

**REQUEST
FOR
PROPOSAL
RFP NO. 2009-001
BENEFIT BROKERAGE SERVICES**



**Sarasota County
Sheriff's Office**

Integrity • Respect • Service • Fairness

**Sarasota County Sheriff's Office
Fiscal Services Bureau
2071 Ringling Blvd.
Sarasota, FL 34237-7031**

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GENERAL INFORMATION

PART I RFP NO. 2009-001

1-1 DEFINITIONS

For the purposes of this Request for Proposal, "proposer" shall mean contractors, consultants, proposers, organizations, firms, or other persons submitting a response to this Request for Proposal. The terms contractor and consultant shall be used interchangeably. The Sarasota Sheriff's Office may be referred to as the Sheriff's Office.

1-2 PURPOSE

This Request for Proposals (RFP) provides guidelines for the submission of proposals in response to Benefit Brokerage Services.

1-3 PROPOSAL SUBMISSION AND WITHDRAWAL

The Sarasota County Sheriff's Office shall not be held responsible for the content of RFP packages obtained from any third party source nor will the Sheriff's Office be responsible for providing addenda to potential proposers who receive a RFP package from other sources than the Sarasota County Sheriff's Office Fiscal Bureau.

The SHERIFF'S OFFICE will receive proposals at the following address:

SARASOTA COUNTY SHERIFF'S OFFICE
Fiscal Services Bureau
2071 Ringling Blvd.
Sarasota, FL 34237-7031

To facilitate processing please mark the outside of the envelope as follows: RFP No. 2009-001 Benefit Brokerage Services. The envelope shall also include the proposer's return address.

Proposers shall submit six (6) sets of the proposal, one marked original and five copies of the proposal in a sealed, opaque envelope marked as noted above. A proposer may submit the proposal by personal delivery or by mail.

THE SHERIFF'S OFFICE MUST RECEIVE ALL PROPOSALS BY NOVEMBER 23, 2009, 3:00 P.M. Eastern Time.

Bidders must follow the Sarasota County Sheriff's Office visitor security access procedures when hand delivering proposals. Bidders should allow at least 30 minutes to follow the below visitor procedures.

1. Enter building through the front entrance door (South side of Criminal Justice Center Building)
2. Present photo identification and sign-in at the front desk at which time a visitor badge will be issued.
3. Proceed to the Fiscal Bureau, Room 227

4. Present bid in the Fiscal Bureau for official date/time stamp prior to the closing date and time.

The Sheriff's Office cautions proposers to assure actual delivery of mailed or hand-delivered proposals **directly to the Sheriff's Office Fiscal Services Bureau, Room 227 at 2071 Ringling Blvd., Sarasota, FL 34237-7031** prior to the deadline set for receiving proposals. Telephone confirmation of timely receipt of the proposal may be made by calling (941) 861-4048, before proposal closing time. A proposal received by the Sarasota County Sheriff's Office Fiscal Bureau after the established deadline will be returned unopened to the proposer.

Proposers may withdraw their proposals by notifying the Sheriff's Office in writing at any time prior to the deadline for proposal submittal. After the deadline, proposals once opened become a public record of the Sheriff's Office and will not be returned to the proposers.

Upon opening proposals they are subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers must invoke exemptions to disclosure provided by law in the response to the RFP, and must identify the data or other materials to be protected, state the reasons why such exclusion from public disclosure is necessary and the legal basis for such exemption, including a specific statutory citation for such exemption.

1-4 INVITATION TO PROPOSE

The Sheriff's Office solicits offers for the services of responsible proposers to provide Health and Welfare Benefit Brokerage services for the Sarasota County Sheriff's Office.

1-5 CONTRACT AWARD

The Sheriff's Office anticipates entering into a contract with the proposer who submits the proposal judged by the Sheriff's Office to be most advantageous. The criteria to be utilized in the evaluation process are described in Section 4-1 below, and price is only one of many evaluation categories.

The proposer understands that this RFP does not constitute an offer or a contract with the SHERIFF'S OFFICE. A contract shall not be deemed to exist and is not binding until proposals are reviewed and accepted by appointed staff, the best proposal has been identified, negotiations with the Proposer have been authorized by the appropriate level of authority within the Sheriff's Office, an agreement has been executed by parties and approved by the appropriate level of authority within the Sheriff's Office.

In the event the parties are unable to negotiate terms acceptable to the Sheriff's Office, the Sheriff's Office may determine to accept the offer of the second most responsive and responsible Proposer determined by the selection committee, or it may re-solicit proposals.

In the event the parties are unable to negotiate terms acceptable to the Sheriff's Office, the Sheriff's Office may determine to accept the offer of the third most responsive and responsible Proposer determined by the selection committee, or it may re-solicit proposals.

The Sheriff's Office reserves the right to reject all proposals, to waive non-material, technical variances or infirmities in the proposal, to abandon the project or to solicit and re-advertise for other proposals. The Sheriff's Office may in its discretion waive any informalities and irregularities contained in a proposal or in the manner of its submittal and award a contract thereafter.

Proposer warrants to the Sheriff's Office that it is not insolvent, it is not in bankruptcy proceedings or receivership, nor is it engaged in or threatened with any significant litigation, arbitration or other legal or administrative proceedings or investigations of any kind which would have an adverse effect on its ability to perform its obligations under the Contract.

