



REQUEST FOR PROPOSALS
COMPREHENSIVE CLASSIFICATION AND
COMPENSATION STUDY

Issue Date: Wednesday August 14, 2019

JONES COUNTY BOARD OF COMMISSIONERS
166 INDUSTRIAL BLVD./P.O. BOX 1359
GRAY, GA 31032
PHONE: (478) 986-6405
ATTN: JASON RIZNER, COUNTY ADMINISTRATOR
Jason.rizner@jonescountyga.org

PROPOSALS WILL BE RECEIVED UNTIL SEPTEMBER 12, 2019 AT 3:00 P.M.

PROPOSALS ARE TO BE SEALED AND MAILED VIA USPS, FEDEX OR UPS TO THE ABOVE ADDRESS OR HAND DELIVERED TO THE COUNTY ADMINISTRATOR'S OFFICE LOCATED IN THE JONES COUNTY GOVERNMENT CENTER AT 166 INDUSTRIAL BLVD., GRAY, GA 31032. ENVELOPES SHOULD BE CLEARLY MARKED WITH "2019 COMPREHENSIVE CLASSIFICATION AND SALARY STUDY".



JONES COUNTY, GEORGIA
REQUEST FOR PROPOSALS – COMPREHENSIVE CLASSIFICATION AND COMPENSATION STUDY

Jones County is requesting and will accept sealed proposals for a Comprehensive Classification and Compensation Study until Thursday, September 12, 2019, at 3:00 p.m. local time, by Jason Rizner, County Administrator, at the Jones County Government Center, 166 Industrial Boulevard, Gray, GA 31032.

GENERAL INSTRUCTIONS

Proposal Format

The proposal shall be prepared simply and shall be straightforward and concise. It should also adhere strictly to the proven capabilities of the Respondent to meet the requirements set forth in the Request for Proposals. A Letter of Interest shall be included in the Proposal. This letter will summarize the Respondent's understanding of the Scope of Work and commitment to perform the work in a timely manner. The letter should name all persons authorized to make representations for the Respondent, including the titles, addresses, and telephone numbers of such persons. An authorized agent of the Respondent must sign the letter. The letter should not exceed two pages in length.

RFP Cost

All costs incurred in the preparation and presentation of responses to the RFP shall be completely absorbed by the respondent. All documents submitted as part of the RFP will become property of Jones County. Requests for specific material to be returned will be considered.

RFP Submission

Companies who wish to respond must submit an original and (4) copies of the proposal in sealed packages marked "2019 Comprehensive Classification and Compensation Study". Fax and e-mail responses are not acceptable.

Responses to the RFP will be accepted until 3:00 p.m. (EST) on September 12, 2019.

Responses must be delivered to:

Mr. Jason Rizner, County Administrator
Jones County Board of Commissioners
166 Industrial Blvd.
Gray, Georgia 31032

Requests for extension of this date will not be granted. Any late proposal will not be considered. It is the sole responsibility of the Respondent to ensure that the proposal arrives at the designated location prior to the deadline.



Jones County reserves the right to reject any and all proposals, to waive any informality or technicality and to accept that proposal which, in the judgement of the proper officials, is in the best interest of Jones County.

Contact

All questions about this RFP and submission requirements must be directed in writing to Leslie Faulk via email at leslie.faulk@jonescountyga.org. Any unauthorized contact shall not be responded to and may result in the disqualification of the responder's submittal. Answers to questions submitted will be communicated to respondents via email.

RFP Amendments

It is the responsibility of respondents to check the Jones County website for RFP information and amendments.

Non-Collusion

By submitting a proposal, the respondent represents and warrants that no official or employee of Jones County has an interest, directly or indirectly in the proposal or in the final contract award. The respondent further understands proposals will be rejected if there is any evidence of collusion with another respondent.

Compliance with Laws

Respondents agree to be bound by applicable Federal, State and Local laws, regulations, and directives.

QUALIFICATION & AWARD BASIS

Jones County reserves the right to accept or reject any and all proposals or any parts of a proposal wherein its judgment, it will be in the best interest of the County; waive any technicalities/informalities in the RFP document and proposal process; and to qualify and award any or all of this contract in any manner in which Jones County, acting in the sole and exclusive exercise of its discretion, deems to be in Jones County's best interest. If no acceptable proposal is received Jones County also reserves the right to re-solicit proposals, at its sole discretion.

