



***Request for Proposal  
RFP-021-2012***

***Group Health Insurance  
for the  
City of Lake City***

***Proposals to be submitted before:***

***3 P.M. local time on  
June 26, 2012***

***Director of Procurement  
205 North Marion Avenue  
2<sup>nd</sup> floor  
Lake City, Fl. 32055  
Phone Number (386) 719-5816***

Grayson Cason, Assistant City Manager: \_\_\_\_\_ Date

## **A. SCOPE OF SERVICES**

The City of Lake City, Florida is soliciting proposals for group health insurance coverage for its employees, officials and retirees. A copy of the current benefits and accompanying rates are included with this Request for Proposals.

Sealed proposals marked "RFP-021-2012 GROUP HEALTH INSURANCE" will be received by the City of Lake City, Florida Procurement Department, 205 N. Marion Avenue, Lake City, Florida 32055, until 3:00 P.M. on June 26, 2012, at which time all proposals will be opened and only names of offeror's will be read aloud. All received proposals will be time and date stamped, and absolutely no proposals will be accepted after the aforementioned date and time. Specifications may be obtained from the Procurement Department. Proposers are strongly encouraged to carefully read the entire Request for Proposal. All services must be performed in accordance with the request for proposals, requirements, and any other documents prepared for this request. **Proposers must submit one (1) clearly marked "original", five (5) clearly marked "copies", and one (1) digital copy of their proposal.**

The City of Lake City reserves the right to reject any or all proposals, to waive informalities and minor irregularities and to accept any portion of the proposal or all items proposed in response to this RFP. In addition, the City reserves the right to cancel this RFP if it is in the best interest of the City to do so. Failure to furnish all information or to follow the proposal format requested in this RFP may disqualify the proposal. Any exceptions to the Scope of Services or any requirement of this RFP must be identified in the proposal.

## **B. AMENDMENTS TO RFP**

If it becomes necessary to revise or amend any part of this Request for Proposal, the Director of Procurement will furnish the revision by written Addendum. It is the proposer's responsibility to inquire if any Addenda have been issued. Any addenda will be posted at [www.demandstar.com](http://www.demandstar.com) and on the City's website at [www.lcfla.com](http://www.lcfla.com). Any addenda must be acknowledged on the addenda form.

## **C. RESPONSE MATERIAL OWNERSHIP**

All proposals become the property of the City of Lake City upon receipt and will only be returned to the Proposer at the City's option. Selection or rejection of the proposal will not affect this right. The City shall have the right to use all ideas contained in any proposal received in response to this RFP. Disqualification of a proposal does not eliminate this right.

## **D. INQUIRIES**

Prospective Proposers may make written inquiries concerning this RFP to obtain clarification of requirements. No inquiries will be accepted after 4:00 P.M., Tuesday, June 19, 2012. Questions must be submitted in writing via mail, fax, or by email to:

Laurette Burks  
Director of Procurement  
City of Lake City  
205 North Marion Avenue  
Lake City, FL 32055  
Fax: (386) 755-6112  
[procurement@lcfla.com](mailto:procurement@lcfla.com)

**E. COST PROPOSAL**

Each proposer must complete and submit with their proposal the FEE PROPOSAL forms.

**F. INCURRING COSTS**

The City of Lake City shall not be obligated or be liable for any costs incurred by Proposers prior to issuance of a contract. All costs to prepare and submit a response to this solicitation and any appearance at any required presentations/interviews shall be borne by the proposer.

**G. CONTRACT PERIOD**

Coverage's/contracts shall be proposed for the term October 1, 2012 through September 30, 2013. Guarantees beyond one year are desired so be explicit about any such offerings. Renewals each year will in part be dependent upon acceptability of cost, extent to which present program is duplicated, service and provider stability.

**H. MINIMUM QUALIFICATIONS OF PROPOSER**

No proposal will be accepted by the City where the organization providing insurance coverage has a rating from any of the following rating firms which is less favorable than the rating specified below.

<b><u>Rating Firm</u></b>	<b><u>Minimum Rating</u></b>
A.M. Best	B+
Moody's	Baa3
Standard & Poor's	BBB-
Weiss Ratings, Inc.	B

**I. TIMELINE**

The timeline below gives the dates for major activities in the solicitation. Dates are subject to change based on the number of respondents, availability of the members, or other unforeseen circumstances.

