

# **CLARK COUNTY OHIO BOARD OF COUNTY COMMISSIONERS**

## **REQUEST FOR PROPOSALS (RFP)**

**Clark County Sheriff's Office  
Inmate Medical Services for Clark County Jail**

**February 20, 2026**

Clark County, Ohio  
Board of County Commissioners  
3130 E. Main St.  
Third Floor  
Springfield, OH 45503  
[www.clarkcountyohio.gov](http://www.clarkcountyohio.gov)

# CLARK COUNTY, OH

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## Request for Proposals Cover Sheet

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This invitation is issued to establish a contract to supply Clark County Sheriff's Office with a commodity or service in accordance with the accompanying specifications.

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**Project Name:** Inmate Medical Services – Clark County Sheriff's Office

**DESCRIPTION:** The Clark County Commission, on behalf of the Clark County Sheriff's Office (CCSO), is soliciting proposals from qualified vendors to provide comprehensive inmate medical services for individuals housed in the Clark County Jail, located in Clark County, Ohio.

The purpose of this RFP is to select a contractor capable of delivering constitutionally adequate, clinically sound, cost-effective, and professionally managed medical care consistent with applicable federal and state laws, standards of correctional health care, and the operational needs of the Sheriff's Office.

**RELEASE DATE:** Friday, February 20, 2026

**PRE-CONFERENCE:** Friday, February 27, 2026 at 10:00 a.m.

**QUESTIONS DUE:** Thursday, March 5, 2026 by 10:00 a.m.

**RESPONSES ISSUED BY:** Tuesday, March 10, 2026

**SUBMIT TO:** CLARK COUNTY SHERIFF'S OFFICE  
Email: davidperks@clarkcountyohio.gov

**PROPOSALS DUE:** Thursday, March 26, 2026 by 10:00 a.m.

**TERM OF THE CONTRACT:** June 1, 2026 through May 31, 2029

**INTRODUCTION:**

The Board of Clark County Commissioners (“Board”) is seeking quotes and intends to award a single contract for Inmate Medical Services for the Clark County Sheriff’s Office (“Sheriff”) at 120 N. Fountain Ave. Springfield, Ohio 45502. Sheriff will administer the contract(s) once executed by all parties. Interested vendors are required to follow the procedures outlined below.

A sample contract can be viewed online or attached herein.

There will be no changes to the contract unless agreed upon by all parties. Board reserves the right to reject any or all quotes or to waive any defect in a quote which does not materially alter the contract document.

**CONTRACT AWARD:**

The contract will be awarded to the responsible vendor whose proposal is most advantageous to Board. A potential vendor’s failure to address all items in its proposal may result in its rejection. Board retains the right to cancel this RFP at any time prior to contract being awarded. Potential vendors will be notified at the earliest possible opportunity. Only Board has the authority to bind Sheriff into a contract. Since Board maintains binding authority and has the right to refuse any quote, no costs may be recovered for quote preparation or any process during the RFP process or thereafter.

**EVALUATION:**

Potential vendors will be evaluated based on the following criteria:

1. Price;
2. Ability to meet the Minimum Qualifications for all Vendors
3. Ability to satisfy both the Mandatory Requirements and the Objectives of the RFP
4. Ability to meet County insurance requirements;
5. Completeness of all required information and forms requested in this RFP; and
6. Business references and Demonstration of Experience.

Vendors may be disqualified for failure to meet any of the above requirements. Proposals will be evaluated on all criteria listed above. The selected vendor will be chosen based on the above criteria that are most advantageous to Board.

Board reserves the right to reject any proposals in which the potential vendor takes exception to the terms and conditions of the RFP; fails to meet the terms and conditions of the RFP, including but not limited to, the minimum qualifications, and the mandatory requirements specified in the RFP; or submits prices that the contracting authority considers to be excessive, compared to existing market conditions, or determines exceed the available funds of the contracting authority. Board reserves the right to reject, in whole or in part, any proposal that Board has determined, using the factors and criteria Board developed pursuant to this section, would not be in the best interest of the County.

In the event it becomes necessary to amend, alter or delete any part of the RFP, changes to the RFP will be posted on the website at <https://www.clarkcountyohio.gov/Bids.aspx>. Proposers are encouraged to check the website regularly for changes to the RFP or schedule of important dates.

Clark County is not responsible for any costs incurred by the Proposer to prepare or submit a proposal, participation in the mandatory pre-proposal conference, Proposer demonstrations, or for any other cost to the Proposer associated with responding to the RFP.

All bidders agree that their pricing is valid for the time frame between submission and a contract being executed, and thereafter, for the duration of the contract.

The issuance of this RFP and any subsequent response by a respondent does not create a binding obligation on the part of the County to enter into any form of agreement or contract or to pay any costs associated with the preparation of responses or submittals with the respondent. Nor shall the RFP in any way create an association, partnership, or joint venture among the respondents and the County.

All proposals submitted on time become the property of Clark County upon submission, and the proposals will not be returned to the Proposers. By submitting a proposal, the Proposer agrees that Clark County may copy the proposal for purposes of facilitating the evaluation or to respond to requests for public records.

