



**FRANKLIN COUNTY**  
**PURCHASING DEPARTMENT**  
**REQUEST FOR PROPOSAL (RFP) COVER PAGE**

RFP NO: 2019-36

TITLE: Payroll/ Human Resource Management System

Solicitation Schedule & Deadlines:

July 10, 2019	Solicitation Release Date
July 24, 2019 2:00pm	Deadline for Submitting Questions
July 26, 2019 4:30pm	Deadline to post Addendum
August 9, 2019 2:00pm	Deadline to Submit RFP

Responses must be received no later than "Deadline to Submit Response"  
August 9, 2019 2:00pm

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Submittal Instructions: Print this Packet in its entirety and complete all pages per instructions. Print the SEALED RESPONSE LABEL found in Attachment 1 of this packet and attach to the front of your envelope.

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

# **PURPOSE**

Franklin County is seeking proposals from qualified vendors for a complete Payroll /Human Resource Management System.

## **BACKGROUND INFORMATION**

Franklin County has full time exempt and non-exempt employees, as well as part time, temporary, and interns. We employ approximately 350 regular pay employees. Franklin County uses ADP for their benefits tracking and payroll processing. For hiring forms, timekeeping, time off request and tracking, and all other logs and tracking they are either using paper documents or spreadsheets.

## **SPECIFIC REQUIREMENTS**

1. The Payroll/Human Resource Management System shall provide the following related functions:
  - I. Employee Self Service Capability and Onboarding
    - Employees are able to view prior pay stubs and W2's.
    - Ability to view annual leave balances broken down by type.
    - Employees can see requested and approved time off requests.
    - View, edit and change current deductions with approval.
    - Ability to add or delete direct deposit information.
    - Ability for employees to edit their personal information.
    - Employees to have the ability to view handbook policy and procedures.
    - Employees need to be able to have a user account, sign in and fill out all required onboarding paperwork.
    - Needs to have the ability for background screening
    - Outline the new hire onboarding workflow.
    - The system needs to have the ability to upload Franklin County files, such as handbooks and disclosures, for the employees to read and sign during onboarding.
  - II. Benefits Processing and Benefits Open Enrollment
    - Employees can view current benefits and dependents.

- Ability to select benefits and add/remove dependents during open enrollment.
- Does the system allow communication between the selected benefits and the providers? And upon termination, does the system let the benefit providers know?
- Franklin County needs the system to accommodate FMLA tracking.
- The County offers multiple employee benefits. Each type need to have different codes. Examples of commonly used codes are:
  - Personal leave
  - Other personal leave
  - Catastrophic Illness
  - Compensatory time
  - Bereavement leave
  - Paid holidays
  - Jury/witness leave
  - Leave with or without pay
  - Retroactive pay
  - Severance pay
  - Holiday pay
  - Military leave
  - Educational leave
  - Shared leave
  - Administrative leave with or without pay
- Examples of commonly used codes, before and after tax for employee and county are:
  - Health Insurance (multiple benefit codes)
  - Dental Insurance
  - Vision Insurance
  - Life Insurance
  - Voluntary Life Insurance
  - Flexible Spending Account
  - United Way
  - CERF 457 Plan (\$ and %)
  - CERF 4%
  - CERF Buyback
  - CERF 414H
  - PA Retirement

- Nationwide 457
- AFLAC
- Union Dues
- Prepaid legal fees
- LAGERS
- Unitedway
- Negative deductions
  - PHMP
  - Replacement checks
- Garnishments

### III. Electronic Time and Attendance

- Employees have the ability to log notes to the recorded time per day.
- The system needs to have remote logins.
- Ability for department heads to approve time entries for all staff below them.
- Ability for Human Resources and Payroll to approve all entries for all Franklin County staff.
- Complete leave/time off request and approvals based on tier levels.
- Reports that can be generated based off of employee, position and department numbers.
- Is the data available in real time?
- Employees must be able to see previous period time sheets.
- Is an audit trail of any edits kept?
- Describe the procedures for archiving or retaining historical information.
- The system needs to be able to allow employees to accrue time off in a different amount based on their job code.
- Need the ability to upload and attach documents to time-off requests and benefits as needed.

### IV. Payroll Processing, Paycheck and Direct Deposit processing

- The Vendor will need to produce a step-by-step payroll process manual.
- The system must produce direct deposit advices, live paychecks, general ledger interfacing, and related reports.
- The County has multiple deduction codes for monthly, quarterly, and year to date accumulator totals.
- Payroll services must include but not be limited to the following; direct deposits, paycheck generation, biweekly and monthly payroll reports,

and the ability to review, edit and audit time and attendance before submission.

