



WORKFORCE **CENTRAL FLORIDA**

REQUEST FOR QUALIFICATIONS

BROKER SERVICES

ISSUE DATE:
December 16, 2013

PROPOSAL SUBMISSION DEADLINE:
January 13, 2014, 5:00pm (ET)

VENDOR SELECTION:
January 21, 2014
(Planned)

Workforce Central Florida
707 Mendham Boulevard, Suite 250
Orlando, Florida 32825

REQUEST FOR QUALIFICATIONS BROKER SERVICES

INTRODUCTION:

Central Florida Regional Workforce Development Board, d/b/a Workforce Central Florida (WCF) is requesting proposals for brokerage services including:

- Liability Insurance
- Employee Health and Welfare Plans

SCOPE OF WORK:

The purpose of this Request for Qualifications (RFQ) is to obtain statements of qualifications and proposals from qualified companies to be the insurance broker and consultant for Workforce Central Florida for liability and/or employee health and welfare insurance plans and policy management. Organizations may bid for Liability Brokerage services only, Employee Health and Welfare Benefits Brokerage Services only, or both. Insurance coverage includes, but is not limited to:

Liability Insurance:

- Commercial General Liability Insurance Coverage
- Professional Liability
- Auto Liability Coverage
- Property Coverage
- Directors and Officers (including Employment Practice Liability Insurance)
- Crime and Fiduciary Coverage
- Umbrella Coverage
- Workers' Compensation

Employee Health and Welfare Benefit Plans:

- Group Medical Insurance Coverage
- Vision
- Dental
- Life and Disability
- Health Reimbursement Account Administration
- COBRA administration Services
- Employee Assistance Program

Proposals may be submitted for one or multiple brokerage services described above.

BACKGROUND:

WCF is a not-for-profit corporation organized under the laws of the State of Florida, and has been determined exempt by the Internal Revenue Service under the provisions of IRS Code, Section 501 {c}(3). We have been certified by the Governor as a Regional Workforce Board for the purposes of implementing programs authorized by the federal Workforce Investment Act (WIA) and the state’s Workforce Innovation Act. Our principal function is providing oversight, policy guidance, and operational support to the workforce development system in the five Central counties of Orange, Osceola, Seminole, Lake and Sumter. Visit our website: www.workforcecentralflorida.com to learn more.

The initial period of performance for contracts awarded under this RFQ will be from July 1, 2014 through June 30, 2015, provided performance remains acceptable during that period. WCF shall have the option, in its sole and absolute discretion, to renew the contract for four additional terms of one year each. The offer of an option renewal period is not guaranteed, and the award of the initial contract does not imply an exercise of the option renewal. Acceptable proposals shall, at a minimum, meet the specifications contained in this RFQ.

Initial Contract and Option Periods			
	Fiscal Year	Contract Period	
		From:	To:
Initial	FY 2015	July 1, 2014	June 30, 2015
Option 1	FY 2016	July 1, 2015	June 30, 2016
Option 2	FY 2017	July 1, 2016	June 30, 2017
Option 3	FY 2018	July 1, 2017	June 30, 2018
Option 4	FY 2019	July 1, 2018	June 30, 2019

It is the intent of the Board to award individual contracts for each of the service areas identified in this solicitation. In accordance with sections 607.1501, 608.501, and 620.169, Florida Statutes, foreign corporations, foreign limited liability companies, and foreign limited partnerships must be authorized to do business in the State of Florida.

Any organization awarded a contract as the result of this solicitation will be required to be authorized and licensed to conduct business in the state of Florida prior to contract execution.

Any contract awarded under this RFQ is subject to available funding. The specific method of payment for services to be rendered shall be as set forth in the negotiated contract and will be contingent upon demonstration that the negotiated performance deliverables have been successfully accomplished to WCF’s satisfaction, and submittal of an invoice with supporting documentation.

