

**THE SCHOOL BOARD OF
MIAMI-DADE COUNTY,
FLORIDA**

**REQUEST FOR PROPOSALS
FOR
CASUALTY CLAIMS ADMINISTRATOR AUDIT SERVICES**

Website: <http://procurement.dadeschools.net/bidsol.htm>

PROPOSAL RETURN DATE: January 28, 2003

RFP NUMBER: 053-CC10

December 2002

Miami-Dade County Public Schools

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Miami-Dade County Public Schools
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SECTION I

INTRODUCTION

SECTION I

INTRODUCTION

SCOPE OF REQUEST FOR PROPOSALS

This Request for Proposals (hereinafter this RFP) has been prepared to solicit proposals for Casualty Claims Administrator Audit Services for the School Board of Miami-Dade County, Florida (hereinafter the Board). The proposals will be used to determine those proposers with whom the Board will directly negotiate and contract pursuant to Department of Education Rule 6A-1.012(11). The Board maintains self-insurance programs for the following:

Workers' Compensation/Employer's Liability
General Liability, including School Leaders Errors & Omissions (E&O)
Auto Liability

The Board contracts with a Third Party Administrator (hereinafter TPA) to adjudicate claims, and desires to contract with a qualified auditor to perform annual audits of the TPA services and procedures.

SEPARATION AND DISTRIBUTION

This RFP has been designed for transmittal as a complete document to all interested parties. It is recommended that it not be separated, but that it be reproduced in its entirety as additional distribution might dictate.

ADHERENCE TO REQUESTED SERVICES

All timely proposals meeting the minimum criteria set forth in Minimum Qualifications of Proposer in Section II of this RFP will be considered. However, proposers are cautioned to clearly indicate deviations from the requested services on the applicable Proposal Form. The terms and conditions contained herein are those desired by the Board, and preference will be given to those proposals in full or substantially full compliance with the requested services.

BACKGROUND

The Board has self-insured, with varying self-insured retentions, its Workers' Compensation/Employer's Liability coverages since July 1, 1974. The Board has self-insured its General Liability coverage since December 1, 1976, and its Auto Liability since January 1, 1977. Errors and Omissions (E&O) coverage was added to the self-insured program on July 1, 1995.

DESCRIPTION OF OPERATIONS

Miami-Dade County Public Schools is the fourth largest school system in the United States. Regular enrollment is approximately 365,000 students with 19,000 teachers using more than 350 school facilities. Total full and part time employees number approximately 48,000.

ADDITIONAL INFORMATION

Additional information or clarification with respect to this RFP can be requested, in writing, until 2:00 p.m. on January 3, 2003 from:

Scott B. Clark, Risk & Benefits Officer
Office of Risk & Benefits Management
Miami-Dade County Public Schools
1500 Biscayne Blvd., #127
Miami, FL 33132
Fax: (305) 995-7170

If reasonably available and relevant, such additional information will be made available to all proposers by an addendum to the RFP.

ROLE OF CONSULTANT

Siver Insurance Consultants has been retained as independent risk and insurance management consultants. Siver Insurance Consultants acts solely in its capacity as consultant. Siver Insurance Consultants does not participate in commissions from any insurance company, agent or broker, nor does it accept any income from other than its clients.

ANALYSIS SCHEDULE

Proposals opened at the bid opening on January 28, 2003 will be analyzed from a technical perspective by the Board's Office of Risk & Benefits Management and the Board's consultant, Siver Insurance Consultants. The technical analysis will be distributed to the Superintendent's Ad-Hoc Insurance Committee, pursuant to Board Rule 6Gx13 - 3F-1.022, Professional Service Contracts for Insurance or Risk Management Programs Policy, which consists of the following:

School Board Member
Chief Financial Officer
Chief Financial Officer Designate
Chief of Staff
Chief Business Officer
Assistant Superintendent, Procurement and Materials Management
Risk and Benefits Officer, Office of Risk & Benefits Management
Director, Business Development and Assistance

Resource Persons: Board Attorney's Office
Office of Management and Compliance Audits
Board's Property/Casualty Insurance Consultant

This committee will then meet to discuss their analysis and prepare a written recommendation to the Board. Committee members will be instructed to neither meet with proposers nor discuss proposals received in conjunction with the RFP.

