



ADDENDUM# 1

RFP NO. 5001-RH-2022, FULLY INSURED GROUP MEDICAL AND PHARMACY INSURANCE BENEFITS

DATE: 11/30/22

A.

The purpose of this addendum is to provide clarification to proposer questions, including attachments requested, and RFP updated evaluation criteria.

- 1. Question:** Whether companies from Outside USA can apply for this? (like, from India or Canada)?
Answer: **Per page 7 of the RFP regarding SUNBIZ, Proposers, both corporate and individual, must provide proof that their firm is registered with the Division of Corporations for the State of Florida.**
- 2. Question:** Whether we need to come over there for meetings?
Answer: **Carriers are expected to be onsite for periodic meetings including but not limited to Open Enrollment, Board Meetings, Committee Meetings, Annual Utilization Review.**
- 3. Question:** Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)
Answer: **See Answer to Question 1.**
- 4. Question:** Can we submit the proposals via email?
Answer: **Per page 3 of the RFP, Proposal packages must be submitted electronically through www.DemandStar.com or bids@martinschools.org by Proposers responding to this RFP no later than the designated deadline date and time.**
- 5. Question:** Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.
Answer: **Per page 4-5 of the RFP review requirements on section 13 Execution of Proposal.**
- 6. Question:** Please confirm if a COBRA quote is being requested.
Answer: **No, a COBRA quote is not being requested.**
- 7. Question:** References – Please confirm if the following assumption would be correct:
Question 50 states to supply 3 references with a minimum of 1000 employees.
Page 39 states for Tab 5 References that Vendors are to provide 5 references.
Please confirm you are asking Vendors to provide 3 in the Questionnaire portion and also provide 5 in the Reference Tab.
Answer: **Confirming to provide three (3) references, per page 35 of the RFP.**

- 8. Question:** Since the request is for Fully Insured, is the claim repricing needed? If so, any issue with making this Proprietary and Confidential?
- Answer:** **Yes, claims repricing is necessary in order to identify the carriers discounts relative to the utilized network. A summary of the repricing data will need to be communicated to the scoring Committee. Per page 7 of the RFP, review section 24 Proposal as Public Domain and page 8, review section 36 Trade Secrets.**
- 9. Question:** Can you confirm the group received a 10% decrease for the July 2020 renewal?
- Answer:** **In 2020, the District received a 4.5% decrease in premium through an RFP process by the incumbent, Florida Blue. The total premium paid decreased by more than 4.5% as the District transitioned from a 2 tier to a 4 tier which provided lower premium for the Children and Spouse tiers.**
- 10. Question:** Can you please provide the prior plan designs for the 2020 plan year and the 2021 plan year.
- Answer:** **Yes, see Addendum Attachments.**
- 11. Question:** Can you please provide updated Claims and Large Claims experience through October 2022
- Answer:** **See Answer to Question 10.**
- 12. Question:** Please clarify if the contract will be 3 years with (3) 1 year renewal periods or 3 years with (2) 1 year renewal periods as the RFP references both.
- Answer:** **Per page 15 of the RFP, the contract is for a three (3) year initial contract period with two (2) one-year renewal periods.**
- 13. Question:** Please confirm the number of current references being requested. The RFP states 3 current references in one area and then Tab 5 is requesting 5 current references.
- Answer:** **See Answer to Question 7.**
- 14. Question:** Page 4 of the RFP instructs bidders to “submit one (1) complete electronic submittal, contained in one (1) file, PDF format preferred.”
- a. Please confirm that the one file can be a zip file of all tabs/documents since not all documents will be in PDF (example- disruption files should be in excel).
- Answer:** **Confirming to provide one file to include one document PDF for submitted proposal response. Additional Excel attachments can be contained in one zip file.**
- 15. Question:** Please advise where the disruption/repricing files should go (which Tabs?).
- Answer:** **Per page 39 of the RFP, include Submittal Information and Attachments in Tab 7.**
- 16. Question:** Please confirm what amount is currently being provided for the Technology fund.
- Answer:** **Currently, there are no technology funds being offered to the District by Florida Blue. Proposers are encouraged to provide technology funds to offset new technologies the District would like to implement for Open Enrollment communications.**

Refer to Add 1 RFP 5001-RH-2022 per Addendum 1 for clarifications.