References

Submission of a response authorizes Jones County to make inquiries concerning the respondent and its officers to any persons or firms deemed appropriate by Jones County.



SERVICES REQUESTED

Request for Proposal to conduct a comprehensive wage market study for compensation, a study of the classification of jobs and revision of job descriptions, if appropriate.

Purpose of Request

To recommend salary schedules and pay grades in a manner that provides internal equity as well as the ability to attract and retain highly qualified employees.

Scope of Services

The scope of services required by the County in connection with this request for proposal covers those services customarily provided to government entities by firms in the practice of consulting services for compensation pay plans and classifications, wage and salary survey preparation and analysis, job analysis and descriptions, and preparation of required reports. The following describes the varied tasks that will be necessary to meet the requirements of this Request for Proposal:

1. Meetings to be held with County officials to gather information regarding the current compensation and classification plan, and to discuss any specific concerns of the County with respect to the development of a new pay plan. Later meetings to be held with County officials to present and discuss the consulting firm's intended strategy for completing the analysis of each job with the County, discuss methodology, review the overall scope of work for the project, and schedule a completion timeline for all activities.
2. Provide for a comprehensive evaluation of every job within the County to determine relative worth within the organization for internal equity and for the establishment of pay ranges and step progressions within the ranges for the tenure of an employee over a 20-year period. Included should be a comparison and analysis of salaries, wages and benefits of like or similar jobs for external equity in comparable government entities, to include the contiguous counties and cities with similar population demographics and similar number of full-time employees, and general region for which the County competes for a labor supply in Georgia.



3. Create functional job titles and corresponding job descriptions that are consistent across all departments. Condense the number of job titles and descriptions where feasible. Develop employee evaluation criteria based on job description.
4. Perform an analysis of both the wage and salary survey information and the job evaluation data to determine an equitable and appropriate pay and classification plan for the County.
5. Perform an analysis of indirect compensation, as compared to comparable government entities, to include the contiguous counties and cities with similar population demographics and similar number of full-time employees, and general region for which the County competes for a labor supply, to determine an equitable level of indirect compensation to have the ability to attract and retain highly qualified employees.
6. Perform an analysis of all positions to determine their status (exempt or non- exempt) based on requirements as established by the Fair Labor Standards Act (FLSA).
7. Provide annual maintenance of the new plan to include recommendations for adjustments to pay ranges to keep the plan competitive and current. The County will request this information by letter annually prior to the County's budget preparation. This maintenance should also include the evaluation of new positions and re-evaluation of existing positions that have changes in skills, abilities and responsibilities to perform the essential job function. The cost for this maintenance is to be listed separately in the proposal.

Specific Requirements

The compensation/classification system to be recommended as responses to this RFP must adhere to the following basic elements and characteristics: (a) the system must meet all legal requirements, (b) be totally nondiscriminatory and provide for compliance with all pertinent federal, state and local requirements (e.g., ADA, FLSA, EEO, etc.).

1. The system must be easy for management to administer, maintain, and defend.
2. The system must easily accommodate organizational changes and growth.
3. The system should be based on sound compensation principles in which internal and external equity are considered within the pay structure, as well as, the concepts of equal pay for equal work, equal pay for similar work, and equal pay for comparable work.



4. The system should provide for new positions to be incorporated into the compensation plan, as well as, regular adjustments to maintain the plan's competitiveness.
5. The County requests that all information submitted by the successful consulting firm be in Microsoft Word format and in hard copy. The County further requests the complete use of the material developed for the ability to update or change it as needed. All work provided by the consultant under contract with Jones County shall belong exclusively to the County.

Background

Jones County is a local county government located in the State of Georgia. The County operates under a council-manager form of government, with the governing Board consisting of five County Commissioners, four serving separate districts and the Chairman elected countywide. Each of those officials serves a four-year term, with all elections taking place in the same year. The last major compensation and classification review was completed July 2013 by the Middle Georgia Regional Commission.

There are 202 full-time employees spanning over 20 departments. The County's current compensation and classification plan has a pay table or ranges reflected by a minimum, midpoint and maximum for each pay grade. There are approximately 115 different title positions (i.e. job descriptions). Wherever possible, it is the goal to reduce the number of job descriptions by the use of general titles and levels within a specific job group to allow more flexibility for career planning and upgrading positions when needed.