SECTION II

GENERAL REQUIREMENTS

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GENERAL REQUIREMENTS

MINIMUM QUALIFICATIONS

In order to be considered, a proposer (hereinafter also Auditor) must, on the time and date specified in the following Proposal Return Date provision for receipt of proposals by the Board, meet the following minimum criteria:

- A. Experience With Casualty Self-Insured Programs - The specific personnel to be assigned to the Board's account must have had first-hand experience since January 1998 in auditing one or more self-insured clients with respect to each of the following types of self-insured programs:
 - 1. A self-insured Workers' Compensation/Employers' Liability program
 - 2. A self-insured General Liability program
 - 3. A self-insured Automobile Liability program
- B. No Sale of Insurance - Auditor shall not be engaged in any way in the sale or placement of insurance or related services as an agent or broker. Auditor shall not participate in commissions from any insurance company, claims administrator, agent or broker, nor accept any remuneration other than directly from its consulting and auditing clients. Auditor shall not own, be owned by, share common ownership with, or be otherwise affiliated with any entity(ies) which sell insurance, place insurance as an agent or broker, or provide claims administration services.
- C. Minimum Insurance Coverage - Auditor agrees to maintain in force at all times during which services are to be performed for the Board, Professional Liability insurance with limits of not less than \$1,000,000. If such coverage is on a claims-made basis, Auditor must agree to maintain coverage applicable to the services performed for the Board either through a claims-made contract or the use of an extended discovery provision, for three years after conclusion of all services performed under the agreement.

PROPOSAL RETURN DATE

Sealed proposals (three originals plus three copies) will be received on behalf of the School Board of Miami-Dade County, Florida, by:

Bid Clerk
Bureau of Procurement and Materials Management, Room 352
School Board Administration Building
1450 NE Second Avenue
Miami, Florida 33132

until 2:00 p.m. on January 28, 2003. Proposals should be enclosed in envelopes provided by the Board plainly marked on the outside as "PROPOSALS FOR CASUALTY AUDIT SERVICES DUE: 2:00 p.m., January 28, 2003, Proposal Number RFP # 053-CC10." **NO PROPOSAL WILL BE CONSIDERED IF NOT SUBMITTED BY THE DEADLINE SPECIFIED.**

ADDENDA TO RFP

If any addenda are issued, a good faith attempt will be made to deliver a copy of each to all prospective proposers who picked up the RFP or were mailed an RFP by the Bureau of Procurement and Materials Management. However, PRIOR TO SUBMITTING THE PROPOSAL, IT SHALL BE THE RESPONSIBILITY OF EACH PROPOSER TO CONTACT THE BUREAU OF PROCUREMENT AND MATERIALS MANAGEMENT to determine if addenda were issued and, if so, to obtain such addenda for attachment to the proposal.

Addenda will be available at the Board's website:

<http://procurement.dadeschools.net/bidsol.htm>

Proposers should either acknowledge receipt of such addenda on their proposal, or attach such addenda to their proposal. Otherwise, the proposal will be considered irregular.

AUDITOR RESPONSIBLE FOR ADDRESSING CRITERIA

Auditors should be aware that the proposals will be evaluated in accordance with the criteria set forth in this RFP and, accordingly, should structure their proposal in a manner to properly address each of the evaluation criteria.

The Proposal Forms of this RFP are provided to solicit information that will be used in the application of the evaluation criteria to the proposal. However, some of the criteria may not be fully addressed, or not addressed at all, in the Proposal

Forms. In addition to completing the Proposal Forms, it is the sole responsibility of each proposer to address in its proposal each of the evaluation criteria including the minimum qualifications.

