



ADVERTISEMENT DATE: May 6, 2022

HAMILTON COUNTY DEPARTMENT OF EDUCATION
3074 Hickory Valley Road
Chattanooga, Tennessee 37421
(423) 498-7030
REQUEST FOR PROPOSAL

RFP 22-30, Medical and Prescription Drug Stop Loss Policy

Sealed envelopes containing proposals must be sent to the Purchasing Department and addressed to the Hamilton County Department of Education, 3074 Hickory Valley Road, Chattanooga, Tennessee 37421. In the lower left corner of the envelope, print your company name, RFP Bid File Number and the time and date of opening. Proposers must submit and mark an "original" bid, two "copies", and one "USB Flash Drive" in one (1) sealed envelope. Proposal documents may be secured from the Purchasing Department at the above address and on our website at www.hcde.org via vendor registry. Proposals received shall be opened by the Purchasing Department at the time and place designated in the Request for Proposal and/or associated addenda. The opening for the RFP shall not be open to the public.

Proposals must be received in the Purchasing Department prior to the designated time for opening. Proposals received after the designated time of opening will be considered late and shall be considered Non-Responsive.

Table with 2 columns: Field Name and Value. Rows include Solicitation Number & Title, Opening/Due Date & Time, Location, Procurement Contact, Phone, Email, Pre-solicitation Meeting, Type, Date & Time, and Location.

BIDDER NAME: \_\_\_\_\_

HAMILTON COUNTY DEPARTMENT OF EDUCATION  
3074 Hickory Valley Road  
Chattanooga, Tennessee 37421  
(423) 498-7030

REQUEST FOR PROPOSAL

**RFP 22-30, Medical and Prescription Drug Stop Loss Policy**

Sealed bids will be received addressed to the **Attention of: Denise Ellison, Hamilton County Department of Education**, 3074 Hickory Valley Road, Chattanooga, Tennessee 37421, **until 1:30PM ET**, on May 20, 2022 Any bid received after the scheduled closing time for receipt of such bid will be considered late and shall be considered Non-Responsive.

TERMS AND CONDITIONS

These terms and conditions shall be part of the Contract. HCS reserves the right to negotiate other terms and conditions it deems appropriate and necessary under the circumstances to protect the public's trust.

*Note: Throughout this document the terms Proposer, Contractor, Company, Vendor, Firm or Bidder are used interchangeably and refer to any organization submitting a response to any solicitation. Additionally, the words terms, quote, bid, proposal are used interchangeably and refer to the submission in response to any solicitation. Hamilton County Schools, will be referenced as "HCS".*

1. **Requirements for Submitting Bids** – Bids made on forms other than the Bid Form will not be considered. No modifications or alterations to the bid documents may be made either by interlineation, supplements or deletions. Documents submitted with modifications of any kind will be ruled non-responsive and the vendor possibly removed or suspended from the bid vendor listing for a period of up to two (2) years. The signature of the person submitting the bid shall be in longhand without erasure.
2. **Bid amendment:** If it becomes evident that an invitation must be amended, a formal written amendment will be issued to all known Bidders. If necessary, a new due date will be established.
3. **Bid delivery:** HCS requires that all bids be submitted and time/date-stamped by the date and before the time specified in the bid documents to be considered, regardless of method of delivery. The time clock in the Procurement Department shall be the official record of the time. HCS is not responsible for any technical difficulties of any vendor in the delivery of its bid. No late bids will be accepted, opened or returned.
4. **Bid forms:** Vendors must complete bid forms contained in the bid package. Failure to fully complete the bid forms may result in rejection of the bid.
  - a. All information shall be entered in ink or typed/computer generated. Mistakes may be crossed out and corrections inserted before submission of your bid. Corrections shall be initialed in ink by the person signing the bid. Corrections and/or modifications received after the closing time specified will not be accepted.
5. **Bid preparation:** Prospective bidders are solely responsible for their own expenses in Bid preparation and subsequent negotiations with HCS, if any.

6. **Bid pricing:** Any bid, and its associated pricing, shall remain valid for at least ninety (90) days after the bid due date, unless otherwise indicated in the bid specifications. Unit price must be shown for all products or services. In case of error in extension, unit price will govern.
7. **Bid submission and transmission:** Bid must be submitted in a sealed envelope with the Bid Number/Name, the closing date and time, as well as your company name provided on the envelope. If your response envelope is enclosed in another envelope/package for delivery, the latter should also be clearly labeled with the same identifying information.
  - a. All bids are to be F.O.B. Hamilton County, TN. All responses to this invitation become the property of HCS. Bids/Bids submitted via e-mail or facsimile machine are unacceptable.
8. **Rights of Owner** - The Hamilton County Board of Education reserves the right to reject any or all bids or any part thereof, to waive technicalities and informalities, and to award a contract to other than the low bidder. The right is reserved to reduce or increase the quantity of any item; and to award contract by item number, or group of items. Price, quality, and suitability will be considered in awarding bids. Samples to be submitted by the bidder upon request.
9. **Negotiation** – Hamilton County Department of Education may select a successful Proposer on the basis of initial offers received without discussions. Therefore, each Bid shall contain the Proposer's best terms from a cost or price, experience and technical and service standpoint. Hamilton County Department of Education reserves the right to enter into negotiations with Proposers. If Hamilton County Department of Education and the selected Proposer cannot negotiate a successful agreement, Hamilton County Department of Education may terminate said negotiations and begin negotiations with the other Proposers. Hamilton County Department of Education retains the right to negotiate with multiple Proposers simultaneously. This process will continue until a Contract has been executed or all Proposers have been rejected. No Proposer shall have any rights against Hamilton County Department of Education arising from such negotiations.
10. **Clarification of Bid Document** - Should a bidder find discrepancies in or omissions from the bid document or should he be in doubt as to its meaning, he shall at once request clarification of the Owner.
11. **Awarding of Contracts** - Award will be made to the most responsive, responsible bidder(s) meeting specifications, who presents the product of service that is in the best interest of HCS. HCS reserves the right: (1) to award bids received on the basis of individual items, or groups of items, or on the entire list of items; (2) to reject any or all bids, or any part thereof; (3) to waive any informality in the bids; and (4) to accept the bid that is considered lowest and best. Where RFP is utilized, the apparent best-evaluated Proposer(s) shall be prepared to enter into a contract with HCS which the proposer shall draft. Notwithstanding, HCS reserves the right to add terms and conditions, deemed to be in the best interest of HCS, during final contract negotiations. Any such terms and conditions shall be within the scope of the RFP and shall not affect the basis of proposal evaluations.
12. **Proposer Presentations / Interviews / Site Visits / Demonstrations**

Presentations, interviews, demonstrations, and/or site visits may be required as a part of the evaluation process. Providers will receive adequate notification to prepare. Information provided during these events shall be taken into consideration when evaluating the stated criteria.

