

CITY OF ALAMO HEIGHTS



REQUEST FOR PROPOSALS FOR EMPLOYEE BENEFIT SERVICES

**SUBMITTAL DEADLINE
March 5, 2010 @ 3:00 P.M. CST**

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I. SCOPE OF SERVICES

The City of Alamo Heights (“City”) seeks Proposals from Respondents interested in providing a wide variety of employee benefit services for approximately 100 full-time municipal employees to include, but not limited to, assisting the City with the procurement of health and other employee benefits.

II. SCHEDULE

Submittals received in response to this RFP will be evaluated and a selection made in approximately 30 days.

III. SCOPE OF WORK

The City is seeking to enter into an agreement with an agent or consultant to assist the City with the procurement, provision and administration of a wide variety of employee benefit services. The City is willing to consider a traditional agent of record, consultant or other relationship that the City considers to be the most beneficial to the City of Alamo Heights and its employees. The Respondent shall provide the City with a menu of employee benefit services that it proposes to provide and the associated fees and/or commissions associated with those services.

The City shall negotiate the menu of services and term of the agreement with the successful Respondent. The successful Respondent must carry errors and omissions liability coverage, indemnifying the City from gross negligence on the part of the Respondent when performing contracted services. Respondents shall submit evidence of all applicable insurance coverage as Attachment 1 to the Proposal.

IV. SUBMITTAL REQUIREMENTS

Respondent’s submittal shall include the following items in the following sequence:

- A. RFP Cover Sheet (Form #1) – Respondent shall complete and sign this form. Respondent must complete and include the RFP Cover Sheet with submittal. The RFP Cover Sheet must be signed by a person, or persons, authorized to bind the entity, or entities submitting the response. Submittals signed by a person other than an officer of the company or partner of the firm shall be accompanied by evidence of authority. Joint Ventures require signatures from all firms participating in the Joint Venture. Joint Ventures are required to provide legal proof of the joint venture such as a Joint Venture Agreement as an attachment to their submittal.
- B. Submittal Checklist (Form #2) - Respondent shall complete this form, which is to be used as the Table of Contents for its submittal.
- C. Consultant’s Qualification Statement (Form #3)
- D. Fees and/or Commissions (Form #4)
- E. City of Alamo Heights Substitute W-9 Form (Form #5)
- F. Conflict of Interest Questionnaire (Form #6)
- G. Proof of Insurance (Attachment 1)
- H. Staff Resumes (Attachment 2)

I. Letters of Reference (Attachment 3)

Respondent is expected to examine this RFP carefully, understand the terms and conditions for providing the services listed herein and respond completely. **FAILURE TO COMPLETE AND PROVIDE ANY OF THE ABOVE-REFERENCED DOCUMENTS MAY RESULT IN THE RESPONDENT'S SUBMITTAL BEING DEEMED NON-RESPONSIVE AND THEREFORE DISQUALIFIED FROM CONSIDERATION.**

V. PRE-SUBMITTAL CONFERENCE

A non-mandatory pre-submittal conference will be held on **Tuesday, February 16, 2009 at 10:00 a.m.** at the City of Alamo Heights Council Chamber located at 6120 Broadway, San Antonio, Texas 78209.

VI. SUBMITTAL INSTRUCTIONS

- A. Respondent shall provide six (6) copies of their submittal; one (1) clearly marked "Original" and signed in blue ink and five (5) duplicates. All copies must be submitted in a sealed package, clearly marked on the front of the package "**EMPLOYEE BENEFIT SERVICES.**" All submittals must be received by the City Secretary no later than **3:00 p.m. CST, Friday, March 5, 2010** at the address below:

City of Alamo Heights
c/o City Secretary
6116 Broadway
San Antonio, Texas 78209

Any submittal received after this time shall not be considered. Submittals sent by facsimile or email will not be accepted.

- B. Submittal Format: Each submittal shall be typewritten and submitted on 8 ½" x 11" white paper. Font size shall be no less than 12-point type. Margins shall be no less than ¾" around the perimeter of each page, double-sided pages are encouraged. Each page shall be numbered. Electronic files shall not be included as part of the submittal; compact disks and/or computer disks submitted as part of the submittal shall not be considered. Each submittal must include the sections and attachments included herein as part of this RFP, in the sequence listed in the Submission Requirements Section, and each section and attachment must be indexed with divider tabs and included in the Table of Contents page (Form #2 in RFP). Failure to meet the above conditions may result in disqualification.
- C. Respondents who submit responses to this RFP shall correctly reveal, disclose, and state the true and correct name of the individual, proprietorship, corporation, and /or partnership (clearly identifying the responsible general partner and all other partners who would be associated with the contract, if any). No nicknames, abbreviations (unless part of the legal title), shortened or shorthand, or local "handles" will be accepted in lieu of the full, true and correct legal name of the entity. These names shall comport exactly with the corporate and franchise records of the Texas Secretary of State and Texas Comptroller of Public Accounts. Individuals and proprietorships, if operating under other than an individual name, shall match with exact Assumed Name filings. Corporate Respondents and limited liability company Respondents shall include their 9-digit Internal Revenue Service Taxpayer number on the City of Alamo Heights Substitute W-9 Form. If an entity is found to have incorrectly or incompletely stated its name or failed to fully reveal its identity in its submittal, the City Manager shall have the discretion, at any point in the contracting process, to suspend consideration of the submittal.
- D. All provisions in Respondent's submittal, shall remain valid for ninety (90) days following the deadline date for submissions or, if a submittal is accepted, throughout the entire term of the contract.