For any contract awarded as a result of this RFQ, the Contractor shall supply all

personnel, labor, materials, equipment and supplies necessary in performance of the contract.

Subcontracting of any services awarded under this solicitation is not allowed without the prior express written consent of WCF.

EXPECTATIONS:

General insurance brokerage services for both Liability and Employee Health and Welfare Benefits.

- Serve as designated insurance broker of record as of the next policy renewal.
- Expectation is that you will engage prior to renewal of benefits and liability to manage our annual renewal process.

Liability insurance brokerage services

Manage annual insurance renewal process

- Review current insurance policies and recommend revisions to help optimize coverage.
- Oversee the bid process
- Assist with completing insurance applications
- Analyze insurance proposals and present results and recommendations

Claims Assistance

- Facilitate the reporting of claims to insurance carriers.
- Facilitate communication with insurance carriers during the claims management and resolution process

Risk Management Assistance

- Provide quarterly claims and loss history reports.
- Understand the company's risk management process and make cost effective recommendations for improvement.
- Loss control.

Ongoing Support

- Update Workforce Central Florida management on statutory or regulatory changes that may impact insurance limits, premiums, or coverage availability.
- Inform Workforce Central Florida management of changes in the liability insurance market, particularly those that will influence rates and insurance availability.

- Assist Workforce Central Florida management with maintaining copies of current insurance policies, certificates of insurance, etc.

Employee health and welfare insurance brokerage services

Manage annual insurance renewal process

- Review insurance policies and employee benefit plans and recommend revisions to optimize coverage.
- Assist with completing insurance applications;
- Oversee the bid process
- Analyze insurance proposals, present the results and make recommendations
- Negotiate renewals
- Review insurance policies for accuracy and adherence to prior agreements.
- Review contracts with vendors for accuracy in rates, benefits, eligibility, and coverage definitions.
- Ensure summary plan descriptions and plan documents are received from vendors and review them for accuracy.

Claims Assistance

- Coordinate health insurance claims review meetings at least quarterly. Meetings will be held onsite at Workforce Central Florida with broker and vendor representatives.
- Provide recommendations to proactively address claims trends.

Open Enrollment

- Assist with the development of open enrollment materials
- Ensure open enrollment materials are ordered from vendors
- Create presentations for and participate in open enrollment meetings
- Coordinate vendor representation at open enrollment meetings

Ongoing support

- Assist in resolving insurance issues throughout the year, including helping employees with complicated insurance issues.
- Ensure Form 5500 information is received from vendors as required.
- Conduct employee and/or management training sessions related to employee benefits and efficient utilization of benefit plans.
- Support employee wellness initiatives.

- Update Workforce Central Florida on statutory and regulatory changes and requirements pertaining to employee benefits and insurance.
- Inform Workforce Central Florida of charges in the employee benefits insurance market that may influence rates or insurance availability.

MINIMUM RESPONDENT QUALIFICATIONS:

WCF is seeking established organizations with a minimum of ten (10) continuous years of experience in the business of compensation management, which includes specific experience in the full scope of survey, analysis, design and implementation of classification and compensation systems. Please describe your organization and list proposed staff who would be assigned to this project and their anticipated involvement (by percentage or hours). Identify the project manager and the project team, and describe the role to be performed by each person.

PERSONNEL:

Name the principal and other key personnel who will be fully responsible for the account. Provide a resume or professional qualifications and the related educational background of the personnel assigned to the account. Be sure to list each person's title and area of expertise. Include experience with non-profit organizations.

COST PROPOSAL COMPENSATION:

We expect the broker to work on a commission basis. The Broker will provide a list by policy of commissions paid to them or fees charged by them or any third party vendor for any product sold to Workforce Central Florida.

PREMIUMS:

Describe how your brokerage services will impact the premiums of Workforce Central Florida pays to insurance carriers. Describe your approach to negotiating the best possible premiums rates for Workforce Central Florida.

