



Enrichment
Services Program, Inc.
A Community Action Agency

2601 Cross Country Drive – Bldg. C
Columbus, Georgia 31906
Tel: (706) 649-1600
Fax: (706) 641-5034
Email: msnider@espcaa.org

Request for Proposal
RFP#120224

Broker for Employee Benefits

Issued on: December 2, 2024
Due Date: February 3, 2025 at 10:00 A.M. EST

Administered by: Monica Snider, Procurement Specialist

TABLE OF CONTENTS

I. GENERAL INFORMATION

A. Purpose

B. Who May Respond

C. Instructions on Proposal Submissions

- 1) RFP Process and Closing Submission Date
- 2) Inquiries
- 3) Conditions of Proposal
- 4) Instructions to Prospective Contractors
- 5) Electronic Submissions
- 6) Right to Reject
- 7) Small and/or Minority-Owned Businesses
- 8) Notification of Award
- 9) Terms of Service
- 10) Termination of Services
- 11) Conflict of Interest

D. Description of Enrichment Services Program

II. SPECIFICATIONS OF SCOPE OF WORK

Services required for Employee Benefits

III. TECHNICAL QUALIFICATIONS

A. Prior Experience

B. Additions Value Beyond Broker Services

C. Organization, Size, and Structure

D. Qualifications

E. Understanding of Needs

F. Fees/Compensation for Broker Services

G. Certification and W-9

IV. PROPOSAL EVALUATION

- A. Submission of Proposals
- B. Nonresponsive Proposals
- C. Evaluation
- D. Review Process

V. Standard Terms and Conditions

- Exhibit A – Contractor Information
- Exhibit B – Vendor Form
- Exhibit C – W-9
- Exhibit D – Cost and Execution of Proposal

I. General Information

A. Purpose

This Request for Proposal (RFP) is to contract for Employee Benefits starting July 1, 2025.

ESP receives federal funds and is required to provide a 20% non-federal match. Therefore, ESP would like to utilize companies that can offer proposals to include in-kind dollars that will contribute to the required non-federal match.

B. Who May Respond

Only qualified Brokers may respond to this RFP. Enrichment Service Program (ESP) is not requesting insurance quotations at this time and expressly prohibits prospective Brokers from quoting or approaching carriers.

C. Instructions on Proposal Submission

1. RFP Process and Closing Submission Date

The following is the minimum RFP process, but additional steps may be taken during the course of the RFP process.

Monday December 2, 2024	RFP available at www.enrichmentservices.org and 2601 Cross Country Bldg. C, Columbus, GA 31906
Monday February 3, 2025	Proposal receipt deadline. All proposals are due at 2601 Cross Country Bldg. C, Columbus, GA 31906 or electronic submission to rfp@espcaa.org . No late proposals will be accepted.
Friday February 7, 2025	Proposals opened and evaluated based on criteria below with Selection Committee.
Monday February 10, 2025	Presentation meetings with prospective brokers, as necessary.
Tuesday March 18, 2025	Present to Finance and Board
Friday March 21, 2025	Brokers are notified of award decision

Any changes to the RFP schedule above will be communicated to bidders.

Proposals must be submitted no later than **10:00 A.M., Monday, February 3, 2025.**

2. Inquiries

Inquiries concerning this RFP should be directed to Monica Snider (706) 649-1600 ext 1010 or email msnider@espcaa.org.

3. Conditions of Proposal

All costs incurred in the preparation of a proposal responding to this RFP will be the responsibility of the Offeror and will not be reimbursed by ESP.

4. Instructions to Prospective Contractors

Your proposal should be addressed as follows:

Name: Monica Snider
Title: Procurement Specialist
Entity: Enrichment Services Program, Inc.
Address: 2601 Cross County Drive, Bldg C
Columbus, Georgia 31906

It is important that the Offeror's proposal be submitted in a sealed envelope clearly marked in the lower left-hand corner with the following information:

Request for Proposal – Broker for Employee Benefits
10:00 A.M. February 3, 2025
Sealed Proposal

5. Electronic Submissions

Proposals can be submitted electronically by email rfp@espcaa.org by the closing submission date noted above.

Failure to do so may result in premature disclosure of your proposal.

It is the responsibility of the Offeror to ensure that the proposal is received by Enrichment Services Program, Inc. by the date and time specified above.

Late proposals will not be considered.