Proposer certifies that Proposer has no final judgments against it that have not been satisfied at the time of award in the total amount of fifty percent (50%) of the proposal amount of this project. Proposer warrants that they are not subject to any unresolved finding for recovery with the office of either the State Auditor or the Ohio Attorney General. Proposer further warrants that they are familiar with all applicable ethics law requirements, including, but not limited to, Sections 102.04 and 3517.13 of the Ohio Revised Code, and certifies that they are following such requirements.

Proposer will, upon notification by any federal, state, or local government agency, immediately notify the County of any debarment or suspension of Proposer being imposed or contemplated by the federal, state, or local government agency. Proposer will immediately notify the County if it is currently under debarment or suspension by any federal, state, or local government agency.

Proposers shall carefully examine the entire RFP and any addenda thereto, all related materials and data referenced in the RFP or otherwise available, and shall become fully aware of the nature of the request and the conditions to be encountered in providing the requested products, meeting the requirements and performing the requested services.

If the Proposer discovers any ambiguity, conflict, discrepancy, omission or other error in this RFP, it shall immediately notify the Issuing Officer County's Authorized Representative of such error in writing and request clarification or modification of the RFP. Modifications shall be made by addenda.

If a Proposer fails to notify the County prior to Thursday, March 5, 2026 by 10:00 a.m. Eastern Standard Time, of an error in the RFP known to the Proposer, or of an error that reasonably should have been known to the Proposer, the Proposer shall submit its proposal at the Proposer's own risk, and, if awarded the contract, the Proposer shall not be entitled to additional compensation or time by reason of the error or its later correction.

## **INQUIRY PERIOD:**

Vendors shall contact the Sheriff specifically Major David A. Perks at [davidperks@clarkcountyohio.gov](mailto:davidperks@clarkcountyohio.gov) with any questions regarding this RFP. The subject line of the email must read "Inmate Medical Services RFP," in order to ensure timely response of all questions. The inquiry period opens upon release of the RFP, and closes at 10:00 a.m. EST on March 5, 2026.

Sheriff reserves the right to disregard any questions that are not properly or timely submitted. Any questions or answers deemed to be material to all possible vendors will be posted on the Sheriff's website. It is the responsibility of all vendors to review the Sheriff's website prior to submitting their proposal.

## **HOW TO SUBMIT A PROPOSAL:**

After reviewing the sample contract, print a copy of the response sheet and included forms listed below, and completely fill in all sections. The forms can be completed electronically and then printed for signature or printed and completed by hand. Vendor may attach other sheets, if necessary, to fully provide information regarding proposal and scope of work.

To be considered a valid proposal, each organization submitting a proposal ("Proposer") must assure receipt by Clark County of one original proposal and one duplicate (two "2" total copies)

Return all completed required forms via e-mail to [davidperks@clarkcountyohio.gov](mailto:davidperks@clarkcountyohio.gov) or by mail:

Attention Major David Perks **on or before 10:00 A.M. EST, MARCH 26, 2026.** Mailed quotes can be sent to Clark County Sheriff's Office at 120 N. Fountain Ave. Springfield, OH 45502.

Any bid may be withdrawn prior to the scheduled Response Due Date **10:00 A.M, MARCH 26, 2026.** Any bid received after Response Due Date will not be considered.

## **PRE-PROPOSAL WALK-THROUGH:**

Potential Vendors are very strongly encouraged to attend a walk-through to view locations and scope of work to be completed. During the walk-through a thorough description of the project will be discussed. A walk-through will be conducted on **February 27, 2026 at 10:00 a.m.** at Clark County Sheriff's Office located at 120 N. Fountain Ave. Springfield, OH 45502.

## **SELECTION PROCESS:**

In addition to the "EVALUATION" above, vendors will be ranked based on the quality of their responses to this RFP and their ability to provide medical services to inmates, and their experience in jails or like sizes and complexity.

If a final award is made, such award will be made to the Vendor who meets the above stated selection sequences and is judged best able to provide a health care delivery system at the Clark County Jail in Clark County, OH. Together the Board and Sheriff reserve the right to award the bid to the Vendor who best fits the needs of the County, this may or may not be the lowest bidder.

Any and all exceptions taken by the Vendor must be listed and prominently displayed in proposal materials.

**SCOPE OF WORK:**

The Vendor who is selected to provide the services described in this RFP shall be the sole supplier and/or coordinator of the health care delivery system at the contracted Clark County Jail. Vendor shall be responsible for all medical care for all inmates at the Clark County Jail. The term "medical care" includes "dental care". This responsibility of Vendor for the medical care of an inmate commences with the commitment of the inmate to the custody of the administration of the Clark County Jail and ends with the discharge (or temporary release) of the inmate from the custody of the County at the Clark County Jail.

Inmates housed in jails not covered under the terms of this RFP, or the resulting contract, will not be included in the Vendor's responsibility while they are housed at other facilities or while being transported. Inmates held in the Clark County Jail for other jurisdictions such as other counties or the US Justice Department will be included in the count, and the on-site care for these inmates will be the responsibility of the Vendor for nursing and physician care, any supplies used, and for over-the-counter medications. Other medical costs which can be identified for specific inmates such as prescriptions, x-rays, dental procedures, and all off-site medically related consultations and procedures will be billed back to the originating agency, either by the County, the actual community agency providing the care, or by the Provider.