RATES FOR ADDITIONAL SERVICES:

Provide fees for any additional services your firm provides that may be of interest to Workforce Central Florida. If it should become necessary for Workforce Central Florida to request any additional as a result of specific recommendations included in any report issued on this work, then such additional services shall be performed only if set forth in an addendum to the agreement between Workforce Central Florida and the firm. Any such additional work agreed to between Workforce Central Florida and the firm shall be performed as the same rates set forth in the proposed amounts described above.

MANNER OF PAYMENT:

Payment will be made in the form of insurance premiums. Invoices for insurance coverage's provided will be delivered with the policies or endorsements.

Note to Minority/Women Business Enterprises: Vendors that qualify as minority-owned or women-owned enterprises under a federal, state or local government or public authority certification process (**M/WBE**) are encouraged to submit proposals and to identify themselves as M/WBE respondents. Any vendor or firm wishing to be considered as an M/WBE respondent must provide evidence of certified M/WBE status (such as a copy of the certification letter, etc.).

APPLICABILITY OF SUNSHINE LAWS:

Pursuant to Section 445.007, Florida Statutes, regional workforce boards (including WCF) are subject to Florida Sunshine Laws (chapters 119 and 286 and s. 24, Art. I of the Florida State Constitution). The respondents acknowledge that WCF is subject to Florida's Public Records and Sunshine Laws. Accordingly, materials produced by the respondents under this RFQ, as well as certain meetings and other communications, will be subject to such laws.

INSTRUCTIONS TO PROPOSERS:

This Request for Qualifications (RFQ) is a solicitation and not an offer to contract. Firms desiring to provide Classification and Compensation Study as described in this RFQ must submit sealed responses in the following manner: one (1) original and five (5) copies plus one digital (flash drive) version of the proposal clearly marked with the Respondent's business name not later than 5:00pm, EST. on, January 13, 2014, directly to WCF.

Responses must be submitted to the attention of:
Nilda Blanco, *Compliance Director*,
C/o Workforce Central Florida
707 Mendham Boulevard, Suite 250
Orlando, Florida 32825.

We will only accept electronic copies compatible to Microsoft Office Word 2010 or in Acrobat PDF. Responses by telephone, fax, or e-mail will not be accepted. Such responses will be rejected as non-responsive regardless of when such responses are received. **It is the respondent's sole responsibility to ensure his or her proposal reaches WCF on time.**

Respondents are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if your bid, proposal or quotation is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address.

Any proposal may be withdrawn until the date and time set above for final submission of proposals. Any proposals not so withdrawn will constitute an irrevocable offer, for a period of 90 days, to provide the services set forth in this Request for Proposals, or until one or more of the proposals have been awarded. Preparation costs for responses to this RFQ are solely those of the respondent, and WCF assumes no responsibility for any of such costs.

WCF contemplates entering into a one-year, renewable agreement for services (with a right of convenience termination in favor of WCF). WCF shall have the option, in its sole and absolute discretion, to renew the contract for two additional terms of one year each. The offer of an option renewal period is not guaranteed, and the award of the initial contract does not imply an exercise of the option renewal. Acceptable proposals shall, at a minimum, meet the specifications contained in this RFQ. The agreement form and terms and conditions will be negotiated with the selected agency (but will be generally consistent with this RFQ).

Important Notice to All Respondents: WCF is funded entirely by federal grants. Accordingly, all sums due and payable by WCF are subject to ongoing Congressional appropriation and actual funding from the U.S. Department of Labor, the U.S. Department of Health and Human Services, the U.S. Department of Agriculture and the Florida Department of Economic Opportunity.

RFQ QUESTIONS:

All questions/inquiries regarding this RFQ are to be submitted electronically to: VendorResponses@wcfla.com between December 16, 2013 and January 10, 2014. Please type “Classification and Compensation Study RFQ” in the subject line. Final clarifying and technical questions are due by 3:00 P.M. (EST) on January 8, 2014. All questions by potential proposers will be addressed in a Q&A section posted to WCF’s website. (www.workforcecentralflorida.com).

