



### **REQUEST FOR QUALIFICATIONS**

Qualification and General Instructions

RFQ NUMBER: 621029-CSCTPAOHIO

Coleman Spohn Corporation (CSC) is a third-party administrator for maintenance and repair project for agency (agencies) of the State of Ohio, which will be awarded only to prequalified contractors. In order to become prequalified, you must complete and submit the attached Application for Qualification and the Terms and Conditions. If accepted you will be notified. The terms and conditions set forth herein will be incorporated into any contract subsequently awarded as if fully rewritten therein.

By executing the attached terms and conditions you are agreeing to the inclusion of these provisions into any contract that you may be awarded.

The terms and conditions may be amended at any time and from time to time at the sole discretion of CSC and/or the State. Any changes shall be made and disseminated on the copy of the document found on the Electronic Task Order System (ETOS). You may be requested to execute a revised document prior to entering into a contract.

Offerors must note that all materials submitted will become the property of CSC and may be returned only at CSC's option. Proprietary information should not be included in a proposal or supporting materials because CSC will have the right to use any materials or ideas submitted in any proposal without compensation to the Offeror.

If you have any questions, please contact ctfigueroa@colemanspohn.com.





# Coleman Spohn Corporation RFQ

Offeror Profile, Ability, and Capacity

| Company Name:               |  |
|-----------------------------|--|
| Corporate Address:          |  |
| Preparer Name and Title:    |  |
| Company Point of Contact:   |  |
| (name, phone number, email) |  |
| Federal Tax ID:             |  |
| Years in Business:          |  |
| Registration/Entity Number: |  |
| Company Leadership          |  |
| President:                  |  |
| Vice President:             |  |
| Secretary:                  |  |
| Treasurer:                  |  |
|                             |  |

## Required Document Checklist:

(Please submit the following documents in order)

| Edge certification (if applicable)         |  |
|--------------------------------------------|--|
| MBE certification (if applicable)          |  |
| Description of how projects are handled    |  |
| Regions and service categories             |  |
| Past Performance/References (minimum of 5) |  |
| Performance Form                           |  |
| Affirmation and Disclosure Form            |  |
| Worker's Compensation Certificate          |  |
| ERM Proof of General Liability Insurance   |  |
| Form W-9                                   |  |
| Signed contracts in blue ink (2 copies)    |  |





| To Coleman Sponn Corporation:       |    |  |
|-------------------------------------|----|--|
| Let it be known that                | of |  |
| agrees to the following statements: |    |  |

#### **Mandatory Requirements:**

Offeror does not take any exception to the Terms and Conditions or any requirement of this RFQ.

- a. Offeror does not assume there will be an opportunity to negotiate any aspect of the Contract.
- b. Offeror will comply with all Federal and Ohio law as those law and rules are currently enacted and promulgated, and as they may subsequently be amended and adopted.
- c. Offeror is not now, and will not become subject to an "unresolved" finding for recovery under Revised Code Section 9.24, prior to the award of a Contract arising out of this RFQ, without notifying CSC of such finding.
- d. To the best of the Offeror's knowledge, information, and belief, all the Offeror's personal and business associates comply with Chapter 3517 of the Revised Code regarding limitations on political contributions and will remain in compliance for the duration of the Contract and with all applicable provisions that extend beyond the expiration of the Contract.
- e. All contractors from whom the State or any of its political subdivisions make purchases in excess of \$2,500.00 shall have a written affirmative action program for the employment and effective utilization of economically disadvantaged persons, as referred to in division (E)(1) of section 122.71 of the Revised Code. Annually, each such contractor shall file a description of the affirmative action program and a progress report on its implementation with the Equal Employment Opportunity office of the Department of Administrative Services. Provide a statement that the Offeror has been approved through this affirmative action program.
- f. Registration with the Secretary of State. By the signature affixed to this Qualifications Statement, the Offeror attests that the Offeror is:
  - 1) An Ohio business entity that is properly registered with the Ohio Secretary of State if required; or
  - 2) A foreign business entity that is registered with the Ohio Secretary of State pursuant to Ohio Revised Code Sections 1703.01 to 1703.31, as applicable





- g. Any foreign business entities that transact business in the state of Ohio, without being properly registered, or when its registration has expired or been canceled, shall forfeit not less than \$250 nor more than ten thousand dollars. No officer of a foreign business entity shall transact business in the state of Ohio, if such entity is required by applicable law to register but has not done so. Failure to comply with this section or related applicable law may subject the violator to legal consequences.
- h. Offeror attests that it is registered with the Ohio Secretary of State if required.