Qualifications

The written proposal submitted should, at minimum, include the following information:

1. The attached Proposal Form (Attachment 1) should be completed and submitted as a cover page.
2. The firm's name and contact person, together with the address, telephone number, facsimile number and email address of the office from which the services will be provided.
3. A brief history of the consulting firm (limit two pages). Information should include the organizational structure, location of management, and evidence that the firm is authorized to do business in the State of Georgia.
4. A description of the services, specifically relating to the governmental sector, which the consulting firm is capable of providing, together with an explanation of how these services might best assist the County. Include specific information on specialized resources available to your firm, such as computer capability, access to market information, staff with specialized knowledge and expertise in the governmental field.



5. A chronological listing of governmental engagements, specifically within the State of Georgia, for which your firm and/or staff has served over the past three (3) years. Be sure to include specific dates and a brief description of services provided.
6. A list of references the County may contact in order to assist in the evaluation of your past performance. Please limit these references to governmental entities within the State of Georgia for whom you provided services to over the past three (3) years. For each reference listed, the information provided should consist of the following:
 - a. Name and mailing address of the governmental entity.
 - b. Name and telephone number of your contact person within said governmental entity
7. Information on the nature and magnitude of any litigation or proceeding during the past three years, whereby a court or any administrative agency has ruled against the consulting firm in any matter related to the professional services or activities of the consulting firm. Similar information should be provided for any current or pending litigation or proceeding.
8. Any additional information that you feel will be beneficial to the County in evaluating your qualifications to provide services. It is not necessary to provide an elaborate brochure or voluminous examples of work performed.

Compensation

Progress payments will be made on the basis of hours of work completed during the course of the engagement and out-of-pocket expenses incurred in accordance with the consulting firm's proposal. The County will not be responsible for the reimbursement of any cost not specifically set forth in the firm's proposal. Final payment shall not be made until the County has determined that all contractual work to be performed is complete. In addition, the County shall reserve the right to accept any part or the consulting firm's entire fee schedule and to negotiate any charges contained therein, unless otherwise qualified by the firm. Interim billing shall cover a period of not less than one calendar month.

Evaluation procedures

An evaluation team will evaluate proposals submitted. Each proposal will be evaluated for full compliance with the RFP instructions to the Respondent and the requirements set forth within the RFP document. The proposals will be evaluated on the following criteria.

1. Approach to the performance of the study and satisfaction of requirements.
2. Demonstrated professional skills and credentials of staff to be assigned to the study.



3. The firm's past experience with comparable governments and references.
4. Time line showing how the Respondent will effectively and efficiently accomplish work.
5. Overall cost of fees and maintenance to be charged.



ATTACHMENT 1

PROPOSAL FORM

COMPREHENSIVE CLASSIFICATION AND COMPENSATION STUDY

Name of Firm: _____

Primary Contact Person: _____

Address: _____

Phone Number: _____

Estimated number of hours to complete the review contemplated within the scope of services to be provided:

Proposed Date of Completion: _____

Hourly rates for performing such services: _____

Cost of Annual Maintenance: _____

Please give a not to exceed amount for complete these services: \$ _____

Authorized Representative Signature



Contractor Insurance Requirements

Contractor's Insurance Provisions: During the life of the contract and for such additional time as may be required, the contractor will provide, pay for, and maintain in full force and effect the insurance outlined here for coverages at not less than the prescribed minimum limits of liability, covering the contractor's activities, those of any and all subcontractors, or anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable.

Certificate of Insurance: Before starting work, the contractor will give the owner a certificate of insurance completed by a duly authorized representative of their insurer certifying that at least the minimum coverages required here are in effect and specifying that the liability coverages are written on an occurrence form and that the coverages will not be canceled, nonrenewed, or materially changed by endorsement or through issuance of other policy(ies) of insurance without 60 days advance written notice to:

Jones County Board of Commissioners
P. O. Box 1359
Gray, Ga. 31032

Failure of the owner to demand such certificate or other evidence of full compliance with these insurance requirements or failure of the owner to identify a deficiency from evidence provided will not be construed as a waiver of the contractor's obligation to maintain such insurance.

The acceptance of delivery by the owner of any certificate of insurance evidencing the required coverages and limits does not constitute approval or agreement by the owner that the insurance requirements have been met or that the insurance policies shown in the certificates of insurance are in compliance with the requirements.