Respondents may not direct any queries or statements concerning their proposal to the WCF board of directors, officers or staff (or business associates or family members of any of the foregoing) except as specifically permitted below. Any respondent who initiates any communications in any manner other than that described below is subject to disqualification from this procurement.

WCF may issue an addendum to this Request for Proposals. WCF will make the addendum available on its Website for access by potential respondents.

PROPOSAL FORMAT AND REQUIREMENTS:

Proposals must be in the format delineated below with each section specifically tabbed and identified. Responses must be no longer than 20 Pages in length as per the proposal format outlined below. Acceptable proposals shall, at a minimum, meet the specifications contained in this RFQ. Respondents are responsible for determining all factors necessary for the preparation of informative, responsive proposals. Proposals should demonstrate methods and expertise to accomplish the tasks identified in the Scope of Work. The contents of the proposals should be clear, concise, and easy to

understand. Proposals that do not meet the requirements will be deemed non-responsive.

WCF reserves the right to award a contract pursuant to this RFQ without further discussion with respondents. Therefore, it is important that each proposal is complete and adheres to the format and instructions set forth below:

1. Attachment A - Cover Page

2. Narrative - The firm's prior experience with similar service/contracts.

Please address the following:

- Describe the insurance brokerage expertise of your company with respect to non-profit agencies. Describe your customer service approach with non-profit organizations.

- List the major insurance companies your firm has a strong relationship with related to Employee Group Medical Insurance Coverage. Project whether you think you would approach the same markets on behalf of Workforce Central Florida's account.

- Describe your history of community involvement. Does your company actively seek opportunities to improve the communities in which you conduct business?

A. Professional Qualifications and Experience

- Company credentials - briefly describe the professional licenses, certifications and affiliations held by your firm that are relevant to the work of the project;
- Experience with projects of a comparable nature, specifically nonprofit and/or workforce development board experience, in a project of this type.
- Relevant experience and qualifications of personnel to be assigned to the project the proposed cost.
- The respondent should briefly describe its organization, size and structure. Please indicate the number of staff (owners, partners, principals, managers and professional/technical employees.
- Describe your organization's availability to provide high levels of customer service.

B. Staff

List proposed staff who would be assigned to this relationship. Identify the team members and describe the role to be performed by each person. Please include:

- Position with your firm
- Professional degree/certification(s)
- Years of experience
- Years of experience with your firm
- Area(s) of expertise

3. Attachment B – Past Performance

Please be brief and to the point. We do not expect a list of all performance criteria – include only the key points that you have determined to best relate to the requirements of this RFQ. A maximum of 1 page per project/contract and a minimum of 4 projects are required. Respondents may list more than 1 contract/project per page by simply duplicating the table on the page.

4. Price Proposal

- Please indicate the cost of performing the service.

EVALUATION PROCESS AND SELECTION CRITERIA:

The appointed WCF Evaluation Committee will review and evaluate each proposal and will make a recommendation to the WCF President and CEO based on the criteria established in this section. The WCF Board of Directors will make the final selection of the vendor in its discretion.

All proposals will be rated by the members of the WCF Evaluation Committee. The points given to each selection criteria category (see below) by individual Committee members will be averaged to determine a respondent’s score for each category. Each respondent’s category scores will be added to arrive at a total overall score. **Although the Committee will use the category and overall scores as a guide, the Committee has the right to make its final recommendation based on the best interest of WCF to depart from such scores.**

WCF intends to award the agreement for the required services to the firm that most closely meets the specific needs of WCF, not solely on the basis of price. Proposals will be evaluated upon a combination of price and qualitative considerations. Qualitative considerations may include professional reputation, experience, expertise and other factors. The Committee may request additional information while reviewing proposals from any or all respondents. The Committee reserves the right to contact and evaluate any respondent’s references; contact any respondent to clarify any response; contact any of respondent’s current or former clients or solicit information from any available source deemed pertinent to the evaluation process.