**CLARK COUNTY JAIL INFORMATION:**

The Clark County Jail houses both male and female detainees and some sentenced inmates, generally having sentences of less than 18 months. The average daily population of the Jail over the past 12 months has been 190 and the average length of stay for inmates is 39.12 days. The proposal should be based on an average daily population of 190 for the next year. The inmate population is comprised of approximately 156 male inmates and 34 female inmates.

**MINIMUM QUALIFICATIONS:**

Clark County requires that any Vendor meet the following minimum qualifications. Failure to meet each of these qualifications may result in the Vendor's disqualification.

1. The Vendor must be organized and existing for the primary purpose of providing correctional health care services and must currently have active contract relationships with at least two (2) county jails in the state of Ohio.
2. The Vendor must have at least one (1) continuous year of corporate experience in administering correctional health care programs.
3. The Vendor must demonstrate its ability to provide a health care system specifically for a correctional facility like the Clark County Jail. It must be able to demonstrate that it can complete the start-up process in 60 days from the contract award date, and that it has a proven system of recruiting staff and adequate support staff in its central office and be capable of competently supervising and monitoring its operation.
4. The Vendor must carry the following required insurance policies:
  - a. Worker's Compensation Insurance as required by Ohio law and any other state in which work will be performed, or letter of exemption.

- b. Commercial General Liability Insurance for a minimum of \$1,000,000 per occurrence with an annual aggregate of at least \$2,000,000, including coverage for subcontractors, if any are used.
- c. Umbrella or Excess Liability\* insurance (over and above Commercial General Liability and Auto Liability) with a limit of at least \$2,000,000.
- d. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$1,000,000 Combined Single Limit.
- e. "The Board of Clark County Commissioners" must be named as "Additional Insured" on the policies listed in paragraphs b, c, and d above, as well as the Certificate Holder on all Certificates of Liability insurance.
- f. Professional liability or errors and omissions insurance for a minimum of \$1,000,000 per incident.

\*Note: Umbrella/Excess Liability coverage may be waived if the following limits are carried for Commercial General Liability and Auto Liability:

- i. Commercial General Liability Insurance for a minimum of \$3,000,000 per occurrence with an annual aggregate of at least \$4,000,000, including coverage for subcontractors, if any are used.
- ii. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$3,000,000 Combined Single Limit.

**MANDATORY REQUIREMENTS AND OBJECTIVES:**

Proposals need not be in any particular form. All proposals, however, must contain the following special information:

1. All proposals must contain sufficient information concerning the Inmate Health Care Program that the County representatives may evaluate whether or not the Vendor meets "Minimum Qualifications For All Proposers" and the "Specifications"
2. All proposals must include list by name, location and administrator name (with phone number and address) of at least five correctional institutions where Vendor is providing medical care and the length of time each contract has been in effect. This list will be used as a source of references for the Vendor.
3. A statement that the policies and procedures for the medical program will be developed by the Vendor and will be based on the State standards as well as the National Commission on Correctional Health Care (NCCHC), as applicable.
4. All proposals must contain a full and complete staffing plan with a statement as to the staff positions and titles, and the number of actual hours per week to be worked on-site at the Clark County Jail. Also, the proposal must state clearly how any temporary vacancy will be handled, and whether each scheduled shift will be worked during such vacancy.

5. The proposal must explain in detail how medical care for inmates at the Jail will be delivered.
6. All proposals must contain a specific annualized price for a base population of up to 200 inmates for all medical care rendered under the resulting contract, taking into account the requirements of #8 below. Vendor may state one annualized price for the first year of the contract (and monthly price) and another annualized price (or price escalation factor) for subsequent year(s). Any other exceptions to the specific price shall be stated, such as per diem charge for an increase in average daily population above the base level.
7. Each proposal shall describe how billing to Clark County will be handled, and the expected terms for payments by the County to the Vendor.
8. Board and Sheriff is willing to share responsibility for the costs of medical care in certain specific cost categories in order to assist the Vendor in predicting its costs and potential liabilities. All proposals must specifically state these limits of responsibility so proposed, and how Board and Sheriff would share these costs after the cost limits have been reached.

The specific item or classification of cost and the assigned responsibility for covering the cost for each item should be explained fully. The following listing should be used for a checklist. Any item not explained, with respect to which contracting party is responsible for the cost, will be assumed to be an additional cost to the Board and Sheriff, and thus added to the total cost of contracting with that Vendor. The line items or categories of costs are listed below:

- a) Nurse wages and benefits
- b) Physician medical director on-site
- c) Any other on-site program provider (Dentist, etc.)
- d) Policies and Procedures development
- e) medical supplies
- f) major equipment (over \$500 per single item or unit)
- g) repairs on existing equipment
- h) over-the-counter medications
- i) clinical lab procedures
- j) office supplies
- k) folders and forms
- l) travel expenses
- m) long-distance phone calls
- n) publications and subscriptions
- o) any necessary pharmacy licenses/permits
- p) medical hazardous waste disposal
- q) all required insurance as specified in this RFP
- r) administrative services (cell phone, fax machine, internet connection, etc.)
- s) training for officers in the jail on various topics
- t) all other specific on-site medical services
- u) off-site medical services
- v) x-ray services on-site

- w) x-ray services off-site
- x) on-site dental services
- y) off-site dental services
- z) formulary prescription medications for county inmates
- aa) non-formulary prescriptions medications for county inmates

Each line item above must be assigned to a responsibility either for Vendor to pay, Board/Sheriff to pay, or Vendor to pay with limitations, and if limited, then a reference to the proposal section where the limits are explained.