6. Right to Reject:

Enrichment Services Program, Inc. reserves the right to reject any and all proposals received in response to this RFP. A contract for the accepted proposal will be based on the factors described in this RFP.

7. Small and/or Minority-Owned Businesses:

Efforts will be made by Enrichment Services Program, Inc. to utilize small businesses and minority-owned businesses. An offeror qualifies as a small business firm if it meets the definition of “small business” as established by the Small Business Administration (2 CFR Part 200.321).

8. Notification of Award:

It is expected that a decision selecting the successful firm will be made no later than March 21, 2024. Upon conclusion of final negotiations with the successful firm, all Offerors submitting proposals in response to this Request for Proposal will be informed, in writing.

9. Terms of Service

ESP expects to utilize the selected broker for a term of three (3) years with an option to renew services for another one (1) year.

10. Termination of Services

ESP reserves the right to terminate any part of or the entirety of services that may result from this request, without cause and at any time, within sixty (60) calendar days written notice. In such case, the Broker shall be paid for services rendered through the date of the termination notice, and the result of all such work (including all documents and files) through the date shall become the property of ESP. The contract shall be non-exclusive for the sole convenience of ESP.

11. Conflict of Interest

Information of possible conflicts of interest should be provided as part of the qualification response. Such information will be taken into account in making a decision on the selection of the Broker. Should a conflict arise during preparation for or while undertaking these services, the broker shall immediately advise ESP of such conflict.

D. Description of Enrichment Services Program, Inc.

Enrichment Services Program, Inc. is a 501(c)(3) non-profit community action agency founded in 1965. ESP provides opportunities and assistance to residents within a eleven county area of the lower Chattahoochee Valley including Chattahoochee, Clay, Harris, Muscogee, Meriwether, Troup, Quitman, Randolph, Stewart, and Talbot counties in Georgia and Russell County in Alabama.

Enrichment Services Program, Inc.'s mission is to eliminate poverty through education, services, and partnerships by providing early childhood education through its Head Start and Early Head Start Programs and serving the community through its Self-Sufficiency, Nurse Aide Training Scholarship Program, Energy Assistance, and Food Distribution programs.

Head Start and Early Head Start are federally funded programs serving more than 1,300 children and their families with low-income. The program ensures that children ages 0-5 are provided with comprehensive education, health, nutrition, and parent involvement services.

The Community Services Block Grant and Low-Income Household Energy Assistance Program allow Enrichment Services Program, Inc. to administer the Self-Sufficiency, Nurse Aide Training Scholarship programs, provide assistance on energy payments, and partner with other agencies on food distribution.

II. Specification of Scope of Work

As of November 4, 2024, there are 360 employees, 315 of which are considered full-time working at least 30 hours a week. 20 that are considered part-time, 25 seasonal which do not get benefits. Fully staffed, 437 employees.

Medical – Full Time	Premiums shared between employee and employer
Dental	Premiums shared between employee and employer
Vision	Paid by employee
Voluntary Life/AD&D	Paid by employer up to 50K (Part-Time is 20K)
Long Term Disability	Paid by employee for family (spouse, children)
Short Term Disability	Paid by employee
Flexible Spending (medical and dependent care)	Employee can contribute based on the IRS guidelines

ESP is seeking a Broker that will work closely in the design, development, and implementation of benefit plans including medical, dental, vision, life, disability, wellness, voluntary benefits, and compliance. ESP is also seeking a proactive business partner that will aid in finding cost effective/cost cutting plans and supporting ESP's wellness initiatives. Furthermore, ESP is seeking a partner that is willing to provide training, guidance, and information to ensure proper management of benefit plans and compliance with all applicable State and Federal regulations and requirements. Specific responsibilities include, but are not limited to:

- Determining and recommending financially sound plans
- Assisting in the benefit plan design based on ESP's goals and objectives.
- Soliciting proposals from insurance carriers and evaluating those proposals identifying the most cost-beneficial package.
- Assisting with Health Fairs as necessary.
- Represent ESP in all negotiations with providers regarding plan design, special terms and conditions and cost.
- Researching and advising ESP on any new changes regarding employee benefit programs.
- Provide support for benefit and plan administration questions.
- Provide training and compliance for changes in laws and regulations including the health care reform.
- Assist as necessary in developing communication materials, giving advice, and recommendations for all employee benefit programs.
- Assist ESP with the implementation and communication of new programs or changes to existing programs, which will include attending and presenting information at Open Enrollment meetings.
- Conduct open enrollment at each of the ESP center/location in May each year.
- Personal availability for meetings as required.
- Assist ESP employees with claims resolution issues.
- Provide monthly billing and reconciliation assistance as needs arise.