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposer shall disclose with their proposal the name of any officer, director, partner, proprietor, associate or agent who is also a public officer or employee of the Sheriff's Office or any of its agencies. Further, all proposers must disclose the name of any public officer or employee of the Sheriff's Office who owns, directly or indirectly, an interest of five percent (5%) or more in the proposer's firm or any of its branches or affiliate companies.

1-6 DEVELOPMENT COSTS

Neither the Sheriff's Office nor its representatives shall be liable for any expenses incurred in connection with preparation of a response to this RFP, including any travel costs related to this RFP process. Proposers should prepare their proposals simply and economically, providing a straightforward and concise description of the proposer's ability to meet the requirements of the RFP.

1-7 INQUIRIES/ADDENDA

Interested proposers may contact the Sheriff's Office Fiscal Director Margaret A. McGarrity with questions about the proposal **SHERIFF'S OFFICE Fiscal Services Bureau, Room 227 at 2071 Ringling Blvd., Sarasota, FL 34237, PHONE NUMBER 941-861-4205**. The Fiscal Bureau will also receive written requests for clarification concerning the meaning or interpretations of this RFP, until seven (7) days prior to the submittal date by faxing your questions to 941-861-4215 on Company letterhead with reference to the RFP number.

The issuance of an addendum(s) is the only official method whereby interpretation, clarification, changes or additional information may be provided by the Sheriff's Office. **It shall be the responsibility of each proposer, during and prior to RFP submittal to visit the Sarasota County Sheriff's Web Site at www.SarasotaSheriff.org or contact the Fiscal Bureau at 941-861-4205 to determine if addendums were issued and to obtain such addendums.**

The Sheriff's Office will make every effort to notify registered Proposers by email that an addendum has been made to the RFP. The Sheriff's Office shall not be responsible for providing notice of addenda to potential proposers who receive a RFP package from other sources. Proposer requesting addendums to be sent via U.S. mail or a mail service will be at Proposer's cost.

All addenda issued by the Sheriff's Office will include a receipt form, which must be signed and included with any proposals that are submitted to the Sheriff's Office. In the event multiple addenda are issued,

a separate receipt for each addendum must be included with the proposal at the time it is submitted to the Sheriff's Office.

Any oral explanation given before the RFP opening will not be binding upon the Sheriff's Office and should be disregarded.

All proposers are expected to carefully examine the proposal documents. Any questions, ambiguities or inconsistencies should be brought to the attention of the Sheriff's Office through written communication with the Sheriff's Office prior to the opening of the proposals by faxing on Company letterhead with reference to the RFP number to 941-861-4215.

1-8 TIMETABLES

The Sheriff's Office and proposers shall adhere to the following schedule in all actions concerning this RFP:

- A. The Sheriff's Office must receive the proposals by closing time as detailed in Item 1-3.
- B. The Sheriff's Office will review and evaluate the proposals to select finalists within 45 days following the deadline described in Item 1-3.
- C. The Sheriff's Office may enter into a contract after obtaining appropriate approvals and conducting negotiations. The Sheriff's Office will notify all unsuccessful proposers.

1-9 DELAYS

The Sheriff's Office may delay scheduled due dates if it is to the advantage of the Sheriff's Office to do so. The Sheriff's Office will notify proposers of all changes in scheduled due dates by written addenda.

1-10 SELECTION PROCESS

Evaluation of proposals will be conducted by an evaluation committee of Sheriff's Office staff. The committee will short list a minimum of two (2) proposers to be finalists for further consideration based on the initial submittal. During the initial evaluation process, the proposers may be required to submit follow-up information for clarification purposes only.

In the event there are less than two (2) responsive proposals, the committee will give further consideration to the sole proposal received.

Upon shortlisting, the committee may then conduct any of the following; discussions/interviews/oral presentations (at proposers expense) for clarification purposes only, with the finalists and re-evaluate and rate the finalists proposals. The top ranked proposer resulting from this process will be recommended for award and negotiations with the proposer will be conducted with representatives from the Sheriff's Office.

Respondents will be ranked in order as determined by the selection committee of being best qualified based on the considerations listed in the evaluation criteria. Award sequence will be based on the established ranking.

1-11 NEWS RELEASES

The proposer shall obtain the prior approval of the Sheriff's Office of all news releases or other publicity pertaining to this RFP or the service, study or project to which it relates generated by the Proposer or its agents.

1-12 LICENSES

Proposers, both corporate and individual, must be fully licensed and certified for the type of work to be performed in the **State of Florida** at the time of RFP receipt. The proposal of any proposer that is not fully licensed and certified shall be rejected.

1-13 PUBLIC ENTITY CRIMES

In accordance with the applicable portions of Section 287.133, Florida Statute which reads as follows:

"A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."

1-14 CODE OF ETHICS (Section 112.311, Florida Statutes)

If any proposer violates or is a party to a violation of the Code of Ethics of the State of Florida with respect to this proposal, such proposer may be disqualified from performing the work described in this proposal or from furnishing the goods or services for which the proposal is submitted and shall be further disqualified from bidding on any future proposals for work, goods or services for the Sarasota County Sheriff's Office.