In order to better understand all of the working terms being proposed, the Vendor shall provide with its response to this RFP a sample contract for consideration, in case the Proposer should be awarded the contract.

Vendor must be willing to sign a contract within 10 days of contract award date and be ready to begin services within 60 days of the contract award date.

**SPECIFICATIONS:**

All proposers must submit a program based upon applicable state and NCCHC standards. The following services will be required:

**Medical Coverage** 24 hour, 365 day per year medical coverage within the facility.

**Receiving/Screening** A preliminary health screening form shall be filled out immediately upon each inmate's arrival and the form shall be approved by the provider. At a minimum, the screening must include:

- Current illnesses and health problems including those specific to females.
- Medications taken and special health requirements.
- Screening of other health problems designated by the responsible physician.
- Behavioral observation, including state of consciousness and mental status.
- Notation of body deformities, trauma markings, bruises, lesions, eye movement/jaundice.
- Condition of skin, including rashes and infestations.
- Disposition, if applicable.
- Document referral of prisoners to qualified medical personnel for emergency treatment.
- Notation, of personal physician and any medical needs.
- Assessment of suicidal risk.

**Health Appraisal** Provider shall perform a comprehensive Health Assessment on any inmate within fourteen (14) calendar days (or such other stricter time limit as required by statute or controlling authority) of the arrival of the inmate at the Jail. Such assessment shall be performed by a qualified medical professional.

The extent of the health appraisal, including the physical examination, is defined by the responsible health authority, however, will include at a minimum:

- Review of intake screening forms.
- Collection of additional data regarding complete medical, dental, psychiatric and immunization histories.
- Appropriate laboratory and diagnostic tests to detect communicable diseases such as Venereal Disease and Tuberculosis.
- Recording vital signs (height, weight, pulse, blood pressure, temperature).
- Physical examination with comments about dental status. A gynecological assessment must be included for females.
- Review of physical examination and test results by a physician for problem identification must take place.
- Initiation of therapy when appropriate.
- Other tests and examinations as appropriate, including but not limited to, pregnancy tests, voluntary HIV screening and chest x-rays.

Any abnormal results of the health appraisal shall be reviewed by a physician for appropriate disposition.

**MAT (Medication Assisted Therapy)** MAT therapy programming through protocol approved by the Clark County Sheriff's Office.

**Sick Call** Routine diagnosis and treatment of minor health problems will be handled through a sick call system. Sick call shall be conducted daily by medical personnel. If an inmate's custody status precludes attendance at a sick call session, arrangements must be made to provide sick call services at the place of the inmate's confinement, including the segregation unit. Healthcare staff shall utilize triage protocols and shall ensure all appropriate follow-up care is provided.

**Hospital Care** Provider shall identify the need, schedule, and coordinate any hospital care of any inmate of the Jail, and pay for such care unless limited as to payment responsibility. This shall include all institutional charges, physician charges and any and all additional charges for medical care. This also includes responsibility for making emergency arrangements for ambulance service to the inpatient facility and reimbursement to the local ambulance organization for the services provided.

**Specialty Services** To support the delivery of comprehensive health services, specialty consultations are occasionally necessary. The provider shall provide on-site specialty clinics (radiology, laboratory services, etc.) when feasible to reduce the number of off-site referrals. In the event an inmate requires the services of medical specialist, the provider shall make referral arrangements and coordinate the delivery of the specialists visits off-site through coordination of appropriate transport with the facility's administrative staff.

**Emergency Services** The provider shall make provisions for 24-hour emergency medical care to inmates. This includes on-call availability by the Medical Director and Nursing staff, as well as the coordination of appropriate transportation with the facility's administrative staff.

**Ancillary Services** Routine laboratory and X-ray procedures should be performed on-site at the facility when possible. Procedures beyond the capabilities of the on-site equipment will be referred to outside providers. Provider shall provide the necessary follow-up for health problems identified by any of the screening tests or laboratory tests.

**Dental Care** The program to provide dental services to inmates shall include:

- Provider will provide for basic dental services, including extractions, and dental hygiene services
- Dental screening and oral hygiene instruction performed on each inmate within 14 days of admission
- Dental screening will include charting decayed, missing, and filled teeth, and taking a dental history for identifying problems
- A dental record will be maintained as part of an inmate's medical record

**Pharmaceuticals** Provider shall provide a total pharmaceutical system for the Clark County Jail beginning with the physician's prescribing of medication, the filling of the prescription, the administration of medication, and the necessary record keeping. The pharmaceutical system shall include prescription medications and over-the-counter medications. All prescription medications shall be prescribed by the responsible physician. All controlled substances, syringes, needles and surgical instruments will be stored under security conditions acceptable to the Jail.

**Medical Waste** The successful vendor shall provide, in compliance with all laws and regulations, for the appropriate management and disposal of contaminated waste resulting from its services including needles, syringes, medications, and other materials used in the treatment of inmates.