Attachments to Addendum 1:

- Add 1 Attachment 070121 - MCSD - FL Blue - BlueOptions 05172 (Single) – SBC
- Add 1 Attachment 070121 - MCSD - FL Blue - BlueChoice PPO 0117 – SBC
- Add 1 Attachment 070121 - MCSD - FL Blue - BlueCare HMO 47 – SBC
- Add 1 Attachment 070121 - MCSD - FL Blue - BlueOptions 05173 (Family) – SBC
- Add 1 Attachment 070120 - MCSD - SBC - BlueOptions HDHP 05191
- Add 1 Attachment 070120 - MCSD - SBC - BlueOptions HDHP 05190 Plan
- Add 1 Attachment 070120 - MCSD - SBC - BlueChoice PPO 0117 Plan
- Add 1 Attachment 070120 - MCSD - SBC - BlueCare 47 HMO Plan
- Add 1 Attachment - Monthly Claims and Large Claims through October 2022

This Addendum shall be considered an integral part of the RFP and Contract Documents and this Addendum must be signed and returned with your submittal **by 2:00 p.m. Eastern Standard Time on December 14, 2022**, and acceptance on **Attachment I**. Failure to comply may result in disqualification of your proposal submitted.



Renee Hayes, CPPO, CPPB

Director of Purchasing

Acknowledgement is hereby made of Addendum #1 to RFP# 5001-RH-2022: Fully Insured Group Medical and Pharmacy Insurance Benefits.

Authorized Signature

Firm

Printed, Title

Date

Email Address

Dr. John D. Millay, Superintendent
School Board Members: Michael DiTerlizzi • Marsha B. Powers • Amy B. Pritchett • Christia Li Roberts • Jennifer Russell

"To Educate all Students for Success"



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ADVERTISEMENT PUBLICATION

Martin County School Board
2845 S.E. Dixie Highway
Stuart, FL 34997

RFP# 5001-RH-2002

FULLY INSURED GROUP MEDICAL AND PHARMACY INSURANCE BENEFITS

The School Board of Martin County, Florida is soliciting proposals from qualified proposer to provide Fully Insured Group Medical and Pharmacy Insurance Benefits on a regular and as-needed basis for a three (3) year initial contract period with two (2) ~~three~~ one-year renewal periods.

Solicitation Documents may be obtained by registering with www.DemandStar.com or from the Purchasing Website: <https://www.martinschools.org/page/public-notices>

The District is not responsible for the content of any submittal package received through any 3rd party service or any other source.

Firms desiring to provide the services described shall submit one (1) complete electronic submittal, contained in one (1) file, PDF format preferred, submitted electronically through www.DemandStar.com or bids@martinschools.org containing all of the required information **no later than 2:00pm, December 14, 2022.**

Questions: Email bids@martinschools.org by no later than 2:00 pm eastern time on **November 28, 2022.**

Publish Date: **November 14, 2022**



SECTION VII EVALUATION OF SUBMISSIONS

7.1 EVALUATION METHOD AND CRITERIA

- A. Purpose:** The purpose of the Proposal is to demonstrate compliance with the evaluative criteria established, specifically the qualifications, knowledge, experience, and competence and capacity of the firms seeking to submit to this RFP. As such, the substance of proposals will carry more weight than their form or manner of presentation.
- B. General:** The selection committee will evaluate proposals and will select the proposer which meets the best interests of the District. The District shall be the sole judge of its own best interests, the proposals, and the resulting negotiated agreement. The District's decisions will be final. This criterion shall be utilized in the evaluation of the proposals. The evaluation criteria will include, but not be limited to, consideration of the following:

EVALUATION CATEGORIES	100 POSSIBLE POINTS	
Organization Profile, Qualifications, References	15	25
Customer Service/Experience/Location/Availability of Staff	15	20
Approach and Methodology	15	20
Cost Proposed	35	25
Provider Networks and Discounts	20	5
References	5	5

Organization Profile, Qualifications, References (Tab 1, 5) Service Ability and Service History Knowledge of Subject Ability to meet needs and perform work Qualifications of Servicing Team Public Entity References	15 points
Customer Service/Experience/Location/Availability of Staff (Tab 2) Customer Service Account Administration Support Account Implementation Team Access Dedicated / Onsite Representative	15 points
Approach Methodology (Tab 3) Wellness and Disease Management Programs Cost containment, reduction or avoidance strategies Implementation plan and Schedule	15 points
Schedule of Benefits & Proposed Cost (Tab 4) Plan Design Proposed funds (wellness) other Participating contract (Surplus Share) Multi-Year Rate Guarantee Proposed Premium Telemedicine	35 points
Provider Networks & Discounts Greatest percentage of access Discount levels or add-on services Interactive Website	20 points



7.2 **SELECTION**

Proposals will be evaluated using the above criteria. The District will assign this task to an odd number Selection Committee. The District reserves the right to select the most qualified firms from review of the packages submitted and request authorization to negotiate an agreement with the highest ranked firm; or to interview the most qualified Respondents prior to requesting authorization to negotiate an agreement with the highest ranked respondent. Firms will be notified in writing if they are selected for an interview. Notices for interviews will contain explicit instructions concerning location, date, time and length of interviews.