1.15 LEGAL REQUIREMENTS

Proposer shall comply with applicable provisions of all federal, state, and Sarasota County laws. Lack of knowledge of any such provision, by any Proposer, shall not constitute a cognizable defense against the legal effect thereof.

1-16 DRUG-FREE WORKPLACE

In accordance with Florida Statute 287.087, preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals which are equal with respect to price, quality, and service are received by the Sheriff's Office for the procurement of commodities or contractual services, a proposal received from a business that completes the attached DFW form certifying that it is a DFW shall be given preference in the award process.

1-17 POLITICAL CAMPAIGNS

During the term of this Agreement, the Consultant or any employee or associate, shall not be involved in any political campaign for Sheriff's Office elective office nor make financial contribution to any such campaign.

1-18 INSURANCE

The Proposer, if awarded a contract, shall maintain insurance coverage reflecting the minimum amounts and conditions specified herein. In the event the proposer is a governmental entity or a self-insured organization, different insurance requirements may apply. In the event that the proposer does not maintain the minimum insurance amounts and conditions specified below, the proposer should explain why such insurance is not needed for health and welfare consulting and brokerage services. Misrepresentation of any material fact, whether intentional or not, regarding the proposer's insurance coverage, policies, or capabilities may be grounds for rejection of the proposal and rescission of any awarded contract.

INSURANCE REQUIRED (Proof of ability to obtain insurance to be submitted with bid document)

WORKER'S COMPENSATION

The Contractor shall procure and maintain, for the life of this Contract/Agreement, Worker's Compensation Insurance covering all its employees with limits meeting all applicable state and federal laws. This coverage shall include Employers' Liability with limits meeting all applicable state and federal laws. This coverage shall also be maintained by all subcontractors to Contractor. Thirty (30) days notice of cancellation, lapse or material modification is required and must be provided to the Sarasota County Sheriff's Office via Certified Mail.

COMMERCIAL GENERAL LIABILITY

The contractor shall procure and maintain, for the life of this Contract/Agreement, Commercial General Liability Insurance. This coverage shall be on an "Occurrence" basis. Coverage shall include Premises and Operations; Independent Contractors' Products and Completed Operations and Contractual Liability. This policy shall provide coverage for death, personal injury or property damage that could arise directly or indirectly from the performance of this Agreement.

The Minimum Limits of Coverage shall be \$500,000 per occurrence, Combined Single Limit for Bodily Injury Liability and Property Damage Liability with no more than a \$10,000 deductible.

The Sarasota County Sheriff's Office must be named as an additional insured. The additional insured requirement is waived if the vendor is delivering a product owned by the Sheriff's Office. Thirty (30)

days written notice must be provided to the Sarasota County Sheriff's Office via Certified Mail in the event of cancellation.

BUSINESS AUTOMOBILE LIABILITY

The contractor shall procure and maintain, for the life of the Contract/Agreement, Business Automobile Liability Insurance.

The minimum limits of coverage shall be **\$500,000** per occurrence, Combined Single Limit for Bodily Injury Liability and Property Damage Liability. This coverage shall be an "Any Auto" or "Comprehensive Form" type policy.

In the event that the Contractor does not own any vehicles, we will accept hired and non-owned coverage in the amounts listed above. In addition, we will require an affidavit signed by the Contractor indicating the following:

_____ does not own any vehicles.
"Company Name"

In the event we acquire any vehicles throughout the term of his Contract/Agreement,

_____ agrees to purchase "Any Auto" or
"Company Name"

Comprehensive Form coverage as of the date of acquisition.

Contractor's Signature: _____

Thirty (30) days written notice must be provided to the Sarasota County Sheriff's Office via Certified Mail in the event of cancellation.

PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS

The CONSULTANT shall procure and maintain, for the life of this Contract/Agreement either Professional Liability Insurance or Errors and Omissions Insurance. This coverage is for damages arising out of the insured's negligence, mistakes or failure to take appropriate action in the performance of business or professional duties. This coverage shall be on a "Claims Made" basis and kept for 2 years after completion

The minimum limits of coverage shall be \$2,000,000 per occurrence with a deductible of no more than \$10,000.

Thirty (30) days written notice must be provided to the Sarasota County Sheriff's Office via Certified Mail in the event of cancellation.

SUBCONTRACTOR'S INSURANCE

The Contractor shall require each of his subcontractors to take out and maintain during the life of his subcontract the same insurance coverage's required of the successful Contractor. Each subcontractor shall furnish to the successful Contractor two copies of the Certificate of Insurance, and successful Contractor shall furnish one copy of the Certificate to the Sarasota County Sheriff's Office.

SUPPLEMENTAL PROVISIONS

1. The insurance coverage and conditions afforded by this policy(s) shall not be suspended, voided, canceled or modified, except after thirty (30) days prior written notice by Certified Mail, Return Receipt Requested, has been given to the Sarasota County Sheriff's Office's department that originated this contract.
2. Certificates of Insurance meeting the specific required provision within this Contract/Agreement shall be forwarded to the Sarasota County Sheriff's Office Fiscal Services Bureau that originated the contract, and approved prior to the start of any work or the possession of any Sheriff's Office property.