ELECTION CRITERIA AND MAXIMUM POINT VALUES:

<u>CRITERIA</u>	<u>MAXIMUM POINTS</u>
Experience and Qualifications A. Experience and credentials of the firm (15 points) B. The firm’s prior experience with similar service/contracts (15 points)	30
Proposal Content A. Services to be provided	20
Past Performance/References	20

A. Past performance - Attachment B (10 points) B. References obtained by WCF (10points)	
Proposed Fees	30
M/WBE STATUS – 5 points bonus	
TOTAL	100

APPEAL PROCESS:

All proposers have the right to appeal the process. Parties wishing to protest a contract award may submit their objections in writing within 3 business days after the date of the notification of intent to award to another proposer to the President/ CEO of Workforce Central Florida. The appeal must state the specific reason for the appeal and must be based on one or more of the following criteria:

- A clear and substantial error or misstated facts by the rating team upon which the decision was made.
- Unfair competition or conflict of interest in the decision making process.
- Any illegal or improper act or omission in connection with the solicitation or selection of the proposer.
- Other grounds that may substantially alter WCF's award decision.

The WCF President/CEO will review the appeal and respond within 10 days after receipt of the letter from the aggrieved proposer. Failure to file a protest within 3 business days after the date of notification of intent to award the contract will constitute a waiver of the proposer's right to appeal.

If the aggrieved proposer is not satisfied with the President/CEO's response, the proposer may appeal to the WCF Executive Committee by sending written request by certified mail, within 15 days after the proposer's receipt of the President/CEO's response to:

Chair, WCF Executive Committee
707 Mendham Blvd., Suite 250
Orlando, FL 32825

The appeal will be scheduled to be heard at a time and place set by the Executive Committee Chair within 30 days after receipt of proposer's request. The meeting will be advertised and open to the public in accordance with applicable law. Decisions by the WCF Executive Committee are final.

The appeal will not prevent WCF from conducting contract negotiations and implementation of tasks with the prevailing proposals if it is in the best interest of the organization to do so.

Proposers not selected for award may request a meeting to discuss their proposal and receive technical feedback from WCF staff. A written request for a debriefing may be submitted to the President/CEO who will designate staff to conduct the review within 30 days of such request.

ATTACHMENT A

Cover Sheet

Business name of respondent: _____

Business Address: _____

Phone: () _____ **Fax:** () _____

Years in Business: _____

DUNS Number: _____ **FEIN Number:** _____

Name, title and contact information of person authorized to answer any questions about the proposal, negotiate the contract terms and contractually bind the respondent:

Name and Title: _____

Phone: () _____ **Fax:** () _____ **Email:** _____

I do hereby certify that this proposal is submitted in accordance with the provisions and conditions outlined, that this firm, acknowledges and accepts the terms and conditions of this RFQ by tendering an offer to WCF; that all the information is complete and accurate, and that this proposal represents a firm and fixed offer to provide the requested services. This offer shall remain valid for a minimum of 90 days. I also certify that the fees in the proposal have been arrived at independently, without consultation, communication, or agreement with any other bidder or with any other competitor for the purpose of restricting competition, as to any matter relating to such fees; and no attempt has been made or will be made by the bidder to induce any other person or organization to submit or not submit a proposal for the purpose of limiting or restricting competition. I further certify that this organization can and will provide and make available, at a minimum, all services described in the proposal.

Signature of Authorized Representative

Date

Printed Name and Title

ATTACHMENT B

PAST PERFORMANCE

Respondent: _____

Describe your past performance for same or similar services described in the RFQ, or comparable experience by completing the following:

Contract/ Project Title:	
Contact Information (include organization name/address, primary point of contact name/title, telephone, and email address).	
Date Started:	Date Completed:
Brief summary of services provided (narrative):	
Level of service delivery satisfaction:	
Additional comments:	

Attachment C

Relationship Disclosure Form

Relationship Disclosure Form

The purpose of this form is to document any personal or business relationships between the Respondent (defined below) and any one or more of the following: (i) Pamela Nabors, President & CEO of WCF; (ii) WCF's current board of directors; and (iii) an employee of WCF. A listing of WCF's current board may be found here: <http://www.workforcecentralflorida.com/about-us/board-of-directors.stml>.