III. TECHNICAL QUALIFICATIONS

The Offeror, in its proposal, shall, as a minimum, include the information requested herein based on the maximum points listed by the qualification below:

A. Prior Experience (Maximum of 10)

- Describe the expertise your firm has in providing employee benefits brokerage services to an organization similar to ours.
- Describe experience in dealing with community action agencies and/or non-profit organizations related employee benefits insurance.
- Provide three (3) client references, including the local area. Preferably, references should be organizations of similar size, complexity, and magnitude to ESP. Please include information (name, phone number, and email address) of the primary contact.

B. Additional Value Beyond the Broker Services (Maximum of 15)

- The Offeror should include an explanation of services that can be provided to nonprofits, specifically including value-added items. Value-added items can include technology resources, training services, products, etc.

C. Organization, Size, and Structure (Maximum of 10)

- Identification of the Broker and primary contact person, including name, address, and telephone number, fax number, and email addresses.
- Location of the office(s) from which services will be provided, including hours of operations, address, phone number, and email address.
- Organizational Chart
- Size of agency and personnel.
- Staff competencies (i.e., resumes, qualification, certifications, and experience in the field)
- Describe of your firm's customer service (i.e., call centers, level of service to be expected) in detail.
- Describe in detail in the amount of services or coverage outsourced to other brokers, if any
- Describe the broker's approach and ideas related to services and management of accounts. Services shall include coordination of underwriting submissions, delivery and explanation of premium quotations, coverages, etc., issuance and delivery of policies as proposed, provision of ongoing services throughout the year-to-date coverage as needed, provision of loss control/safety services (be very specific in describing the service), premium/claim reporting, etc.
- Explain how your firm documents and follow-up with requests to Insurance carriers to:
 - Quote Coverage
 - Bind Coverage
 - Make Changes (Endorsements) to Policies
 - Billing Issues
 - Ability to provide month billing service

D. Qualifications (Maximum of 25)

- List the names of the account team who would be representing ESP; include their qualifications, certifications, and number of years of experience in this field.
- Describe your firm's commitment to ESP's account and expected frequency of broker/representative service contact.
- Provide a narrative stating the reasons why your firm should be awarded this contract. Emphasize in detail issues/practices/processes that make your firm unique or give your firm special advantages over others.
- Provide examples of proactive and aggressive pursuit of negotiation of favorable policy terms, conditions and pricing of insurance coverages and related services. Disclose if your firm has access to or control of specialty or unique markets or programs that are generally unavailable to other competitors.

E. Understanding of Needs (Maximum of 20)

- Provide a narrative on how your firm understands ESP's needs and how these needs will be met by awarding the contract to your firm.

F. Fees/Compensation for Broker Services (Maximum of 20)

- Describe how your firm is compensated – by the provider or through commission from your client; include the amount for each provider. Be specific about arrangements that may involve contingency commission, overrides based on total book of business, loss ratios, etc. Failure to disclose compensation will be considered unresponsive.

G. Certification and W-9

The Offeror must sign and include as attachments to its proposal the Certification and W-9 enclosed with this RFP.

IV. PROPOSAL EVALUATION

A. Submission of Proposals

All proposals shall include two copies of the Offeror's proposal and two copies of the signed Certification. These documents will become part of the contract.

B. Nonresponsive Proposals

Proposals may be judged nonresponsive and removed from further consideration if any of the following occur:

1. The proposal is not received timely in accordance with the terms of this RFP.
2. The proposal does not follow the specified format.
3. The proposal does not include the Certification.

C. Evaluation

Evaluation of each proposal will be based on the following criteria:

Factors		Point Range
1.	Prior experience. ESP will contact prior customers to verify experience provided by the Offeror.	0-10
2.	Value Added Services/Products	0-15
3.	Organization, size, and structure of Offeror's firm	0-10
4.	Qualifications of Offeror to complete this contract.	0-25
5.	Offeror's understanding of ESP needs and objectives.	0-20
6.	Fees/Compensation for Broker Services	0-20
MAXIMUM POINTS		100

D. Review Process

ESP may, at its discretion, request presentations by or meetings with any or all Offerors, to clarify or negotiate modifications to the Offeror's proposal.

However, ESP reserves the right to enter into a contract without further discussion of the proposals submitted. Therefore, proposals should be submitted initially on the most favorable terms, from both technical and price standpoints, which the Offeror can propose. ESP contemplates award of the contract to the responsible Offeror with the highest total points.

V. Standard Terms & Conditions

**Standard Terms & Conditions
(PLEASE SIGN AND ATTACH TO THE RFP)**

Termination:

1. Termination with Cause

Enrichment Services Program, Inc. reserves the right to terminate this contract at any time for cause. The violation of any provision or condition contained in this contract, or the refusal, failure, or inability to carry out any provisions of this contract shall constitute sufficient grounds to terminate this contract for cause. Should Enrichment Services Program, Inc. elect to terminate this contract for cause, Enrichment Services Program, Inc. will notify the Contractor 30 days prior to the termination date and shall specify the cause for termination as well as the date the termination shall be effective. This termination notice will be issued via a written letter sent by certified U.S. mail or electronically by email. Immediate dismissals may be executed if deemed necessary by Enrichment Services Program, Inc.

2. Termination Without Cause

Enrichment Services Program, Inc. and the Contractor may terminate this contract without cause. Written notice of termination must be sent via certified U.S. mail no later than thirty (30) days prior to the termination date.

Relationship of Parties: It is understood by the parties that the Contractor is an independent entity with respect to ESP, and not an employee of ESP. ESP will not provide fringe benefits, including health insurance, paid vacation, or any other employee benefit, for the benefit of the Contractor or the Contractor's employees. The Contractor shall provide proof of liability insurance within ten (10) working days naming ESP as additional insured upon execution of the agreement.

Notices: All notices required or permitted under this Agreement shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid.

Entire Agreement: The Agreement, with this attachment, contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement and these Terms and Conditions supersede any prior written or oral agreements between the parties.

Amendment: The Agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

Change Orders: No Change Orders will be acceptable unless written approval is given by ESP prior to the work being performed. Any pricing quoted in the Contractor's proposal should be a

“Not to exceed” price and strictly adhered to, unless a Change Order is instigated by a request from ESP.

Nonfederal Match: The Contractor for services rendered may elect to contribute as an in-kind donation the difference between the Contractor’s normal and customary fees/services and the fees and/or services charged to ESP by virtue of the ESP being a non-profit organization.

Severability: If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable.

Indemnity: THE CONTRACTOR OR COMPANY IS ACKNOWLEDGED AS AN INDEPENDENT CONTRACTOR OF ESP AND AS SUCH WILL INDEMNIFY AND HOLD HARMLESS ESP FOR ANY AND ALL LOSS, EXPENSE, AND/OR CLAIMS ASSOCIATED WITH OR ARISING OUT OF SUCH INJURY OR DAMAGE DUE TO THE ACTIVITIES OR FROM ANY ACT OR OMISSION OF THE CONTRACTOR, ITS BOARD MEMBERS (IF APPLICABLE), EMPLOYEES, REPRESENTATIVES, FAMILY MEMBERS, INVITEE, AND VOLUNTEERS.

Insurance. The contractor shall acquire and carry throughout the contract term any applicable insurance, including workers comprehensive or employee accident insurance if the contractor has employees. At a minimum the contractor shall secure liability/professional insurance if there are no employees or sub-contractors. Proof of insurance shall be furnished by the Contractor prior to the first day of work.

Right of Access to Contractor Records: ESP, the awarding agency, the Comptroller General of the United States, or any of their duly authorized representatives shall have access to any books, documents, papers, and records of the Contractor that are directly pertinent to a specific program (such as but not limited to Head Start, Early Head Start, CSBG, LIHEAP) for the purpose of making audits, examinations, excerpts, and transcripts. Records shall be maintained for at least three years from the termination date of the agreement.

Waiver of Contractual Right: The failure of either party to enforce any provision of the Agreement shall not be construed as a waiver or limitation of that party’s right to subsequently enforce and compel strict compliance with every provision of this Agreement.

Applicable Law: This Agreement shall be governed by the laws of the State of Georgia unless superseded by federal law.

Equal Opportunity. During the performance of this contract, the CONTRACTOR agrees to follow:

1. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, age, religion, disability, political belief, sex, or national origin. The CONTRACTOR shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment without

regard to their race, color, age, religion, disability, political belief, sex, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices to be prepared by the Contracting Officer setting forth the provisions of this Equal Opportunity clause.