Vendors may be requested to submit a best and final offer after evaluations, discussions, oral presentations and site visits have been completed.
13. **Tax Exemption** - Sales and excise taxes do not apply to the equipment purchased by a board of education. These taxes should not be included when submitting bid prices on the attached Bid Form. The necessary exemption certificate properly executed is to be provided by the successful bidder for signature by a representative of the Owner.

14. **Meeting Specifications** - By my written signature on this bid, I (we) agree and certify that all items included in the bid meet or exceed any and all specifications covering such items. I (we) further agree, if awarded a contract, to deliver merchandise which meets or exceeds the specifications. Failure to comply with this section will result in removal of your firm from our list of bidders for at least six (6) months. This penalty does not preclude action to enforce specific performance.
15. **Declaration/Statement by Bidder** - The respondent hereby states that he, his company, or any of its employees, agents, officers or proposed sub-contractors have not violated or participated in a violation of, been convicted, or pled "nolo contendere" to any act involving an unlawful restraint of trade such as, but not limited to violations of the Sherman Act (15 U.S.C. § 1-2), the Racketeer Influenced and Corrupt Organizations Act (18 U.S.C. 1961-1968), the Hobbs Act (18 U.S.C. §1961), the mail or wire fraud statutes (18 U.S.C. §1341,1343), the false statements statute (18 U.S.C. §1001), the Tennessee Anti-Trust Act (T.C.A. § 47-25-101) or similar state or federal law. Respondent further states that he, his company or any of its officers, agents, or employees have not been debarred by any governmental agency (Federal, state, or local).
- a. In submitting this bid, you are certifying that you are aware of the requirements imposed by T.C.A. §49-5-413(d) to conduct criminal background checks through the Tennessee Bureau of Investigation and the Federal Bureau of Investigation on yourself and any of your employees who may come in direct contact with students or who may come on or about school property anytime students are present. You are further certifying that at no time will you ever permit any individual who has committed a sexual offense or who is a registered sex offender to come in direct contact with children or to come on or about school property while students are present.
16. **Drug-Free Workplace Program**- Note: Required for construction services, encouraged for others. Law prohibits state or local governments from contracting for construction services with any private entity having five or more employees who has not furnished a written affidavit by its principal officer at the time of the bid or contract stating that the contractor is in compliance with the provisions of this act. Other organizations are encouraged to ensure that their workplace is Drug-Free
17. **Title VI of the Civil Rights Act of 1964** - No person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
18. **Title IX of the Education Amendments of 1972** - Prohibits discrimination based on gender in all programs or activities that receive Federal financial assistance. Title IX also includes same gender harassment as well as student-to-student harassment.
19. **Bid Acceptance**- Bidders shall hold their price and/or discount firm and subject to acceptance by HCS for a period of ninety (90) days from the date of the bid opening, unless otherwise indicated in their bid.
20. **Qualifications of Bidders**- A bidder may be required, before the award, to show to the complete satisfaction of HCS that it has the necessary facilities, ability, insurance, and financial resources to provide the service or goods specified.
21. **Restrictive or Ambiguous Specifications**- It is the responsibility of the prospective bidder to review the entire invitation to bid (ITB) or Invitation to Bid (Bid) packet and to notify the Procurement Department if the specifications are formulated in a manner that would unnecessarily restrict competition. Any such protest or question regarding the specifications of bidding procedures must be received in the Procurement Department *not less than seventy-two hours* prior to the time set for bid opening. These requirements also apply to specifications that are perceived to be ambiguous.

22. **Samples:** Samples of articles, when required, shall be furnished free of cost of any sort to HCS and may be retained for future comparison. Samples which are not destroyed by testing or which are not retained for future comparison will be returned upon request at bidder expense.
23. **TN Department Of Revenue Requirements:** Before the Contract resulting from this solicitation is signed, the apparent successful Proposer must be registered with the Department of Revenue for the collection of Tennessee sales and use tax. HCS shall not approve a contract unless the Proposer provides proof of such registration. The foregoing is a mandatory requirement of an award of a contract pursuant to this solicitation.
24. **No Contact Policy-** After the date and time established for receipt of bids by the HCS Procurement Department, any contact initiated by any bidder with any HCS representative, other than the Procurement Division representative listed herein, concerning this solicitation is prohibited. Any such unauthorized contact may cause the disqualification of the bidder from this procurement transaction.
25. **Pricing:** Vendors are to quote a firm fixed price or discount for the term of the contract; inclusive of any renewals. Upon notice of request for renewal, or in the event of significant industry wide market changes, the Vendor may request a price increase. Proof of price increase must be supplied to the HCS Procurement Department. HCS reserves the right to accept or reject the requested price increase. If the price increase is rejected, the vendor may:
- Continue with existing prices;
  - Submit a revised request for price increase;
  - Or
  - not accept the renewal offer.
- a. If a price increase is approved by HCS, the approval notification will be done in writing and the vendor will be notified of the new price schedule. This documentation will become part of the bid file. No approvals will be authorized verbally.
26. **Quantities-** HCS does not guarantee any quantities of items to be purchased. We will buy these items on an as-needed basis.
27. **TN Cooperative Purchasing:** also known as piggybacking, HCDE reserves the right to extend the terms, conditions and prices of this contract to other institutions (such as State, Local and/or Public Agencies) who express an interest in participating in any contract that results from bids and/or bids. Each of the piggyback institutions will issue their own purchasing documents for purchasing of the goods. Bidder agrees that HCDE shall bear no responsibility or liability for any agreements between Bidder and the other Institution(s) who desire to exercise this option
28. **Acceptance:** all terms and conditions in this contract are deemed to be accepted by the vendor and incorporated in the bid, except the provision(s) which are expressly excluded by the specifications.
29. **Additional Information:** vendors are cautioned that any statement made by any individual or employee of HCS that materially changes any portion of the bid document, either before or after the issuance of the bid documents, shall not be relied upon unless subsequently ratified by a formal written amendment to the bid document.
30. **Alteration or amendments:** no alterations, amendment, changes, modifications or additions to any contract resulting from this bid shall be binding on HCS without the prior written approval of HCS.
31. **Assignment:** contractors shall not assign or sub-contract this agreement, its obligations or rights hereunder to any party, company, partnership, incorporation or person without the prior written consent of HCS.