**Medical Records** All inmates must have a medical record which is kept up to date at all times. The record shall accompany the inmates at all health encounters and will be forwarded to the appropriate facility in the event of transfer. Access to medical/dental records will be controlled by healthcare personnel at all times and all rights concerning the confidentiality of the medical record must be followed. All transcribing and filing of information in the medical/dental record will be done by professional nurses or trained medical records clerks. Under no circumstances will inmates be allowed access to medical/dental records.

All procedures concerning the confidentiality of medical records shall adhere to all HIPAA regulations and the rules and regulations established by the NCCHC.

**Special Medical Programs – Chronic Care** For inmates with special medical conditions requiring close medical supervision, including chronic and convalescent care, a written individualized treatment plan shall be developed by the responsible physician. The plan should include directions to health care and other personnel regarding their roles in the care and supervision of the patient.

**Health Education** In-service training for all health care staff to be conducted at when requested and to include first-aid, CPR Training, etc.

**Consultation Services** The provider shall provide a consultation service to the Board and Sheriff on any and all aspects of the health care delivery system at the facility, including evaluations and recommendations concerning new programs, future architectural plans, staffing patterns for new or remodeled facilities, alternate pharmaceutical and other systems and on any other matters relating to this contract upon which the Board and Sheriff seeks the advice and counsel of the provider.

**Quality Assurance and Improvement** The provider shall institute a Medical Quality Assurance/Improvement Program, which may include but may not be limited to audit and medical chart review procedures. When deficiencies are noted, a plan of corrective action (improvement) shall be put into place.

**Monthly Statistics** Narrative reports shall be submitted each month with data reflecting the previous month's activity by facility to include:

- Inmate's requests for various services
- Inmates seen at sick call
- Inmates seen by physician
- Inmates seen by dentist
- Infirmary admission, patient days, average length of stay
- Off-site hospital admissions to include ER and general physician referrals
- Medical specialty consultation referrals
- Intake medical screening
- Fourteen (14) day history and physical assessments
- Diagnostic studies
- Report of third party reimbursement, pursuit and recovery
- Pharmacy report of inmate population dispensed medication
- Inmates testing positive for venereal disease
- Inmates testing positive for AIDS or AIDS Antibodies
- Inmates testing positive for TB
- Inmate Mortality
- Number of hours worked by entire medical staff, specifying each post or shift
- Monthly off-site visits

**Staffing** Provider must recruit, interview, hire, train and supervise all health care staff and such health care staff must be adequate to meet all conditions and specifications as set forth in this RFP, the proposal selected, and the resulting contract. In order to maintain continuity in the proposal process and to ensure comparable staffing arrangements, the below staffing plan has been made. The Board and Sheriff reserves the right to negotiate alterations to the suggested staffing plan after a supplier/vendor has been selected.

- Medical Director - 12 hours per week
- Nurse Administrator - 40 hours per week

- Dentist - 8 hours per month
- Dental Assistant - 8 hours per month
- Additional nursing coverage to provide staffing 24 hours per day, 7 days per week.

**Personnel** The provider shall engage only licensed and qualified personnel to provide professional coverage. Personnel must meet all licensing requirements of the State of Ohio. All personnel shall comply with current and future state, federal, and local laws, regulations, court orders, administrative regulations, administrative directives.

#### **OPTIONAL SERVICES:**

All proposers should include a list of suggested optional services. These services will be evaluated by the County for need and value. At minimum, proposers should include the following optional services:

**Electronic Medical Records (EMR):** Please provide any information regarding an optional offering to incorporate an Electronic Medical Records platform and system with the proposed service program. To include the following:

- Licensure Fee(s) – Please state who will have the ultimate ownership of the program;
- Hosting Fee(s) – Please state any and all fees for implementation and therefore after storage/hosting fees for all platform and record items;
- Equipment Fee(s) – Please state any and all equipment needs for the proposed program, as well as any additional future needs (to includes all hardware such as tablets, printers, scanners, signature pads, etc.).
- Maintenance Fee(s) – Please state any and all on-going maintenance fees which will be applicable for this system, to include upgrades.
- Transfer Fee(s) – Please include information on any transfer fees which may be applicable if the Board or Sheriff does NOT own the system, and the vendor is later changed, but the Board or Sheriff would like to keep the system in place – is there a fee or transfer service which would be followed.
- Integration Fee(s) – Please include information and estimated costs of any integrations for the jail management system, pharmacy, and lab services.

Along with the program information, please indicate if there will be allowable portals for access by Clark County Jail Administrator and/or any outside providers, such as the Medical Director.

Further, with the proposal of such a program, there will be a requirement for Cyber Insurance to cover the county for any breach of HIPAA information.

**Telehealth:** As availability of services to patient population continue to be a concern, please provide any information regarding an optional offering of Telehealth Services, and how they would be used within your program. Please include any and all fees, to include equipment needs and costs.

**EXCEPTIONS:**

Any and all deviation from the above specifications and requirements must be listed and prominently displayed in proposal materials and should be clearly stated by the proposer on a separate section titled “Exceptions to Specifications”.

**PROPOSAL REQUIREMENTS:**

The submitted proposal must address all categories and performance expectations within this RFP. Before submitting a proposal, vendors shall examine the specifications to understand all existing conditions and limitations.