2. The CONTRACTOR shall, in all solicitation or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants shall receive consideration for employment without regard to race, color, religion, sex, or national origin, or political belief.

Additional Provision:

Immigration Reform and Control Act.-

- Requires employers to attest to their employees' immigration status
- Makes it illegal to knowingly hire or recruit unauthorized Immigrants.

CERTIFICATIONS: By signing, the Contractor agrees to and certifies, if applicable, that:

1) The CONTRACTOR shall be in compliance with the Copeland Act, 18 U.S.C. 874, as supplemented by Department of Labor regulations, 29 CFR part 3, providing that each contractor and sub-recipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up part of the compensation to which he is otherwise entitled. The recipient shall report all suspected or reported violations to the AGENCY.

2) The CONTRACTOR shall take action to ensure that all work is performed in accordance with OSHA guidelines and OSHA required record keeping and training is current and ongoing.

4) If this contract requires renovation or construction, then the CONTRACTOR shall, if on-site costs exceed \$2,000.00, comply with the Davis-Bacon Act and pay employees the rate of pay in accordance with Department of Labor "prevailing wages" schedule and supply the Agency with the DOL required certification forms and payroll records.

4) The CONTRACTOR shall be in compliance with the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). Violations shall be reported to the HHS and the appropriate Regional Office of the Environmental Protection Agency.

5) The CONTRACTOR shall to the best of its knowledge or belief, not be currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal or state agency, and are not currently or previously been indicted or convicted either civilly or criminally by a governmental entity (local, state or federal) for violations of procurement, consumer, and/or felony statutes. The Contractor is not listed in the General Services

Administration’s List of Parties Excluded from Federal Procurement or Non-procurement Programs

6) The CONTRACTOR shall not and will not use Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. 1352.

7) The CONTRACTOR shall include the provisions of paragraphs (1) through (7) in every subcontract or purchase order (over \$100,000) unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order No. 11246 of September 24, 1965, as amended by Executive Order No. 11375 of October 13, 1967, so that such provisions shall be binding upon each subcontractor or vendor.

In the event of the CONTRACTOR’S noncompliance with the above terms, conditions, and certifications or with any state or federal rules, regulations, or orders, this agreement may be canceled, terminated, or suspended, in whole or in part, and the CONTRACTOR may be declared ineligible for further contracts. No other terms and conditions may take precedence without the written permission of ESP.

I have read the above and agree to abide by these terms and conditions. I further, by my signature, certify that I am an authorized representative of the CONTRACTOR with authority to obligate such to comply with the above with the exception of the following:

Executed this ____ day of _____, 20__

By:
Contractor _____ Date _____

Company _____

By:
Agency _____ Date _____

Enrichment Services Program, Inc.

VI. CERTIFICATIONS

On behalf of the Offeror:

- A. The individual signing certifies that he/she is authorized to contract on behalf of the Offeror.
- B. The individual signing certifies that the Offeror is not involved in any agreement to pay money or other consideration for the execution of this agreement, other than to an employee of the Offeror.
- C. The individual signing certifies that the prices in this proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition.
- D. The individual signing certifies that the prices quoted in this proposal have not been knowingly disclosed by the Offeror prior to an award to any other Offeror or potential Offeror.
- E. The individual signing certifies that there has been no attempt by the Offeror to discourage any potential Offeror from submitting a proposal.
- F. The individual signing certifies that he/she has read and understands all of the information in this Request for Proposal.
- G. The individual signing certifies that the Offeror, and any individuals to be assigned to the contract, does not have a record of substandard work and has not been debarred or suspended from doing work with any governmental organization.

Dated this _____ day of _____, 20_____.

(Offeror's Firm Name)

(Signature of Offeror's Representative)

(Printed Name and Title of Individual Signing)

EXHIBIT A – Contractor Information

1. Name of Business _____
 Previous Name of Business, if applicable _____
2. Owner of the Company _____
3. Address/Location of the Company _____
4. List the number of years in business _____
5. Is your business classified as Women/Minority Owned? Please encircle-Yes or No
6. List the number of people employed on a regular basis. _____
7. Do you maintain an office that is staffed during normal daily working hours?