Request for Proposal Advertised	May 31, 2012
Last Day for Questions	June 19, 2012
Responses Due no later than 3 P.M. (local time)	June 26, 2012
Evaluation Committee Meeting	June 29, 2012
Oral Presentations (if necessary)	TBD
Recommendation to City Council for approval	July 16, 2012

**J. EVALUATION COMMITTEE**

Proposals will be evaluated to ascertain which proposal best meets the needs of the City. The evaluation committee will meet within approximately one (1) week of the closing date for receiving proposals.

**K. EVALUATION CRITERIA**

Proposals will be evaluated based on the criteria listed below:

<b>EVALUATION CRITERIA</b>	<b>MAX POINTS</b>
Net cost to the City and its employees, including premium rates and rate guarantees/rate caps.	30
Products and services within the specifications outlined, including adequacy of network physicians (qualifications and accessibility), ancillary, and hospital providers within each type of plan and overall best value to the City.	30
Responsiveness to RFP specifications and requirements.	20
Prior experience and references.	10
Financial responsibility.	10
<b>TOTAL POSSIBLE POINTS</b>	<b>100</b>

**L. SELECTION PROCESS**

In general, the City wishes to avoid the expense (to the City and to proposing firms) of unnecessary presentations. Therefore, the City will make every reasonable effort to achieve the ranking/selection using written submittals alone. If no single top ranked firm can be clearly identified by review of the written submittals alone, the City may shortlist proposals and requires those Proposers to make oral presentations or participate in interviews. These presentations/interviews would provide an opportunity for the proposer to clarify their qualifications, approach to the project, and ability to furnish the required services. Presentations would be to the evaluation committee. The final selection will be by the City Council.

The selection process may involve background checks. The selection criteria are included in the RFP package.

The Proposers shall furnish such additional information as the City may reasonably require. This includes information which indicates financial resources as well as ability to provide the services. The City reserves the right to make investigations of the qualifications of the proposer(s) as it deems appropriate.

## **M. COMMUNICATION WITH CITY STAFF/OFFICIALS**

To ensure fair consideration for all Proposers, the City prohibits communication relative to this Request for Proposal to or with any department, or employee during the submission process, except as provided in Section D, above. Additionally, the City prohibits communications initiated by a proposer to the City official(s) or employee(s) evaluating or considering the proposals prior to the time an award decision is made. Any communication between the proposer and the City will be initiated by the appropriate City Official(s) or employee(s) in order to obtain information or clarification needed to develop a proper, accurate evaluation of the proposal. Such communications initiated by a proposer may be grounds for disqualifying the offending Proposer from consideration for award of the proposal and/or any future proposal(s).

## **N. NEGOTIATIONS**

Based on the written proposals, the City may elect to enter into negotiations with one or more of the proposer's.

## **O. CONTRACT AWARDS**

The City anticipates entering into a contract with the proposer who submits the proposal judged by the City to be most advantageous. Preference will be given to proposals based on rates, benefits, provider networks and financial strength of the organization providing insurance.

The City anticipates award to the proposer who submits the proposal judged by the City to be the most advantageous. Final approval of the awarded proposer shall be by the City Council at a scheduled public meeting. The City shall be the sole judge of its own best interests, the proposals, and the resulting agreement.

The proposer understands that this RFP does not constitute an agreement or a contract with the proposer. An official contract or agreement is not binding until proposals are reviewed and accepted by appointed staff, approved by the appropriate level of authority within the City, and executed by the parties.

## **P. FORM OF PROPOSALS**

The City requests that each proposer provide rates based on a 3-tier rate structure for the two (2) benefit plans currently offered to employees. The plans should be offered as part of a package. If the proposer is unable to exactly match the benefits, you are requested to match the benefits as closely as possible and notate the deviations from the current benefit structure.

## **Q. OTHER REQUIRED INFORMATION**

Proposers should include in their proposals the following information:

- Network directories for the appropriate products being proposed.
- Explanation for how out of network claims are paid.
- Completion of attached questionnaire form.
- Completion of attached form explaining Network Discounts.

**R. PROPOSAL SUBMISSION AND WITHDRAWAL**

Responses to this RFP must be submitted to the City in sealed envelopes or boxes marked “RFP-021-2012 GROUP HEALTH INSURANCE”

Proposals will be received at:

City of Lake City  
Attn: Procurement  
205 North Marion Avenue  
Lake City, FL 32055

Proposals are due by 3:00 PM, Tuesday, June 26, 2012. Proposals received after that time will be returned to the sender unopened. Due to the irregularity of the mail, the City cautions Proposers to assure actual delivery of proposals prior to the deadline. Once opened, proposals become the property of the City and cannot be withdrawn.

**S. ATTACHMENTS**

1. Monitoring reports.
2. High cost claims.
3. Description of current plans and current rates.
4. Employee census.

[The balance of this page has been left intentionally blank]

**City of Lake City**

**HEALTH INSURANCE  
QUESTIONNAIRE**

	Yes	No
1. Comply with 90 day notice requirement of any rate change/renewal?		
2. Attend monthly meetings with Risk Management and Agent to discuss claims experience?		
3. Provide monthly claims experience reports?		
Provide other detailed experience reports annually, or as needed to evaluate claims and overall experience, trend, etc.?		
4. Provide and mail ID cards to Members prior to renewal effective date?		
5. Do you provide COBRA administration?  If Yes, what is the cost? _____  If No, can you contract with a Company/TPA to administer COBRA and what is the cost? _____		
6. Will a Service Representative be assigned as a direct contact for Risk Management and Agent to access for customer service, membership & billing, and claims issues?		
7. Will a Service Rep(s) be provided to assist with Plan Implementation and annual Open Enrollment meetings to explain benefits to employees?		
8. Will Open Enrollment packets be developed and provided for employees annually?		
9. Is a Mail Order Benefit included in your proposed Plans?  What is the copay amount and how many days supply?  What company provides your mail order service?		
10. Do you provide Disease/Case Management for claimants? Explain how you contact claimants and provide information and services to them:		

11. Provide physical on-site annual Health Fair, blood screenings and Health Risk Assessment for employees?		
12. Provide Health Coaches for employees to access 24 hours a day for assistance with health questions?		
13. Provide an instructor to conduct health seminar/classes on various health wellness topics and also on explaining plan benefits monthly or semi-monthly?		
14. Provide copies of Health and Wellness information to Risk Management and Agent for distribution to employees and retirees?		
15. Provide 5 copies of your Florida Northeast Region Provider Directory.		
16. List the hospitals in Columbia and Alachua County that are currently included in your network:		
17. How many of your participating providers are accepting new patients?		
18. What Independent clinical labs in Columbia and Alachua County are currently included in your Network?		
19. In the plan designs proposed, how are independent clinical labs covered and what is the cost/coinsurance to members?		
20. On the plans proposed, please clarify what the hospital benefit is? Is it a flat copayment per admission? Does the deductible apply? If so, how much? Is it deductible and coinsurance? If so, how much?		



21. Clarify what is included in the Member's Maximum out of Pocket? Deductibles, copays, coinsurance, etc. If certain copays, etc., are not included, please specify what these are.

22. Complete the attached Network Discount Analysis for Columbia and Alachua County. It is very important that this information be completed in full. This information is required to compare network discounts and the overall impact to claims experience.

23. Explain how members traveling or living out of State will access your network and how their patient dollar responsibility will be calculated.

24. Provide the rating methodology that your underwriters used to arrive at your proposed rates and the methodology that will be used for future renewals?

Completed and submitted by:		
_____	_____	
Name and Title	Date	

**Network Discounts for 2011**

Geographic Area: Columbia and Alachua County, Florida

Dates: Claims incurred 01/01/2011 through 12/31/2011 and paid through 03/31/2012

Using paid claims information on your **Group** book of business, please provide the following information for Columbia and Alachua County, Florida for the time period indicated for each network you are proposing.

- Exclude pending, denied, duplicate, Medicare-primary, and other secondary claims.
- Exclude prescription drug (retail and mail-order), dental, and vision hardware claims.
- Exclude individual denied services within a valid claim. For example, if one service provided during an office visit is not covered, exclude that service.

<b>PPO Network</b>			
<b>Category</b>	<b>a) Total \$ Billed</b>	<b>b) Total \$ Allowed*</b>	<b>Discount**</b>
Hospital Inpatient			
Hospital Outpatient			
Physicians - Inpatient			
Physicians - Outpatient			
Labs & other services			

<b>POS Network</b>			
<b>Category</b>	<b>a) Total \$ Billed</b>	<b>b) Total \$ Allowed*</b>	<b>Discount**</b>
Hospital Inpatient			
Hospital Outpatient			
Physicians – Inpatient			
Physicians – Outpatient			
Labs & other services			

<b>HMO Network</b>			
<b>Category</b>	<b>a) Total \$ Billed</b>	<b>b) Total \$ Allowed*</b>	<b>Discount**</b>
Hospital Inpatient			
Hospital Outpatient			
Physicians - Inpatient			
Physicians – Outpatient			
Labs & other services			

\***Total \$ Allowed** = allowed amount before application of any deductibles, co-pays, coinsurance, etc.

\*\* **Discount** = a) minus b) divided by a)

Note: Please provide documentation and/or references to validate the discounts provided.

## SUBMITTAL REQUIREMENTS

### TITLE PAGE

All Proposers shall provide a title page showing the RFP number, the title of services being provided, name and address of firm, telephone and fax number, point of contact and date. The title page must be signed by a representative who is authorized to contractually bind the proposer. The signature block shall show the typewritten name of the individual signing. Each proposal shall be prepared simply and economically, providing a straightforward, concise delineation of the proposer's capabilities to satisfy the requirements of the RFP. The emphasis in each proposal must be on completeness and clarity of content. All information under this section must be submitted with the proposal in order for it to be responsive.

### PROPOSAL FORMAT

The proposal must be submitted on 8 ½" x 11" paper, numbered, typewritten, with headings, sections, and sub-sections identified appropriately.

The proposal must be divided into five (5) sections with references to parts of this RFP done on a section number/paragraph number basis. The five (5) sections shall be named:

- A. Required Submittals
- B. Qualifications/Experience/Workload
- C. Project Understanding, Proposed Approach and /Methodology
- D. Fee Proposal
- E. Additional Data to Support Proposal (optional)

### REQUIRED SUBMITTALS (to be included in Section A of your proposal)

**The proposer shall submit the required information at the time of submittal of Request for Proposals. Failure to provide the required information will affect the evaluation of the proposal.**

- A. Letter of transmittal:** This letter will summarize in a brief and concise manner, the Proposer's understanding of the scope of services and make a positive commitment to perform the work in a timely manner. The letter should name all of the persons authorized to make representations for the company. The Letter of Transmittal shall be signed by a representative who is authorized to contractually bind the company and include the agent's title or authority. The letter should not exceed two pages in length.
- B. Type of Business:** The proposer shall identify the type of business entity involved (e.g.; sole proprietorship, partnership, corporation, joint venture, etc.). The proposer shall identify whether the business entity is incorporated in Florida, another state, or a foreign country.

- C. **FEIN:** Provide the Federal Employer Identification Number of the proposer.
- D. **SSN:** In the case of a sole proprietorship or partnership, provide Social Security numbers for all owners/partners.
- E. **Principals:** The proposer must name all persons or entities serving, or intending to serve as principals in the proposer's firm.
- F. **Corporate Information:** If a proposer is a corporation, provide a copy of the certification from the Florida Secretary of State verifying proposer's corporate status and good standing, and in the case of out-of-state corporation, evidence of authority to do business in Florida.
- G. **License Sanctions:** List any regulatory or license agency sanctions.
- H. **Acknowledgment of Addenda/:** If you take any exceptions to any portion of this RFP, you must indicate and include in your proposal. In addition, if any addenda are issued, you must acknowledge addenda, on the Affidavit of Compliance form.
- I. **Drug-Free Workplace Affidavit Form:** Pursuant to Section 287.087, Florida Statutes, each proposer shall complete this form.
- J. **Summary of Litigation:** Provide a summary of any litigation, claim(s), or contract dispute(s) filed by or against the Proposer in the past five (5) years, which is related to the services that proposer provides in the regular course of business. The summary shall state the nature of the litigation, claim, or contract dispute, a brief description of the case, the outcome or projected outcome, and the monetary amounts involved. If no litigation, provide a statement to this effect.
- K. **Licenses/Registration:** Provide a copy of your City of Lake City Occupational License and/or any other applicable licenses.  
  