32. **Brand names:** brand names and numbers, when used, are for reference to indicate the character or quality desired. Equal items will be considered, provided they are clearly identified by manufacturer, part number, diagrams, brochures and other related material, *unless stated otherwise in the bid specifications*. When brand, number, or level of quality is not stated by the bidder, it is understood the offer is exactly as specified.
33. **Code Of Ethics:** all suppliers are expected to adhere to business ethics and professional behaviors as outlined in these documents.
34. **Compliance With All Laws:** companies submitting bids must agree to observe and comply with all federal, state, and local laws, statutes, ordinances, and regulations, including but not limited to title vi of the federal civil rights act of 1964, the equal employment opportunity act and the regulations issued there under by the federal government, the Americans with disabilities act of 1990 and the regulations issued there under by the federal government, in any manner affecting the provision of goods and/or services, and all instructions, prohibitive orders issued, and shall obtain all necessary permits.
35. **Declarative Statement:** any statement or word (e.g., must, shall, will) are declarative statements and the vendor must comply with the conditions. Failure to comply with any such statement may result in their bid being deemed non-responsive and disqualified.
36. **Default:** in case of default by the vendor, HCS may procure the articles or services from other sources and may deduct from any monies due, or that may thereafter become due to the vendor, the difference between the price named in the contract or purchase order and actual cost thereof to HCS. Prices paid by HCS shall be considered the prevailing market price at the time such purchase is made. Periods of performance may be extended if the facts as to the cause of delay justify such extension in the opinion of the procurement director.
37. **Deliveries:** must be accompanied by delivery tickets or packing slips. These shall contain the following information for each item delivered: purchase order number; item number; name of article; quantity; and supplier.
38. **Delivery Of Goods And Services** - it is understood and agreed that this bid shall constitute an offer which, when approved by the school board and accepted in writing by the purchasing department, will constitute a valid and binding contract between the undersigned and the Hamilton County Department of Education. Failure to supply needed material and/or services will result in removal of your firm from our list of bidders for at least six (6) months.
39. **Delivery Requirements:** time of delivery shall be stated as the number of calendar days following receipt of the order by the vendor to receipt of the goods or services by HCS. *Note: time of delivery may be a consideration in the award.*
40. **Discounts For Prompt Payment:** vendors may include an option for cash discounts off of their quoted price, with terms of payment to be a minimum of net 15. If a discount for prompt payment is offered by the bidder, it must be shown in the bidder's response; however, discounts for prompt payment will not be considered in the evaluation of bids or bids. If earned, HCS will take all discounts offered for prompt payment, provided correct and proper invoices, prepared in accordance with the terms of the purchase order or contract, are processed and payment is issued or post-marked to the Successful Bidder within the Stipulated Time Frame.
41. **Contract Approval:** The RFP and the provider selection processes do not obligate HCS and does not create rights, interests, or claims of entitlement in the apparent best-evaluated Proposer or any vendor. A legally binding contract shall be established only after the contract is signed by the provider, the head of the procuring County agency and/or HCS Superintendent or other County officials as authorized by applicable state and local laws and regulations.

42. **RFQ, RFP, and Proposal Incorporated into Final Contract:** Any Request for Qualifications and/or Request for Proposal and the provider's response to such, as amended between HCS and the successful provider, will be included as a part of the contract by reference. It should be understood that in the event of a discrepancy or ambiguity regarding the Proposer's duties, responsibilities and performance under this contract, these documents shall govern in the following order of precedence: Request For Qualifications and/or Request for Proposal and associated amendments, the Proposal/Bid Response and any amendments, technical specifications, clarifications and addenda made to the Proposal/Bid response, the Contract and its attachments.
43. **Drug-Free Workplace Program for Construction Services:** law prohibits state or local governments from contracting for construction services with any private entity having five or more employees who has not furnished a written affidavit by its principal officer at the time of the bid or contract stating that the contractor is in compliance with the provisions of this act. Companies, other than construction services, are also encouraged to have and maintain drug-free workplace policies.
44. **Grant Funded Purchases:** for purchases that are grant funded, the grant agreement may contain/require special terms and conditions. If there is a conflict between the terms and conditions of the grant agreement and the general terms and conditions of the bid or bid, the grant agreement terms and conditions shall prevail.
45. **Indemnifications/Hold Harmless:** contractor shall indemnify, defend, save and hold harmless HCDE, the school board, administration, and their agents and employees from any and all suits, claims, actions or damages of any nature brought because of, arising out of, or related to the contractor's performance under the terms of this contract, including the work of any sub-contractor, and without regard to any allegations of fault.
46. **Invoices:** will be returned for correction unless they contain the following information: purchase order number; item numbers; description of item; quantity; unit price; extensions; and total.
47. **New equipment:** the vendor shall guarantee that the units submitted for this bid shall be new, and the latest and most improved model of current production, and shall be first quality as to workmanship and materials used in said units. All modifications shall be made at the factory. Demonstrators shall not be acceptable. *Note: when the bid is for services, this item does not apply.*
48. **Non-Collusion:** vendors, by submitting a signed bid, certify that the accompanying bid is not the result of, or affected by, any unlawful act of collusion with any other person or company engaged in the same line of business or commerce, or any other fraudulent act punishable under Tennessee or federal law.
49. **Non-Conflict Statement:** vendors, by submitting a signed bid, agree that it has no public or private interest and shall not acquire directly or indirectly any interest that would conflict in any manner with the provision of its goods or performance of its services. Supplier warrants that no part of the total contract amount provided herein shall be paid directly or indirectly to any officer or employee of HCS as wages, compensation, or gifts in exchange for acting as officer, agent, employee, subcontractor or consultant to the contractor in connections with any goods provided or work contemplated or performed relative to the agreement.
50. **Non-Discrimination Statement:** supplier must agree that no person on the grounds of age, color, disability, gender, genetic information, national origin, political affiliation, race, religion, sexual orientation, or veteran's status shall be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the performance of this agreement, or in the employment practices of vendor. Supplier shall upon request show proof of such non-discrimination, and shall post in conspicuous places available to all employees and applicants notices of non-discrimination. Suppliers covenants that it complies with the fair wage and hour laws, the national labor relations act, and other federal and statement employment laws as applicable. Supplier covenants that it does not engage in any illegal employment practices.

51. **Payment Method**- HCS utilizes two (2) methods of placing orders for products. The first is the use of Purchase Orders. These Purchase Orders will be issued from HCS Procurement Division via the method selected by the vendor during registration. The Purchase Order will detail the quantity, specific items(s) and the contracted price for each item.
- a. The second method is the use of the HCS Credit Card (MASTERCARD). Orders placed with the credit card will list the same information as the Purchase Order. Vendors will be given the card information and approval to process the transactions by the requesting department. Vendors must indicate in their bid response if the vendor will accept the HCS Credit Card (MASTERCARD) as a form of payment. Bidders are prohibited to charge HCS any type of merchant fee from their financial institution to accept this type of payment.
52. **Payment Terms**: HCS payment terms are Net 30 after receipt/inspection of merchandise and receipt of invoice unless otherwise stated in the contract documents.
53. **Public Access to Procurement Information**: Subject to the requirements of the TN Open Records Act, information relating to the award of a particular contract shall be open to the public only after evaluation of that bid or bid has been completed. All public records pertaining to procurement shall be open for inspection during normal business hours as scheduled in advance with the Procurement Department.
54. **Protest of Award**: Any vendor who has submitted a timely bid or bid in response to a solicitation may protest the recommendation of award for a contract by submitting such protest to HCS's Director of Procurement. Any protest must be submitted in writing and be in the possession of the Procurement Department before noon (ET) of the 2nd working day following the public recommendation of contract award.
- FAILURE OF A VENDOR TO FOLLOW THE PROTEST REQUIREMENTS WITHIN THE TIME FRAMES PRESCRIBED IN THIS SECTION CONSTITUTES A WAIVER OF THE PROTEST AND ANY RESULTING CLAIMS.**
55. **Provision of Database at Contract End**: If applicable and if requested by HCS, upon expiration of the Contract resulting from this RFP, the Proposer shall provide the most up-to-date copy of the system's database, including all historical data, the data dictionary, file layouts, code tables, code value, data relationships, keys, and indices, etc., in a format to be determined by the Contract Manager. In addition, the Proposer shall provide read-only licenses for HCS's use for a period of seven (7) years. If any data stored is in a proprietary format, Proposer shall provide a means for translating it to a standard in the public domain.
56. **Right to Audit**: During all phases of the work and services to be provided hereunder the Provider agrees to permit duly authorized agents and employees of HCS to enter the Provider's offices for the purpose of inspections, reviews and audits during normal working hours. Reviews may also be accomplished at meetings that are arranged at mutually agreeable times and places. The Provider will maintain all books, documents, papers, accounting records, and other evidence pertaining to the fee paid/charged under this Contract and make such materials available at their offices at all reasonable times during the period of this Contract and for seven (7) years from the date of payment under this Contract for inspection by HCS or by any other governmental entity or agency participating in the funding of this Contract, or any authorized agents thereof; copies of said records to be furnished if requested.
57. **Safety Data Sheets**: After award, the successful bidder(s) will be required to provide HCS with a master set of Safety Data Sheets for any applicable products.
58. **Severability**: If any provisions of these Rules or any application thereof to any person or under any circumstance is held to be invalid, such invalidity shall not affect the provisions or applications of these



rules which can be given effect without the invalid provision or application, and to this end the provisions of these Rules are declared to be severable.

59. **Taxes:** HCS is a tax-exempt organization. Sales, use or federal excise taxes should not be included in your bid.
60. **Termination for Cause:** In the event of any breach of contract by the successful service provider(s), HCS may serve written notice to the service provider of its default, setting forth with specificity the nature of the default. If the defaulting party fails to cure its default within thirty (30) days after receipt of the notice of default, then HCS shall have the right to terminate the contract upon thirty (30) days written notice and pursue all other remedies available to HCS, either at law or in equity.
61. **Termination for Convenience:** Contract may be terminated for convenience by either party by giving written notice to the other, at least sixty (60) days before the effective date of termination unless otherwise specified in the solicitation and/or contract documents. Said termination shall not be deemed a Breach of Contract.
62. **Termination Due To Non-Appropriation:** HCS shall not be obligated for the Contractor's performance hereunder or by any provision of this Contract during any of HCS's future fiscal years unless and until HCS appropriates funds for this Contract in HCS's Budget for each such future fiscal year.
63. **Terms and Conditions:** In the event of a conflict between the specifications and these terms and conditions, the specifications will govern.
64. **Warranties:** Vendor warrants to HCS that all items delivered and all services rendered shall conform to the specifications, drawings, bid and/or other descriptions furnished and/or incorporated by reference, and will be fit for the particular purpose purchased, of merchantable quality, good workmanship, and free from defects. Vendor extends to HCS all warranties allowed under the U.C.C. Vendor shall provide copies of warranties to the HCS. Return of merchandise not meeting warranties shall be at Vendors expense.
65. **Insurance Requirements:** The Vendor shall maintain the following minimum insurance requirements throughout the duration of the Agreement unless otherwise stated herein. HCS reserves the right to request additional documentation or additional policies be provided at its sole discretion and where deemed in its best interest. HCS in no way represents that the insurance required is sufficient or adequate to protect the Vendor's interest or liabilities.

Vendor shall provide Worker's Compensation Insurance as required by applicable laws of the State of Tennessee and shall provide liability insurances as required. All insurance must be occurrence based. Vendor shall add Hamilton County Department of Education as additional named insured by policy endorsement and provide a certificate of insurance evidencing such coverage and endorsement number (#) for each additional named insured. Complete copies of insurance policies must be provided, if requested. A failure to provide said documentation will be considered a contract breach and grounds for termination of contract or pending award recommendation.

Insurance Required	
Coverage	Amount
Workers Compensation	Statutory Limits of Tennessee
Employers Liability	\$1,000,000 per occurrence
Commercial General Liability	\$1,000,000 each occurrence; \$3,000,000 aggregate
E & O	\$1,000,000 each occurrence
Auto (Truck) Liability	\$1,000,000 each occurrence + uninsured motorist Commercial Carriers: \$5,000,000 each occurrence + uninsured motorist

66. **Waiving of Informalities:** HCS reserves the right to waive minor informalities or technicalities when it is in the best interest of HCS.
67. **Provisions Required by Law Deemed Inserted:** Each and every provision of law and clause required by law to be inserted in this contract will be deemed to be inserted herein and the contract will be read and enforced as though it were included herein, and if through mistake or otherwise any such provision is not inserted, or is not correctly inserted, then upon the application of either party the contract will forthwith be physically amended to make such assertion or correction.
68. **Governing Law/Jurisdiction:** **The Agreement shall be governed by the laws of the State of Tennessee. Any action brought in law or in equity to enforce any provision of the entire Agreement shall be filed in the appropriate state court in Hamilton County, Tennessee. In any action to enforce this Agreement, the prevailing party shall be entitled to recover its costs and expenses, including reasonable attorney's fees. By submission of a proposal and acceptance of a Purchase Order or Contract, Vendor hereby agrees to adhere to Governing Law/Jurisdiction requirements as described herein.**

**HCS DOES NOT DISCRIMINATE ON THE BASIS OF AGE, COLOR, DISABILITY, GENDER, GENETIC INFORMATION, NATIONAL ORIGIN, POLITICAL AFFILIATION, RACE, RELIGION, SEXUAL ORIENTATION, OR VETERAN'S STATUS IN THE EVALUATION AND AWARD OF BIDS.**

**SPECIAL CONDITIONS****1.0 CONTRACT PERIOD**

- 1.1 The Vendor shall be responsible for furnishing and delivery to the HCS requesting Departments(s) the Stop Loss Policy for an initial term of one year (1). Upon mutual written agreement of both parties, the parties may renew the Agreement, in whole or in part, for three (3) additional one (1) year renewal terms.
- 1.2 The Contract Period is expected to begin July 1, 2022. Contract periods, regardless of commencement/effective date will end June 30<sup>th</sup>.
- 1.3 HCS reserves the right as part of Vendor negotiations under this solicitation to negotiate the Contract Period with the successful Proposer.

**2.0 BIDDING NOTICE**

- 2.1 Proposals will not be excepted from brokers, advisors or consultants. Proposals received from brokers, advisors, or consultants will be deemed Non-Responsive and therefore ineligible for evaluation and award.

**SCOPE OF SERVICES****RFP 22-30, Medical and Prescription Drug Stop Loss Policy****1.0 SUMMARY OF SCOPE**

1.1 Hamilton County Schools (HCS) seeks to contract with a qualified, experienced, and professional Vendor to provide Medical and Prescription Drug Stop Loss Insurance. HCS currently has two separate stop loss policies in place with BlueRe and Cigna. BlueRe covers the employees enrolled in Blue Cross Blue Shield of Tennessee and Cigna provides coverage for those employees enrolled in Cigna. HCS is willing to consider either one vendor or multiple vendors as done currently.

**2.0 DETAILED SCOPE OF SERVICES**

2.1 Hamilton County Schools (HCS) seeks to contract with a qualified, experienced, and professional Vendor to provide Medical and Prescription Drug Stop Loss Insurance based on the following criteria.

- 2.1.1 Cover both medical and prescription drug claims including prescription drug claims from the onsite pharmacy.
- 2.1.2 Cover claims from all health plan administrators and pharmacy benefit managers providing services for HCS. Currently Blue Cross Blues Shield of Tennessee and Cigna offer both medical and pharmacy benefit manager services to HCS employees.
- 2.1.3 Except standard reporting from all plan administrators to process reimbursements for members exceeding the specific deductible.
- 2.1.4 Provide monthly reporting on all claim reimbursements.
- 2.1.5 Deliver each renewal 90 days prior to the end of any policy period.

## SUBMITTAL REQUIREMENTS & EVALUATION CRITERIA

Interested proposers shall include the following information in their submittal responses to this solicitation. The following format and sequence should be followed in order to provide consistency in the proposer's response and to ensure each proposal receives full consideration. It is requested that proposers use 8 ½ x 11 sheet pages only with minimum font size of 10 points and with tabs or section dividers to separate sections as defined below. More than one section is permitted on one page unless otherwise indicated below. Undesignated information shall be inserted at the rear of each package. Place page numbers at the bottom of every page, excluding dividers. Proposal documents should not contain links to other web pages; such links may not be reviewed for evaluation purposes.

Submittal package is requested to not exceed **20 pages** printed single-sided; **page restriction excludes required forms found herein and dividers. PLEASE INCLUDE PAGE TABS/SECTION DIVIDERS** so that those evaluating your submittal can easily compare each section with others that are submitted. If any of the information provided by the Proposer is found to be, in the sole opinion of the Evaluation Committee and Procurement Management Director, substantially unreliable their proposal may be rejected.

Proposers shall submit one (1) original hard copy (clearly marked as such), two (2) "copies", and one (1) electronic version on a USB flash drive containing the proposal submittal in an unlocked PDF format. HCS may request specific files be submitted in specialty format (IE: Provide a Project Timeline in Excel format.) Vendor shall accommodate such specialty requests as stated within the submittal requirements describe herein. Should files not be provided in the format or quantity as requested, Vendor may be deemed Non-Responsive and therefore ineligible for award. In case of any discrepancies, the original will be considered HCS in evaluating the Proposal, and the "copies" and electronic version are provided for the agency's administrative convenience only.

Proposals will be evaluated by designated staff members of the Hamilton County Department of Education. Where deemed necessary at the discretion of HCS, outside consultants, experts, or community stakeholders may serve on the evaluation committee.

Select proposals meeting all requirements, and at the request or recommendation of the evaluation committee, may be asked to present an oral presentation in which key areas of the proposal will be discussed. At the presentation meeting, questions and clarifications, if any, will be addressed by the HCS and additional evaluation and/or numerical ranking will be conducted following such presentations. HCS reserves the right to enter into a Best and Final Offer approach amongst proposers deemed qualified by the HCS evaluation committee.

It is the responsibility of the proposer to submit a proposal that best meets the requirements outlined in this Request for Proposal. It is the intent HCS to award a contract for the service described herein as a result of this Request for Proposal. HCS reserves the right to reject any or all such proposals. HCS reserves the right to conduct negotiations with proposing Vendors where it is deemed in its best interest and at HCS's sole discretion.

**Please include a hard copy and an electronic copy of each Excel file in your submission.**

*The data files needed to provide your proposal responses are embedded in the Excel file called "HCS Stop Loss 2022 Response Form – Attachment A"*

### **COVER PAGE: Introduction**

- Project RFP Number & Name
- Company's Name & Address
- Company's Contact Person & Information (phone, fax and email address)

- How many years has Proposer been in business under present name?
- Under what other former names has your organization operated?

*\*Cover Page: Introduction does NOT count towards page restriction requested herein. \**

***Please use the Excel file labelled “HCS Stop Loss 2022 Response Form – Attachment A” for your response.***

#### **TAB 1: Qualifications of Company**

- Provide specific information regarding your Company’s experience in providing Stop Loss Insurance. Please highlight company strengths and capabilities important in evaluating your response.

***Please use the Excel file labelled “HCS Stop Loss 2022 Response Form – Attachment A” for your response.***

#### **TAB 2: Company Relevant Reference**

- Provide details of a maximum of three (3) projects/clients similar in scope and size to that being requested through this solicitation that your Company has serviced recently or currently services. School or Educational references are preferred. Details for each project/client example provided should include:
  - Client Name
  - Client Address
  - Customer Contact Information
    - Point of contact Name, Phone, and Email
- Provide a statement of understanding that your Company recognizes that HCS reserves the right to evaluate the proposing Company on their past performance and prior dealings with HCS (i.e., failure to meet specifications, poor workmanship, late delivery, etc.) as part of their experience criteria.

***Please use the Excel file labelled “HCS Stop Loss 2022 Response Form – Attachment A” for your response.***

#### **TAB 3: Contract Terms**

- Provide a details regarding all contract terms associated with your response. Please include in your response any additional contract terms you are able to provide to HCS that are not listed in the specific questions.
- HCS intends to request for services or goods under this contract by way of Purchase Order and all such terms and conditions of this solicitation and those incorporated by negotiation (if any) shall be deemed to be incorporated into such Purchase Order.
  - Where Vendor requests for supplemental agreement be completed, Vendor shall provide a sample copy of such as part of Vendor submission for HCS review. HCS reserves the right to accept, revise, or reject the use of Vendor supplied supplemental contract documents at its discretion and where deemed in its best interest. All Vendor supplied contract documents are subject to HCS full review.

*\*Sample agreement does not count towards page restriction requested herein. \**

***Please use the Excel file labelled “HCS Stop Loss 2022 Response Form – Attachment A” for your response.***

#### **TAB 4: Personnel**

Provide a list of the Company’s **specific** project/contract management team, account management team and implementation team assigned to the HCS Contract. HCS contract

- Provide a statement acknowledging your Company’s understanding that the project/contract management team/key team members assigned to the HCS contract, as described above, shall not be substituted without the expressed permission of HCS.

*\*Companies are encouraged to submit valid copies of Licenses, MBE, WBE, DBE, VBE or similar certifications for adequate committee consideration.\**

*Please use the Excel file labelled “HCS Stop Loss 2022 Response Form – Attachment A” for your response.*

**TAB 5: Price and Scoring:**

- Pricing must be provided in the proposed format in the excel “Response Form” provided.
- Provide a copy of your actual quote showing rates and all caveats.
- The proposed stop loss offer must be firm and require no additional disclosure.
- **Proposals will not be excepted from brokers, advisors, or consultants.**

*Please use the Excel file labelled “HCS Stop Loss 2022 Response Form – Attachment A” for your response.*

**SCORING CRITERIA & WEIGHT**

CRITERIA / TAB	CRITERIA DESCRIPTION	MAX. POINTS AVAILABLE
1	QUALIFICATIONS OF COMPANY	15
2	COMPANY RELEVANT REFERENCE	10
3	CONTRACT TERMS	30
4	PERSONNEL	15
5	PRICE SCORING	30
<b>TOTAL POINTS</b>		<b>100</b>
*Additional details and documents found within submittal package, although not located within tabs as listed above, may be reviewed and considered by the evaluation committee when scoring Proposers.*		



**TAB 6: Required Forms**

- Forms 1- 8

HAMILTON COUNTY DEPARTMENT OF EDUCATION  
Chattanooga, Tennessee 37421  
SOLICITATION RESPONSE & BID/PROPOSAL FORM

**RFP 22-30, Medical and Prescription Drug Stop Loss Policy**

1. Vendor Name \_\_\_\_\_
2. Vendor Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
5. Contact Person \_\_\_\_\_
6. Contact Person's email address \_\_\_\_\_
7. By submission of this bid/proposal, each Vendor and each person signing on behalf of any Vendor certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each Vendor is not on the list created pursuant to Tennessee Code Annotated § 12-12-106.
8. Authorizing Signature \_\_\_\_\_  
(Sign)
9. Authorizing Print Name & Title: \_\_\_\_\_
10. Vendor's Hamilton County Business License Number \_\_\_\_\_  
*(If Applicable) Attach A Copy Of The License.*
11. I Acknowledge the Receipt Of: (Please Write "Yes" If You Received One)  
Addendum 1 \_\_\_\_\_ Addendum 2 \_\_\_\_\_ Addendum 3 \_\_\_\_\_ Addendum 4 \_\_\_\_\_
12. Do you accept the Terms and Conditions of the solicitation/contract? Yes \_\_\_\_\_ No \_\_\_\_\_
13. May other Government Agencies in Tennessee purchase these products/services at the same prices as this bid/proposal? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Will you accept E-commerce payments? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Pricing: Complete following page Bid/Proposal Form

REMINDER:

All questions pertaining to this solicitation must be submitted electronically to [doe\\_purchasing@hcde.org](mailto:doe_purchasing@hcde.org) no later than May 12, 2022 prior to the Opening/Due date designated herein. Failure to submit a question in the timeframe indicated above may result in the question going unanswered at the discretion of HCS.

An extension to the opening date does not guarantee an extension to the question deadline period. Such will be communicated in associated addendum posting.

It is the sole responsibility of the Vendor to ensure they receive/obtain all solicitation related documentation.





**HAMILTON  
COUNTY  
SCHOOLS**

**BID/PROPOSAL FORM**

**\*\*PROVIDE PRICING PROPOSAL IN EXCEL ATTACHMENT PER TAB 5 – SUBMITTAL REQUIREMENTS & EVALUATION CRITERIA\*\***

**CERTIFICATE OF COMPLIANCE**

By indication of the authorized signature below, the Proposer/Bidder does hereby make certification and assurance, under penalty of perjury, of the Proposer's/Bidder's compliance with all provisions of this bid/bid and the following items:

1. the laws of the State of Tennessee and Hamilton County;
2. Title VI of the Civil Rights Act of 1964;
3. Title IX of the Education Amendments of 1972
4. the condition that no amount shall be paid directly or indirectly to an employee or official of Hamilton County Department of Education as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer/Bidder in connection with the procurement under this Bid/RFP.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Print Name \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AUTHORIZATION TO BIND**

By signing this proposal, I certify and acknowledge that the information contained in this document is true and correct, containing **NO** misrepresentations. The information is **NOT** tainted by any collusion. I certify and acknowledge that I have reviewed and approved the release of this proposal/bid for HCS's consideration. Further, I am authorized to bind my company to the responses and pricing in these proposal/bid documents, and any subsequent negotiations, as well as execute the actual Contract documents, if selected.

---

Authorized Signature (Officer of the Company)

---

Name of Authorized Signer (Printed or Typed)

---

Title of Authorized Signer

---

Firm Name

---

Taxpayer Identification Number

---

Firm Address, City and Zip Code

---

Telephone Number

---

Fax Number

---

Email Address

---

Date

**Drug-Free Workplace Requirements & Affidavit  
TENNESSEE CODE ANNOTATED, § 50-9-113**

- (1) Each Contractor or Subcontractor with no less than five (5) employees receiving pay shall submit an affidavit stating that such employer has a drug-free workplace program in effect at the time of submission of bids. Said program shall comply with Title 50, Chapter 9, TCA.
- (2) If it is determined that an employer subject to the provisions of this section has entered into a contract for this Project and does not have a drug-free workplace pursuant to the referenced requirements, such employer shall be prohibited from entering into another contract with any local government or state agency until such employer can prove compliance.
- (3) The written affidavit shall be submitted with the Construction Contractor's Bid Form, and the Bid shall not be considered complete if said affidavit is not included, and the Bid shall be rejected as Non-Responsive. For all other product or service contracts submission of the affidavit is encouraged only.
- (4) For purposes of compliance with this section, any private employer shall obtain a certificate of compliance with the applicable portions of the Drug-Free Workplace Act from the Department of Labor and Workforce Development.

(To be submitted with bid by construction contractor with 5 or more employees and encouraged for all others)

**AFFIDAVIT**

I \_\_\_\_\_, president or other principal

Officer of \_\_\_\_\_, swear or affirm that the  
(Name of Company)

Company has a drug-free workplace program that complies with Title 50, Chapter 9, Tennessee Code Annotated, in effect at the time of this bid submission at least to the extent required of governmental entities. I further swear or affirm that the company is in compliance with the Tennessee Code Annotated, § 50-9-113.

\_\_\_\_\_  
President of Principal Officer

For: \_\_\_\_\_

STATE OF TENNESSEE }  
COUNTY OF \_\_\_\_\_ }

Subscribed and sworn before me by \_\_\_\_\_, President

or principal officer of \_\_\_\_\_,

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**Instructions for Non-Collusion Affidavit**

- (1) This non-collusion affidavit is material to any contract awarded pursuant to this bid.
- (2) This non-collusion affidavit must be executed by the member, officer, or employee of the bidder who makes the final decision on prices and the amount quoted in the bid.
- (3) Bid rigging and other efforts to restrain competition, and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the Affidavit should examine it carefully before signing and assure himself or herself that such statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the preparation, approval or submission of the bid.
- (4) In the case of a bid submitted by a joint venture, each party to the venture must be identified in the bid documents, and an affidavit must be submitted separately on behalf of each party.
- (5) The term "complementary bid" as used in the Affidavit has the meaning commonly associated with that term in the bidding process, and includes the knowing submission of bids higher than the bid of another firm, and intentionally high or noncompetitive bid, and any other form of bid submitted for the purpose of giving a false appearance of competition.

**Non-Collusion Affidavit  
(Attachment A)**

State of \_\_\_\_\_

County of \_\_\_\_\_

I state that I am \_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Firm)

and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this bid.

I state that:

- (1) The price(s) and amount of this bid have been arrived at independently and without consultation, communication or agreement with any other contractor, bidder, or potential bidder.
- (2) Neither the price(s) nor the amount of this bid, and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder, and they will not be disclosed before bid opening.
- (3) No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complementary bid.
- (4) The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid.
- (5) \_\_\_\_\_, its affiliates, subsidiaries, officers, directors and  
(Name of my Firm)  
employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that \_\_\_\_\_ understands and acknowledges that the  
(Name of my Firm)

above representation are material and important and will be relied on by Hamilton County Department of Education in awarding the contract(s) for which this bid is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Hamilton County Department of Education of the true facts relating to submission of bids for this contract.

\_\_\_\_\_  
(Signature and Company Position)

SWORN TO AND SUBSCRIBED  
BEFORE ME THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC:

My Commission Expires: \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE WITH THE IRAN DIVESTMENT ACT**

Effective July 1, 2016, this form must be submitted for any contract that is subject to the Iran Divestment Act, Tenn. Code Ann. § 12-12-101, et seq., (“Act”). This form must be submitted with any bid or bid regardless of where the principal place of business is located.

Pursuant to the Act, this certification must be completed by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization, or other business organization that is contracting with a political subdivision of the State of Tennessee.

**Certification Requirements.**

No state agency or local government shall enter into any contract subject to the Act, or amend or renew any such contract with any bidder/contractor who is found ineligible under the Act.

Complete all sections of this certification and sign and date it, under oath, in the presence of a Notary Public or a person authorized to take an oath in another state.

**CERTIFICATION:**

I, the undersigned, certify that by submission of this bid, each bidder and each person signing on behalf of any Respondent certifies, and in the case of a joint bid or contract each party thereto certifies, as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

Respondent represents it has the full power, knowledge, and authority to make this Certification and that the signatory signing this Certification on behalf of bidder/contractor has been duly authorized to do so on behalf of the bidder/contractor.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

**Hamilton County Board of Education  
Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion**

The prospective participant / vendor certifies, by submission of this bid, that neither it nor its Principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.

Where the prospective participant / vendor is unable to certify to any of the statements in this Certification, such prospective participant / vendor shall attach an explanation to this bid.

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Organization Name

---

Name(s) and Title(s) of Authorized Representative(s)

---

Signature



## Certification of Compliance with Tennessee Public Chapter # 587

The General Assembly of the State of Tennessee requires any person, corporation or other entity who enters into or renews a contract with a local board of education comply with Tennessee Public Chapter #587 (TPC587).

TPC587 requires persons, employees of the person or corporation that have direct contact with school children or access to school grounds when children are present to have supplied to the corporation a fingerprint sample and have conducted a criminal history records check by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation prior to permitting the person to have contact with such children or enter school grounds. (The Public Chapter 1080, (D) was amended to: “A person whose contract is for the performance of a service at a school-sponsored activity, assembly or even at which school officials or employees are present when the service is performed and where the activity, assembly, or event is conducted under the supervision of school officials or employees.”)

TPC587 provides guidance for employees who have been convicted of an offense that is classified as a sexual offense or a violent sexual offense.

**I have read the attached TENNESSEE PUBLIC CHAPTER # 587 and certify compliance with the regulations.**

---

Name/Address of Organization

---

Name/Title of Submitting Official

---

Signature

---

Date



## Vendor Information Form

Please complete all of the following information, where applicable:

Tax ID # (FEIN or SSN): \_\_\_\_\_

Organization Type:     Corporation                       Individual/Sole Proprietor                       Joint Venture  
                                   LLC     Partnership/Limited Partnership                       Non Profit\*

New Vendor                       Vendor Change                       Tax Exempt

Name of Company/Firm (as shown on Federal Taxreturn): \_\_\_\_\_

Alternate name, if applicable (doing business): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Contact person: \_\_\_\_\_ Business Ph#: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Company / Firm's website address: \_\_\_\_\_

Payment address (if different from address above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Payment Terms:  \_\_\_\_\_ % discount Net 15 days / Net 30 Days or  Net 30 Days

Separate Checks: ( ) Yes or ( ) No    Accept Purchasing Card (i.e. VISA): ( ) Yes or ( ) No    Credit Card Fee: ( ) Yes or ( ) No

Business E-mail address (for Accounts Payable): \_\_\_\_\_

Purchasing E-mail address \_\_\_\_\_ Contact Name \_\_\_\_\_

Are you currently employed or have you ever been employed by HCDE? ( ) Yes or ( ) No

If yes, please specify employment dates: \_\_\_\_\_

Requestor/Vendor's Signature: \_\_\_\_\_ Date requested/sent: \_\_\_\_\_

\*If providing onsite services a COI must be provided listing Hamilton County Department of Education as additional insured.\*

For Accounting Use Only:

Vendor #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

[www.hcde.org](http://www.hcde.org) | 423.498.7030 | Email: [doe\\_purchasing@hcde.org](mailto:doe_purchasing@hcde.org) | 3074 Hickory Valley Rd., Chattanooga, TN 37421



## SUPPLIER PROFILE

\*Required fields, missing or incomplete will be returned for corrections.