If the contractor fails to maintain the insurance as set forth here, the owner will have the right, but not the obligation, to purchase said insurance at the contractor's expense. Alternately, the contractor's failure to maintain the required insurance may result in termination of this contract at owner's option.

Insurance Primary: All coverage required of the contractor will be primary over any insurance or self-insurance program carried by the owner.

No Reduction or Limit of Obligation: By requiring insurance, the owner does not represent that coverage and limits will necessarily be adequate to protect the contractor. Insurance affected or procured by the contractor will not reduce or limit the contractor's contractual obligation to indemnify and defend the owner for claims or suits which result from or are connected with the performance of this contract.

Duration of Coverage: All required coverage will be maintained without interruption during the entire term of this contract and following final acceptance of the property by the owner.

Subcontractor's Insurance: The contractor will cause each sub-contractor employed by contractor to purchase and maintain insurance of the types specified below. When requested by the owner, the contractor will furnish copies of certificates of insurance evidencing coverage for each subcontractor.

Insurance Limits and Coverage: To the extent applicable, the amounts and types of insurance will conform to the minimum terms, conditions, and coverages of Insurance Service Office (ISO) policies, forms, and endorsements.



If the contractor has any self-insured retentions, or deductible under any of the following minimum required coverages, the contractor must identify on the certificate of insurance the nature and amount of such self-insured retentions or deductible and provide satisfactory evidence of financial responsibility for such obligations. All self-insured retentions or deductible will be the contractor's sole responsibility.

Commercial General Liability: The contractor will maintain commercial general liability insurance covering all operations by or on behalf of the contractor on an occurrence basis against claims for personal injury (including bodily injury and death) and property damage (including loss of use). Such insurance will have these minimum limits and coverage:

Minimum limits: \$1,000,000 each occurrence
 \$2,000,000 general aggregate with dedicated limits per project site
 \$2,000,000 products and completed operations aggregate

Worker's Compensation: The contractor will maintain workers' compensation and employer's liability insurance.

Minimum limits: Workers' compensation – statutory limit
 Employer's liability:
 \$1,000,000 bodily injury for each accident
 \$1,000,000 bodily injury by disease for each employee
 \$1,000,000 bodily injury disease aggregate



Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (Jones County) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:



Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of Jones County has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

(THIS SHOULD BE 5 TO 6 NUMBERS)

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

_____ Name of Subcontractor

_____ Name of Project

_____ Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____(city), _____(state).

_____ Signature of Authorized Officer or Agent

_____ Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

_____ NOTARY PUBLIC

My Commission Expires:



Affidavit Verifying Status County Public Benefit Application Jones County Board of Commissioners

By executing this affidavit under oath, as an applicant for a Jones County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Jones County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit for _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20__

*

_____ Alien Registration number for non-citizens

Notary Public _____

My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien”, legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



OPTIONAL — FOR NON-BIDDERS ONLY

**JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT
NO BID STATEMENT**

In an effort to make the procurement of goods and services for the County as competitive as possible, we are soliciting information from contractors and/or vendors who cannot bid. Your responsiveness and constructive comments will be appreciated. Completion of this form will assist us in evaluating factors which relate to the competitiveness of our bids. Please check any of the boxes below which may apply. Please explain any issues that you feel needs to be addressed.

- Specifications - Restrictive, too light", unclear, specialty item, geared toward one (1) brand or manufacturer only. *(Please explain in detail below).*
- Manufacturing - Unique item, production time for model has expired, etc.
- Bid Time - Insufficient time to properly respond to bid or proposal.
- Delivery Time - Specified delivery time cannot be met.
- Payment - Payment terms unacceptable. *(Please be specific)*
- Bonding - We are unable to meet bonding requirements.
- Insurance - We are unable to meet insurance requirements.
- Removal - Remove our firm from your bidders list for the particular commodity or service.
- Keep - Please keep our company on your bidders list for future reference.
- Project is: _____ / Too Large _____ / Too Small _____ / Site or Location is Too Distant
- Miscellaneous - Do not wish to bid, do not handle this type of item(s) or services, unable to compete, Contract clauses are unacceptable, etc. *(Please be specific)*
- Our company would only be interested in this project as a subcontractor or supplier.

VENDOR STATEMENT:

Bid #: _____

Bid Description: _____

Company Name: _____

Company Official Name: _____

Company Official Signature: _____

Telephone Number: _____

Email Address: _____

JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT
(478) 986-6405 x 161
leslie.faulk@jonescountyga.org