All Proposers must certify their personnel performing services for the City shall be properly registered with the State of Florida pursuant to Florida Statute 11.061 and shall further comply with all applicable Federal, State and local laws which govern lobbying activities, including, but not limited to Florida Statutes Section 11.045 through 11.062.
- L. **Vendor Registration Form and W-9:** Submit a completed City of Lake City "Vendor Registration Form" and "Department of the Treasury Internal Revenue Service Form W-9". Forms may be downloaded at [www.lcfla.com](http://www.lcfla.com).
- M. **Questionnaire Form**  
Submit a completed Questionnaire form included in the RFP.

**QUALIFICATIONS/EXPERIENCE/WORKLOAD (to be included in Section B of your proposal)**

Anyone submitting a proposal must currently be providing state of Florida health insurance services and have been providing these services for a minimum of three (3) years. The proposer shall include qualifications and experience of the firm/individual(s) who will provide the services. The submission must include:

- A. Brief history and organizational structure of your firm. Indicate home office location, local office, office handling account, office hours, # of employees, etc.
- B. Provide the name and location of the sales/marketing account executive that would be assigned to the City of Lake City.
- C. How many accounts does the account executive currently handle? Does the account executive have a service representative available for support?
- D. Provide a list of staff, their positions, and years of experience. Identify the Senior Account Executive, Account Manager, Senior Claims Consultant, Underwriter, and any individual(s) who will be providing services for the City of Lake City and provide a detailed resume(s).
- E. After installation, will the senior claim consultant be available on a periodic basis to review claim submission problems or claim office/client communication difficulties?
- F. Will you provide a dedicated claims representative to assist the benefits manager at the Risk Management Department with claim problems?
- G. Describe in detail all “wellness” programs that are available and covered by the plan(s) your firm proposes. Include a full description of the features, benefits and methodology for employee participation.
- H. Provide in detail any monetary incentives your company is willing to offer the City of Lake City to assist with broadening our wellness initiative.
- I. Describe what your company will provide in terms of health/wellness fairs for the employees of the City.
- J. Proposers should submit a listing of the variety of analysis reports available, and sample copies of each format.
- K. Provide proposal for current plan and alternative plan designs.
- L. Financial Information – proposer must provide information including your latest AM best rating that would allow the City to evaluate the sufficiency of financial resources and the ability of the business to sustain performance of the contract such as latest audited financial statement or other pertinent information.

**PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY (to be included in Section C of your proposal)**

Describe your approach to performing the contracted work. This should include, but not be limited to, the following points:

- A. Define what services your company is proposing to best serve the City of Lake City needs. State your project plan, your firm's interpretation of scope and method of approach.
- B. Identify any tasks that proposer is expecting City to perform.

**FEE PROPOSAL (to be included in Section D of your proposal)**

**The City requires the Proposer provide the City a firm, premium rate which includes all expenses for the services outlined in the RFP, to be billed monthly.**

The City reserves the right to negotiate prices with the selected insurer.

**SIGNATURE SHEET**

**City of Lake City**  
**RFP-021-2012**  
**Group Health Insurance**

I, the undersigned, do hereby acknowledge I have read all the requests listed herein and have submitted my proposal accordingly. I have submitted all documentation required.

Company Name: \_\_\_\_\_

Principal Location of the Company: \_\_\_\_\_

Authorized Principal in Charge of Project: \_\_\_\_\_

Type or print name as signed above: \_\_\_\_\_

Direct telephone: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Local Location if different from above: \_\_\_\_\_

Authorized Person in Charge of Project at this Location: \_\_\_\_\_

Signature: \_\_\_\_\_

Type or print name as signed above: \_\_\_\_\_

Direct telephone: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH SUBMITTAL**

**PROPOSER CONFLICT OF INTEREST STATEMENT**

STATE OF FLORIDA, CITY OF \_\_\_\_\_  
Before me, the undersigned authority, personally appeared \_\_\_\_\_, who was duly sworn  
deposes and states:

1. I am the \_\_\_\_\_ of \_\_\_\_\_, with  
a local office in \_\_\_\_\_ and principal office in \_\_\_\_\_.  
City & State City & State
2. The above named entity is submitting a Proposal for the City of Lake City RFP-021-2012  
described as Group Health Insurance.
3. The Affiant has made diligent inquiry and provides the information contained in the  
Affidavit based upon his/her own knowledge.
4. The Affiant states that only one submittal for the above proposal is being submitted and  
that the above named entity has no financial interest in other entities submitting proposals  
for the same project.
5. Neither the Affiant nor the above named entity has directly or indirectly entered into any  
agreement, participated in any collusion, or otherwise taken any action in restraints of  
free competitive pricing in connection with the entity’s submittal for the above proposal.  
This statement restricts the discussion of pricing data until the completion of negotiations  
if necessary and execution of the Contract for this project.
6. Neither the entity nor its affiliates, nor any one associated with them, is presently  
suspended or otherwise ineligible from participation in contract letting by any local,  
State, or Federal Agency.
7. Neither the entity nor its affiliates, nor any one associated with them have any potential  
conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity’s ownership or management is presently applying  
for an employee position or actively seeking an elected position with the City of Lake  
City.
9. I certify that no member of the entity’s ownership or management, or staff has a vested  
interest in any aspect of the City of lake City.
10. In the event that a conflict of interest is identified in the provision of services, I, on behalf  
of the above named entity, will immediately notify the City of Lake City.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
Typed Name and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_ Or produced identification \_\_\_\_\_

Identification type: \_\_\_\_\_

Notary Public-State of \_\_\_\_\_

Printed, typed, or stamped commissioned name of notary public.

My commission expires: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH SUBMITTAL**



**SWORN STATEMENT UNDER SECTION  
287.133(3)(n), FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Proposal  
No. \_\_\_\_\_.
2. This sworn statement is submitted by \_\_\_\_\_ whose  
business address is \_\_\_\_\_ and (if  
applicable) its Federal Identification No.(FEIN) is \_\_\_\_\_. If entity  
has no FEIN, include the Social Security Number of the individual signing this sworn  
statement\_\_\_\_\_.
3. My name is \_\_\_\_\_and my  
relationship to the entity named above is\_\_\_\_\_.
4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida  
Statutes, means a violation of any state or federal law by a person with respect to, and  
directly related to, the transaction of business with any public entity or with an agency or  
political subdivision of any other state or with the United States, including, but not  
limited to, any bid or contract for goods or services to be provided to any public entity or  
an agency or political subdivision of any other state or of the United States and involving  
antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material  
misrepresentations.
5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b),  
Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or  
without an adjudication of guilt, in any federal or state trial court of record relating to  
charges brought by indictment or information after July 1, 1989, as a result of a jury  
verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes  
means:
  - a. A predecessor or successor of a person convicted of a public entity crime; or

- b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a “person” as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.
8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

\_\_\_\_\_Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with, and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies)

\_\_\_\_\_There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order)

\_\_\_\_\_The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach

a copy of the final order)

\_\_\_\_\_The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the Department of General Services)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority, \_\_\_\_\_ who after first being sworn by me, affixed his/her signature in the space provided above on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State at large

My Commission Expires:

**THIS FORM MUST BE INCLUDED WITH SUBMITTAL**

**NON-COLLUSION AFFIDAVIT OF PROPOSER**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that:

1. He/She is \_\_\_\_\_ of \_\_\_\_\_ the proposer  
Title Company Name  
that has submitted the attached proposal;

2. He/She is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;

3. Such Proposal is genuine and is not a collusive or sham proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, connived, or agreed, directly or indirectly, with any other proposer, firm or person to submit a collusive or sham Proposal in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other proposer, firm, or person to fix the price or prices in the attached proposal or any other proposer, or to fix any overhead, profit or cost element of the proposal price or the proposal price of any other proposer, or to secure through any collusion, connivance, or unlawful agreement any advantage against the City of Lake City, Florida or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Public, State of Florida My Commission Expires:\_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH SUBMITTAL**

**DRUG FREE WORKPLACE CERTIFICATE**

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, \_\_\_\_\_ (print or type name of firm) publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

- Informs employees about the dangers of drug abuse in the work place, the firm’s policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (\*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires 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.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

“As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein”

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed

State of Florida

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
(Specify type of identification)

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH SUBMITTAL**

REFERENCES

List below a minimum of three (3) client/customer references including company name, address, contact person, email address, telephone number and length of time services provided. (Note: only list those client/customers in which a similar type of equipment/product of scope of work/service was provided.)

- 1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_
- 2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_
- 3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_
- 4. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH SUBMITTAL**