7.3 **PRESENTATIONS**

The District may require oral and visual presentations from those firms that are ranked or short-listed. This shall be done at the District's sole discretion when it feels presentations are essential as part of the evaluation process and are in the best interests of the District. The District shall be the sole judge and final arbiter of its own best interests in this matter.

7.4 **NEGOTIATIONS**

After the Selection Committee evaluates and ranks the respondents, staff concludes negotiations with the respondent(s) selected will present the results of the negotiations to the Board for approval of award of a contract. If staff determines that it is unable to negotiate a satisfactory contract with the respondent(s) considered to be the most qualified at a price the District determines to be fair, competitive, and reasonable, negotiations with that respondent(s) shall be formally terminated. Should the staff be unable to negotiate a satisfactory contract with the selected respondent(s), staff may select additional respondent(s) in order of their original ranking, competence and qualification; and will continue negotiations until an agreement is reached. However, the District reserves the right to reject all proposals, to waive any irregularities, and to re-advertise and solicit for other proposals.

7.5 **BEST AND FINAL OFFER**

Furthermore, the District also reserves the right to negotiate with one or all of the shortlisted Proposers for the purpose of obtaining best and final offers. Proposers shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals. Any such revisions may be permitted throughout negotiations after submissions and prior to award for obtaining best and final offers. Any revisions to scope or work will be offered to all Proposers for the purpose of obtaining the best and final offer. The District at any time during these negotiations may request a "best and final offer" from the shortlisted responsive and responsible Proposers that submitted proposals.

7.6 **CONTINGENT FEES PROHIBITED**

The proposing firm must warrant that it has not employed or retained a company or person, other than a bona fide employee, contractor or subcontractor, working in its employ, to solicit or secure a contract with the District, and that it has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee, contractor or sub-consultant, working in its employ, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award or making of a contract with the District.



ATTACHMENT "A"
Return Completed with Proposal
PROPOSER'S PROFILE STATEMENT

PROPOSER shall furnish the following information. Failure to comply with this requirement shall render the proposal non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address: _____

Contact Person's Name and Title: _____

PROPOSER'S Telephone, _____ Fax Number: _____

PROPOSER'S Email address: _____

PROPOSER'S License Number: _____
(Please attach certificate of status, competency, and/or state registration.)

Certification: MBE SFDB MWBE DVBE SBA Other
(Please attach certificate)

PROPOSER'S Federal Identification Number: _____

Number of years your organization has been in business _____

State the number of years your firm has been in business under your present business name _____

State the number of years your firm has been in business in the work specific to this RFP: _____

Names and titles of all officers, partners or individuals doing business under trade name:

The business is a: Sole Proprietorship Partnership Corporation

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE. (ATTACH IN PROPOSER EXHIBIT SECTION)

Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the District and shall render the proposer RFQ submittals non-responsive.

At what address was that business located? _____

Have you ever failed to complete work awarded to you? If so, when, where and why?

Have you personally reviewed the proposed scope, and do you have a complete plan for its performance?



Will you subcontract any part of this scope? If so, give details including a list of each sub-contractor(s) (Use Attachment "B", Subcontractor List) that will perform work and the work that will be performed by each subcontractor(s).

The foregoing list of subcontractors(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

List and describe all successful Bond claims made to your surety (ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

Has the Proposer, its principals, officers or predecessor organization(s) been CONVICTED OF A Public Entity Crime, debarred or suspended from bidding by any government entity? If so, provide details.

Are you an Original provider sales representative distributor, broker, manufacturer other, of the commodities/services proposed upon? If other than the original provider, explain below.

The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by DISTRICT in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER'S qualifications to perform under the contract shall cause the DISTRICT to reject the Proposal, and if after the award, to cancel and terminate the award and/or contract.