#### **Certification**:

Offeror affirms they are the prime Offeror.

Offeror affirms it shall not, and shall not allow others, to perform work or take data outside the United States without express written authorization from CSC.

Offeror affirms that all personnel who work on any project, who are not United States citizens, will have executed a valid I-9 form and presented valid employment authorization documents.

Offeror affirms that any small business program participants will provide necessary data to ensure program reporting and compliance.

Offeror agrees that it is a separate and independent enterprise from the State of Ohio, the Agency, and the Department of Administrative Services, and CSC.

Offeror has a full opportunity to find other business and has made an investment in its business. Moreover, Offeror will retain sole and absolute discretion in the judgment of the manner and means of carrying out its obligations and activities under the Contract. This Contract is not to be construed as creating any joint employment relationship between Offeror or any of the personnel provided by Offeror, and the Agency, the Department of Administrative Services, or CSC.

Offeror affirms that the individuals supplied under the Contract are either (1) employees of Offeror with Offeror withholding all appropriate taxes, deductions, or contributions required under law or (2) independent contractors to Offeror.

If the Offeror's personnel are independent Contractors to the Offeror, the certification must also contain the following sentence:

Offeror affirms that it has obtained a written acknowledgement from its independent Contractors that they are separate and independent enterprises from the State of Ohio and the Department of Administrative Services and the Agency and CSC for all purposes including the application of the





Fair Labor Standards Act, Social Security Act, Federal Unemployment Tax Act, Federal Insurance Contributions Act, the provisions of the Internal Revenue Code, Ohio tax law, worker's compensation law and unemployment insurance law.

Offeror affirms that the information included in its Qualification Statement is true and accurate to the best of its knowledge, information, and belief.

#### **Conflict of Interest Statement.**

Neither the Offeror nor any people that may work on a Project through the Offeror have a possible conflict of interest (e.g., an employee of CSC or the State of Ohio, etc.) and, if so, the Offeror will provide a statement regarding the nature of that conflict. CSC has the right to reject Qualifications Statements in which a conflict is disclosed or cancel the Contract if any interest is later discovered that could give the appearance of a conflict. For this Contract, it would be a conflict of interest if the Offeror is directly associated with CSC.

By signing below the Offeror affirms that they acknowledge all the statements listed in this document.





# **CHART FOR REGIONS AND TRADES**

| The Offeror's Trade disciplines by CSI Code and Area |         |       |                             |      |           |          |                                                                          |                                 |                         |
|------------------------------------------------------|---------|-------|-----------------------------|------|-----------|----------|--------------------------------------------------------------------------|---------------------------------|-------------------------|
|                                                      | CSI DIV | S/N/A | Description                 | Ohio | Cleveland | Columbus | Instructions:  1. Place "Y" on the trades/scope you self-preform and "S" |                                 |                         |
|                                                      |         |       | All General Trades          |      |           |          | (subcontr                                                                | act to others<br>Leave blank    | s) for to<br>on any CSI |
| 02                                                   | 41      |       | Demolition                  |      |           |          | code that                                                                | does not ap                     | ply.                    |
| 02                                                   | 70      |       | Paving                      |      |           |          | 2. Place an                                                              | <br>к in all Ohio,              | or in                   |
| 02                                                   | 80      |       | Remediation                 |      |           |          | the region                                                               | n based on tl                   | he county               |
| 02                                                   | 90      |       | Landscaping                 |      |           |          | -                                                                        | w if you only<br>of the state a | _                       |
| 03                                                   |         |       | Concrete                    |      |           |          | _                                                                        | rganization                     | ірріїсавіс              |
| 04                                                   |         |       | Masonry                     |      |           |          | =                                                                        |                                 |                         |
| 05                                                   |         |       | Metals                      |      |           |          | STATE C                                                                  | OF OHIO CO                      | UNTIES                  |
| 05                                                   | 10      |       | Structural                  |      |           |          | Cleveland Region                                                         |                                 |                         |
| 06                                                   |         |       | Wood & Plastic              |      |           |          | Allen                                                                    | Ashland                         | Ashtabula               |
| 06                                                   | 10      |       | Carpentry Rough             |      |           |          | Carroll                                                                  | Columbiana                      | Coshocton               |
| 06                                                   | 20      |       | Carpentry Finishes          |      |           |          | Crawford                                                                 | Cuyahoga                        | Defiance                |
| 07                                                   |         |       | Thermal and Moisture        |      |           |          | Erie                                                                     | Fulton                          | Geauga                  |
| 07                                                   | 00      |       | Roofing                     |      |           |          | Harrison                                                                 | Henry                           | Holmes                  |
| 07                                                   | 10      |       | Waterproofing               |      |           |          | Huron                                                                    | Jefferson                       | Lake                    |
| 08                                                   |         |       | <b>Doors &amp; Window</b>   |      |           |          | Lorain                                                                   | Lucas                           | Mahoning                |
| 09                                                   |         |       | Finishes                    |      |           |          | Medina                                                                   | Mercer                          | Ottawa                  |
| 09                                                   | 20      |       | Drywall                     |      |           |          | Paulding                                                                 | Portage                         | Putnam                  |
| 09                                                   | 30      |       | Tiles                       |      |           |          | Richland                                                                 | Sandusky                        | Seneca                  |
| 09                                                   | 50      |       | Ceilings                    |      |           |          | Stark                                                                    | Summit                          | Trumbull                |
| 09                                                   | 60      |       | Flooring (Carpet/Wood/Tile) |      |           |          | Tuscarawas                                                               | Wayne                           | Williams                |
| 09                                                   | 90      |       | Painting                    |      |           |          | Wood                                                                     | Wyandot                         |                         |
| 10                                                   |         |       | Specialties                 |      |           |          | Col                                                                      | umbus Reg                       | ion                     |
| 10                                                   | 40      |       | Signage                     |      |           |          | Adams                                                                    | Athens                          | Auglaize                |
| 11                                                   |         |       | Equipment                   |      |           |          | Belmont                                                                  | Brown                           | Butler                  |
| 12                                                   |         |       | Furnishings                 |      |           |          | Champaign                                                                | Clark                           | Clermont                |





## **CHART FOR REGIONS AND TRADES**

| 14 |    | Conveying Sys                | Clinton    | Drake    | Delaware   |
|----|----|------------------------------|------------|----------|------------|
| 14 | 20 | Elevators                    | Fairfield  | Fayette  | Franklin   |
| 20 |    | Mechanical Support           | Gallia     | Greene   | Guernsey   |
| 21 |    | Fire Suppression             | Hamilton   | Hancock  | Hardin     |
| 22 |    | Plumbing                     | Highland   | Hocking  | Jackson    |
| 23 |    | HVAC                         | Knox       | Lawrence | Licking    |
| 25 |    | Integrated Automation        | Logan      | Madison  | Marion     |
| 26 |    | Electrical                   | Meigs      | Miami    | Monroe     |
| 26 | 32 | <b>Emergency Generators</b>  | Montgomery | Morgan   | Morrow     |
| 27 |    | Communications               | Muskingum  | Noble    | Perry      |
| 28 |    | Electronic Safety & Security | Pickaway   | Pike     | Preble     |
| 31 |    | Earthwork                    | Ross       | Scioto   | Shelby     |
| 32 |    | Exterior Improvements        | Union      | Vinton   | Washington |
|    |    | Other                        | Warren     | Van Wert | _          |