STATEMENT OF WORK

RFP NO. 2009-001

PART II

2-1 WORK OBJECTIVE

The Sheriff's Office is primarily seeking to ESTABLISH A SELF-INSURED MEDICAL PROGRAM for its employees, retirees and dependents, and as such, the Sheriff's Office requires Benefit Brokerage Services for this program as more fully described in the Exhibit "A" Scope of Services, resulting in:

1. Quality group medical coverage
2. Reduced overall employee benefit costs to Sheriff's Office

The awarded Consultant shall not receive any fees, commissions or other benefits from the Insurance/Carrier firms that may propose on any of the Sheriff's Office's RFP's or from an awarded carrier, unless disclosed in advance to the Sheriff's Office during the RFP submittal or during the contract term.

2-2 HISTORY

The Sarasota County Sheriff's Office currently provides health insurance coverage through the Sarasota County Government under a self insured medical program. The Sheriff's Office employees, retirees, and their dependents are covered under the Sarasota County Government Group. Currently, there are 952 active employees plus dependents are covered under the active medical program, and approximately 128 retirees plus dependents are covered under the retiree medical program.

Currently, Third Party Administration is provided through Aetna. Employees have the option of the Aetna Choice POS II or the Aetna Health Fund (AHF) with different deductibles for in or out of network. Aetna also handles the Prescription Drug and Dental plans.

Sarasota County has a separate plan for Vision with CompBenefits that is offered to the employees annually during open enrollment.

Sheriff's Office employees also have Life and Accidental Death and Dismemberment Coverage as well as Long Term Disability Insurance through Sun Life Financial. The policy renews annually on January 1st of each year.

The Sarasota Sheriff's Office is at this time considering breaking away from the Sarasota County Government Group to provide self-insured medical coverage for employees, their dependants and retirees. This effort is being undertaken to improve plan options, coverage and cost savings for both the Sarasota Sheriff's Office and its covered participants.

Additional information regarding the Sarasota County Sheriff's Office may be viewed at www.SarasotaSheriff.org.

2-3 SCOPE OF SERVICES – PROPOSAL SUBMISSION

SPECIFIC SERVICES to be provided by the Consultant are listed in Exhibit “A,” Consultant Scope of Services.

The CONSULTANT will be required to meet the time tables of the Sheriff’s Office, which may require expedited services in order to meet renewal dates and or roll-out dates. January 1 is typically the roll-out date the Sheriff’s Office uses, with open enrollment taking place during the month of October. Due to time constraints, this may be revised for the first year of the proposed program. All plans must be renewed each year by date yet to be determined. It is anticipated that the first year of this program will have a different roll-out date, and will operate under a "short plan year".

2-4 SPECIAL CONDITIONS

A. REIMBURSEMENTS

The proposal for services is to include all associated costs for performing the services, including travel and any set administrative charges.

B. TERM

The term of the agreement will be one year with an option to renew for five additional one year periods per termination clause in Sheriff’s Office agreement. The Sheriff’s Office reserves the right to terminate any agreement without cause upon 31 days advance written notice.

INSTRUCTIONS FOR PREPARING PROPOSALS

RFP 2009-001

PART III

3-1 RULES FOR PROPOSALS

The proposal must name all persons or entities interested in the proposal as principals. The proposal must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.

3-2 PROPOSAL FORMAT

Proposers should prepare their proposals using the following format and should include but not be limited to the following:

The following items shall be indexed and submitted with your proposal as follows:

- Tab A. RFP Coversheet completed. Use Form under Attachments.
- Tab B. Statement of Interest – to be submitted on the firm’s letterhead and include the following:
 1. Concisely state the firm’s understanding of the services required by the Sheriff’s Office and describe your firm’s proposed methodology:
 - a. What measures and analysis would be used to evaluate the needs of the Sheriff’s Office’s to set up a new self-insured medical program for employees, retirees and dependants?
 - b. What factors does your firm take into consideration when marketing a benefit plan?
 - c. Describe how your firm would evaluate vendor proposals in the following plans:
 1. Self-funded Medical
 2. Dental
 3. Vision
 4. Long Term Disability
 5. Short Term Disability
 6. Life Insurance/Accidental Death & Dismemberment
 7. Flexible Spending
 8. Cancer
 9. Legal Services
 10. Other benefits
 11. Stop Loss Coverage – Include specific details on Stop Loss proposal to effectively eliminate any exposure of the Sheriff’s Office to experience higher cost than currently experienced under the current coverage through Sarasota County.

Limit your answers to no more than one (1) page per benefit plan double-spaced, 12 point type. (Please use Calibri, Arial or Times Roman font.)

2. Consumer-driven Healthcare Plans (CDHP) – Describe in detail your firm’s knowledge and experience with regard to Consumer-driven Healthcare Plans, specifically do you recommend such arrangements?

Please list clients (maximum five) for whom you have developed a CDHP and include the following information:

- a. Name
- b. Month/Year of implementation
- c. Summary of the plan design. If multiple options, explain.
- d. Status of the plan as it relates to:
 1. Employee satisfaction
 2. Cost effectiveness
 3. Utilization outcomes
- e. State whether the plans have been redesigned or discontinued and explain why.