Print Name/Title

Signature



ATTACHMENT "B"
Return Completed with Proposal
NON-COLLUSIVE AFFIDAVIT

STATE OF _____

DISTRICT OF _____

_____ being first duly sworn, deposes and says that:

PROPOSER is the _____,
(Owner, Partner, Officer, Representative or Agent)

PROPOSER is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

Such Proposal is genuine and is not a collusive or sham Proposal;

Neither the said PROPOSER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other PROPOSER, firm or person to submit a collusive or sham Proposal in connection with the Contract for which the attached Proposal has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any PROPOSER, firm, or person to fix the price or prices in the attached Proposal or any other PROPOSER, or to fix any overhead, profit, or cost element of the Proposal Price or the Proposal Price of any other PROPOSER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Proposal are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the PROPOSER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

By _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

SEAL

Notary Public (Signature)

My Commission Expires: _____



ATTACHMENT "C"
Return Completed with Proposal

DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST AND CONFLICTING EMPLOYMENT OR CONTRACTUAL RELATIONSHIP

In accordance with Instructions to Proposer's, each Proposer must disclose, in its RFP, the names of any employees who are employed by Proposer who are also an employee of MCSB. Persons identified below may have obligations and restrictions applicable to them under Chapter 112, Florida Statutes.

Name of Proposer's Employee	MCSB Title or Position of Proposer's Employee	MCSB Department/ School of Proposer's Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check one of the following and sign:

- I hereby affirm that there are no known persons employed by Proposer who are also an employee of MCSB.
- I hereby affirm that all known persons who are employed by Proposer, who are also an employee of MCSB, have been identified above.

Signature

Company Name

Name, Title of Official

Business Address, City, State, Zip Code



ATTACHMENT "D"
Return Completed with Proposal
DRUG FREE WORKPLACE CERTIFICATION

IDENTICAL TIE RFPs: Preference shall be given to businesses with drug-free workplace programs. Whenever two or more RFPs which are equal with respect to price, quantity, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a RFP received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie RFPs will be followed if none of the tied vendors have a drug-free workplace program (Florida Statutes Section 287.087). In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug free workplace, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under RFP a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under RFP, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Signature

(Print or Type Name)



ATTACHMENT "E"
Return Completed with Proposal
SWORN STATEMENT ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with any agency or political subdivision of any other state or with the United States, including, but not limited to, any contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of the public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control of any person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
5. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)
 - Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of



Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this ____ day of _____, 20____ by _____ who is personally known to me or who has presented the following type of identification: _____.

Signature of Notary Public, State of Florida

Notary seal (stamped in black ink)
OR
Printed, typed or stamped name of Notary and Commission Number



ATTACHMENT "F"
Return Completed with Proposal
SIGNATURE PAGE

The undersigned attests to his (her, their) authority to execute this submittal and to bind the firm(s) herein named to perform as per agreement. Further, by signature, the undersigned attests to the following:

1. The Proposer is financially solvent and sufficiently experienced and competent to perform all of the work required of the Proposer in the Contract;
2. The facts stated in the Proposer's response pursuant to this Request for Qualifications are true and correct in all respects;
3. The Proposer has read and complies with, and submits their proposal agreeing to all of the requirements, terms and conditions as set forth in the Request for Proposals.
4. Proposer certifies that he or she has not divulged, discussed, or compared his or her submittal with other proposers and has not colluded with any other proposer or parties to a submittal whatsoever. (Note: No premiums, rebates or gratuities permitted either with, prior to, or after any delivery of material. Any such violation shall result in one or more of the following: cancellation, return of materials (as applicable) and the removal of the Proposer from the District vendor list(s).
5. **Proposer understands that if a team is short listed and selected to make oral presentations to the selection committee and/or DISTRICT, only the team members evaluated in the written submissions may present at the oral presentations. Any changes to the team at the oral presentations shall result in that team's disqualification.**
6. The undersigned certifies that if the firm is selected by the District, the firm shall negotiate in good faith to establish an agreement.
7. Proposer understands that all information listed above may be checked by Martin District School District and Proposer authorizes all entities or persons listed in this proposal submittal to answer any and all questions. Proposer hereby indemnifies the Martin District School District and the persons and entities listed above and holds them harmless from any claim arising from such authorization or the exercise thereof, including the dissemination of information pursuant thereto.

Submitted on this _____ day of _____, 20_____.

Please check one: _____ Individual _____ Partnership _____ Non-incorporated Organization

Witness

Company

Witness

By

(if a corporation, affix seal)

Print Name & Title

Incorporated under the laws of the State of (if applicable) _____.