**Executive Summary** - Provide a concise overview describing the proposed approach to the project.

**Company Background** – include certificates of insurance and applicable licenses

**Proposed team structure and key personnel** -

**Experience** – Provide a detailed description of experience with providing medical services within jails/prisons.

**Detailed Description of Proposed Project Plan** - Describe how the vendor will meet the functionality and technical requirements listed. Provide a transition timeline with proposed dates beginning with contract execution and ending with full implementation.

**Detailed Cost Proposal** – Provide a price and if that figure is fixed or if tiered pricing models exist.

**References** - Provide references/summaries of at least two (2) projects, preferably in Ohio, performed that were similar in scope to the requirements of this project.

Proposals will be evaluated based on the following criteria:

<i>Criteria</i>	<i>Weight</i>
• Experience And Qualifications	30%
• Clinical Approach and Staffing	25%
• Cost and Value	25%
• Compliance and Risk Management	10%
• References and Past Performance	10%

**APPENDICIES**

Proposer must provide the appendices below with its proposal. Appendices shall be filled out and signed, where required, in order to be considered.

- Appendix A – Response Sheet
- Appendix B – Non-Collusion Affidavit

- Appendix C – Certification of Compliance with County Insurance Requirements
- Appendix D – Personal Property & Real Estate Tax Affidavit
- Appendix E – Affidavit in Compliance with Section 3517.13 of the Ohio Revised Code
- Appendix F – General Contract Conditions
- Appendix G – Sample of Clark County, Ohio Simple Contract

**Appendix – A**  
**Response Sheet**

**2026 Clark County Sheriff Office**  
REQUEST FOR PROPOSALS (RFP) – Medical Services for Inmates

NAME OF VENDOR:

CONTACT INFORMATION (include name, address, email address, and phone number):

VENDOR’S FEDERAL TAX ID NUMBER:

NUMBER OF YEARS IN BUSINESS:

THREE PROFESSIONAL REFERENCES (include address, email address and phone):

1.

2.

3.

WARRANTY PROVIDED FOR WORK COMPLETED:

DEMONSTRATION OF EXPERIENCE (attach additional pages, if necessary):

**PLEASE INCLUDE A COPY OF ALL CURRENT LICENSES AND/OR  
CERTIFICATIONS WITH YOUR PROPOSAL.**

Attach additional sheets as necessary to provide accurate information about how your company will fully meet the specifications and provide all services requested by the Clark County Sheriff.

**PRICING:**

Vendor shall indicate pricing for all categories specified below. No costs other those specified in vendor's proposal will be paid by Board or Sheriff unless agreed to in writing in advance of purchase or work being completed. Attach additional sheets as necessary to provide accurate information about how your company will fully meet the specifications and provide all services requested by Board and Sheriff.

<b>Category</b>	<b>Price &amp; Information/Specifications</b>

**APPENDIX - B**  
**NON-COLLUSION AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
SS:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, deposes

(NAME)

and says that he/she is \_\_\_\_\_ for

(POSITION)

\_\_\_\_\_ the party making the fore-

(COMPANY NAME)

going proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the Clark County Commissioners or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

\_\_\_\_\_  
AFFIANT Signature

Sworn to and subscribed before me, a Notary Public, on this \_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
NOTARY PUBLIC

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

**APPENDIX - C**  
**CERTIFICATION OF COMPLIANCE WITH COUNTY INSURANCE**  
**REQUIREMENTS**

The following is a list of required insurance policies:

- a. Worker's Compensation Insurance as required by Ohio law and any other state in which work will be performed, or letter of exemption.
- b. Commercial General Liability Insurance for a minimum of \$1,000,000 per occurrence with an annual aggregate of at least \$2,000,000, including coverage for subcontractors, if any are used.
- c. Umbrella or Excess Liability\* insurance (over and above Commercial General Liability and Auto Liability) with a limit of at least \$2,000,000.
- d. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$1,000,000 Combined Single Limit.
- e. "The Board of Clark County Commissioners" must be named as "Additional Insured" on the policies listed in paragraphs b, c, and d above, as well as the Certificate Holder on all Certificates of Liability insurance.
- f. Professional liability or errors and omissions insurance for a minimum of \$1,000,000 per incident.

\*Note: Umbrella/Excess Liability coverage may be waived if the following limits are carried for Commercial General Liability and Auto Liability:

1. Commercial General Liability Insurance for a minimum of \$3,000,000 per occurrence with an annual aggregate of at least \$4,000,000, including coverage for subcontractors, if any are used.

2. Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$3,000,000 Combined Single Limit.

I, \_\_\_\_\_, certify that I have reviewed the above insurance requirements, and:

(\_\_\_\_\_) I certify that as an individual/company/organization submitting a proposal, I am able to meet the above insurance requirements.

OR

(\_\_\_\_\_) I am not able to meet the above insurance requirements, and would like to request a waiver of the following policies:

\_\_\_\_\_.

The insurance policies currently held by this individual/company/organization are:

\_\_\_\_\_. A copy of the current insurance policies is attached.