3. Increasing Medical Plan Costs

- a. Describe in detail what concepts you have proposed to clients to help contain/reduce health care costs. (Maximum three (3) pages, double-spaced, 12-point type. If marketing materials were used, limit to three (3) additional pages for marketing materials.)
- b. Provide a list of public sector clients for whom you have been successful in developing and/or implementing cost reduction strategies for health care coverage in the past three (3) years. Describe the cost reduction strategy and results. Include at least one Florida client, although national clients may also be included.

4. Retiree Medical Coverage

How would you recommend retiree/dependent medical coverage be administered (in accordance with FL ST 112.0801, taking into account GASB45 and other pertinent accounting regulations, requirements and liability)? Have you worked with entities in the development of a policy/procedure for retirement benefits administration? If so provide a copy of such document. Specifically, please address expected changes in your recommendation if a comprehensive health care reform package that includes future restrictions on a plan sponsor's ability to terminate retiree medical programs is passed.

5. Medical Plan Claims and Dependent Eligibility Audits (a la carte, if applicable)

- a. Describe your claims auditing and dependent eligibility audience experience.
- b. Identify clients for whom you have performed both types of audits.
- c. Identify insurers and Third Party Administrators whom you have audited, and specify the substantive type of audit performed.

6. Cafeteria Plans

- a. Describe your experience assisting clients with the design and development of Code Section 125 "cafeteria plans", including health care and dependent care flexible spending account plan components.
- b. Identify clients for whom you have developed a cafeteria plan.
- c. Provide samples or summaries of the format of these plans and the Summary Plan Descriptions to be distributed to participants.

7. Invoice Specifications – Attach sample invoices.

Tab C. Work product Samples – Provide sample work products in the following areas:

1. ASO (Administrative Services Only) Medical Plan Renewal Analysis
2. Self-funded Medical Plan Funding and Rate-Setting Analysis (This should be a report to the client and/or governing body. Include a Section 112.08 analysis.)
3. Medical Plan Marketing Report to Client Governing Body
3. Disability Marketing Report to Governing Body
4. Analysis or Presentation of New Directions/Products in Medical Plans
5. Wellness Program Analysis, Recommendations, or Presentations
6. Provide the last six (6) copies of your client newsletter or other method of communicating benefit updates and legislative developments or changes to your clients. If such materials are not available, describe the process by which your organization disseminates information about legislative and regulatory requirements and changes to your clients.

Tab D. Pricing/Certifications/Signature Forms. Use Form under Attachments

Tab E. Firm Profile Form. Complete Use Form under Attachments. Attach proof of license to practice in Florida.

Tab F. Team Composition Form. Use Form under Attachments. Complete one (1) form for each key person proposed to be assigned to this project. Brief resumes should also be attached in addition to completing the form.

Tab G. Firm Qualifications/References. Use Form under Attachments. Indicate references and contact information for these references.

- Tab H. Proof of Insurance. Provide either a completed Accord form or a signed letter from your insurance agency on its letterhead stating that you have or can get the required insurance coverage.
- Tab I. Sub-Contractors. Provide a list of any proposed sub-contractors or joint venture arrangements that may be used on the project.
- Tab J. Statement Acknowledging receipt of each addendum issued by the Sheriff's Office.
- Tab K. Availability. Indicate current and anticipated workloads and availability for other activities and acknowledgement of understanding that services may have an expedited analysis schedule in order for the Sheriff's Office to meet the renewal / roll-out deadline dates. Detail commitment to the Sheriff's Office in handling this account.
- Tab L. Additional Data
Any additional information that the proposer considers pertinent.
- Tab M. Other: Proof of Insurance, Copy of Business Tax License, Proof that Firm is registered with State of Origin, Drug Free Form

EVALUATION OF PROPOSALS

PART IV

RFP 2009-001

4-1 EVALUATION METHOD AND CRITERIA

The Sheriff's Office's selection committee will evaluate proposals and will select the proposer which meets the best interests of the Sheriff's Office. The Sheriff's Office shall be the sole judge of its own best interests, the proposals, and the resulting negotiated agreement. The Sheriff's Office's decisions will be final.

The following criteria shall be utilized in the evaluation of the proposals:

GENERAL OVERVIEW

The purpose of the Evaluation Process is to judge the Proposals submitted in response to the Request for Proposal to establish the #1 Proposer. Each proposal will be evaluated by each Selection Committee member using the procedures outlined herein.

EVALUATION PROCESS

The Evaluation of all Proposals will occur in two Phases.

PHASE 1 -- THE COMMITTEE EVALUATES AND SCORES ALL PROPOSALS TO ESTABLISH THE "SHORTLISTED" FIRMS THAT WILL ADVANCE TO PHASE II OF THE SELECTION PROCESS. A MINIMUM OF TWO FIRMS WILL BE SHORTLISTED.

Based on the number of proposals received, the evaluation committee may elect that all proposers participate in the Phase II evaluation process and not utilize the Phase 1 evaluation.

PHASE 2 -- THE COMMITTEE EVALUATES AND SCORES "SHORTLISTED" FIRMS TO ESTABLISH A #1 PROPOSER. PRESENTATION MAY CONSIST OF BEING ONSITE, WEBCAST, PHONE CONFERENCE OR OTHER METHOD.