- Describe the check voiding and reissuing process.
- Must have the capability of having multiple pay types such as:
  - Car allowance
  - Retro pay
  - Non-LAGERS
- Must have the ability for a mass employee change.
- Both non-exempt and exempt employees may be allowed overtime. Exempt employees must be allowed to have overtime pay added to their paycheck, which must follow company policy, as overtime income.
- The system needs to be able to give a refund for benefits. Franklin County needs to issue refunds for benefits when an employee terminates, aka negative deductions.
- Franklin County only deducts benefits twice a month. On months with three payrolls, the third payroll does not get voluntary benefits taken out. The system needs to be able to process the 24/26 deductions.
- Must be able to support an unlimited number of earning and deduction codes.
- Needs to be able to process wage garnishments and payments.
- The county has multiple pay periods on the same pay cycle. One is Sunday-Saturday and the other is Wednesday-Tuesday.
- Vendor needs to outline exact steps to process a payroll. Vendor should specify which steps are to be performed by Franklin County and which are to be performed by the vendor.
- Payroll system must include a backup process to insure that services will continue uninterrupted in the event that the vendor is unable to obtain data or is otherwise unable to generate payroll services through the normal protocol.
- Ability to have multiple payroll batches.
- Need to be able to have labor distribution funding for when employees work in other departments.
- The ability to have multiple pay rates for an employee during the same pay period.
- The system needs to be able to set maximum limits on deductions, such as garnishments and SSA.

## V. Tax Processing, Reporting and Compliance

- System needs to generate compliance reports. (recurring and periodic)
  - Does the Company do electronic filing of ACA?
  - The ability to produce payroll reports ex. registers, masters.
  - Will need to produce weekly, bi-weekly, monthly, quarterly, and annual reports as needed.
  - The system must be able to provide reports and/or worksheets and support for required government reports such as the Affordable Care Act. EEO, OSHA, etc.
  - Must have the ability for W2 electronic filing.
  - Federal and state tax reports
  - Does the vendor file and deposit state and federal unemployment insurance reports and quarterly tax returns? If so, is this included in the base service?
  - Employees also require the following taxes and deductions taken out and processed:
    - Federal Income Tax
    - State Income Tax
    - Social Security
    - Medicare
2. The system shall require limited IT support. Upgrades shall be included as part of the service and included in the price.
  3. Provide relevant technical and legal updates.
  4. The Vendor shall provide Franklin County with a reliable customer service team with experienced and informed staff that can reply within minutes.
  5. The Vendor shall specify what kind of customization clients can do without additional fees.
  6. The system must have the ability to produce custom reports including but not limited to; payroll, human resources, benefits, etc.
  7. The Vendor will need to outline the implementation process and timeline:
    - Explaining what the training process is before, during, and after implementation.
    - The Vendor's system shall be able to pull all employee information from ADP and spreadsheets. (The Vendor is required to provide a detailed plan for the project to transfer Franklin County from ADP payroll to the new system, which needs to outline as to what job the Vendor will perform and what Franklin County will need to perform.)

- Explain the training and overseeing the process of the first payroll run.
- Provide informational manuals and training materials, and/ or step-by-step guide via website.

*\*Contract period is for one year, optional annual renewal, subject to annual appropriation. Termination notice will be given 90 days prior to the contract end date.*

## **PROPOSAL REQUIREMENTS**

It is the responsibility of the Vendor by careful personal examination of the sites, to satisfy themselves as to the location of the work, worksite conditions, and the quantity of staff required. The Vendor shall examine carefully the proposal and all other documents and data pertaining to the Project. Failure to do so shall not relieve the awarded Vendor of obligation to perform the provisions of the agreement. The Vendor shall not at any time after the execution of the agreement make any claims alleging insufficient data, incorrectly assumed conditions or claim any misunderstanding with regard to the nature, conditions or character of the work to be done under the agreement.

The County will consider proposals from Vendors with specific experience and success in Payroll/ Human Resource Management System(HRMS). All proposals must include:

1. Vendor name, address, telephone number and contact persons(s) email address.
2. Brief history of the Company.
3. Description of the Vendor’s processes, method of approach, and timeline for implementation, including identification of specific services to be provided listed in the above Specific Requirements section of this RFP.
4. List of recent (last 24 months) organizations that have used the Vendor’s services on similar projects, with contact names and contact information for reference checks
5. Pricing form, completed and signed.
6. All forms and/or tasks performed that are listed on the submission checklist below are completed and/or included with the Proposal:

*\*Only use the forms provided*

- I have reviewed the proposal schedule and deadlines, located on the solicitation cover page
- I have read ALL Terms and Conditions and Proposal Documents closely (Located at [www.franklinmo.org](http://www.franklinmo.org))
- Solicitation Cover Page
- Affidavit for Work Authorization is completed and Notarized

- Certificate of Insurance(COI)
- I have one original and three copies that are labeled accordingly
- Envelope is sealed and label attached

## **INSURANCE REQUIREMENTS**

1. The Contractor shall furnish County with a certificate of insurance indicating proof of the following insurance from company's license in the State of Missouri:

A. Worker's Compensation and Employers' Liability: Worker's Compensation Statutory in compliance with the Compensation law of the Sate and Employers' Liability Insurance with a limit no less than \$1,000,000.00 each accident.