Signed:

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title





2. That none of the following have collectively made within the previous 24 months, and that, if awarded a contract for the purchase of goods or services in excess of \$10,000 (aggregated) in a calendar year, none of the following collectively will make, beginning on the date the contract is awarded and extending until one year following the conclusion of the contract, one or more campaign contributions (on or after April 4, 2007) totaling in excess of \$2,000, to any member of the Clark County Board of Commissioners or their individual campaign committees:
- a. myself
  - b. any partner or owner or shareholder of the partnership (if applicable);
  - c. any shareholder of the association;
  - d. any administrator of the estate;
  - e. any executor of the estate;
  - f. any trustee of the trust;
  - g. any owner of more than 20% of the corporation or business trust (if applicable);
  - h. each spouse of any person identified in (a) through (c) of this section;
  - i. each child seven years of age to seventeen years of age of any person identified in divisions (a) through (g) of this section.

Signature: \_\_\_\_\_

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

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

Sworn to and subscribed before me, a Notary Public, on this \_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
NOTARY PUBLIC

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

**APPENDIX -E**  
**GENERAL CONTRACT CONDITIONS**

The duration of this contract shall be from June 1, 2026 until May 31, 2029. Thereafter, this contract may be extended, upon agreement of the parties, for any number of subsequent one-year terms.

The health care delivery system must conform to State standards for medical services provided in correctional institutions as established by the Department of Corrections or other appropriate State authority, or by statute. The system must be in substantial conformance with the *Jail Health Standards*, 2018 Edition, developed by the National Commission on Correctional Health Care (NCCHC).

Provider shall be required to examine and treat any inmate in segregation or otherwise unable to attend sick call in the cell of said inmate. Provider shall be required to render emergency care at any location on Jail property.

Provider shall have no responsibility for security at the Jail or for the custody of any inmate at any time, such responsibility being solely that of the Jail. Provider shall have sole responsibility in all matters of medical-and dental judgment. Provider shall have primary, but not exclusive, responsibility for the identification, care and treatment of inmates requiring medical care and who are "security risks" or who present a danger to themselves and others. On these matters of mutual concern, the Sheriff or other County Official and his staff shall support, assist and cooperate with Provider, and Provider shall support, assist and cooperate with the Sheriff or other County Official whose decision in any non-medical matter shall be final. All decisions involving the exercise of medical or dental judgment are still the responsibility of the Provider.

To the fullest extent permitted by Ohio law, the Contractor shall defend, indemnify, and hold harmless Clark County, the Clark County Board of County Commissioners, the Clark County Sheriff, and their respective officers, employees, agents, and elected officials, from and against any and all claims, demands, actions, causes of action, damages, losses, liabilities, judgments, costs, and expenses, including reasonable attorney's fees, to the extent caused by or arising out of the negligent acts or omissions, recklessness, or willful misconduct of the Contractor, its employees, agents, subcontractors, or anyone directly or indirectly employed by the Contractor, in the performance of services under this Contract.

The Contractor shall not be required to indemnify any County Party for claims or damages to the extent caused by the negligence, recklessness, or willful misconduct of the County or its officers, employees, or agents.

This indemnification obligation shall survive the termination or expiration of the Contract.

Provider shall have professional liability insurance coverage with limits of at least \$1,000,000 per occurrence and \$5,000,000 in the annual aggregate under such coverage. This insurance shall specifically cover provider and the services provided under this contract. Evidence of such insurance shall be presented to the County prior to the execution of the contract. Failure to maintain such insurance shall be grounds for immediate termination of this contract.

Provider must also provide general liability insurance coverage of at least \$1 million combined single limits, and automobile liability coverage for owned, non-owned, and rented automobiles. A certificate of insurance naming Clark County as additionally insured must be submitted prior to execution of any contract. A sample certificate showing actual coverage limits must be submitted with the proposal.

Policies and Procedures of the Provider relating to medical care are to be established and implemented solely by the Provider. In areas that impact upon the security and general administration of the Jail, the Policies and Procedures of the Provider are subject to review and approval of Clark County.

The Sheriff, or other designated County Official retains the right to review and approve Policies and Procedures of the Provider in any area affecting the performance of his responsibilities under law.

Either party to the contract may terminate the Agreement without cause by giving at least 60 days written notice to the other party.

Neither the obligations nor the rights of the Provider under any resulting contract may be assigned by the Provider without the express written consent of Clark County, whose consent shall not be unreasonably withheld.

The resulting contract shall be governed by and construed according to the laws of the State of Ohio.

**APPENDIX – F**  
**SAMPLE CLARK COUNTY, OHIO SIMPLE CONTRACT**

NOTICE: Board or Sheriff may change clauses, add additional clauses, or remove clauses during the contract or negotiation process. Additionally, clauses may be added dependent upon the funding stream, contract agreement type and legal requirements.

**RECITALS**

The Board of County Commissioners of Clark County (“Board”) located at 3130 East Main Street, Springfield OH 45503, has statutory authority to enter into contracts on behalf of the County;

It is the responsibility of The Clark County Sheriff’s Office (“Sheriff”) located at 120 N. Fountain Ave. Springfield, OH 45502 to preserve the peace of the public, oversee the enforcement of court orders, provide courthouse security and jail operations within its through collaboration with and purchase of services from other community agencies;

The powers and duties of Department are, and shall be exercised and performed, under the control and direction of Board;

(“Contractor”) located at \_\_\_\_\_, provides; \_\_\_\_\_ . Contractor’s proposal submitted on \_\_\_\_\_ was selected pursuant to a Request for Proposals for Inmate Medical Services for Clark County Jail;

Board, Sheriff, and Contractor will occasionally be referred to as “Parties” for the purposes of this contract and proceeding documents.