8. Describe the equipment, quantity of equipment, and vehicles to be used for these services.

9. Have any of your principal employees been included in the List of Parties Excluded from Federal Procurement or Non-procurement Programs? Please encircle-Yes or No
10. List or detail all pertinent information and data that would indicate the ability of your organization to satisfactorily fulfill the work as outlined in this Request for Proposals. Attach separate sheet if needed.

11. Have you or a member of your management team personally inspected the proposed work sites?
12. Who is the point of contact in the event your firm is awarded the contract?

 E-mail Address: _____
13. List at least five (5) references (not residences; preferably non-profit organization, schools, early childhood/pre-school centers) in which your company has provided Broker for Employee Benefits within the past five (5) years.

Company Name	Please	Check	If	Contact Name	Telephone Number
	Non-Profit	School	Early Childhood		

Exhibit B – Vendor form


Enrichment Services Program, Inc CONTRACTOR SET-UP OR CHANGE REQUEST		 <small>A Community Action Agency</small>							
Contractor DUNS No. _____ (9 digits issued by Duns and Brad Street)									
Are you registered with Better Business Bureau (BBB)? _____ Yes _____ No									
Contractor Status <u>New</u> <u>Existing</u> <u>Re-activate:</u>									
Legal Name of Contractor _____ (d/b/a, if applicable) _____									
Contact Name: _____									
Physical Address _____ City, State, Zip _____									
Mailing Address _____ City, State, Zip _____									
Bus. phone: _____		Alt. phone: _____							
Fax: _____		Email: _____							
Subject to Davis Bacon Act (Select YES if providing building repairs or equipment >\$2,000) Yes _____ No _____									
Attachments: Certificate of Insurance- Yes _____ No _____ Form W-9- REQUIRED _____									
Self Declaration: Minority/ Women Owned _____ Veteran _____ Small Business _____ No. of employees _____									
I certify that this organization nor any individual working here has been debarred from doing business with the federal, state or local government.									
Signature _____ Name _____ Title _____									
Description of goods and services provided or to be provided:									
Finance Department									
Approved Yes _____ No _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">Approval Signature</th> <th style="width: 20%;">Date</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Approval Signature	Date				
Approval Signature	Date								
Comments:									
System Information									
Contractor/Vendor ID: _____									
Contractor/Vendor CLASS: _____									
Contractor/Vendor TYPE: _____									
Default Coding: Expense Acct. _____		Distribution Code: _____							
Changed by: _____									

Exhibit C – W-9

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
--	---	---

Print or type See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																						
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requestor</i> for guidelines on whose number to enter.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> </td> <td style="text-align: center;">-</td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> </td> <td style="text-align: center;">-</td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> </td> </tr> <tr> <td colspan="6" style="text-align: center;">or</td> </tr> <tr> <td colspan="6" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> </td> <td style="text-align: center;">-</td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> </td> <td style="text-align: center;">-</td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> </td> </tr> </table>	Social security number		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					-	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					-	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					or						Employer identification number						<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					-	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					-	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>				
Social security number																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					-	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					-	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>																																										
or																																																						
Employer identification number																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					-	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					-	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>					<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%; height: 20px;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>																																					

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Exhibit D – Cost Proposal/Execution of Proposal

By submitting this proposal, the potential Contractor certifies the following:

- This proposal is signed by an authorized representative of the firm.
- The Contractor can obtain insurance certificates as required within 10 calendar days after notice of award.
- The Contractor will complete the Form W-9 -Request for Taxpayer Identification Number and Certification (Exhibit E)
- The cost and availability of all equipment, materials, and supplies associated with performing the services described herein have been determined and included in the proposed cost.
- All labor costs, direct and indirect, have been determined and included in the proposed cost.
- The Contractor has conducted site visits and is aware of prevailing conditions associated with performing these services.
- The potential Contractor has read and understands the conditions set forth in this RFP and agrees to them. If exceptions exist, they should be listed on a separate numbered sheet.

Therefore, in compliance with this Request for Proposals, and subject to all conditions herein, the undersigned offers and agrees, to perform the services in accordance with the specifications and conditions in this RFP at the prices quoted, if this proposal is accepted within 90 days from the date of the opening.

CONTRACTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____ FAX: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER/: _____

SOCIAL SECURITY NUMBER

E-MAIL: _____

BY: _____
Signature

Typed or printed name

Title

Date

THIS PAGE **MUST** BE SIGNED AND INCLUDED IN YOUR PROPOSAL.