SELECTION COMMITTEE PROCEDURES FOR PHASE 1 AND 2 EVALUATION:

Each Committee member will award points according to the Selection Criteria described in each Category for the Two Phase evaluation processes. The points indicated as "Points Possible" are the maximum that may be awarded for each Category. The points awarded for each Category will be totaled to achieve the Total Points awarded to each Proposer. The greatest cumulative of Total Points will be ranked 1, the next greatest total ranked 2, etc. The ranking of each Proposer will be tabulated from each Committee member.

A minimum of two firms will be short-listed, unless only one responsive proposal is received. In the event that only one responsive proposal is received, the committee will give further consideration to the sole proposal received.

The committee reserves the right to short-list additional firms. If Two Phases are utilized, the short listed Proposers from the Phase 1 Evaluation will advance to Phase 2 Evaluation. Summarized below are the Evaluation Categories of Phase 1:

<u>EVALUATION CATEGORIES, PHASE 1</u>	POINTS POSSIBLE
Expertise and experience of the firm	25
Expertise and experience of individual members of the firm	
Non affiliation with insurance carriers/providers	
 Response to scope of services in a comprehensive manner, including approach and deliverables proposed	 25
 Price, milestone payments	 40
 Commitment / Availability	 10
 Total Points Possible for Phase 1	 100

All finalists are in equal standing at the beginning of Phase 2 Evaluation.

Each finalist shall provide a presentation for the Selection Committee. These presentations allow each finalist an opportunity to provide the Selection Committee additional information regarding their proposal and demonstrate the qualifications of the firm. Each Selection Committee member shall evaluate and award points in accordance with the Scoring Criteria specified for each of the Categories. The points awarded for each Category will be totaled, ranked and tabulated as described to determine the #1 Proposer.

<u>EVALUATION CATEGORIES, PHASE 2</u>	POINTS POSSIBLE
Expertise and experience of the firm	25
Expertise and experience of individual members of the firm	
Non affiliation with insurance carriers/providers	
 Response to scope of services in a comprehensive manner, including approach and deliverables proposed	 25
 Price, milestone payments	 40
 Commitment / Availability	 10
 Total Points Possible for Phase 2	 100

TIE PROPOSALS

Whenever a tie occurs for the top ranking position after the Phase 2 evaluation, a Best and Final Offer will be requested from the top ranked proposers. The selection committee will rescore using the method described in Phase 2.

Exhibit "A"
Broker Scope of Services
RFP 2009-001

The Initial Role of the Broker is to set up a self insured medical program for the Sarasota County Sheriff's Office. Also, various fully insured programs should be put to bid. Subsequent year tasks are those required to continue the operation of the health and welfare programs of the Sheriff's Office.

Review, analyze, and evaluate current and future employee benefit plans, including critical plan components and appropriate funding vehicles. Make recommendations and assist in the development and implementation of initial plan and any proposed subsequent plan changes.

Assist with data collection from Sarasota County to determine feasibility of a Self Insured Medical Program for the Sarasota County Sheriff's Office.

Develop the RFPs and run the selection process for the Third Party Administrator ("TPA") and Stop Loss Provider for the self insured active and retiree medical program.

Develop the RFPs and run the selection process for all related medical program service providers, such as for Actuary, Prescription Drugs, Vision, and Dental services.

Develop the RFPs and run the selection process for non-medical welfare programs, including the following: long-term disability, short-term disability, life insurance/accidental death & dismemberment, flexible spending account plans, cancer policies, and legal services.

Provide proactive assistance in the communication and enrollment of employees in open enrollment. On-site assistance with meetings for one – two days is anticipated during each open enrollment period.

Develop/design a self insured medical program, which may be or include a CDHP component with health savings accounts.

Develop/design a cafeteria plan program, and confirm appropriateness of items to be included in Section 125 Plan.

Assist in the development of any Trust Documents deemed necessary to set up a medical self insurance plan.

Provide a qualified representative to attend meetings as requested or needed.

Provide analysis as requested of the medical plan's claims experience as requested by the Project Manager. Make recommendation for any plan design or proposed contribution changes based on this analysis.

Provide guidance on annual budgets, payroll deduction allocations, stop-loss purchases.

Review all legal plan documents and proposed amendments and summary plan descriptions/summaries of material modification for accuracy, completeness, and compliance with appropriate laws and regulations.

Provide professional consulting assistance to Sheriff's staff in the negotiation (including renewal rates and plan provisions) and award of various benefit contracts, including but not limited to:

- i. Examination of financial analysis of plan costs and evaluation of proposed rates and plan changes.
- ii. Participation in discussions with benefit vendors. Provide facts and information to Sheriff's staff for the purposes of making informed decisions about employee benefit matters.
- iii. Represent the Sheriff's Office in preparation of renewal discussions.

Provide general and technical guidance on employee benefit issues to include market analysis, trends, contract and statute interpretation, and cost containment methods.

Analyze the feasibility of alternative employee benefit program designs, including fully insured, self-funded and on-site medical clinic model providing recommendations and assisting in the development and implementation of such programs.

Assist in the development and review of communication materials written by the benefit administrator and other participating organizations for content, appearance, compliance, and accuracy.