QUESTIONS AND ANSWERS ABOUT THE RELATIONSHIP DISCLOSURE FORM

WHAT INFORMATION NEEDS TO BE DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM?

The relationship disclosure form needs to disclose pertinent background information about the Respondent and his/her or personal or business relationship, if any, with any Workforce Central Florida staff or board member.

In particular, Respondents must disclose whether any of the following relationships exist: (1) Respondent is a relative of a WCF staff or board member; (2) a WCF board member is an employee of Respondent; (3) Respondent is an employee of WCF; or (4) Respondent is a business associate of any WCF board member.

HOW ARE THE KEY RELEVANT TERMS DEFINED?

Respondent means the individual(s) or firm making any proposal pursuant to this RFP/RFQ (and, if Respondent is a law firm, all partners and other equity-level lawyers of the law firm).

Business associate means any person or entity engaged in or carrying on a business or commercial activity with any other person who is a WCF staff or board member, whether as an independent contractor, co-owner, partner, member, trustee or beneficiary, joint venturer, vendor, consultant, service provider, officer, director or shareholder (excluding shares traded on a regulated national or regional securities exchange).

Employee means any person who receives remuneration from an employer for the performance of any work or service while engaged in any employment under any appointment or contract for hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors. (See Section 440.02(15), Florida Statutes)

Relative means an individual who is related to a WCF staff or board member as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband,

wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandparent, great grandparent, grandchild, great-grandchild, step-grandparent, step-great-grandparent, step-grandchild, step-great-grandchild, person who is engaged to be married to a WCF Principal or who otherwise holds himself or herself out as or is generally known as the person whom a WCF Principal intends to marry or with whom the WCF Principal intends to form a household, or any other natural person having the same legal residence as the WCF Principal. (See Section 112.312(21), Florida Statutes.)

DOES THE RELATIONSHIP DISCLOSURE FORM NEED TO BE UPDATED IF INFORMATION CHANGES?

Yes. It remains a continuing obligation of the applicant to update this form whenever any of the information provided on the initial form changes until a vendor is selected.

WHO WILL REVIEW THE INFORMATION DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES?

The information disclosed on this form and any updates will be a public record as defined by Chapter 119, Florida Statutes, and may therefore be inspected by any interested person. Also, the information will be made available to the Legal Services Committee and the President & CEO of WCF.

RELATIONSHIP DISCLOSURE FORM

This form must be completed by the Respondent.

In the event any information provided on this form should change, the Respondent must file an amended form on or before the date the item is considered by WCF.

Part I

INFORMATION ON RESPONDENT:

Legal Name of Respondent: _____

Business Address (Street/P.O. Box, City and Zip Code):

Business Phone () _____

Facsimile () _____

Part II

IS RESPONDENT A RELATIVE OF ANY WORKFORCE PRINCIPAL?

___ YES ___ NO

IS ANY WORKFORCE PRINCIPAL AN EMPLOYEE OF RESPONDENT?

___ YES ___ NO

IS RESPONDENT AN EMPLOYEE OF ANY WORKFORCE PRINCIPAL?

___ YES ___ NO

IS RESPONDENT A BUSINESS ASSOCIATE OF ANY WORKFORCE PRINCIPAL?

___ YES ___ NO

If you responded "YES" to any of the above questions, please state with whom and explain the relationship:

(Use additional sheets of paper if necessary)

Part III
ORIGINAL SIGNATURE REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to the date on which WCF awards an agreement for legal services. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature of Respondent

Date: _____

Print name and title of person completing this form:
