<td>9. Corporation or LLC electing corporate status on Form 8832 or Form S-8</td>
<td>The corporation</td>
</tr>
<tr>
<td>10. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The organization</td>
</tr>
<tr>
<td>11. Partnership or multi-member LLC</td>
<td>The partnership</td>
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<tr>
<td>12. A broker or registered nominee</td>
<td>The broker or nominee</td>
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<tr>
<td>13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or price) that receives agricultural program payments</td>
<td>The public entity</td>
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<tr>
<td>14. Grantee trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (See Regulation section 1.671-4(b)(3)(ii)(a))</td>
<td>The grantor</td>
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### Note
If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:
- **Protect your SSN**
- **Ensure your employer is protecting your SSN**, and
- **Be careful when choosing a tax preparer**.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4555, Identity Theft Prevention and Victim Assistance.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to your mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, subjecting the above information to a routine use of this information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, to federal law enforcement and intelligence agencies to combat terrorism, and to other federal agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3408, payees in general will withhold a percentage of taxable income, dividends, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

---

"List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's name must be circled."

"Check the minor's name and furnish the minor's SSN."
Ohio New Hire Reporting
Ohio Revised Code section 3121.89 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired, retired, or returning to work employees to the state of Ohio within 20 days of the contract, hire, or rehire date. Information about new hire reporting and online reporting is available on our website: www.oh-newhire.com

Send completed forms to:
Ohio New Hire Reporting Center
PO Box 15309
Columbus, OH 43215-0309
Fax: (614) 221-7088 or toll-free fax (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C 1 2 3

**EMPLOYER INFORMATION**

Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee’s quarterly wages will be reported under):

Employer Name:

FAIRFIELD COUNTY

Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

110 EAST MAIN STREET

Employer City: LANCASTER

Employer State: OH

Employer Phone (optional): Extension: Employer Fax (optional):

Email:

**EMPLOYEE OR CONTRACTOR INFORMATION**

Social Security Number (SSN)

(Check here if using FEIN for the Contractor)

State of Hire: OH

Middle Initial:

First Name:

Last Name:

Address:

City: State: Zip Code (5 digit):

Date of Hire: Date of Birth: Is this a Contractor?

Yes ☐ No ☐

Date payments will begin for Contractor: Length of time the Contractor will be performing services:

months

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING.

Questions? Call us at (614) 221-5330 or toll-free (888) 872-1490 Ohio Department of Job and Services

JFS 07048 (Rev. 3/2007)
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Resolution No. 2019-01.15.qqq

A Resolution Authorizing the Approval of a Request for Proposal for the Sheriff's Office regarding Pharmaceutical Services for the Fairfield County Jail

(Fairfield County Sheriff)

Upon the motion of Commissioner Steven A. Davis, seconded by Commissioner Jeffrey M. Fix, this resolution has been Adopted:

Voting:
David L. Levacy, President Aye
Steven A. Davis, Vice President Aye
Jeffrey M. Fix Aye

Board of County Commissioners
Fairfield County, Ohio

CERTIFICATE OF CLERK
It is hereby certified that the foregoing is a true and correct transcript of a resolution acted upon by the Board of County Commissioners, Fairfield County, Ohio on the date noted above.

Rachel Elsea
Board of County Commissioners
Fairfield County, Ohio