- E. All submittals become the property of the City upon receipt and will not be returned. Any information deemed to be confidential by Respondent should be clearly noted on the page(s) where confidential information is contained; however, the City cannot guarantee that it will not be compelled to disclose all or part of any public record under the Texas Public Information Act, since information deemed to be confidential by Respondent may not be considered confidential under Texas law, or pursuant to a Court order.
- F. Any cost or expense incurred by the Respondent that is associated with the preparation of the submittal, the Pre-Submittal Conference, if any, or during any phase of the selection process, shall be borne solely by Respondent.

VII. COMMUNICATION GUIDELINES

Once the RFP has been released, Respondents are prohibited from communicating with City staff and elected officials regarding the RFP, with the following exceptions:

- A. Respondents are prohibited from communicating with elected City officials regarding the RFP or Submittals from the time the RFP has been released until the contract is posted as a City Council agenda item. Respondents are prohibited from communicating with City employees from the time the RFP has been released until the contract is awarded. These restrictions extend to “thank you” letters, phone calls, emails and any contact that results in the direct or indirect discussion of the RFP and/or Respondents’ Submittals. Violation of this provision by Respondent and/or their agent may lead to disqualification of Respondent’s submittal from consideration. Exceptions to the restrictions on communication with City employees include:
 - 1. Questions and responses during the pre-submittal conference.
 - 2. Respondents may submit questions electronically to seddy@alamoheightstx.gov concerning this RFQ to the staff before **4:00 p.m. CST, on Wednesday, February 17, 2010**. Questions received after the stated deadline may not be answered. Received questions and responses will be posted to the City’s website at <http://www.alamoheightstx.gov/rfp/> by **4:00 p.m. CST, on Friday, February 19, 2010**.
 - 3. Respondents may provide responses to questions asked of them by the City staff or officials after responses are received and opened and during any subsequent interviews.
- B. City reserves the right to contact any Respondent to negotiate if such is deemed desirable by City.

VIII. AMENDMENTS TO RFP

No oral statement of any person shall modify or otherwise change or affect the terms, conditions or specifications stated in the RFP, and changes to the RFP – if any – shall be made in writing only.

IX. EVALUATION CRITERIA

The City will conduct a comprehensive, fair and impartial evaluation of all submittals received in response to this RFP. The City may appoint a selection committee to perform the evaluation. Each submittal will be analyzed to determine overall responsiveness and qualifications under the RFP. Criteria to be evaluated may include the items listed below. The selection committee may select all, some or none of the Respondents for interviews. If the City elects to conduct interviews, Respondents may be interviewed and re-scored based upon these same criteria, or other criteria to be determined by the selection committee. The City may also request additional information from Respondents at any time prior to final approval of a

selected Respondent. Final approval of a selected Respondent is subject to the action of the City of Alamo Heights City Council.

Evaluation Criteria:

Qualifications and Relative Experience (40%)

Programs, Staff and Services (30%)

Cost to City (20%)

Responsiveness to RFP (10%)

X. AWARD OF CONTRACT & RESERVATION OF RIGHTS

- A. The Contract, if awarded, will be awarded to the Respondent(s) whose submittal(s) is deemed most advantageous to City, as determined by the selection committee, upon approval of the City Council.
- B. City may accept any submittal in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFP on the part of City. However, final selection of a Respondent is subject to City Council approval.
- C. City reserves the right to accept one or more submittals or reject any or all submittals received in response to this RFP, and to waive informalities and irregularities in the proposals received. City also reserves the right to terminate this RFP, and reissue a subsequent solicitation, and/or remedy technical errors in the RFP process.
- D. City intends to require the selected Respondent(s) to execute the contract with the City, prior to City Council award. No work shall commence until City signs the contract document(s) and Respondent(s) provides the necessary evidence of insurance as required in the Contract. Contract documents are not binding on City until approved by the City Council. In the event the parties cannot negotiate and execute a contract within the time specified, City reserves the right to terminate negotiations with the selected Respondent and commence negotiations with another Respondent.
- E. This RFP does not commit City to enter into a Contract, award any services related to this RFP, nor does it obligate City to pay any costs incurred in preparation or submission of a proposal or in anticipation of a contract.
- F. Respondent is required to warrant and certify that it, its officers, employees and agents are neither officials nor employees of the City.
- G. Independent Contractor. Respondent agrees and understands that, if selected, it and all persons designated by it to provide services in connection with a contract, is (are) and shall be deemed to be an independent contractor(s), responsible for its (their) respective acts or omissions, and that City shall in no way be responsible for Respondent's actions, and that none of the parties hereto will have authority to bind the others or to hold out to third parties, that it has such authority.



CITY OF ALAMO HEIGHTS
6116 BROADWAY
ALAMO HEIGHTS, TEXAS 78209

FORM 1
SUBMITTAL COVER / SIGNATURE SHEET

ISSUE DATE:	February 8, 2010	Request For Proposal Title Employee Benefit Services
DATE OF CLOSING:	March 5, 2010	PROFESSIONAL SERVICES
TIME OF CLOSING:	(No later than) 3:00 p.m. CDT	
SUBMIT TO:	City of Alamo Heights 6116 Broadway San Antonio, TX 78209	

READ AND SIGN BELOW. UNSIGNED COVER SHEETS WILL NOT BE ACCEPTED.

Legal Name of Firm:	
Address:	
City:	
State:	Zip Code:
Contact Person:	
Office Phone Number:	Alternate Phone Number:
E-Mail Address:	Fax Number:
<p>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, information contained in this submittal reflects accurately data regarding my organization/firm and the work to be performed. By signing this cover sheet, the undersigned agrees that, if awarded a contract in response to this RFP, Respondent will be able and willing to comply with all representations made by Respondent in Respondent's Submittal and during the Solicitation process.</p> <p>The undersigned certifies that he/she is authorized to bind the organization. All provisions in Respondent's submittal, shall remain valid for 90 days following the deadline date for submissions or, if Respondent is awarded a contract, throughout the entire term of the contract.</p>	

 Signature of Authorized Individual

 Typed Name of Authorized Individual

 Date

 Typed Title of Authorized Individual

FORM 2

SUBMITTAL CHECKLIST AND TABLE OF CONTENTS

The materials and information listed on this checklist shall be submitted as part of the submittal. Failure to submit any of the requested materials or provide adequate explanation may eliminate the submittal from consideration.

Materials shall be included in the submittal in the order identified on the checklist. Identify the corresponding page numbers in the space provided.

Page No.	Form No.	Form Title
	Form 1	Submittal Cover/ Signature Sheet
	Form 2	Submittal Checklist and Table of Contents
	Form 3	Consultant's Qualification Statement (Including attached relevant experience list)
	Form 4	Fees and/or Commissions
	Form 5	City of Alamo Heights Substitute W-9
	Form 6	Conflict of Interest Questionnaire
ITEMS TO BE SUBMITTED:		Labeled As
Proof of Insurance		Attachment 1
Staff Resumes		Attachment 2
Letters of Reference		Attachment 3

FORM 3
CONSULTANT'S QUALIFICATION STATEMENT

1. **Respondent Information:** Provide the following information regarding the Respondent.

(NOTE: Co-Respondents are two or more entities proposing as a team or joint venture with each signing the contract, if awarded. Sub-contractors are not Co-Respondents and should not be identified here. If this proposal includes Co-Respondents, provide the required information in this Item #1 for each Co-Respondent by copying and inserting an additional block(s) before Item #1.2. If Joint Venture or Partnership, attach Joint Venture or Partnership Agreement.)

Respondent Name: _____
(NOTE: Give exact legal name as it will appear on the contract, if awarded.)

Principal Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. : _____ Fax No: _____

List here, any other names under which Respondent has operated within the last 10 years.

- 1.2 **Business Structure:** Check the box that indicates the business structure of the Respondent.

Individual or Sole Proprietorship If checked, list Assumed Name, if any: _____

Partnership

Corporation If checked, check one: For-Profit Nonprofit

Also, check one: Domestic Foreign

Other If checked, list business structure: _____

- 1.3 **Ownership:** Does Respondent anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months?

Yes No

- 1.4 Is Respondent authorized and/or licensed to do business in Texas?

Yes No If "Yes", list authorizations/licenses.

- 1.5 Where is the Respondent's corporate headquarters located? _____

- 1.6 **Local Operation:** Does the Respondent have an office located in San Antonio, Texas?

Yes No If "Yes", respond to a. and b. below:

a. How long has the Respondent conducted business from its San Antonio office?

Years _____ Months _____

b. State the number of full-time employees at the San Antonio office. _____

1.7 **County Operation:** If the Respondent does not have a San Antonio office, does the Respondent have an office located in Bexar County, Texas?

Yes No If "Yes", respond to a. and b. below:

a. How long has the Respondent conducted business from its Bexar County office?

Years _____ Months _____

b. State the number of full-time employees at the Bexar County office. _____

1.8 **History of the Firm:** Provide a brief narrative on the history of the firm.

1.9 **Debarment/Suspension Information:** Has the Respondent or any of its principals been debarred or suspended from contracting with any public entity?

Yes No

If "Yes", identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

1.10 **Bankruptcy Information:** Has the Respondent ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?

Yes No

If "Yes", state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

2. EXPERIENCE

2.1 How many years has your current organization been doing business as an employee benefit services firm? _____ years.

2.2 How many years have you been doing similar work under previous business name(s)? _____ years.

2.3 **Litigation Disclosure:** Failure to fully and truthfully disclose the information required by this Litigation Disclosure may result in the disqualification of your submittal from consideration or termination of the contract, once awarded.

Have you or any member of your Firm or Team to be assigned to this engagement ever been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?

Yes No

Have you or any member of your Firm or Team been terminated (for cause or otherwise) from any work being performed for the City of Alamo Heights or any other Federal, State or Local Government, or Private Entity?

Yes No

Have you or any member of your Firm or Team been involved in any claim or litigation with the City of Alamo Heights or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

Yes No

If you have answered "Yes" to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page and submitted with your bid/proposal as Attachment 2.5.

2.4 **Firm's Availability:** When can firm start work? _____
Is there any concurrent commitment that would impede progress on this project, i.e. other jobs?

Yes No If yes, describe:

2.5 Complete and attach **RELEVANT EXPERIENCE LIST**. For each relevant client, please include name, scope of services, contact information.

2.6 Provide an organizational chart that includes the names and titles of the individuals that will provide the services to the City.

3. FINANCIAL

3.1 **Financial Statement:** Attach a financial statement, preferably audited, including your organization's latest balance and income statement showing current assets, net fixed assets, other assets, current liabilities and other liabilities. Clearly indicate name and address of firm preparing financial statement, and date thereof. If the financial statement is not for the identical organization named in this **CONSULTANT'S QUALIFICATION STATEMENT**, explain the relationship and financial responsibility of the organization whose financial statement is provided (parent, subsidiary, etc.).

FORM 4

FEES AND/OR COMMISSIONS

The Respondent shall provide the City with a menu of employee benefit services that it proposes to provide and the associated fees and/or commissions associated with those services.

FORM 5
Internal Revenue Service Request for Taxpayer
Identification Number and Certification
(Substitute W-9 Form)

Please complete the following information. We are required by Section 6109 of the Internal Revenue Code to obtain this information when making reportable payments to you. You may be subject to a 31% withholding of future payments if this information is not provided. Additionally, if you fail to provide this information, you may be assessed a \$50.00 penalty imposed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code.

1. Select your tax status as reported to the Internal Revenue Service (IRS).

<input type="checkbox"/> a. Individual	<input type="checkbox"/> c. Partnership
<input type="checkbox"/> b. Sole Proprietorship	<input type="checkbox"/> d. Corporation

2. Fill in your name(s) and/or business name and the complete mailing address as filed with the Internal Revenue Service.
 Telephone Number: _____
 Owner(s): _____
 Business or Trade Name _____
 Address: _____
 City: _____ State: _____ Zip: _____

3. Provide your Tax Identification Number (TIN) and/or Social Security Number (SSN) as filed with the IRS.

TIN											
SSN											

EXEMPTIONS: If exempt from 1099 reporting, please circle or check your qualifying exemption below, however we are required to have this form on file.

- 1. Corporation (payments for medical services are excluded)
- 2. Exempt from tax under section 501(a) of IRC (including religious, charitable, & educational foundation)
- 3. The United States or any of its agencies or instrumentalities (including any political subdivisions)
- 4. A real estate investment trust
- 5. A common trust fund operated by a bank under Section 584 (a)
- 6. A financial institution
- 7. Other

CERTIFICATION: I certify under penalty of perjury that the Tax Identification Number I have provided is correct.

Signature

Date

Printed Name

Title

FORM 6

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1) Name of person doing business with local governmental entity.

2)

Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3) Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

4) Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

CONFLICT OF INTEREST QUESTIONNAIRE**FORM CIQ**

For vendor or other person doing business with local governmental entity

Page 2

5) Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each affiliation or business relationship.

6) Describe any other affiliation or business relationship that might cause a conflict of interest.**7)**_____
Signature of person doing business with the governmental entity_____
Date