Parties therefore, in consideration of the mutual covenants contained in this contract, hereby agree as follows:

**CONTRACT**

This Agreement, made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2026, by and between Board of County Commissioners and Clark County Sheriff’s Office, (hereinafter “First Party”) and \_\_\_\_\_ (hereinafter “Second Party”) located at \_\_\_\_\_. The term of this agreement is for a period of \_\_\_\_\_ year(s) from the

date of execution. The services of Second Party are to commence on \_\_\_\_\_ and all costs allowable under Contract shall be incurred no later than \_\_\_\_\_.

Witnesseth, that Second Party, for and in consideration of a sum not to exceed \$ \_\_\_\_\_ in accordance with the estimates submitted on \_\_\_\_\_ (and the drawings and specifications thereto related), agrees to provide the work described on the attached proposal, which is hereby declared to be a part of this contract. Second Party further agrees to furnish said materials and to do the said work promptly and in a workmanlike manner, without hindrance or delay, and to be completed to the satisfaction of First Party. And First Party, for and in consideration of the true and faithful performance of said work and furnishing of said materials as foresaid, hereby agrees to pay unto Second Party said sum not to exceed \$ \_\_\_\_\_ upon satisfactory completion of Second Party's obligations under this contract and submission of any invoice from Second Party to First Party.

Second Party understands and agrees that it is an independent Contractor and agrees to indemnify and hold First Party harmless from liability of any and all claims, demands, or suits, in contract or in tort, actual or threatened, and from damages or payments including, but not limited to, costs and expenses arising out of breach of contract or the acts or omissions of the Contractor. The indemnification obligations of Second Party are further defined and governed by the Indemnification and Hold Harmless provisions set forth in Appendix E, which are incorporated herein by reference.

Second Party shall assume full responsibility for and shall indemnify First Party for any damage to or loss of any County property, including building, fixtures, furnishings, equipment, supplies, accessories or part resulting in whole or part from any negligent acts or omissions of the Contractor or any employee, agent or representative of the Contractor.

For purposes of chapter 145 of the Ohio Revised Code, if Second Party is an entity engaged in business and Second Party has five or more employees, any individual employed by Second Party who provides personal services to First Party is not a public employee.

Second Party will present current certificates prior to the commencement of this agreement, and shall maintain during the term of this agreement, the insurance and bonds specified below or as otherwise required by First Party's liability coverage provider:

- a.) Worker's Compensation Insurance as required by Ohio law and any other state in which work will be performed, or letter of exemption.
- b.) Commercial General Liability insurance for a minimum of \$1,000,000 per occurrence with an annual aggregate of at least \$2,000,000 including coverage for subcontractors, if any are used.
- c.) Auto Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work of Clark County, or its departments, with limits of at least \$1,000,000 Combined Single Limit.
- d.) Board of Clark County Commissioners (3130 E. Main St., Springfield, OH 45503) must be named as "Additional Insured" on the policies listed in paragraphs b, c, and d above, as well as the Certificate Holder on all Certificates of Liability insurance.

- e.) Professional liability or errors and omissions insurance for a minimum of \$1,000,000 per incident.

Second Party's failure to maintain current insurance certificates at any time during the duration of the contract shall be deemed a breach of the contract. In the event of such breach, First Party shall have the right to withhold any further payment(s) due to Second Party and to terminate the contract immediately without liability for any such payment(s).

In lieu of termination, First Party may, at its option, choose to withhold any further payment(s) due to Second Party until Second Party presents current certificates. In the event that Second Party fails to present current certificates to First Party's satisfaction, First Party may exercise its right to terminate the contract in accordance with the above paragraph.

Second Party further agrees as required in O.R.C. §125.111

- (1) that in the hiring of employees for the performance of work under this Contract or any subcontract no contractor or subcontractor shall, by reason of race, color, religion, sex, age, handicap, military status, national origin, or ancestry, discriminate against any citizen of this state in the employment of a person qualified and available to perform the work to which this Contract relates.
- (2) That no Contractor, subcontractor, or any person acting on behalf of any Contractor or subcontractor shall, in any manner discriminate against, intimidate, or retaliate against any employee hired for the performance of work under this Contract on account of race, color, religion, sex, age, handicap, military status, national origin, or ancestry.

It is mutually agreed that no extra work or materials shall be charged for unless ordered in writing by First Party and a valid purchase order is issued to Second Party.

Contract includes the following appendices:

- Appendix I Estimate
- Appendix II Addendum
- Appendix III Terms and Conditions
- Appendix IV Non-Collusion Affidavit
- Appendix V Insurance

Witness our hands, the day and year first above written.

CLARK COUNTY SHERIFF

BOARD OF COUNTY COMMISSIONERS

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

Christopher D. Clark  
Clark County Sheriff

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

Jennifer M. Hutchinson,  
County Administrator

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

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

VENDOR

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

Printed Name: \_\_\_\_\_

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

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

Approved:

Clark County Prosecutor  
*Approved as to Form and Legal Sufficiency*

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

Beau P. Thompson, Chief Legal Counsel  
Board of Clark County Commissioners

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

Louis A. Zambelli, III Asst. Prosecutor  
On behalf of Daniel P. Driscoll

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

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