

# BID SOLICITATION



**City of Chattanooga**  
**101 East 11th Street, Suite G13**  
**Chattanooga, TN 37402**

## BID OPENING DATE AND TIME:

07-JUN-18 at 2:00 PM

**BID NUMBER: 305129**

## SEALED BIDS

Mail or submit two (2) signed copies of bid form to this office in the enclosed envelope. Retain one copy for your file.

## BUYER:

**PHONE #:** (423) 643-7230

**DELIVERY REQUIRED:**

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City of Chattanooga  
 101 East 11th Street, Suite G13  
 Chattanooga, TN 37402

Item	Class-Item	Quantity	Unit	Unit Price	Total
Requisition No.: 170397 / Bid No. 305129 Ordering Dept.: Human Resources Buyer: Deidre Keyton, dmkeyton@chattanooga.gov, 423-643-7231 *****					
<b>DESCRIPTION:</b> This shall be a twelve (12) month blanket contract for a Health Insurance Eligibility Audit for the Human Resources Department. The contract may be renewed f *****					
<b>ATTACHMENTS:</b> - Specifications must be requested by bidder by email to dmkeyton@chattanooga.gov with subject "Request for Specs for Bid 305129 Health Insurance Eligibilit - Iran Divestment Act for signature - Affirmative Action Plan for signature - No Contact/No Advocacy Affidavit, for signature, must be Notarized - Standard Terms and Conditions: available at <a href="http://www.chattanooga.gov/purchasing/standard-terms-and-conditions">http://www.chattanooga.gov/purchasing/standard-terms-and-conditions</a> *****					
*** Deadline for Questions (In writing only to dmkeyton@chattanooga.gov) is May 31, 2018, at 2:00 pm, est*** *****					
*** BIDS MUST BE RECEIVED NO LATER THAN *** ***** 2:00 PM ON JUNE 7, 2018 ***** *****					
* SUBMIT SEALED BIDS IN DUPLICATE WITH AN ADDITIONAL COPY ON A FLASH DRIVE INDICATING BID NUMBER (305129) ON OUTSIDE PACKAGING *					
***** <b>NOTE:</b> All bids received are subject to the terms and conditions contained herein and as listed in the above referenced website. The undersigned Bidder ack The City of Chattanooga reserves the right to reject any and/or all bids, waive any informalities in the bids received, and to accept any bid which in its opinion m The City of Chattanooga will be non-discriminatory in the purchase of all goods and services on the basis of race, color, or national origin. ***** <b>THE CITY OF CHATTANOOGA SHALL GUARANTEE NO MINIMUM OR MAXIMUM AMOUNT PURCHASED DURING THE LIFETIME OF THE CONTRACT.</b> ***** <b>PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:</b>					
Company Name _____					
Address _____					
Phone/Toll-Free No. _____					
Fax No. _____					
E-Mail Address _____					
Contact Person's Name _____					
Estimated Delivery _____					
Minority-Owned Business ____ Small Business ____ Veteran ____					
Minority Woman Owned Business ____ Disabled Veteran ____					
Women-Owned Business ____					

## SEALED BIDS

**BID OPENING DATE AND TIME:**

**BID NUMBER: 305129**

**BUYER:**

**PHONE #:** (423) 643-7230

# VENDOR

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Item	Value
1. The first step in the process of creating a new product is to identify a market need.	True
2. A product that is unique and has no close substitutes is said to have a high degree of differentiation.	True
3. The process of creating a new product is a linear process.	False
4. A product that is unique and has no close substitutes is said to have a high degree of differentiation.	True
5. The process of creating a new product is a linear process.	False

Class-Item

Quantity

Unit

Unit Price

Total

1

## Health insurance eligibility audit

1

Each

NOTE: ALL BIDS RECEIVED ARE SUBJECT TO THE TERMS AND CONDITIONS

ALL BIDS MUST BE SIGNED – The undersigned offers the above quoted prices under the conditions contained herein.

The City is Exempt from all Federal and State Tax.  
Bids will be received at the above mentioned address.

COMPANY: \_\_\_\_\_

TERMS OF PAYMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME AND TITLE:

Complete Text for BID 305129 Health Insurance Eligibility Audit

Requisition No.: 170397 / Bid No. 305129

Ordering Dept.: Human Resources

Buyer: Deidre Keylon, dmkeylon@chattanooga.gov, 423-643-7231

\*\*\*\*\*

DESCRIPTION:

This shall be a twelve (12) month blanket contract for a Health Insurance Eligibility Audit for the Human Resources Department. The contract may be renewed for two (2) additional twelve (12) month terms under the same Terms and Conditions by Mutual Agreement. The City of Chattanooga and the Contractor may bilaterally extend the contract by Written Confirmation by both parties at least 30 days prior to the contract's current expiration date into any successive term as provided herein.

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ATTACHMENTS:

- Specifications must be requested by bidder by email to dmkeylon@chattanooga.gov with subject "Request for Specs for Bid 305129 Health Insurance Eligibility Audit" received no later than 2:00 pm, est, June 5, 2018
- Iran Divestment Act for signature
- Affirmative Action Plan for signature
- No Contact/No Advocacy Affidavit, for signature, must be Notarized
- Standard Terms and Conditions: available at <http://www.chattanooga.gov/purchasing/standard-terms-and-conditions>

\*\*\*\*\*

\*\*\* Deadline for Questions (In writing only to dmkeylon@chattanooga.gov) is May 31, 2018, at 2:00 pm, est\*\*\*

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\*\*\* BIDS MUST BE RECEIVED NO LATER THAN \*\*\*

\*\*\*\*\* 2:00 PM ON JUNE 7, 2018 \*\*\*\*\*

\*\*\*\*\*

SUBMIT SEALED BIDS IN DUPLICATE WITH AN ADDITIONAL COPY ON A FLASH DRIVE INDICATING BID NUMBER (305129) ON OUTSIDE PACKAGING

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NOTE: All bids received are subject to the terms and conditions contained herein and as listed in the above referenced website. The undersigned Bidder acknowledges having received, reviewed, and agrees to be bound to these terms and conditions, unless specific written exceptions are otherwise stated.

The City of Chattanooga reserves the right to reject any and/or all bids, waive any informalities in the bids received, and to accept any bid which in its opinion may be for the best interest of the city.

The City of Chattanooga will be non-discriminatory in the purchase of all goods and services on the basis of race, color, or national origin.

\*\*\*\*\*

THE CITY OF CHATTANOOGA SHALL GUARANTEE NO MINIMUM OR MAXIMUM AMOUNT PURCHASED DURING THE LIFETIME OF THE CONTRACT.

\*\*\*\*\*

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

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

Address \_\_\_\_\_

Phone/Toll-Free No. \_\_\_\_\_

Fax No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Estimated Delivery \_\_\_\_\_

Minority-Owned Business \_\_\_\_ Small Business \_\_\_\_ Veteran \_\_\_\_

Minority Woman Owned Business \_\_\_\_ Disabled Veteran \_\_\_\_

Women-Owned Business \_\_\_\_