| Offeror's Name: |  |  |  |  |  |
|-----------------|--|--|--|--|--|
|                 |  |  |  |  |  |





| Your Firm's Name:                              |                    |
|------------------------------------------------|--------------------|
| Name of Project:                               |                    |
| Location of Project:                           |                    |
| Square Footage:                                |                    |
| Trades Involved:                               |                    |
|                                                |                    |
| General Scope of Work:                         |                    |
| Role and work your company self-<br>performed: |                    |
| Construction Costs:                            |                    |
| At Award:                                      | Final Cost:        |
| Award Date:                                    |                    |
| Scheduled Completion:                          | Actual Completion: |
| Reason for the cost growth:                    |                    |
| Extent and type of work you subcontracted out: |                    |
| Owner's Point of Contact:                      |                    |
| Name:                                          | Company:           |
| Telephone Number:                              |                    |
| Performance Evaluation:                        |                    |
|                                                |                    |





| General Scope of Work:  Role and work your company self- performed:  Construction Costs:  At Award:  Award Date:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:                                                                                         | Your Firm's Name:           |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|
| Square Footage:  Trades Involved:  General Scope of Work:  Role and work your company self- performed:  Construction Costs:  At Award:  Award Date:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Telephone Number: | Name of Project:            |             |
| Trades Involved:  General Scope of Work:  Role and work your company self- performed:  Construction Costs:  At Award:  At Award:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Telephone Number:                    | Location of Project:        |             |
| General Scope of Work:  Role and work your company self- performed:  Construction Costs:  At Award:  Award Date:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Downer's Point of Contact:  Name:  Telephone Number:                                   | Square Footage:             |             |
| Role and work your company self- performed:  Construction Costs:  At Award:  Award Date:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Telephone Number:                                                            | Trades Involved:            |             |
| Role and work your company self- performed:  Construction Costs:  At Award:  Award Date:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Telephone Number:                                                            |                             |             |
| Construction Costs:  At Award: Award Date:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Company:  Telephone Number:                                                                                                | General Scope of Work:      |             |
| At Award:  Award Date:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Company:  Telephone Number:                                                                                                                    |                             |             |
| Award Date:  Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Company:  Telephone Number:                                                                                                                               | Construction Costs:         |             |
| Scheduled Completion:  Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Telephone Number:                                                                                                                                                      | At Award:                   | Final Cost: |
| Reason for the cost growth:  Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Company:  Telephone Number:                                                                                                                                                                   | Award Date:                 |             |
| Extent and type of work you subcontracted out:  Owner's Point of Contact:  Name:  Company:  Telephone Number:                                                                                                                                                                                                | Scheduled Completion:       |             |
| Subcontracted out:  Owner's Point of Contact:  Name:  Company:  Telephone Number:                                                                                                                                                                                                                            | Reason for the cost growth: |             |
| Name: Company: Telephone Number:                                                                                                                                                                                                                                                                             |                             |             |
| Telephone Number:                                                                                                                                                                                                                                                                                            | Owner's Point of Contact:   |             |
| -                                                                                                                                                                                                                                                                                                            |                             | Company:    |
| Performance Evaluation:                                                                                                                                                                                                                                                                                      | Telephone Number:           |             |
|                                                                                                                                                                                                                                                                                                              | Performance Evaluation:     |             |





| Your Firm's Name:                              |                    |
|------------------------------------------------|--------------------|
| Name of Project:                               |                    |
| Location of Project:                           |                    |
| Square Footage:                                |                    |
| Trades Involved:                               |                    |
|                                                |                    |
| General Scope of Work:                         |                    |
| Role and work your company self-<br>performed: |                    |
| Construction Costs:                            |                    |
| At Award:                                      | Final Cost:        |
| Award Date:                                    |                    |
| Scheduled Completion:                          | Actual Completion: |
| Reason for the cost growth:                    |                    |
| Extent and type of work you subcontracted out: |                    |
| Owner's Point of Contact:                      |                    |
| Name:                                          | Company:           |
| Telephone Number:                              |                    |
| Performance Evaluation:                        |                    |
|                                                |                    |





| Your Firm's Name:                              |                       |
|------------------------------------------------|-----------------------|
| Name of Project:                               |                       |
| Location of Project:                           |                       |
| Square Footage:                                |                       |
| Trades Involved:                               |                       |
|                                                |                       |
| General Scope of Work:                         |                       |
| denoral scope of works                         |                       |
|                                                |                       |
| Role and work your company self-<br>performed: |                       |
| Construction Costs:                            |                       |
| At Award:                                      | Final Cost:           |
| Award Date:                                    |                       |
| Scheduled Completion:                          | Actual<br>Completion: |
| Reason for the cost growth:                    |                       |
| Extent and type of work you subcontracted out: |                       |
| Owner's Point of Contact:                      |                       |
| Name:                                          | Company:              |
| Telephone Number:                              |                       |
| Performance Evaluation:                        |                       |
|                                                |                       |





| Your Firm's Name:                              |                    |
|------------------------------------------------|--------------------|
| Name of Project:                               |                    |
| Location of Project:                           |                    |
| Square Footage:                                |                    |
| Trades Involved:                               |                    |
|                                                |                    |
| General Scope of Work:                         |                    |
| Role and work your company self-<br>performed: |                    |
| Construction Costs:                            |                    |
| At Award:                                      | Final Cost:        |
| Award Date:                                    |                    |
| Scheduled Completion:                          | Actual Completion: |
| Reason for the cost growth:                    |                    |
| Extent and type of work you subcontracted out: |                    |
| Owner's Point of Contact:                      |                    |
| Name:                                          | Company:           |
| Telephone Number:                              |                    |
| Performance Evaluation:                        |                    |
|                                                |                    |





#### OFFEROR PERFORMANCE FORM

The Offeror must provide the following information for this section for the past five (5) years or as many years as available if the Offeror has not been in existence for five (5) years. Please indicate yes or no in each column.

| Yes/No | Description                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|        | The Offeror has had a contract terminated for default or cause. If so, the Offeror must submit full details, including the other party's name address and telephone.                                                                                                                                                                                                                                 |  |  |
|        | The Offeror has been assessed any penalties in excess of five thousand dollars (\$5,000), including liquidated damages, under any of its existing or past contracts with any organization (including any governmental entity). If so, the Offeror must provide complete details, including the name of the other organization, the reason for the penalty, and the penalty amount for each incident. |  |  |
|        | The Offeror was the subject of any governmental action limiting the right of the Offeror to do business with that entity or any other governmental entity.                                                                                                                                                                                                                                           |  |  |
|        | Has trading in the stock of the company ever been suspended? If so, provide the date(s) and explanation(s).                                                                                                                                                                                                                                                                                          |  |  |
|        | The Offeror, any officer of the Offeror, or any owner of a twenty percent (20%) interest or greater in the Offeror has filed for bankruptcy, reorganization, a debt arrangement, moratorium, or any proceeding under any bankruptcy or insolvency law or any dissolution or liquidation proceeding.                                                                                                  |  |  |
|        | The Offeror, any officer of the Offeror, or any owner with a twenty percent (20%) interest or greater in the Offeror has been convicted of a felony or is currently under indictment on any felony charge.                                                                                                                                                                                           |  |  |

If the answer to any item above is affirmative, the Offeror must provide complete details about the matter. While an affirmative answer to any of these items will not automatically disqualify an Offeror from consideration, at the sole discretion of CSC, such an answer and a review of the background details may result in a rejection of the Offeror's Qualifications Statement. CSC will make this decision based on its determination of the seriousness of the matter, the matter's possible impact on the Offeror's performance on the project, and the best interests of CSC and the State.





#### AFFIRMATION AND DISCLOSURE FORM

By the signature affixed hereto, the Contractor affirms and understands that if awarded a contract, both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States, nor allow State data to be sent, taken, accessed, tested, maintained, backed-up, stored or made available remotely (located) outside of the United States.

The Contractor shall provide all the name(s) and location(s) where services under this Contract will be performed and where data is located in the spaces provided below or by attachment. Failure to provide this information may result in no award. If the Contractor will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

| Principal location of business of | of Contractor:                 |
|-----------------------------------|--------------------------------|
| Address                           | City, State, Zip               |
| Name/Principle location of bu     | siness of subcontractor(s):    |
| Name                              | Address, City, State, Zip      |
| Name                              | Address, City, State, Zip      |
| Location where service will be    | performed by Contractor:       |
| Address                           | City, State, Zip               |
| Name/Location where subcon        | tractor will perform services: |
| Name                              | Address, City, State, Zip      |
| Name                              | Address, City, State, Zip      |





| Name                                                                                                                                                  |                                                                                                                                        | Address, City, State, Zip                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                  |                                                                                                                                        | Address, City, State, Zip                                                                                                                                                                                                                                                                                                   |
| Name                                                                                                                                                  |                                                                                                                                        | Address, City, State, Zip                                                                                                                                                                                                                                                                                                   |
| Name                                                                                                                                                  |                                                                                                                                        | Address, City, State, Zip                                                                                                                                                                                                                                                                                                   |
| State. Contractor agree<br>ocation of its services<br>a duly signed waiver<br>services outside the U<br>On behalf of the Co<br>Affirmation and Disclo | ees it shall so notify the State has the right from the State has bee nited States.  Intractor, I acknowledge osure Form, have read, a | g and after execution of any Contract with the tate immediately of any such change or shift in to immediately terminate the contract, unless in attained by the Contractor to perform the e that I am duly authorized to execute this and understand that this form is a part of any the State and is incorporated therein. |
|                                                                                                                                                       | Ву:                                                                                                                                    |                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                       | Contractor                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                       | Name                                                                                                                                   |                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                       | Title                                                                                                                                  |                                                                                                                                                                                                                                                                                                                             |





This contract, which results from <u>RFQ 621029-CSCTPAOHIO</u> entitled <u>Third Party</u> <u>Administrator (TPA) for the State of Ohio</u>, is between Coleman Spohn Corporation ("CSC") and

| (11 11 <b>C</b> 1111) |  |
|-----------------------|--|
| (the "Contractor").   |  |

If this RFQ results in a Contract award, the Contract will consist of this RFQ including all attachments, written addenda to this RFQ, the Contractor's Qualifications Statement, and written, authorized addenda to the Contractor's Qualifications Statement, and any future project issued by CSC to the Contractor. It will also include any materials incorporated by reference in the above documents and any purchase orders and change orders issued under the Contract.

The form of the Contract is this one (1) page attachment to the RFQ, which incorporates by reference all the documents identified above. The general terms and conditions for the Contract are contained in another attachment to the RFQ. If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows:

- 1. This RFQ, as amended;
- 2. The documents and materials incorporated by reference in the RFQ;
- 3. The Contractor's Qualifications Statement, as amended, clarified, and accepted by the State;
- 4. The documents and materials incorporated by reference in the Contractor's Qualifications Statement; and
- 5. The Project.

Notwithstanding the order listed above, change orders and amendments issued after the Contract is executed may expressly change the provisions of the Contract. If they do so expressly, then the most recent of them will take precedence over anything else that is part of the Contract.

#### SIGNATURES ON FOLLOWING PAGE ARE INCORPORATED INTO THIS DOCUMENT





| This Contract has an effective date of | <u> </u>                                      |
|----------------------------------------|-----------------------------------------------|
| IN WITNESS WHEREOF, the parties have e | executed this Contract as of the dates below. |
|                                        | Coleman Spohn Corporation                     |
| Contractor                             | State of Ohio TPA                             |
|                                        |                                               |
| Signature                              | Signature                                     |
|                                        |                                               |
| Printed Name                           | Printed Name                                  |
|                                        |                                               |
| Date                                   | Date                                          |