The State of Florida
Department of Management Services

Request for Proposal (RFP)
for
Independent Benefit Consulting, Actuarial and Auditing Services

RFP No: DMS 13/14-018

Procurement Officer:
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SECTION 1. INTRODUCTION

1.1 Invitation
The State of Florida Department of Management Services’ Division of State Group Insurance (DSGI) and Division of Retirement (Retirement) collectively referred to as the “Department” is issuing this Request for Proposal (RFP) to establish a contract for Independent Benefit Consulting, Actuarial and Auditing Services. DSGI is looking for respondent(s) to fulfill Independent Benefit Consulting, Actuarial and Auditing services. Retirement is looking for respondent(s) to fulfill Independent Benefit Consulting and Actuarial services. The solicitation will be administered through the Vendor Bid System (VBS). Respondents interested in submitting a proposal must comply with all of the terms and conditions described in this RFP.

1.2 Definitions
The following definitions apply to this RFP, in addition to the definitions in the PUR 1000 and PUR 1001 forms. Additional definitions specific to the Contract can be found in Attachment B.

A. **Actuarial Valuation** - A statement setting forth the actuarial liabilities and contribution requirements for a defined benefit pension plan using a set of actuarial assumptions, demographic data and assets; all determined as of a specific date, certified by an Enrolled Actuary.

B. **Confidential Information** – Any portion of a Respondent’s documents, data or records disclosed relating to its proposal that is clearly marked “Confidential” that the Respondent claims is confidential and not subject to disclosure pursuant to chapter 119, Florida Statutes (F.S.), the Florida Constitution or any other authority.

C. **Contract** – The agreement that results from this competitive procurement, if any, between the Department and the vendor identified as providing the most advantageous proposal to the State. (This definition replaces the definition in the PUR 1000.)

D. **Contractor(s)** – The Respondent(s) that will be awarded a Contract pursuant to this solicitation.

E. **Department** – The State of Florida, Department of Management Services, is referred to in this document as “DMS” or “Department”.

F. **Division of Retirement (Retirement)** – A division within the Department of Management Services responsible for administration of statewide retirement programs and oversight of local government retirement plans.

G. **Division of State Group Insurance (DSGI)** – A division within the Department of Management Services responsible for administration of state employee insurance programs.

H. **Florida Retirement System (FRS)** - The statewide retirement system providing retirement, disability and survivor benefit programs for covered employees of participating employers. The FRS is a 401(a), Internal Revenue Code, with two primary plans, a defined benefit program (FRS Pension Plan) and a defined contribution program (FRS Investment Plan).

I. **Proposal** – the formal response to an RFP.

J. **Respondent** – A vendor who submits a proposal to this RFP.

K. **State** – The State of Florida and its agencies.

L. **Vendor(s)** – An entity that is capable and in the business of providing a commodity or contractual service similar to those within the solicitation.

1.3 Solicitation Objective
The Department is seeking vendors to provide independent benefit consulting, actuarial and auditing services as described in Attachment A, Statement of Work. The resulting contract is estimated to have an average annual value of $2,000,000. Estimated value is for informational purposes only and should not be construed as representing actual, guaranteed or minimum value
under any resulting contract. The Department intends to make a multiple award. However, the Department reserves the right to award to one Respondent or multiple Respondents or to make no award, as determined to be in the best interest of the State.

1.4 Background

1.4.1. Division of State Group Insurance
DSGI, created within DMS, per section 110.123, F.S., has been designated as the entity responsible for administering the State Group Insurance Program (the “Program”). DSGI is authorized to offer a comprehensive package of health insurance plans for state employees, retirees, COBRA participants, surviving spouses of active state employees or retiree and covered dependents. Program options are to be provided in a cost-efficient and prudent manner, allowing state employees and retirees the opportunity to choose health benefit plans best suited to their individual needs. The Program offers health insurance coverage, including hospital, medical and prescription drug coverage through four types of health plans.

The Program currently offers four types of health plans to active employees, COBRA participants, early retirees, Medicare-eligible retirees and eligible dependents:

A. Self-Insured Standard Preferred Provider Organization (PPO)
B. Self-Insured Heath Investor Health Plan (HIHP) PPO
C. Standard Health Maintenance Organization (HMO)
   1. Fully-Insured
   2. Self-Insured
D. HIHP HMO
   1. Fully-Insured
   2. Self-Insured

Administrative fees, claim costs and premium payments for the PPO and HMO plans are paid from a trust fund established by the State of Florida. The State does not pay typical insurance company fees, such as retention, reinsurance, premium taxes and other insurance-related charges for the self-insured PPO and HMO plans.

The benefit attributes for HIHP differ from the standard health plans, but the covered services are the same. The HIHP option is a variation of the standard plan with higher deductibles and different coinsurance levels. Active employees electing participation in one of the HIHP plans and electing participation in the State-sponsored HSA receive an employer contribution into their HSA.

The prescription drug plan administered by DSGI, with the assistance of a pharmacy benefits manager, is self-funded for all health plans, except the Medicare drug plan for the fully-insured HMO health plans.

For more information about the Program design, visit DSGI website at: http://www.myflorida.com/mybenefits

1.4.2. Division of Retirement
The Division of Retirement administers the FRS which was created effective December 1, 1970, by closing the existing retirement systems for teachers, state and county officers and employees and the Highway Patrol and requiring FRS membership for all new members. The existing retirement system for judges was closed and consolidated into the
FRS in 1972. The FRS was created to provide a defined benefit retirement plan for its members with retirement, disability and survivor benefit programs (FRS Pension Plan).

Effective July 1, 2002, the FRS became a retirement system with two primary plans by providing a defined contribution plan (FRS Investment Plan). Active FRS Pension Plan members were given a 90 day election window following an education period to become a member of the FRS Investment Plan. New hires are given a five month election window after enrollment to choose between the FRS Pension and FRS Investment Plans. All members have an open second election to change membership between plans.

In addition to the two FRS plans, the Division of Retirement administers non-integrated defined contribution plans for state senior managers and eligible employees of the State University System, the Retiree Health Insurance Subsidy Program and general-revenue funded pensions for Florida National Guard retirees and others. The Division of Retirement is also responsible for oversight of local government retirement plans for local governmental entities not participating in the FRS including local police and fire plans that participate under chapters 175 and 185, F.S.

For more information about the FRS Pension Plan and division-administered programs, see the FRS Annual Report under “System Information” on the Publications page and chapter 121, F.S., on the Laws/and Rules page of Division of Retirement’s website. A copy of the most recent FRS Pension Plan Valuation is also available from the “Publications” page of the Division of Retirement’s website. For more information about the FRS Investment Plan, see the summary plan description under “Helpful Links and Resources” on the Publications page of the Division of Retirement’s website.

1.5 Term
The initial term of the Contract will be five (5) years. The Contract may be renewed in whole or in part for a period not to exceed five (5) years.

1.6 Special Accommodations
Any person requiring a special accommodation due to a disability should contact the Department’s Americans with Disabilities Act (ADA) Coordinator for facilities management at (850) 922-7535 or via email at the address listed on the following site: http://www.dms.myflorida.com/agency_administration/human_resources/dms_contacts_by_role. Requests for accommodation for meetings must be made at least five workdays prior to the meeting. A person who is hearing or speech impaired can contact the ADA Coordinator by using the Florida Relay Service at (800) 955-8771 (TDD).

1.7 Procurement Officer
The Procurement Officer is the sole point of contact from the date of release of this RFP until the contract award is made. The Procurement Officer for this RFP is:

Lori Anderson, FCCN, FCCM
Purchasing Specialist, Departmental Purchasing
Florida Department of Management Services
4050 Esplanade Way, Suite 335, Tallahassee, FL 32399-0950
Phone: (850) 488-0510
Email: DMS.Purchasing@dms.myflorida.com

Pursuant to section 287.057(23), F.S., Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the
72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.

***ALL EMAILS TO PROCUREMENT OFFICER SHALL CONTAIN THE SOLICITATION NUMBER IN THE SUBJECT LINE OF THE EMAIL.***
SECTION 2. RFP PROCESS

2.1 General Overview of the RFP Process
The RFP is a method of competitively soliciting a commodity or contractual service under chapter 287, F.S. The Department posts an RFP on the VBS to initiate the process. Respondents can submit formal questions in writing via email to the Procurement Officer on the date listed in the Timeline of Events below. The Department will answer the questions in a formal posting on the VBS. Respondent’s sealed proposals must be submitted by the deadline listed in the Timeline of Events below. The Department will hold a public opening at the date, time and location noted in the Timeline of Events. All responsive proposals will be evaluated by taking into consideration the price and other criteria set forth in this RFP.

2.1.1 Respondent Questions
Respondents will address all questions during the Question and Answer period regarding this solicitation in writing to the Procurement Officer by email. The deadline for submission of questions is reflected in section 2.2 of this RFP.

Each submission shall have the solicitation number in the subject line of the email. Responses to all written inquiries and clarifications or addenda if made to the RFP, will be made through the VBS.

Questions will not constitute formal protest of the specifications or the solicitation.

2.2 Timeline of Events
The table below contains important events and dates/times in which the events must take place for the completion of this solicitation. Respondents should become familiar with the Timeline of Events. The dates and times may be subject to change. It is the Respondent’s responsibility to check for any changes issued on the VBS. All changes to the Timeline of Events will be through an addendum to the solicitation. Respondents are responsible for submitting all required documentation by the dates and times specified below. The Department will not consider late documents.

<table>
<thead>
<tr>
<th>Timeline of Events</th>
<th>Event Time (EDT)</th>
<th>Event Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP posted on the VBS</td>
<td>By 5:00 p.m.</td>
<td>May 13, 2014</td>
</tr>
<tr>
<td>Deadline to submit written questions via email to Procurement Officer</td>
<td>By 5:00 p.m.</td>
<td>May 19, 2014</td>
</tr>
<tr>
<td>Department’s anticipated posting of answers to Respondents’ questions on VBS</td>
<td></td>
<td>May 21, 2014</td>
</tr>
<tr>
<td>Deadline to submit sealed proposals and all required documents to Procurement Officer</td>
<td>3:00 p.m.</td>
<td>May 27, 2014</td>
</tr>
<tr>
<td>Public Opening to be held at 4050 Esplanade Way, Conference Room 335K, Tallahassee, Florida 32399</td>
<td>3:00 p.m.</td>
<td>May 27, 2014</td>
</tr>
</tbody>
</table>
2.3 Addenda/Amendment to the RFP
The Department reserves the right to modify this RFP by issuing addenda/amendment. All changes to the RFP will be made through an addenda/amendment posted on VBS. It is the responsibility of the Respondent to check for any changes to the solicitation on the VBS.

2.4 Contract Formation
The Department will enter into a Contract with each Respondent(s) awarded pursuant to section 4. The Contract will consist of Attachment A (Statement of Work), Attachment B (Contract) and Attachment C (Pricing) which is submitted by the awarded Respondent(s) and Attachment D (PUR 1000). No additional documents submitted by a Respondent will be incorporated into the Contract. During the solicitation period, the Department may specifically identify and incorporate by reference any additional documents which are to be incorporated into the Contract.

2.5 Disclosure of Proposal Contents
All documentation produced as part of the RFP will become the exclusive property of the Department and will not be returned to the Respondent unless it is withdrawn prior to the proposal opening in accordance with section 2.6. Once the Evaluation Team evaluates the proposals received, the proposals may be disclosed pursuant to a public records request, subject to any confidentiality claims.

2.6 Withdrawal/Modification of Proposals
Respondents may withdraw or modify a proposal at any time prior to the due date provided in the Timeline of Events by submitting a request to the Procurement Officer.

2.7 Diversity
The Department is dedicated to fostering the continued development and economic growth of small, minority-, veteran- and women-owned businesses. Participation of a diverse group of Respondents doing business with the State is central to the Department's effort. To this end, minority-owned, veteran-owned, women-owned and small business enterprises are encouraged to participate in the State’s procurement process as both prime Respondents and subcontractors under prime contracts.
SECTION 3. PROPOSAL INSTRUCTIONS

3.1 Introduction
This section contains the General Instructions and Special Instructions to Respondents. The General Instructions to Respondents - PUR 1001 are incorporated by reference and can be accessed at:
http://www.dms.myflorida.com/business_operations/state_purchasing/documents_forms_references_resources/purchasing_forms

The following sections of the PUR 1001 (General Instructions) are inapplicable:

A. Section 3. Electronic Submission of Proposals
Proposals shall be submitted in accordance with section 3.6 of this solicitation.

B. Section 4. Terms and Conditions
The following sentences of this section are inapplicable: The Buyer objects to and shall not consider any additional terms or conditions submitted by a respondent, including any appearing in documents attached as part of a respondent’s response. In submitting a proposal, a respondent agrees that any additional terms or conditions, whether submitted intentionally or inadvertently, shall have no force or effect.

C. Section 5. Questions
Questions shall be submitted in accordance with section 2.1.1 of this solicitation.

The Special Instructions are in the sections below starting with section 3.2.

In the event any conflict exists between the Special Instructions and General Instructions, the Special Instructions shall prevail.

3.2 MyFloridaMarketPlace (MFMP) Registration
Respondents must have a current vendor registration in MFMP.

The awarded vendor(s) will be required to pay the required transaction fees as specified in section 14 of the PUR 1000, unless an exemption has been requested and approved prior to the award of the Contract pursuant to rule 60A-1.032 of the Florida Administrative Code.

3.3 Florida Substitute Form W-9 Process
State of Florida vendors must register and complete an electronic Substitute Form W-9. The Internal Revenue Service (IRS) receives and validates the information vendors provide on the Form W-9. For instructions on how to complete the Florida Substitute Form W-9, please visit:

The chosen Contractor, if any, must have completed this process before contract execution.

3.4 How to Submit a Proposal
The Respondent shall submit on the date and time specified in section 2.2 – Timeline of Events:

A. One original version of the proposal submittal including price sheet, with five (5) copies.
B. One scanned copy of the entire proposal and price sheet on a CD-ROM (with large files scanned as several separate Adobe.pdf files).

C. **One REDACTED scanned copy of the proposal, if applicable (see section 3.7).**

Sealed packages to be delivered shall be clearly marked on the outside of the package with the solicitation number and company name.

Submitted hardcopies contained within the sealed packages shall be clearly marked with the Respondent’s company name and solicitation number.

3.5 **Mandatory Criteria**

Respondents must provide a Yes/No response to the following questions with any technical proposal and submit in accordance with section 3.6. Answers to these questions are mandatory. A respondent must meet the criteria identified in the following questions in order to be considered for award. **The Department will not evaluate proposals from Respondents who answer “No” to any of the Mandatory Criteria.**

A. Does Respondent certify that the person submitting the proposal is authorized to respond to this RFP on the Respondent’s behalf?

B. Can the Respondent provide documentation that would demonstrate the ability to perform the type projects DSGI must complete which are within government self-funded HMO and PPO platforms?

C. Can the Respondent produce work samples that are considered current, as in completed within the last 24 months?

D. Does Respondent certify that it is not a Discriminatory Vendor or Convicted Vendor as defined in sections 7 and 8 of the PUR 1001?

E. Does Respondent certify compliance with section 9 of the PUR 1001?

F. Does Respondent certify that it is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List?

G. Does Respondent’s proposed personnel have a minimum of at least 10 years’ experience providing the commodities and services described in this RFP?

H. Does Respondent certify that the Principal Actuary proposed is a Fellow of the Society of Actuaries?

I. Does Respondent certify that all project lead actuaries assigned to projects are enrolled actuaries as defined in section 112.625(3), F.S., and are members of the American Academy of Actuaries or the Society of Actuaries?

J. Does Respondent certify that the consultants, auditors and actuaries assigned to do work under this RFP will be limited to those submitted with the RFP, unless substitutes are specifically approved by the Department?

K. Does Respondent certify that the firm has an equivalent of peer review standards for the AICPA and Government Auditing Standards?
L. Does Respondent certify that the firm meets the independence requirements of the Government Auditing Standards issued by the U.S. Government Accountability Office (GAO), Ethical Rules of the American Institute of Certified Public Accountants (AICPA) and as specified by generally accepted governmental auditing standards?

M. Does Respondent certify that the principal auditor and the auditor in charge of the field work have completed within the preceding two (2) years, at least 24 hours of continuing professional education?

3.6 Contents of Proposal/Proposal Submission

3.6.1 The Respondent shall organize each proposal submittal contents as follows:

Tab 1 Cover Letter
The Respondent shall provide a cover letter on the Respondent’s letterhead with the following information:
A. Name and headquarters location of the Respondent
B. Primary location from where the work will be executed
C. Federal Employer Identification (FEID) Number

Tab 2 Completed Forms 1 - 5 and 7
The Respondent shall complete and attach Forms 1- 5 and 7.

Tab 3 Mandatory Criteria Answers/Vendor Certification (Form 9) and Required Documentation
The Respondent shall answer the mandatory criteria questions as indicated in section 3.5 by completing Form 9 and include any documentation required by that section.

Tab 4 Proposal for Services
Please provide the following information with your proposal to be evaluated against the criteria listed in section 4.

A. Experience and Ability
The Respondent shall furnish a narrative on their relevant experience and ability to fulfill this project or similar services. The Respondent shall also furnish a sample of work completed for similar services for a similarly situated client.

B. Business / Corporate References (Form 6)
The Respondent shall furnish 3 business/corporate references with their proposal, utilizing Form 6 of this solicitation to support the requirements of the Business/Corporate Experience. In order to qualify current experience, services described by Business/Corporate references shall be ongoing or shall have been completed within 5 years preceding the issue date of this solicitation.

References should be directly relevant to the services in the solicitation. Incomplete Business / Corporate Reference forms (i.e., blanks left on the form and not notarized) will not be submitted to the Department’s evaluators.
References will not be accepted from:

1. Current employees of DMS.
2. Former employees of DMS within the past three (3) years.
3. Persons currently or formerly employed by the Respondent's organization.
4. Board members of the Respondent’s organization.
5. Relatives.
6. Corporations based solely in a foreign country.
7. A member of the Respondent’s organization, who has written, completed and submitted the form on behalf of the reference.

C. Proposed Solution (Form 8)
The Respondent shall fully describe their plan for carrying out the services. In addition, the description shall identify all staff who would be providing services under any resulting contract and include the experience and certification of all staff members.

The description of personnel must demonstrate that:
1. All actuarial staff assigned to the projects for pension work and other post-employment benefit valuation shall be led by enrolled actuaries as defined in section 112.625(3), F.S. and shall be members of the American Academy of Actuaries or the Society of Actuaries in good standing, who are responsible for overseeing the assigned staff and final work product.

2. Subcontracting staff assigned to do work for the Department shall be limited to those listed on Form 8 - Subcontracting, unless substitutes are specifically approved by the Department. The firm shall keep the Department informed of staffing changes, subject to approval by the Department.

Tab 5 Pricing
The Department may award multiple awardees per Category. There are three categories within this RFP – Category I, Independent Benefit Consulting, Category II, Actuarial services and Category III, Auditing services. Respondents may provide a proposal for up to three categories for the RFP. The respondent shall complete and return Attachment C – Price Sheet as described below:

A. Enter the hourly rates for each position;
B. Total the hourly rate for all positions;
C. Divide the total hourly rate for each service component by the total number of positions;
D. Multiply the average hourly rate by the weighted value as provided.

Tab 6 Other Required Documentation
A. Department of State Registration Form
Respondent shall submit a copy of its registration with the Department of State, which authorizes the company to do business in Florida.

B. Certifications
In the event that the Department’s evaluation results in identical evaluations of proposals, the Department will select a Respondent based on the criteria
identified in rule 60A-1.011, Florida Administrative Code. Please provide the following documentation, if applicable:

- Certification of Minority Business (Office of Supplier Diversity certification)
- Certification of Wartime or Service Disabled Veteran (Office of Supplier Diversity certification)

If these do not apply to your company, please submit a document with a statement to that effect.

C. Proof of Credit
Submit a letter, signed on or after May 1, 2014, by a surety company or bonding agent authorized to do business in the State of Florida and written on a company letterhead that documents the Respondent’s present ability to obtain a performance bond or irrevocable letter of credit in the amount of at least $10 million. Failure by the Respondent to provide this letter with its proposal will be considered material and will result in the proposal being nonresponsive.

3.7 Redacted Submissions
The following subsection supplements section 19 of the PUR 1001. If Respondent considers any portion of the documents, data or records submitted in response to this solicitation to be confidential, proprietary, trade secret or otherwise not subject to disclosure pursuant to chapter 119, Florida Statutes, the Florida Constitution or other authority, Respondent must mark the document as “Confidential” and simultaneously provide the Department with a separate redacted copy of its proposal and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy shall contain the Department’s solicitation name, number and the name of the Respondent on the cover, and shall be clearly titled “Redacted Copy.” The Redacted Copy should only redact those portions of material that the Contractor claims is confidential, proprietary, trade secret or otherwise not subject to disclosure.

In the event of a request for public records pursuant to chapter 119, Florida Statutes, the Florida Constitution or other authority, to which documents that are marked as confidential are responsive, the Department will provide the Redacted Copy to the requestor. If a requestor asserts a right to the Confidential Information, the Department will notify the Respondent such an assertion has been made. It is the Respondent’s responsibility to assert that the information in question is exempt from disclosure under chapter 119 or other applicable law. If the Department becomes subject to a demand for discovery or disclosure of the Confidential Information of the Respondent in a legal proceeding, the Department shall give the Respondent prompt notice of the demand prior to releasing the information (unless otherwise prohibited by applicable law). The Respondent shall be responsible for defending its determination that the redacted portions of its proposal are confidential, proprietary, trade secret or otherwise not subject to disclosure.

By submitting a Proposal, the Respondent agrees to protect, defend and indemnify the Department for any and all claims arising from or relating to the Respondent’s determination that the redacted portions of its proposal are confidential, proprietary, trade secret or otherwise not subject to disclosure. If the Respondent fails to submit a redacted copy of information it claims is confidential, the Department is authorized to produce the entire documents, data or records submitted to the Department in answer to a public records request for these records.
3.8 Additional Information
By submitting a proposal, the Respondent certifies that it agrees to and satisfies all criteria specified in the RFP. The Department may request and the respondent shall provide, supporting information or documentation. Failure to supply supporting information or documentation as required and requested will result in disqualification of the proposal.
SECTION 4. SELECTION METHODOLOGY

4.1 Mandatory Criteria
All timely proposals will be reviewed to ensure they meet the mandatory criteria outlined in section 3.5/Form 9.

4.2 Evaluation Criteria
The Evaluation Team will review and evaluate the responsive proposals using the criteria below. Each evaluation team member will evaluate the proposals independently.

4.2.1 Tab 4 Proposal for Services – 130 points total

A. Experience and Ability (80 points out of 130)
   Evaluation of the Respondent’s experience and ability to provide service will be based upon information contained in the entire proposal, but primarily on the information contained in Tab 4. Evaluators will consider the following questions.

   1. Has the Respondent demonstrated via the proposal that it has experience in performing contracts of similar size and scope for the services sought?
   2. How well did the Respondent convey the ability to provide these services?
   3. Are there any issues or concerns identified regarding Respondent’s experience and ability to provide the services?
   4. How well did Respondent sample work product demonstrate Respondent’s ability to provide the requested services?

B. Business/Corporate References (10 points out of 130)
   Evaluators will consider the following questions when reviewing the references contained in Tab 4.

   1. How relevant are the services described in the references to the services sought via the RFP?
   2. How well do the references demonstrate Respondent’s experience in performing contracts of similar size and scope for the services sought?
   3. How well do the references demonstrate Respondent’s ability to provide the requested services?
   4. Are there any issues or concerns identified by the references?

C. Proposed Solution (40 points out of 130)
   Evaluation of the Respondent’s proposed solution will be based upon information contained in the entire proposal, but primarily on the information contained in Tab 4. Evaluators will consider the following questions:

   1. How well does the summary of the solution and the explanation of why it is the best solution for the state, address and meet the goals, needs and expectations of the State? Reference forms 8 and 9.
   2. How well does the Respondent understand the goals to be achieved via this solicitation?
   3. How well qualified are the personnel proposed to provide the required services?

4.2.2 Tab 5 Pricing – 70 points total
The Department will determine the points awarded for price by taking each weighted average hourly rate for each proposed category and applying the following formula:
(X/Y)Z, where: X = the lowest quoted cost for each category, Y = the Respondent's quoted cost for each category, and Z = the maximum points for each category. The Department will verify pricing for each Respondent’s Attachment C – Price Sheet by using the hourly rates provided by the Respondent(s).

**200 TOTAL MAXIMUM POINTS AVAILABLE**

4.3 **Identical Evaluations of Proposals**
In the event that the Department’s evaluation results in identical evaluations of proposals, the Department will select a Respondent based on the criteria identified in rule 60A-1.011, Florida Administrative Code.
SECTION 5. AWARD

5.1 Basis of Award
A contract(s) will be awarded to the responsible and responsive Respondent(s) whose proposal is deemed the most advantageous offer to the State in consideration of price and selection criteria in this RFP based on points awarded. The Department reserves the right to award contracts, for all or for part of the work contemplated by this solicitation.

The Department reserves the right to accept or reject any and all offers or separable portions, and to waive any minor irregularity, technicality or omission if the Department determines that doing so will serve the best interest of the State. The Department has the right to use any or all ideas or adaptations of the ideas presented in any Proposal. Selection or rejection of a proposal will not affect this right.

Proposals that do not meet all requirements, specifications, terms and conditions of the solicitation or fail to provide all required information, documents, or materials may be rejected as nonresponsive. Respondents whose proposals, past performance or current status do not reflect the capability, integrity or reliability to fully and in good faith perform the requirements of a contract may be rejected. The Department may request additional information pertaining to the Respondent’s ability and qualifications to accomplish all services described in this RFP as deemed necessary during the RFP or after contract award.

5.2 Department’s Reserved Rights for Award
The Department reserves the right to:

5.2.1 Select one or more vendors for the services encompassed by this solicitation;

5.2.2 Select a vendor or vendors for each project, as needed.

5.3 Department’s Recommendation of Award
The Department will develop a recommendation as to the award that will result in a contract(s) that is most advantageous to the state.

5.4 Secretary’s Approval
The Secretary or his designee will make the final decision as to which vendor(s) should be awarded the contract based on the Recommendation of Award memo.

5.5 Posting of Decision
The Department will post a Notice of Intent to Award, stating its intent to enter into one (1) or more contracts with the vendor or vendors identified therein, on the VBS website (http://vbs.dms.state.fl.us/vbs/main_menu). If the Department decides to reject all proposals, it will post its notice on the same VBS website.

5.6 Protests

5.6.1 Time Limits for Filing Protests
Any notice of protest must be filed within 72 hours of the posting of the agency decision or solicitation or any amendment thereto. Any formal protest must be filed within 10 days of the notice of protest. A notice of protest and formal written protest is “filed” when actually received by the Department’s Agency Clerk.
5.6.2  Bond Must Accompany Protest
When protesting a decision or intended decision (including a protest of the terms, conditions and specifications of the solicitation), the protestor must post a bond with the formal protest that is equal to one percent (1%) of the Department’s estimated contract amount. The estimated amount for any protest of this procurement is $20,000.00.

FAILURE TO POST AN ORIGINAL BOND FOR THE REQUISITE AMOUNT AT THE TIME OF FILING THE FORMAL WRITTEN PROTEST WILL RESULT IN A REJECTION OF THE PROTEST.
FORM 1 – RESPONDENT’S CONTACT INFORMATION

The Respondent shall identify the contact information as described below.

For solicitation purposes, the Respondent’s contact person shall be:

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Title</td>
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<tr>
<td>Address</td>
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<tr>
<td>Telephone</td>
<td></td>
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<tr>
<td>Fax</td>
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<tr>
<td>E-mail</td>
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</tbody>
</table>

For contractual purposes, should the Respondent be awarded, the contact person shall be:

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
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<td>Address</td>
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<td>Telephone</td>
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<td>E-mail</td>
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</tr>
</tbody>
</table>
FORM 2 - CERTIFICATION OF DRUG-FREE WORKPLACE PROGRAM

287.087 F.S. Preference to businesses with drug-free workplace programs.--Whenever two or more bids, proposals, or replies that are equal with respect to price, quality and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid, proposal or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall:

(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 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, 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. False statements are punishable at law.

Respondent's Name: ________________________________

By: ________________________________________________

Authorized Signature __________________________ Print Name and Title
FORM 3 - NOTICE OF CONFLICT OF INTEREST

Company or Entity Name

For the purpose of participating in the solicitation process and complying with the provisions of Chapter 112, of the Florida Statutes, the undersigned corporate officer states as follows:

The persons listed below are corporate officers, directors or agents and are currently employees of the State of Florida or one of its agencies:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

The persons listed below are current State employees who own an interest of ten percent (10%) or more in the company/entity named above:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Name of Respondent’s Organization  Signature of Authorized Representative and Date

Print Name
FORM 4 - NON-COLLUSION AFFIDAVIT

STATE OF __________________________
COUNTY OF _________________

I state that I __________________________ of __________________________.

(Name and Title) (Name of Firm)
am authorized to make this affidavit on behalf of my firm and its owner, directors and officers. I am the person responsible in my firm for the price(s) and amount(s) of this Response, and the preparation of the Response. I state that:

1. The price(s) and amount(s) of this Response have been arrived at independently and without consultation, communication or agreement with any other Provider, potential provider, Proposal, or potential Proposal.

2. Neither the price(s) nor the amount(s) of this Response, and neither the approximate price(s) nor approximate amount(s) of this Response, have been disclosed to any other firm or person who is a Provider, potential Provider, Proposal, or potential Proposal, and they will not be disclosed before Proposal opening.

3. No attempt has been made or will be made to induce any firm or persons to refrain from submitting a Response for this contract, or to submit a price(s) higher that the prices in this Response, or to submit any intentionally high or noncompetitive price(s) or other form of complementary Response.

4. The Response of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive Response.

5. _________________, its affiliates, subsidiaries, officers, director, and employees (Name of Firm) are not currently under investigation, by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by state or federal law in any jurisdiction, involving conspiracy or collusion with respect to Proposal, on any public contract, except as follows:

I state that I and the named firm understand and acknowledge that the above representations are material and important, and will be relied on by the State of Florida for which this Response is submitted. I understand and my firm understands that any misstatement in this affidavit is, and shall be treated as, fraudulent concealment from the State of Florida of the true facts relating to the submission of responses for this contract.

Dated this ____________ day of ____________ 2014.

Name of Organization: __________________________

Signed by: __________________________

Print Name __________________________

being duly sworn deposes and says that the information herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this ____________ day of ____________ 2014.

Notary Public: __________________________

My Commission Expires: __________________________
FORM 5 - STATEMENT OF NO INVOLVEMENT

I, ________________________________, as an authorized representative of the aforementioned company, certify that no member of this firm nor any person having any interest in this firm has been involved with the Department of Management Services to assist it in:

1. Developing this solicitation; or,

2. Performing a feasibility study concerning the scope of work contained in this Invitation to Negotiate.

Name of Respondent’s Organization

Signature of Authorized Representative and Date

Print Name
FORM 6 – BUSINESS/CORPORATE REFERENCE

This form must be completed by the person giving the reference on the Respondent. For purposes of this form, the Respondent is the business entity that currently or has previously provided services to your organization, and is submitting a response to a solicitation. Upon completion of this form, please return original to Respondent.

This business reference is for (Respondent’s Name):

Name of the person providing the reference:

Title of person providing the reference:

Organization name of person providing the reference:

Telephone number of the person providing the reference:

Please identify your relationship with the Respondent (e.g., subcontractor, customer, etc.).

How many years have you done business with the Respondent?

Please provide dates:

If a customer, please describe the primary service the Respondent provides your organization.

Did the Respondent act as a primary provider or as a subcontractor?

Do you have a business, profession, or interest in the Respondent’s organization? If yes, what is that interest?

Have you experienced any contract performance problems with the Respondent’s organization?

Would you conduct business with the Respondent’s organization again?

Are there any additional comments you would like to make regarding the Respondent’s organization?

Dated this ______________ day of ______________ 2014.

Name of Organization: ___________________________________________

Signed by: _____________________________________________________

Print Name: ___________________________________________________

Being duly sworn deposes and says that the information herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this __________ day of __________ 2014.

Notary Public: __________________________________________________

My Commission Expires: ________________________________________
FORM 7 – ADDENDUM / AMENDMENT ACKNOWLEDGEMENT FORM

This acknowledgment form serves to confirm that the Respondent has reviewed, complied with and/or accepted all Addendum(s) / Amendment(s) to the solicitation posted on the Vendor Bid System (VBS).

Please list all Addendum(s) / Amendment(s) below.

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

______________________________

Name of Respondent’s Organization

Signature of Authorized Representative and Date

Print Name
The Respondent shall complete the information below on all subcontractors who will provide services to the Respondent to meet the requirements of the Contract. Submission of this form does not indicate the Department's approval (see section 3.6.1), but provides the Department with information on proposed subcontractors for review.

Please complete a separate sheet for each subcontractor.

Service: __________________________________________________________

Company Name: ___________________________________________________

Contact: __________________________________________________________

Address: __________________________________________________________

Telephone: _________________________________________________________

Fax: ______________________________________________________________

Current Registered as Certified Minority Business Enterprise (CMBE) or Women-Owned Business

Yes __________   No __________

Occupational License No: ____________________________________________

Acknowledgement from Respondent that this subcontractor has successfully complied with the "Subcontractor Acceptance Process":

Yes __________   No __________

W-9 verification: ____________________________________________________

Yes __________   No __________

In a job description format, describe below the responsibilities and duties of the subcontractor based on the technical specifications or scope of services outlined in this solicitation.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
FORM 9 – VENDOR CERTIFICATION

1) Respondent certifies that it agrees to the questions, and has accurately answered “yes” for each question in section 3.5 of the RFP.

2) Respondent certifies that it meets or exceeds the requirements in the RFP.

3) Respondent certifies that it is willing and able to obtain an errors and omissions insurance policy providing the required amount of coverage for the willful or negligent acts, or omissions of any officers, employees or agents thereof.

4) Respondent certifies that it will not assign, delegate or subcontract its responsibilities under this agreement.

5) Respondent certifies that all information provided by it in connection with this proposal is true and accurate.

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

Name of Respondent’s Organization

Signature of Authorized Representative and Date

Print Name