Provide information, analysis and guidance on any and all aspects of the employee benefit program policy and administration to contracted parties, (e.g., Stop-loss Carrier, TPA, Providers and Employer.)

Preparation of IRS 5500 forms/Completion of any additional annual required government filings.

Assist with contract for actuarial audit, if necessary.

Provide ongoing training for Sheriff's Staff, to ensure appropriate controls, plan provision compliance and statutory compliance.

Recommend measures and procedures for managing the Sheriff's current Wellness Programs, and assist in revising design in the future.

Analyze costs and/or savings for employee group benefits to improve benefits, minimize costs, in compliance with state/federal regulations.

Explore ideas for systems for the purposes of monitoring progress/success of new programs and modifications to current programs.

Present an overview of health and welfare benefit programs at Board of County Commissioners meetings, if requested.

Recommend performance measures for the Third Party Administrators for the employee group health plans, and Flexible Spending Plan, including financial incentive/penalties.

Provide assistance and support to Sheriff's staff regarding federal and state statutory interpretations related to the scope of services, in consultation with the Sheriff's attorneys.

Conduct periodic audits of Third Party Administrator for Employee Medical Plan, analyze results, and prepare reports.

Provide staff to handle processing of COBRA claims, and include performance measures for such services within the overall consulting contract.

ATTACHMENTS TO BE USED FOR COMPLETION OF REQUEST FOR PROPOSAL (R.F.P.)

Proposal Checklist Form

R.F.P. Cover Sheet (For Tab A)

Pricing Certifications (For Tab D)

Firm Profile Form (For Tab E)

Team Composition (For Tab F)

Firm Qualifications/References (For Tab G)

Drug Free Workplace (Include under Tab M)

Statement of No Response

**PROPOSAL CHECKLIST FORM
RFP 2009-001**

Proposers Checklist

All proposals shall be submitted in the format identified. Failure to submit the required documentation in the format identified may cause the proposal to be rejected.

Proposal order to be followed as below:

1. Total of six sets (one original and five copies are submitted Yes____ No____
2. Tab A RFP Coversheet / Yes____ No____
3. Tab B Statement of interest / Yes____ No____
4. Tab C Work Product samples / Yes____ No____
5. Tab D Pricing/Certifications / Signature Forms Firms / Yes____ No____
6. Tab E Firm Profile Form / Yes____ No____
7. Tab F Team Composition Form / Yes____ No____
8. Tab G Firm Qualifications/References / Yes____ No____
9. Tab H Proof of Insurance / Yes____ No____
10. Tab I Sub-Contractors / Yes____ No____
11. Tab J Statement Acknowledging receipt of each addendum issued / Yes____ No____
12. Tab K / Availability / Yes____ No____
13. Tab L/Additional Data that the proposer considers pertinent
14. Tab M/OTHER
 - Proof of Insurance Yes____ No____
 - Copy of Business Tax License if applicable Yes____ No____
 - Proof that Firm name is registered with their State of Origin Yes____ No____
 - Drug Free Form Yes ____ No____

Name of Firm:

R.F.P. COVER SHEET (For Tab A)
RFP 2009-001

(This form must be signed in the presence of a Notary Public or other officer authorized to administer oaths.)

*Name of Bidder (Firm Name as Registered with their State of origin and type of organization)

Business Address: _____
Street Address (P.O. Box Address is not permitted)

City, State Zip

Mailing Address: _____ Check if same as business address above

Street Address (P.O. Box Address is not permitted)

City, State Zip

Authorized Signature (Written)

Print Name and Title of Person Signing this Form

Date _____

Telephone: _____ /Fax No. _____

Email Address of Authorized Signature: _____

Federal I.D. No.: _____

STATE OF: _____ **COUNTY OF:** _____

*The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____
by _____ who is (who are) personally known to me or
who has produced _____ as identification.*

NOTARY PUBLIC SIGNATURE: _____

NOTARY NAME, PRINTED, TYPED OR STAMPED: _____

Commission Number: _____ **My Commission Expires:** _____

FIRM PROFILE FORM (For Tab E)

1. Firm Name and Address:

2. Year Firm was established:

3. Is the Firm a "Not for Profit" 501(C) (3) Organization? Yes _____ No _____
(If you answered yes, please provide proof.)

4. Licensed to do business in the State of Florida? Yes _____ No _____

5. Name, title and telephone number of principal to contact:

6. Address of office that will perform work, if different than above:

7. Please list number of people by discipline that your firm will commit to the Sheriff's Office Program: _____

PRICING/CERTIFICATIONS (For Tab D)

Price proposal shall be submitted on this Sheriff's Office form or submitted in a substantially the same format.

<u>Item</u>	<u>Description</u>	<u>Total Price Annually</u>
1	Initial cost to set up program for Sheriff's Office for Scope of Services detailed in Exhibit A.	Year one \$ _____
2	Ongoing services per scope of work in Exhibit A.	Year two \$ _____ Year three \$ _____

Price proposal attachment:

- A. Proposer to submit as an attachment, milestones tied to deliverables as they pertain to percentage of work completed.
- B. Proposer to submit proposal regarding the following scenario. In the event that the Sheriff's Office engages the consultant, and after analysis, the Sheriff's Office determines it is not in the best interest of the Sheriff's Office to move forward with a self insured medical program.
- C. A Firm price is required for years one, two and three. Proposer to identify maximum annual increase for years four and five under contract term.
Year Four \$ _____ Year Five \$ _____
- D. Hourly/Rate schedule for as needed services that may be required but are not included in the scope of work.