<p>All Suppliers, Subcontractors and Carriers of Hamilton County Department of Educations- As a county schools' contractor, we are monitoring a level of subcontractor awards to certified small business concerns, small disadvantaged business concerns and large firms, as well as the ethnicity of the owners of such business concerns. To assist with completion of this monitoring, we are requesting the following information from our service and product suppliers and carriers. Based on the Classification and Ethnic Description Choices listed below on Exhibit A attached hereto, please select the relevant categories. Please also have executed the corresponding Sworn Affidavit below.</p>			
Company Name:			
Company Address:			
Phone Number:		Number of Employees:	
Federal ID(EIN) Social Security #			
Legal Structure			
Corporate:	LLC:	Partnership:	Sole Proprietor:
Manufacturer:	Service Org:	Distributor:	Broker:
Retailer:			
Please identify and provide a brief description of the primary products/or services which your company offers:			
Principal Minority Owners:			
Principal Minority Title(s):			
Principal Minority % of Ownership:			
*Total percentage of Minority Owner(s) must equal or exceed 51%			
<p>Sworn Affidavit: The undersigned swears that the statements contained herein are true and correct and affirms that the classifications selected below constitute majority control of 51% or more of the daily business operations of the applicant company identified above. Further, the undersigned hereby swears, under penalty of law, that the applicant company believes It is qualified for certification as a: <i>(Fill in appropriate classification(s))</i></p>			
Completed by (Print)		Signature:	
Witnessed by (Print)		Signature:	
<p>A copy of the company's current certification, issued within the last 12 months, by either an NMSOC affiliate or under (a) Business Development/Small Disadvantaged Business of the Small Business Administration must be returned with this profile.</p>			



## Exhibit A

<p><b>Business Classifications: Check all which apply and attach certification where available.</b></p>
<p><b>005 (C018)</b> - Women Owned Business Enterprise (see 49 C.F.R part 26) -A business that is at least 51 % owned and controlled by individuals who are female in gender.</p>
<p><b>006</b> - Disabled Business Enterprise -A business that is at least 51 % owned and controlled by a handicapped or service disabled individual</p>
<p><b>007 (C-023)</b> - Disabled Veteran Business Enterprise -A business that is at least 51% owned and controlled by one or more disabled veterans of the US Armed Forces, as defined at 38 U.S.C. Section 101(2) and <b>101(16)</b>.</p>
<p><b>008</b> - Disadvantaged Business Enterprise - A business owned and controlled by a socially and economically disadvantaged individual, as defined in 49 C.F.R. Parts 23 and 26. Each individual whose ownership and control are relied on for certification as a Disadvantaged Business Enterprise must have a net worth of less than \$750,000 excluding the value of the business and the equity in his or her primary residence.</p>
<p><b>009 (C-020)</b> - Historically Underutilized Business Zone - US HUB Zone Empowerment Program provides federal contracting opportunities for qualified small businesses located in distressed areas.</p>
<p><b>010 (C-021)</b> - Small Business Administration 8(a) Program -A business owned and controlled by a socially and economically disadvantaged individual. Under the Small Business Act, African Americans, Hispanic Americans, and Asian Americans are presumed socially disadvantaged. These individuals must have a net worth of less than \$250,000 excluding the value of the business and primary residence to be considered economically disadvantaged.</p>
<p><b>011</b> Small Disadvantaged Business Enterprise (see 13 C.F.R. Part 124) -A small disadvantaged business at least 51% owned or controlled by a socially disadvantaged individual. All individuals must have a net worth of less than \$750,000 excluding the value of the business and primary residence.</p>
<p><b>012</b> - Small Business Enterprise (see 13 C.F.R. Part 121) -A business defined as having less than 500 employees or less than \$3.5 million in annual revenues.</p>
<p><b>013 (C-022)</b> -Veteran Owned Business Enterprise -A business that is at least 51 % owned and controlled by US citizens who are veterans of the US Armed Forces as defined at 38 U.S.C. Section 101(2).</p>
<p><b>179</b> - Service Disabled Veteran Owned</p>
<p><b>Ethnicity Business Classifications: Minority Business</b> -A business that is at least 51% owned and controlled by people of Asian, African American, Hispanic and/or Native American descent. (see 49 C.F.R. Part 26) Check all that apply and attach certification where available</p>
<p><b>1 (C-015)</b> - African American - Having origins in any of the black racial groups of Africa.</p>
<p><b>2 (C-016)</b> - Hispanic - Having Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race.</p>
<p><b>3 (C-017)</b> - Native American - Includes persons who are American Indian, Eskimo, Aleut or Native Hawaiian.</p>
<p><b>4 (C-014)</b> - Asian, Asian Indian, Asian Pacific- Having origins in Asia, the Indian subcontinent or the Pacific Islands including but not limited to persons with origins from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Hong Kong, India, Pakistan, Bangladesh or Sri Lanka.</p>

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
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Print or type. See Specific Instructions on page 3.	<b>1</b>	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b>	Business name/disregarded entity name, if different from above		
	<b>3</b>	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> 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) ▶ _____ <b>Note:</b> 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) ▶ _____		
	<b>4</b>	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) _____ (Applies to accounts maintained outside the U.S.)		
	<b>5</b>	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>											
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.											
<b>Note:</b> 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 Requester</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;"><b>Social security number</b></td> </tr> <tr> <td style="width:20px; text-align: center;">[ ]</td> <td style="width:20px; text-align: center;">[ ] - [ ] - [ ] [ ] [ ] [ ] [ ]</td> </tr> <tr> <td colspan="2" style="text-align: center;">OR</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width:20px; text-align: center;">[ ]</td> <td style="width:20px; text-align: center;">[ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> </tr> </table>	<b>Social security number</b>		[ ]	[ ] - [ ] - [ ] [ ] [ ] [ ] [ ]	OR		<b>Employer identification number</b>		[ ]	[ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>Social security number</b>											
[ ]	[ ] - [ ] - [ ] [ ] [ ] [ ] [ ]										
OR											
<b>Employer identification number</b>											
[ ]	[ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]										

<b>Part II Certification</b>
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.
<b>Certification Instructions.</b> 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**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](http://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.*

**Cut along the outer border and affix this label to your sealed solicitation envelope to identify it as a “Sealed Submission/Proposal”.**

PROPOSAL DOCUMENTS • DO NOT OPEN	
<b>SOLICITATION NO.:</b>	<b>RFP 22-30</b>
<b>SOLICITATION TITLE:</b>	<b>Medical and Prescription Drug Stop Loss Policy</b>
<b>OPENING/DUE DATE:</b>	<b>May 20, 2022</b>
<b>TIME DUE:</b>	<b>Prior to: 1:30 PM ET</b>
<b>SUBMITTED BY:</b>	_____
	(Name of Company)
<small>e-mail address</small>	<small>Telephone</small>
<b>DELIVER TO:</b>	Hamilton County Board of Education Attn: Purchasing Department 3074 Hickory Valley Road Chattanooga, TN 37421

**\*Notice:** The Date Due/Submission Deadline Date/Opening Date as stated on this label and other forms contained herein may have been updated via issuance of Addenda against this project. It is the sole responsibility of the Contractor/Vendor to monitor the HCS solicitation for any updates to the Date Due/Submission Deadline Date/Opening Date via Addenda. This label or other original forms may not be updated. Contractor/Vendor may strike through and update Date Due/Submission Deadline Date/Opening Date at their discretion to match any updates to this date that have been published via Addenda.

Submissions received after the time and date of the Date Due/Submission Deadline Date/Opening Date will not be accepted at the sole discretion of HCS.

**PLEASE PRINT CLEARLY**