B. Comprehensive or Commercial General Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include, but not be limited to, the following coverage.

1. Premises – Operations
2. Products and Completed Operations
3. Broad Form Property Damage
4. Contractual
5. Personal Injury

C. Automobile Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate Combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include coverage for all the following:

1. Owned Automobiles
2. Hired Automobiles
3. Non-Owned Automobiles

D. The certificate shall list the Certificate Holder and Address as follows: Franklin County, 400 E Locust Street, Room 206, Union, Mo 63084. The services provided to Franklin County shall be listed under "Description of Operations."

E. Such insurance shall include under the General Liability and Automobile Liability policies Franklin County, its employees, elected officials, representatives, and members of its board and/or commissioners as "Additional Insured's".



2. The Agreement of Insurance shall provide for notice to the County of amendment or cancellation of insurance policies 30 days before such amendment or cancellation is to take effect.

### **Employment of Unauthorized Aliens Prohibited**

- (a) Vendor agrees to comply with Missouri Revised Statute section 285.530.1 in that it shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri.
- (b) As a condition for the award of this contract, the Vendor shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. The Vendor shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.
- (c) Vendor shall require each subcontractor to affirmatively state in its contract with Vendor that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri and shall not henceforth do so. Alternatively, Vendor shall require each subcontractor to provide Contractor with a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

## Pricing Form

Schedule of Fees		
Item	Description	Total Cost for Item
a.	Pricing by Module (if applicable)	
b.	Annual Maintenance & Support Fees	
c.	Training Fees	
d.	Custom Reports	
e.	Additional Pay runs when/if required	
f.	Other reoccurring fees	
g.	Product upgrades	
h.	One time costs ( licencing, implementation, migration, training)	

**Submit detailed breakdown of pricing per item category of the above (a-h):**

a.

b.

c.

d.

e.

f.

Pricing Form Cont.

g.

h.

**Optional Contract Renewal Pricing**

\*Not to Exceed 5%

Annual % increase \_\_\_\_\_

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

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

Printed name and title \_\_\_\_\_

## **EVALUATION CRITERIA**

The criteria used to select a Firm include the following factors:

- A. Quality and responsiveness of the proposal. (10%)
- B. Ability, capacity, and experience of the Vendor to perform the services. (35%)
- C. Firm's plan/processes, services to be provided, method of approach, and schedule. (35%)
- D. Price to provide the services requested. (20%)

## **SELECTION PROCESS**

- A. Franklin County intends to award the contract to the most qualified Vendor which best demonstrates the commitment and application of experience, resources and methods to the unique project requirements.
- B. Your written response to this RFP will be used to evaluate your Vendor's qualifications, those of your proposed project team members and the suitability of your indicated approach or plan for the project. A short list of Vendor's will be selected for follow-up interviews where the Vendor will provide a demonstration of the proposed Payroll/ Human Resource Management System.

**AFFIDAVIT OF WORK AUTHORIZATION**

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now \_\_\_\_\_ (Name of Business Entity Authorized Representative)  
as \_\_\_\_\_ (Position/Title)

first being duly sworn on my oath, affirm \_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to \_\_\_\_\_ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_ (Business Entity Name)

does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to \_\_\_\_\_ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, I am  
Day Month, Year

\_\_\_\_\_  
commissioned as a notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_ and my commission expires on Date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

# AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

## CURRENT BUSINESS ENTITY STATUS

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

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Authorized Business Entity  
Representative's Name  
(Please Print)

Authorized Business Entity  
Representative's Signature

---

Business Entity Name

Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify Federal Work Authorization Program (Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218 Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

# CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published in the Vendor Information Packet on the Franklin County Official Website located at:

<http://www.franklinmo.org/bidopps>

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.

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Vendor/Contractor Signature

Date

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Vendor/Contractor Name and Title

**VENDOR INFORMATION**

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

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name Title \_\_\_\_\_

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

May we send Bid Packet and Bid Information via email? \_\_\_\_\_



# ATTACHMENT 1

## SEALED RFP LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF RFB PACKAGE

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### SEALED RFP RESPONSE ENCLOSED

DELIVER TO:

Purchasing Department  
400 East Locust St, Rm 004  
Union, MO 63084

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RFP # 2019-36 DATE: August 9, 2019 2:00pm

DESCRIPTION: Payroll/Human Resource Management  
System

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_