

## **CONTRACT**

### **FOR SERVICES UNDER \$50,000**

\*ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.\*

This Contract for the Facilitation and Management of the Central Ohio HIV Planning Alliance (COHPA) is entered into by and between Collaborative Research LLC (herein referred to as “Contractor”), and the City of Columbus, Department of Health (herein referred to as “City”).

#### **WITNESSETH**

WHEREAS, the City has a need for the facilitation of COPHA meetings along with implementing the legislative responsibilities in coordination with the Planning Body; and

WHEREAS, the Contractor has the necessary experience and expertise to provide said service; and

NOW, THEREFORE, in consideration of the mutual promises as hereinafter set forth, the parties agree as follows:

#### **ENTIRE AGREEMENT**

This Contract sets forth the entire agreement between the parties with respect to the subject matter hereof. Understandings, agreements, representations, or warranties not contained in this Contract, or as written amendment hereto, shall not be binding on either party. Except as provided herein, no alteration of any terms, conditions, delivery, price, quality, or specifications of this Contract shall be binding on either party without the written consent of both parties. This Contract is subject to the Ohio Public Records Act.

**1. Contract Term**

The term of this Contract shall be from March 1, 2025 to February 28, 2026. This Contract shall not automatically renew.

**2. Maximum Obligation**

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed \$25,000.00 unless additional funds are appropriated and authorized.

**3. Pricing and Scope of Services**

The Contractor agrees to perform and invoice the Scope of Services as set forth **ON ATTACHED EXHIBIT A\*** and as contained in the bid specifications, which are expressly incorporated herein.

\*Contract is NOT valid if the Scope of Services is NOT attached.

No other costs, rates, or fees shall be payable to the Contractor for services performed hereunder. The terms and conditions specified in this Contract constitute the entire contract governing the purchase of services by the City from the Contractor, and shall supersede any terms and conditions which may accompany Contractor’s invoice/bid/estimate. Any and all verbal representations are superseded by this Contract. The terms of this Contract shall prevail over any conflicting or deficient terms or conditions listed in any attachments from Contractor.

**4. Equal Opportunity Clause**

Contractor agrees to abide by all of the terms, conditions and requirements set forth in Columbus City Code Section 3906.02, Equal Opportunity Clause. Failure or refusal of a Contractor or Subcontractor to comply with the provisions of Title 39 may result in cancellation of this Contract.

**5. Taxes**

Federal or State taxes are not to be included on invoices for the described services. Contractor will be provided an exemption certificate, if needed.

6. **City's Contract Administrator/Contract Administration**

Audrey South will manage the Contract on behalf of the City and will be the principal point of contact for the City concerning the Contractor's performance under this Contract.

Any notice or demand or other communication required or permitted to be given under this Contract or applicable law shall only be effective if it is in writing, properly addressed, and either delivered in person, or by a recognized courier service, or deposited with the United States Postal Services as first-class certified mail, postage prepaid and return receipt requested, to the parties at the following addresses:

Audrey South, Administrator, Sexual Health Promotion, Columbus Public Health: 240 Parsons Avenue, Columbus, OH 43215

Thomas Rodriguez-Schucker, President, Collaborative Research LLC: 1790 Holly Star Dr. Tyler, TX 75703

7. **Contractor as an Independent Contractor**

The Contractor shall be and shall remain an Independent Contractor with respect to all services performed hereunder and neither Contractor nor its employees shall be considered "public employees" for purposes of OPERS membership. Contractor agrees to and does hereby accept full and exclusive liability for the payment of any and all contributions or taxes for Social Security, unemployment insurance or old age retirement benefits, pensions or annuities now or hereafter imposed under any state or federal law which are measured by the wages, salaries or other remunerations paid to the Contractor or persons employed by the Contractor for work performed under the terms of this Agreement and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now, or hereafter may be, issued or promulgated under said respective laws.

Individuals utilizing a personal social security number for tax identification purposes and business entities with four (4) or fewer employees must complete and submit, as Exhibit D, the OPERS independent contractor acknowledgment form. THIS FORM CAN BE FOUND AT WWW.OPERS.ORG

8. **Applicable Law, Remedies**

This Agreement shall be governed in accordance with the laws of the State of Ohio and the ordinances, statutes and provisions of the Columbus City Code and Charter; specifically including, but not limited to Charter Sections 159 and 161. All claims, counterclaims, disputes and other matters in question between the City, its agents and employees, and the Contractor arising out of or relating to this Agreement or its breach will be decided in a court of competent jurisdiction within the County of Franklin, State of Ohio.