<u>Title/Position</u>	<u>Hourly Rate</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

- E. It is anticipated that the consultant shall be paid in monthly installments. The Sheriff's Office reserves the right to determine if the consultant will be paid directly via installment payments or through a broker for arrangement.

PRICING/CERTIFICATIONS/SIGNATURES

By Signing This Proposal the Proposer Attests and Certifies That:

- It satisfies all legal requirements (as an entity) to do business with the Sheriff's Office.
- The undersigned consultant acknowledges that award of a contract may be contingent upon a determination by the Sheriff's Office that the consultant has the capacity and capability to successfully perform the contract.
- The proposer hereby certifies that it understands all requirements of this solicitation, and that the undersigned individual is duly authorized to execute this proposal document and any contract(s) and/or other transactions required by award of this solicitation.

Additional Certifications Requiring Completion:

Certification Regarding Felony Conviction

Has any officer, director, or executive of the bidding entity been convicted of a felony during the past ten (10) years? Yes _____ No _____

Conflict of Interest Disclosure Certification

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Exceptions: _____

General Vendor Information and Proposal Signature:

Firm Name: _____

Street Address: _____

Mailing Address (if different): _____

Telephone No.: _____ Fax No.: _____ E-mail: _____

FEIN No.: _____ - _____ Prompt Payment Terms: ____ % ____ Days, net _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

TEAM COMPOSITION (For Tab F)

Please include brief resumes of prime consultant(s) and other key persons who shall be assigned to the project. Utilize one sheet per person. (Additional information may be attached.)

Name:

Title:

Project Assignment:

Name of firm with which associated:

Years of experience:

With this firm _____ With other firms _____

Education: Certification/Degree(s)/year/school/specialization:

Other experience and qualifications relevant to the proposed project:

FIRM'S QUALIFICATIONS / REFERENCES FOR SIMILAR WORK (For Tab G)
RFP NO. 2009-001

Identify up to three references that are **most similar** to the Sarasota County Sheriff's Office's scope of work as performed by the proposer. Reference to be in format identified for first four. **Additional references may be submitted as an attachment to identify depth of experience. Proposer is responsible for verifying that phone numbers and contact data is accurate. Additional Sheets may be added to provide details on scope of work.**

Reference No. 1

Company/Entity Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Project Manager: _____ Title: _____

Phone No.: _____

Start Date of Services: _____ End Date or identify if continuing contract: _____

Proposers Project Manager/lead person that was assigned to the client referenced:

Scope of work performed: _____

Detail if services included review of health, vision, dental: _____

Detail unique methods / ideas / approach used and resulting benefits for the client. _____

Include a benefit highlight brochure or other publication provided to this client if available

Reference No. 2

Company/Entity Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Project Manager: _____ Title: _____

Phone No.: _____

Start Date of Services: _____ End Date or identify if continuing contract: _____

Proposers Project Manager/lead person that was assigned to the client referenced: _____

Scope of work performed: _____

Detail if services included review of health, vision, dental: _____

Detail unique methods / ideas / approach used and resulting benefits for the client. _____

Include a benefit highlight brochure or other publication provided to this client if available

Name of Proposer: _____

**FIRM'S QUALIFICATIONS / REFERENCES FOR SIMILAR WORK
RFP NO. 2009-001**

Reference No. 3

Company/Entity Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Project Manager: _____ Title: _____

Phone No.: _____

Start Date of Services: _____ End Date or identify if continuing contract: _____

Proposers Project Manager/lead person that was assigned to the client
referenced: _____

Scope of work performed: _____

Detail if services included review of health, vision, dental: _____

Detail unique methods / ideas / approach used and resulting benefits for the client. _____

Include a benefit highlight brochure or other publication provided to this client if available

Reference No. 4

Company/Entity Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Project Manager: _____ Title: _____

Phone No.: _____

Start Date of Services: _____ End Date or identify if continuing contract: _____

Proposers Project Manager/lead person that was assigned to the client referenced:

Scope of work performed: _____

Detail if services included review of health, vision, dental: _____

Detail unique methods / ideas / approach used and resulting benefits for the client. _____

Include a benefit highlight brochure or other publication provided to this client if available

Name of Proposer: _____

*** Additional reference lists may be submitted to show depth of experience.**

DRUG-FREE WORKPLACE FORM

(For Tab M)

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

_____ does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Bidder's Signature

Date

STATEMENT OF NO RESPONSE

RFP NO. 2009-001

If you are not proposing on this service/commodity, please complete and return this form to: Sarasota County Sheriff's Office Fiscal Bureau, 2071 Ringling Blvd., Sarasota, FL 34237-7031. **Failure to respond may result in deletion of your firm's name from the vendor database for the Sarasota County Sheriff's Office.**

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____

DATE: _____

We, the undersigned, have declined to submit a proposal on the above because of the following reasons:

_____ Insufficient time to respond

_____ We do not offer this product, service or an equivalent

_____ Our schedule would not permit us to perform

_____ Other (specify below)

REMARKS: _____