Chapter 377 of the Columbus City Codes is hereby incorporated into the contract and Contractor is required to comply with said chapter. This includes, but is not limited to reporting requirements and the obligation to review the commission list of contractors and subcontractors that received an adverse determination. Penalties for failure to comply with the labor commission include suspension for three years, up to permanent disbarment.

9. **Payment/Invoice Submittal**

Fees shall be paid for services rendered following: (1) the City's receipt of a correct invoice, which designates the specific applicable charges, and (2) issuance of a certified purchase order. The City will not be subject to any late payment charges. Rates shall be firm during the term of this Contract. The

City will process correctly documented invoices for payment and Contractor should receive payment for such invoice within thirty (30) days from receipt and approval by the City.

**Invoices:** All invoices shall be submitted to the address listed on the Purchase Order.

**10. Modifications**

No modification, amendment, alteration, addition or waiver of any section or condition of this Contract shall be effective or binding unless it is in writing and signed by an authorized representative of the City and the Contractor and approved by the appropriate City authorities.

**11. Contract Termination**

If either the City or the Contractor violates any material term or condition of this Contract or fails to fulfill in a timely and proper manner its obligations under this Contract, then the aggrieved party shall give the other party (the “responsible party”) written notice of such failure or violation. The responsible party will correct the violation or failure within thirty (30) calendar days or as otherwise mutually agreed. If the failure or violation is not corrected, this Contract may be terminated immediately by written notice from the aggrieved party. The option to terminate shall be at the sole discretion of the aggrieved party.

When it is in the best interest of the City, the City may terminate this Contract, in whole or in part by providing seven (7) calendar days written notice to the Contractor prior to the effective date of termination. If this Contract is so terminated, the City is liable only for payments required by the terms of this Contract for services received and accepted by the City.

**12. Nonexclusive Remedies**

The remedies provided for in this Contract shall not be exclusive but are in addition to all other remedies available under the law.

**13. Survivorship**

All services executed pursuant to the authority of this Contract shall be bound by all of the terms, conditions, prices discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Contract, or any extension thereof. Further, the terms, conditions, and warranties contained in this Contract that by their sense in context are intended to survive this completion of the performance, cancellation or termination of this Contract, shall so survive.

**14. Save Harmless/Indemnification**

Contractor shall protect, indemnify and save the City harmless from and against any damage, cost, or liability, including reasonable attorneys’ fees, resulting from claims for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of Contractor, its officers, employees, agents, or Subcontractors. The City will not indemnify the contractor and is prohibited from doing so.

**15. Severability**

If any term or condition of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions for the Contract are declared severable.

**16. Assignment**

This Contract may not be assigned or otherwise transferred to others by the Contractor without the prior written consent of the City. If this Contract is so assigned, it shall inure to the benefit of and be binding upon any respective successors and assigns (including successive, as well as immediate, successors and assignees) of the Contractor.

**17. Authority to Bind**

The signatories to this Contract represent that they have the authority to bind themselves and their respective organizations to this Contract.

**18. Worker's Compensation**

The Contractor shall comply with all Workers' Compensation laws of the State of Ohio. **Proof of coverage shall be attached to this Contract AS EXHIBIT B.**

**19. Insurance**

Contractor shall carry at least the minimum amounts listed below of Commercial Liability Insurance (Bodily Injury and Property Damage) naming the City as an additional insured. **Contractor must attach a copy of the Certificate of Insurance to this Contract AS EXHIBIT C:**

**Bodily Injury Liability:**

Each Person	\$500,000
Each Accident	\$1,000,000

**Property Damage Liability:**

Each Accident	\$500,000
All Accidents	\$1,000,000

**20. Campaign Contributions**

Contractor hereby certifies the following: that it is familiar with Ohio Revised Code ("O.R.C.") Section 3517.13; that it is in full compliance with Divisions (I) and (J) of that Section; that it is eligible for this contract under the law and will remain in compliance with O.R.C. Section 3517.13 for the duration of this contract and for one year thereafter.

**21. City Income Taxes**

Contractor hereby further agrees to withhold and pay all city income taxes due or payable under the provisions of Chapter 362, Columbus City Codes, for wages, salaries and commissions paid to its employees and further agrees that any of its subcontractors shall be required to agree to withhold and pay any such city income taxes due under said chapter for services performed under this Contract. If it has been determined by the Columbus Income Tax Division that Contractor, or any of its subcontractors, owes city income taxes, the Contractor agrees that the City may withhold the amount due to the City from any amount due to the Contractor for services performed under this Contract notwithstanding paragraph 9 hereinabove.

IN WITNESS WHEREOF, the parties have executed this Contract as of the day and year written below.

***EXHIBITS A, B AND C MUST BE ATTACHED HERETO.***

**\*ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.\***

**CITY OF COLUMBUS**

DocuSigned by:

*MWR by Anita Clark*

3/11/2025

5631545F188746E  
Mysheika W. Roberts, MD, MPH  
Health Commissioner, Columbus Public Health  
Federal Tax ID Number: 316400223

**CONTRACTOR**

*Thomas Rodriguez-Schucker*

03/06/2025

Signature

Date

Please list remit address below:

1790 Holly Star Drive  
Tyler, Texas 75703

Thomas Rodriguez-Schucker, President

Printed Name and Title

Federal ID Number: 13-4226534

## Ryan White Part A: Planning Body EXHIBIT A – SCOPE OF SERVICES

### I. GENERAL DATA

Grant Amount	\$25,000
Grantee/SERVICE PROVIDER	Collaborative Research
CFDA No.	93.940
Grantee FTI Number	13-4226534
Administrative Agency	Collaborative Research
Administrative Contact	Thomas Rodriguez-Schucker
Title	President
Phone No.	888.571.0001x102
Email	<a href="mailto:Thomas@collaborativeresearch.us">Thomas@collaborativeresearch.us</a>
Columbus Public Health Dept. Grant Mgr.	Audrey South Sexual Health Promotion 614-645-6790 <a href="mailto:AESouth@columbus.gov">AESouth@columbus.gov</a>

### PROJECT DESCRIPTION

Collaborative Research is being funded for the Facilitation and Management of the Central Ohio HIV Planning Alliance (COHPA) Ryan White Part A Planning Body, Ending the HIV Epidemic Executive Committee, and HIV Prevention. Collaborative Research will facilitate meetings along with implementing the legislative responsibilities in coordination with the Planning Body. The official Ryan White Planning Body is the COHPA Executive Committee.

COHPA Executive Committee meets 10-12 times a year to assess community needs, set priorities and allocating grant dollars, administer the assessment of administrative mechanisms, as well as other legislatively mandated tasks. For additional guidance and information on Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council/Planning Councils see the RWHAP Part A Planning Council Primer (<https://targethiv.org/planning-chatt/planning-council-primer>).

The Ryan White legislation requires planning councils to have members from various groups and organizations. At least one third (33 percent) of the planning council members must be PLWH who receive Ryan White Part A services and are “unaffiliated.” This refers to consumers who do not have a conflict of interest, meaning they are not staff, consultants, or Board members of Ryan White Part A funded agencies.

## **I. Contract Needs and Requirements**

### **COHPA Facilitation & Management:**

1. Coordinate and facilitate monthly the COHPA Executive Committee (aka Planning Council/Body) meetings.
  - a. Arrange meeting refreshments;
  - b. Manage COHPA membership process and provide orientation to new members, as well as all members annually;
  - c. Develop and/or oversee development and distribution of meeting minutes, handouts, visuals, and reports;
  - d. Facilitate annually the Priority Setting and Resource Allocation process;
  - e. Facilitate annually the Assessment of the Administrative Mechanism;
  - f. Provide the education necessary to COHPA to ensure understanding of legislatively mandated roles, responsibilities, and deliverables;
  - g. Ensure COHPA familiarity and understanding of relevant documents, such as the Columbus TGA application for Ryan White Part A and MAI grant funding, the State of Ohio Integrated Prevention and Care Plan, COHPA Bylaws, voting by consensus, and the Part A Manual (COHPA section).
2. Coordinate and facilitate the larger bi-monthly COHPA Coalition meetings.
  - a. Arrange meeting refreshments;
  - b. Utilize creative means to compensate unaligned consumers for their participation, in compliance with HRSA Policy Notices; and
  - c. Develop and/or oversee development and distribution of meeting minutes, handouts, visuals, and reports.
3. Recruit and volunteer management for persons with lived experience in order to fully participate in COHPA and COHPA Executive Committee meetings.
  - a. Utilize creative means to recruit and compensate unaligned consumers for their participation, in compliance with HRSA Policy Notices;
  - b. Maintain regular communication with Advocates/Unaligned Consumer to keep them engaged and informed;
  - c. Maintain COHPA membership list including term and contact information; and
  - d. Provide the education necessary to COHPA to ensure understanding of legislatively mandated roles, responsibilities, and deliverables.
4. Participate in monthly meetings with the CITY and the chairs to plan for the meetings.

- a. In collaboration with chair(s), develop meeting agendas that foster balanced participation among members resulting in fair, efficient decision-making and the approval of all necessary votes required by HRSA/HAB and the Grantee.
5. Participate in monthly meetings and submit timely reports to HRSA Project Officer.
6. Additional Organizational Tasks:
  - a. Submit at minimum of 3 federally mandated reports to the CITY one week prior to our submission date;
  - b. Maintain the monthly Planning Body Activity Timeline;
  - c. Maintain COHPA meeting calendars;
  - d. Facilitate the development or update of meeting policies, procedures, expectations, and/or ground rules that reinforce open, respectful communication among members;
  - e. Submit to the Grantee monthly invoices based on actual deliverables for previous month;
  - f. Submit all final invoices by March 30, 2025. Invoices received after March 30, 2025 are not guaranteed payment;
  - g. Adhere to the Contractor's established system for grievances about the operation of the services provided for the CITY. Clients must be notified that unresolved grievances related to Ryan White Part A services can be directed to 614-645- 2273 (CARE) for further assistance. Complaints and grievances against the Contractor related to Ryan White Part A grant-supported services shall be properly recorded and communicated to the CITY upon request;
  - h. Provide the CITY with timely notices of no less than thirty (30) days, if it can no longer perform or execute the obligation of the City Contract;
  - i. Maintain, and furnish upon request, accurate and complete records and other evidence pertaining to all expenditures incurred for the contracted services utilizing Contractor's Record Retention Policy;
  - j. Perform all services in accordance with the privacy regulations [45 CFR 164.502(e); 164.504(e)] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC 1320-1320d-8] and the terms of the attached Columbus Health Department Privacy Agreement. Adhere to all federal, state and local laws related to HIPAA and not use information that could compromise a client's confidentiality in communications regarding services contained in this contract; and



- k. Adhere to all federal, state and local laws and policies related to the Ryan White Part A Program and be solely responsible for all financial reimbursements, penalties and findings. This includes the Program, Fiscal, and Universal monitoring standards as issued and updated by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA). This also includes all elements of the Funding Opportunity Announcement and the Notice of Grant Award, along with all Policy Notices and Program Letters. If the Contractor is found to have had unallowable costs, the Contractor shall repay the City for all such costs. This includes, but is not limited to, instances of paying unallowable costs or providing services to non-eligible clients.

### **Contract Deliverables**

1. Coordinate and facilitate the monthly COHPA Executive Committee (aka Planning Council/Body) meetings  
  
\$2,750 per meeting submission of meeting minutes is proof of the meeting.
2. Coordinate and facilitate the larger bi-monthly COHPA Coalition meetings  
  
\$3,330 per meeting submission of meeting minutes is proof of the meeting.
3. Recruit and manage persons with lived experience in order to fully participate in COHPA and COHPA Executive Committee meetings.  
  
\$6,200 per submission, submission of accurate Rooster is proof.
4. Participate in monthly meetings with the CITY and the chairs to plan for the meetings.  
  
\$500 per meeting, the CITY attestation of attendance is proof.
5. Participate in monthly meetings with Federal HRSA Project Officer.  
  
\$500 per meeting, submission of report to the CITY and the CITY attestation to attendance is proof.
6. Organizational Tasks

- a. Submission and maintenance the monthly Planning Body Activity  
Timeline- \$500 per month.
- b. Submission of federal reports, as required- \$1,734 per submission.

If the CITY, or our federal partners, cancel a meeting, the deliverable shall be considered met.

If there are late submission, the vendor may not be eligible for the full deliverable amount.

**CONTRACTOR agrees to:**

1. Meet the contract obligations as outlined in this scope of services and understands that failure or refusal to comply with the provisions outlined in the scope of services may result in cancellation of this contract or a decrease in funding. Columbus Public Health reserves the right to withhold payment for contracted services not provided.
2. Allow the CITY or its representative to make periodic site visits during normal working hours for the purpose of observing the program, reviewing the information submitted in reports, documenting client outcomes and program impacts, and discussing any unforeseen problems or issues.
3. Provide the CITY a hard copy of its most recently completed agency audit.
4. Provide the CITY per the City Contract timely notices if it can no longer perform or execute the obligation of the Federal Ending the HIV Epidemic program or City Contract.
5. Maintain accurate and complete records and other evidence pertaining to all expenditures incurred for the contracted services. Copies of such records shall be furnished if requested.
6. Perform all services in accordance with the privacy regulations [45 CFR 164.502(e); 164.504(e)] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC 1320-1320d-8] and the terms of the attached Columbus Health Department Privacy Agreement.

**Additional Requirements**

The Contractor understands that this contract with Columbus Public Health utilizes Federal grant monies from the Ryan White HRSA, C.F.D.A . 93.940. As such, the Subrecipient agrees to comply with all Federal laws and regulations along with the appropriate requirements of Federal Uniform Grant Guidance. The Subrecipient agrees to provide Columbus Public Health with the Subrecipient's unique entity identifier (UEI) obtained in The System for Award Management (SAM.gov).

During the term of this contract the Contractor agrees to allow Columbus Public Health to monitor effectively the Contractor's use of these Federal grant monies and to ensure that the Contractor's performance goals are being achieved. This monitoring may include special reporting, site visits, regular contact, or other means to provide reasonable assurance that the Contractor administers the Federal award in compliance with laws, regulations, and provisions of the grant agreement and this contract.

Columbus Public Health is required to ensure that contractors comply with the audit requirements of the Federal Uniform Grant Guidance. The Contractor agrees to assist Columbus Public Health in this effort by providing any needed information as requested and by complying with the audit requirements of the Federal Uniform Grant Guidance.

Attached to the Scope of Services is the Notice of Award.

### **VENDOR DETERMINATION FORM**

Vendor Name: Collaborative Research LLC (#000696)

Grant Name and number: FY25 RWPA ; General Fund

Contract Description: Facilitation and Management of COPHA

Contract Amount: \$25,000.00 PO number: \_\_\_\_\_

#### **Section 1 – SUBRECIPIENT (FEDERAL FUNDS ONLY)**

**Description:** A subaward is for the purpose of carrying out a portion of the city's Federal award and creates a Federal assistance relationship between the city and the outside entity. Outside entities that include one or more of these characteristics are responsible for adherence to applicable Federal program requirements specified in the Federal award.

Characteristics which support the classifications of the outside entity as a subrecipient include when the outside entity:

- ☐ **Determines who is eligible to receive what Federal assistance;**
- ☐ **Has its performance measured in relation to whether objectives of a Federal program were met; (example, CPH will rely on subrecipient's data to submit it's own data)**
- ☐ **Has responsibility for programmatic decision making;**
- ☐ **In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.**

For profit agency- Use standard contract, under/over 50K (over 50K must be legislated)

Not for profit agency-Use Subrecipient Agreement- Not For Profit Service Contract. Object class: 03/63920. Do not complete page 2.

#### **Section 2 – BENEFICIARY (CARES/ARPA FUNDS) FISCAL MANAGER USE ONLY**

**Description:** A benefit is granted for purpose of maintaining standard operations and may be used for operating costs including personnel, supplies, equipment, rent, etc. Characteristics indicative of a beneficiary relationship between the city and an outside entity are when the outside entity:

- ☐ **Is facing reduced revenues and difficulty maintaining standard operations;**
- ☐ **Requires assistance for operating costs including payroll, rent, supplies, etc;**
- ☐ **Provides goods or services that are ancillary to the operation of the Federal program.**
- ☐ **Is receiving funding from the American Recovery Plan Act**

#### **Section 3 – CONTRACTOR**

**Description:** A contract is for purpose of obtaining goods and services for the city's own use and creates a procurement relationship with the outside entity. Characteristics indicative of a procurement relationship between the city and an outside entity are when the outside entity:

- ☒ **Provides the goods and services within normal business operations; providing a service NOT provided by the city agency**
- ☒ **Provides similar goods or services to many different purchasers;**
- ☒ **Normally operates in a competitive environment;**
- ☒ **Provides goods or services that are ancillary to the operation of the Federal program.**

For profit- Use standard service contract, under/over 50K (over 50K must be legislated)

Not for profit agency- Go to page 2 to determine template to use

#### **FINAL DETERMINATION:**

☐ **SUBRECIPIENT**      ☐ **BENEFICIARY**      ☒ **CONTRACTOR**

**NOT FOR PROFIT AGENCIES**

**Section 1 – GRANT AGREEMENT**

**Description:** When financial assistance to a non-for-profit that provides general operating support to accomplish a particular **public purpose**. Characteristics which support the classifications of the outside entity as a grant agreement include when the outside entity:

- ☐ The recipient is planning on doing the work anyway;
- ☐ The amount of funding is determined by the City, typically in a response to a request;
- ☐ Agreements that include advance payments
- ☐ Providing funds for the purpose of distributing all or a portion of funds to residents in the forms of stipends, incentives, vouchers or other direct payments.

All Not-For-Profit agreements **over \$5,000 must be legislated** and must use the Grant Agreement Template.

\*insurance/workers comp not required\*. Use Object Class 05 / 65026 (funds must be appropriated there)

**Section 2 – NOT FOR PROFIT SERVICE CONTRACT**

**Description:** Agreement for the delivery of services to the public, which are NOT currently preformed or provided by an existing city agency. Characteristics indicative of a procurement relationship between the city and an outside entity are when the outside entity:

- ☐ Obligation from the not for profit to provide a service or product to the public;
- ☐ Work that is being done is provided solely on the result of being paid;
- ☐ Funding is calculated off of fair market;
- ☐ Organization will submit detailed invoices for services/products rendered.

Not for profit service contracts use the not-for-profit standard services contract. Over \$50K has to be legislated. Under \$50K does not have to be legislated. Insurance and Workers Comp are required. Use Object class 03/63920

**FINAL DETERMINATION:**

☐ Grant Agreement over \$5k ☐ Grant Agreement under \$5k ☐ Not-for-profit Service contract

Explanation of Determination if not clearly made by the criteria above:

---



---

**FUNDING SOURCE OF CONTRACT**

- ☐ CPH General fund
- ☐ Grant funded- State, private or local
- ☒ Grant funded- Federal -Query of findings from sam.gov and ohioauditor.gov attached

*Jamie Hatkew* 2/28/2025  
Employee Signature Date

Signed by: *Katie Pettiford* 3/10/2025  
Supervisor Signature Date

Keith Faber  
Ohio Auditor

Certified Search for Unresolved Findings for Recovery



Office of Auditor of State  
88 East Broad Street  
Post Office Box 1140  
Columbus, OH 43216-1140

Auditor of State - Unresolved Findings for Recovery Certified Search

(614) 466-4514  
(800) 282-0370

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,  
Organization: Collaborative Research LLC  
Date: 3/3/2025 9:49:18 AM

This search produced the following list of 12 possible matches:

Name/Organization	Address
Coles, Romey	4001 Foskett Road
Coles, Romey	4001 Foskett Rd.
Coles, Romey	4001 Foskett Road
Coles, Rosina	4001 Foskett Road
Colgan, Sharon	125 Court Street, Ste. 350
Collier, Jevette	3557 Ingleside Road
Columbia Prospect LLC	3681 Green Road, Suite 419
Lincoln Park Tutoring Center	2968 Bretton Woods Drive
MacWin Protocol Technology Services, Inc.	12328 Granger Road
McNicol, Rebecca	6195 Lisbon Rd
McNicol, Estate of Rebecca	6195 Lisbon Rd
Vintage Coins and Cards AKA Vintage Coins and Collectibles	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.



# COLLABORATIVE RESEARCH LLC

Unique Entity ID	CAGE / NCAGE	Purpose of Registration
YJ7NH3ZE96Y5	8A8P3	All Awards
Registration Status	Expiration Date	
Active Registration	Nov 26, 2025	
Physical Address	Mailing Address	
1790 Holly Star DR	1790 Holly Star DR	
Tyler, Texas 75703-0978	Tyler, Texas 75703	
United States	United States	

## Business Information

Doing Business as	Division Name	Division Number
(blank)	(blank)	(blank)
Congressional District	State / Country of Incorporation	URL
Texas 01	Texas / United States	(blank)

Registration Dates		
Activation Date	Submission Date	Initial Registration Date
Dec 2, 2024	Nov 26, 2024	Feb 9, 2016

Entity Dates	
Entity Start Date	Fiscal Year End Close Date
Dec 12, 2002	Dec 31

Immediate Owner	
CAGE	Legal Business Name
(blank)	(blank)

Highest Level Owner	
CAGE	Legal Business Name
(blank)	(blank)

**Executive Compensation**

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

**Proceedings Questions**

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

## Exclusion Summary

Active Exclusions Records?

No

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

## Entity Types

Business Types		
Entity Structure	Entity Type	Organization Factors
Sole Proprietorship	Business or Organization	Limited Liability Company
Profit Structure		
For Profit Organization		

Socio-Economic Types


Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information


Accepts Credit Card Payments	Debt Subject To Offset
No	No
EFT Indicator	CAGE Code
0000	8A8P3

Points of Contact

Electronic Business

 Lorie Pate, CFO	1790 Holly Star DR Tyler, Texas 75703 United States
---	---

Government Business

 Jeff Daniel, CEO	3740 N Halsted APT 1508 Chicago, Illinois 60613 United States
--	---

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	541618	Other Management Consulting Services
	923120	Administration Of Public Health Programs

Disaster Response

This entity does not appear in the disaster response registry.



**Wed Mar 05 2025**

**Entity#:** 4628873  
**Filing Type:** FOREIGN LIMITED LIABILITY COMPANY  
**Original Filing Date:** 02/26/2021  
**Location:** --  
**Business Name:** COLLABORATIVE RESEARCH, LLC  
  
**Status:** Active  
**Exp. Date:** -

## Agent/Registrant Information

REGISTERED AGENT SOLUTIONS, INC.  
4568 MAYFIELD RD. SUITE 204  
CLEVELAND OH 44121  
02/26/2021  
Active

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC – CERTIFICATE OF REGISTRATION	02/26/2021	202105704124

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th of March, A.D. 2025*

*Ohio Secretary of State*

A handwritten signature in blue ink, reading "Frank LaRose".



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/15/2025

<b>PRODUCER</b> (630) 696-4043 FAX: (630) 696-4143 C.D. Rigdon Associates, Ltd. 24117 W. 103rd Street, Suite J  <b>Naperville IL 60564</b>  <b>INSURED</b> Collaborative Research LLC 1790 Holly Star Drive  <b>Tyler TX 75703</b>		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>Hartford Lloyd's (Texas)A+ XV</b>	38253
		INSURER B: <b>TWIN CITY FIRE INS CO A+ XV</b>	29459
		INSURER C: <b>Continental Casualty Co A+ XV</b>	20443
		INSURER D: <b>LLOYDS OF LONDON A+ XV</b>	
		INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	83SBAIJ8783	2/3/2025	2/3/2026	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
		<input checked="" type="checkbox"/> \$0 Deductible				PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	X	<b>AUTOMOBILE LIABILITY</b>	83SBAIJ8783	2/3/2025	2/3/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 50,000
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<input checked="" type="checkbox"/> \$0 Deductible	83SBAIJ8783	2/3/2025	2/3/2026		
		<input checked="" type="checkbox"/> HiredCar Phys Damage					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		<b>EXCESS / UMBRELLA LIABILITY</b>	83SBAIJ8783	2/3/2025	2/3/2026	EACH OCCURRENCE	\$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
							\$
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	83WECII4082	2/3/2025	2/3/2026	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C		<b>OTHER E&amp;O - Professional</b>	425475096	11/26/2024	11/26/2025	Per Claim =	\$2,000,000
D		<b>Cyber Liability</b>	ESN0340071688	9/17/2024	9/17/2025	Aggregate =	\$2,000,000
						LIMIT =	\$2,000,000

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Columbus, its Affiliates, and their respective directors, officers, employees, and agents, are listed as additional insureds with respect to the general liability policy.

## CERTIFICATE HOLDER

City of Columbus  
Department of Health  
240 Parsons Avenue  
Columbus, OH 43215

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
C Rigdon/CHRIS

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.