PROPOSAL EVALUATION

Pursuant to Department of Education Rule 6A-1.012(11), the Board will negotiate and directly contract with the proposer or proposers whose proposal(s) is (are), in the Board's judgment, in its best interest. Among the criteria that the Board will consider in its evaluation of which proposers, if any, to enter into negotiations with are the following:

- A. Demonstration of competency and experience. For the purpose of evaluating competency and experience, the degree of relevant experience of the auditor with self-insured programs, including specifically Florida government self-insured programs, will be a primary factor.

The Board is especially interested in the competency and experience of the specific personnel that would be providing the services to the Board.

- B. Projected Cost, including deferred payment terms and anticipated travel expenses, if applicable, and the extent the ultimate cost is reasonably forecastable. The Board will also consider the specific hourly rates and any other basis for remuneration and any maximum feature available. Preference will be given to proposals providing multiple year fee guarantees.
- C. Extent to which the Auditor is willing and able to provide all of the services sought.
- D. Extent to which minority and women business enterprises or individuals will participate in the providing of services. Auditors are strongly encouraged to seek out minorities and women business enterprises, including the formation of joint ventures and subcontracting.
- E. Extent to which minorities and women are utilized in the Auditor's workforce.

AFFIRMATIVE ACTION REQUIREMENTS AND M/WBE PARTICIPATION

A. Equal Employment Opportunity:

It is the policy of the Board that no person will be denied access, employment, training, or promotion on the basis of gender, race, color, religion, ethnic, or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, or disability, and that merit principles will be followed.

Each firm shall be required to indicate its equal employment policy and provide a detailed breakdown by ethnicity, gender and occupational categories of its workforce. See Section IV, Exhibit A – Affirmative Action Employment Breakdown.

B. Minority/Women Business Enterprise (M/WBE) Participation:

The School Board of Miami-Dade County, Florida has an active Minority/Women Business Enterprise (M/WBE) Program, to increase contracting opportunities for M/WBEs. In keeping with this policy, if a minority firm, which is Woman or African American-owned and operated, is to perform a scope of work, provide documentation to substantiate the M/WBE's and it's staff's experience in providing this type of service, all M/WBE's must be certified by the Division of Business Development and Assistance, prior to contract award. See Section IV, Exhibit B - M/WBE Certification Application.

C. Quarterly reports documenting efforts undertaken by the proposer to maintain the stipulated M/WBE participation will be submitted quarterly and shall include each M/WBE's name, contact person, and the payments thereto for the quarter. The reports shall be submitted to the Director, Division of Business Development and Assistance, 1450 N.E. Second Avenue, Room 456, Miami, Florida 33132.

OBJECTIONS TO REQUEST FOR PROPOSALS

Objections to this RFP must be filed in writing, sent by certified mail, and must be received by the Office of Risk & Benefits Management of the Board no later than 2:00 p.m. on January 3, 2003.

IRREVOCABILITY OF PROPOSALS

In consideration of the Board's allowing the proposer to make a proposal (offer), each proposer agrees by offering a proposal (offer) that such proposal (offer) shall remain open and not subject to revocation and shall be subject to the Board's acceptance until sixty (60) days after the date indicated in this RFP as the date the service would incept, if accepted by the Board.

USE OF PROPOSAL FORMS

Proposers should use the Proposal Forms. All appropriate blanks on the Proposal Forms should be completed. Supplemental information may be attached to the Proposal Forms. Failure to properly complete the Proposal Forms may result in disallowance of consideration of the proposal.

WAIVER AND/OR REJECTION OF PROPOSALS

The Board reserves the right to waive informalities in any proposals, to reject any and all proposals in whole or in part, with or without cause, and to accept that proposal, if any, which in its judgment will be in its best interests.

NON-WARRANTY OF REQUEST FOR PROPOSALS

Due care and diligence has been exercised in the preparation of this RFP, and all information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposures to risk and verification of all information herein shall rest solely with those making proposals. The Board and its representatives and consultants shall not be responsible for any error or omission in this RFP, or for the failure on the part of the proposers to determine the full extent of the exposures.

DEVIATIONS FROM RFP

The contract terms and conditions stipulated in this RFP are those desired and preference will be given to those proposals in full or substantial compliance with them. However, all timely proposals received will be considered. Proposers are cautioned that restrictive deviations from the RFP must be clearly stated on the Proposal Forms.

METHOD OF ACCEPTANCE

In consideration of the Board's allowing the proposer to make a proposal (offer), the proposer agrees that a contract shall arise upon acceptance by the Board of the proposal (offer), and that no communication of such acceptance shall be required. Notwithstanding the above, the Board agrees to make a reasonable effort to communicate acceptance of the offer prior to either the effective date of the contract accepted or time of performance by the proposer.

MANDATORY RECOMMENDATIONS

Proposals should not be conditioned upon compliance with mandatory recommendations. If there are any such mandatory recommendations, they must be clearly stated on the Proposal Form.

PAYMENT TERMS

Unless indicated to the contrary on the Proposal Form, payment shall not be due until delivery of final Audit report to the satisfaction of the Board and full compliance with the proposal offered and accepted by the Board.

ATTACHMENT OF SPECIMEN CONTRACTS

All auditors should submit, as part of their proposal, a complete specimen copy of any contract, including copies of all forms and endorsements to which the Board will be a party, if the Board accepts the proposal.

CONFLICT WITH SPECIMEN CONTRACTS OR POLICIES

Unless specifically noted to the contrary on the appropriate Proposal Form, the submission of a specimen contract or policy with a proposal shall not constitute notice of the proposer's intent to deviate from the RFP in a restrictive manner. Unless specifically noted otherwise, the attachment of a specimen copy shall be deemed to be an offer in at least full compliance with the RFP, and the proposer expressly agrees to reform said contract or policy to the extent inconsistent in a restrictive manner from the RFP. That is, submission of a specimen copy shall be deemed solely an offer of supplemental terms and conditions not otherwise addressed in the RFP or a broadening of terms and conditions to the benefit of the Board beyond that required by the RFP.

PUBLIC ENTITY CRIME

Proposers are hereby notified about Section 287.133(2)(a), Florida Statutes, which requires that:

“A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.”

SECTION III
DESCRIPTION OF SERVICES

SECTION III

DESCRIPTION OF SERVICES

PERFORMANCE TIME SCHEDULE

It is the present intention of the Board to engage the selected auditor in March, 2003. It is the goal of the Board to have the audit completed and the final report delivered to the Board no later than ninety (90) calendar days after the successful auditor is given notice to proceed with the assignment. If the auditor is unable or unwilling to perform the services within this time frame, the auditor should indicate in its proposal any alternate time frame for performance required.

SPECIFIC SERVICES TO BE PROVIDED

- A. Determine the number of claims to be audited, but no less than:
1. 125 Workers' Compensation Claims
 2. 50 General Liability Claims, including at least five (5) Errors and Omissions
 3. 25 Automobile Liability Claims

All audited claims, whether open or closed, should have experienced activity within the past 12 months. The majority of audited claims should be open. At least 25% of audited claims must be claims with payments in excess of the \$15,000 Third Party Administrator (TPA) authority level.

- B. Prepare a report of findings for the Board that includes opinions and recommendations for improvement, as follows:
1. Appropriateness of procedures in place by TPA, including conformity with contractual obligations
 2. Appropriateness of TPA authority levels, including recommendations for change, if applicable
 3. Appropriateness of use of field investigations, including the thoroughness of field investigations and recorded statements and the appropriate documentation of field investigations
 4. Appropriateness of the record keeping practices for completeness, accuracy and existence

5. Appropriateness of the methods used to authenticate the validity of the claims
6. Appropriateness of reviewed reserves and payments and reserving practices
7. Whether the claim files audited reflect adjudications in accordance with industry standard practices
8. Whether subrogation and other recovery efforts are pursued by TPA in accordance with industry standard practices
9. Appropriateness of utilization of outside counsel
10. Appropriateness of internal controls on all banking related services
11. Appropriateness and timeliness of Workers' Compensation claims reporting to the State of Florida
12. Appropriateness of the use of technology, such as electronic billing and filing procedures, including procedures for electronic billing verification
13. Appropriateness of reporting to excess insurers
14. Appropriateness of adjuster case and work loads
15. Appropriateness of the Office of Risk and Benefits Management in providing oversight and monitoring of the payments made and reconciliation of the work performed to assure contractual obligations are met by all the parties
16. Recommendations regarding procedures and practices where improvements may be possible

LOCATION OF CLAIM FILES

Workers' Compensation claim files to be audited are located in Miramar, Florida. Non-Workers' Compensation claims files to be audited are located at the Board office in Miami, Florida. Online claims file access can also be made available.

SUBSEQUENT UPDATES

At the present time, it is anticipated that an audit of the casualty self-insurance program would be performed annually. Subject to satisfactory performance by the auditor and subject to mutual agreement of the parties, the Board would prefer the same auditor be engaged for an initial three (3) year term and if satisfied, for an additional two (2) year term for a maximum term of five (5) years as a result of this RFP.

SECTION IV

EXHIBITS



AFFIRMATIVE ACTION EMPLOYMENT BREAKDOWN

FM-4859 Rev. (02-01)

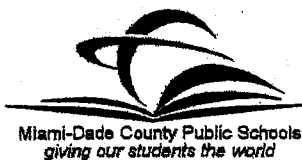


EXHIBIT B

For office use only:

Date received: _____

Reviewer: _____

M/WBE Code: _____

Date Approved: _____

Vendor #: _____

M/WBE CERTIFICATION APPLICATION

(Please Print/Type)

Certification Category Requested: ☐ African American ☐ Woman
☐ Hispanic

1. Business Name _____ President's/Owner's Name _____
() - () -
Telephone number Fax number E-Mail Address

Business street address

Business mailing address

2. LEGAL STRUCTURE: (Check one and indicate the date the business was established)

<input type="checkbox"/> Sole proprietor	Date	<input type="checkbox"/> Joint Venture	Date
<input type="checkbox"/> Partnership	Date	<input type="checkbox"/> Corporation Non-profit	Date
<input type="checkbox"/> For Profit Corporation	Date		

3. **CERTIFICATIONS:** Indicate if this business shares common officers, owners, directors or management personnel with another business that has received, been denied or had its certification revoked as an MBE/DBE/WBE or SBA 8(a) Certified Contractor. Indicate the name of the certifying authority, as well as the date and type of determination (certification /denial/revocation).

<u>Agency Name</u>	<u>Determination</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **OWNERSHIP:**

- a. Identify the proprietor, each partner, or stockholder by name, as well as his/her citizenship (c) or (r) residency status, gender, ethnic group, and percentage of ownership.

Name	Owner/ shareholder	Resident or *U.S. Citizen	Gender	Ethnicity	% Owned	Years Owned
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

- b. If the business is a corporation, please indicate the following:

- 1 The number of shares authorized: _____
2. The number shares issued: _____
3. Are there any stock option agreements? Yes ____ No ____
If yes, please provide a copy of each agreement.

5. **OPERATIONAL CONTROL:** Provide the name, title, race/ethnicity, and gender of each individual (including owners and non-owners) with the primary responsibility for the following:

	<u>Name and title</u>	<u>Race/ethnicity</u>	<u>Gender</u>
a. Check signing	_____	_____	_____
	_____	_____	_____

	<u>Name and title</u>	<u>Race/ethnicity</u>	<u>Gender</u>
b. Payroll signing	_____	_____	_____

c. Signing, or guaranteeing loans	_____	_____	_____

d. Acquiring lines of credit	_____	_____	_____

e. Acquiring surety bonding and insurance	_____	_____	_____

f. Purchasing major equipment/services	_____	_____	_____

g. Signing contracts/change orders/payment requisitions	_____	_____	_____

h. Estimating	_____	_____	_____

i. Qualifying the company for professional/trade license(s)	_____	_____	_____

j. Marketing/sales	_____	_____	_____

k. Hiring and firing managerial employees	_____	_____	_____

L Hiring and firing non-management employees	_____	_____	_____

m. Supervising field/ operations	_____	_____	_____

n. Supervising office personnel	_____	_____	_____

6. **PERSONNEL:** Identify the number of individuals, including owners, that are currently employed by the business in the following areas:

Please use the following to classify women/minority persons: AM-African American male, AF-African American female, HM-Hispanic male, HF-Hispanic female, WM-Non Hispanic White male, WF-Non Hispanic White female.

	Total Number of Employees	AM	AF	HM	HF	WM	WF
a. Management	_____						
b. Administrative/clerical	_____						
c. Professional/technical	_____						
d. Craftsperson/laborers	_____						

e. Provide a copy of the business affirmative action statement, if one is available.

7. **BUSINESS RELATIONSHIPS:** Provide the requested information for each of the following:

a. Bonding Company: _____

Address: _____

Agent name: _____ Phone number: (____) ____-____

Single Contract Limit: _____ Aggregate Limit: _____

b. Bank(s) Name(s): _____

Branch: _____

Contact person: _____ Phone number: (____) ____-____

Credit limit: _____

c. Identify the company's/creditors including banks and the amount of money owed to:

<u>Creditor</u>	<u>Loan Guarantor(s)</u>	<u>Address & telephone</u>	<u>Loan Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Insurance company: _____

Type of insurance: _____ Insurance limits: _____

e. List the business' three largest contracts or jobs.

<u>Contract/job type</u>	<u>Contact person</u>	<u>Telephone number</u>	<u>Contract amount</u>	<u>Bonded (Yes/No)</u>
		() -		
		() -		
		() -		

8. EQUIPMENT: List the type and value of major equipment that is owned (O) or leased (L) by the business.

<u>Equipment</u>	<u>O/L</u>	<u>Value (\$ amount)</u>

9. M/WBE JOINT VENTURE - Joint ventures must provide a copy of the joint venture agreement.

M/WBE CERTIFICATION APPLICATION

AFFIDAVIT

STATE OF _____:
COUNTY OF _____:SS

I hereby declare and affirm that I am the _____ (Title)
of: _____ (Firm)

That I am duly authorized to execute the foregoing M/WBE Certification Application, and that the contents of said documents are complete, true and correct to the best of my knowledge and belief. I hereby certify that the documents include all material information necessary to identify the true and lawful owners of the subject business enterprise. Further, the undersigned is notified of their responsibility to submit an updated Minority/Woman Business Enterprise Certification Application whenever a change occurs in ownership, management or control of the company. Any M/WBE applicant, certified M/WBE principal(s) and all related parties, who misrepresents the status of any concern as an M/WBE, or is a party to such misrepresentation to obtain business or contracts with the School Board under the Business Development and Assistance Program, **will be suspended from doing business with the School Board for fourteen (14) months.**

(Corporate Seal), if appropriate

Minority/Woman Owner's Signature

On this _____ day of _____, 20____, personally appeared before me, the undersigned officer authorized to administer oaths: _____
known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____
SEAL

M/WBE
Certification Check List

Please attach copies, not originals, of all applicable items. Incomplete applications cannot be processed, and failure to submit the documents will delay or result in termination of the application process.

Please check if documents are attached:

1. ☐ M/WBE certifications from other public agencies.
2. ☐ M/WBE Certification Application Affidavit (Page 6 of Application).
3. ☐ Miami-Dade County Public Schools Vendor Application.
4. ☐ Lease/purchase agreement for the business' facilities.
5. ☐ Current professional/business license(s).
6. ☐ Proof of citizenship or permanent resident status.
7. ☐ Resumes for owners and key personnel.
8. ☐ Lease/purchase agreements for major business equipment.
9. ☐ Most current application for bonding, if applicable.
10. ☐ Management agreement(s).
11. ☐ Loan agreement(s) or promissory note(s).
12. ☐ Birth certificate, drivers license, passport or any other document which substantiates the ethnicity/race/gender of owners, officers and directors.

***If any of the aforementioned documents are not available, please provide a written notarized statement that information is not available.**

13. Sole Proprietor - Submit all of the above items, as applicable and the following:

- ☐ U.S. IRS 1040-C Schedule.
- ☐ Fictitious name affidavit, if applicable.

14. Partnerships - Submit all of the above items, and the following:

- ☐ Partnership agreement(s).
- ☐ U.S. IRS 1065, with schedules.
- ☐ Profit sharing agreements.

15. Corporations - Submit all of the above items, and the following:

- ☐ Articles of Incorporation, with amendments.
- ☐ By-Laws, with amendments.
- ☐ The most current U.S. IRS Corporate Tax Return 1120 or 1120s, with all schedules.
- ☐ All issued and canceled stock certificates (front & back).
- ☐ Minutes of the first shareholders' meeting.
- ☐ Minutes of the first board of directors' meeting.
- ☐ Minutes of meetings at which the current board of directors and officers were elected or appointed.
- ☐ Stock transfer ledger.
- ☐ Most current annual report filed with the Secretary of State.
- ☐ Profit sharing agreement(s).
- ☐ Agreements affecting management, control or rights of any stockholder(s).

16. ☐ Joint venture agreement(s).

17. ☐ Certificate(s) of insurance.

18. ☐ Sub-contractual agreement(s).

NOTE: If after filing this application, there is any significant change in the information submitted herein, you must inform the Division of Business Development and Assistance of the change, or the company may be denied certification.

Certified companies must inform the Division of Business Development and Assistance of any changes in the information contained herein, which formed the basis of certification. Failure to do so may result in denial, revocation or suspension of certification.

COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO:

MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE
1450 N.E. 2ND AVENUE, ROOM 456
MIAMI, FL 33132

SECTION V

PROPOSAL FORMS

SECTION V

CASUALTY CLAIMS ADMINISTRATOR AUDIT SERVICES
PROPOSAL FORMS

SCHOOL BOARD OF MIAMI-DADE COUNTY

IDENTIFICATION OF FIRM

Name of Firm:

Address from which
primary services
will be provided:

Telephone No.:

Facsimile No.:

Brief description of firm (national, regional or local; size and structure):

STAFF QUALIFICATIONS

The following individual will be the lead auditor:

Name of Individual

Office Address/Telephone Number

In addition to the above lead auditor, indicate in the following space the names of those associates likely to be actively involved in the providing of audit services to the Board:

Name of Individual

Office Address/Telephone Number

Name of Individual

Office Address/Telephone Number

As an enclosure to this proposal, include resumes of the lead auditor and those associates likely to be actively involved in providing audit services to the Board.

MINIMUM INSURANCE COVERAGE

Is your firm willing to maintain a minimum of \$1,000,000 of Professional Liability insurance at all times during which your firm would be providing services to the Board and, if such coverage is on a claims-made basis, maintain coverage applicable to the services performed for the Board either through the use of a claims-made contract or discovery provision for three years after conclusion of all services for the Board?

Yes _____ No _____

MANDATORY EXPERIENCE WITH CASUALTY SELF-INSURED PROGRAMS

In order for your proposal to be considered by the Board, the specific personnel to be assigned to the Board account must have had first-hand experience since January, 1998 in providing audit services, for one or more self-insured clients, with respect to each of the following types of self-insured programs (attach additional client reference sheets to your proposal as needed):

Self-Insured Workers' Compensation/Employer's Liability Program

Name: _____

Address: _____

Client Name: _____

Client Contact: _____

Telephone No.: _____

Date Audit Services
Last Provided: _____

Description of Audit: _____

The following individuals, who were actively involved in the above audit,
will also be actively involved in providing services to the Board:

_____Self-Insured General Liability Program

Name: _____

Address: _____

Client Name: _____

Client Contact: _____

Telephone No.: _____

Date Audit Services
Last Provided: _____

Description of Audit: _____

The following individuals, who were actively involved in the above audit, will also be actively involved in providing services to the Board:

Self-Insured Automobile Liability Program

Name:

Address:

Client Name:

Client Contact:

Telephone No.:

Date Audit Services
Last Provided:

Description of Audit:

The following individuals, who were actively involved in the above audit, will also be actively involved in providing services to the Board:

ADDITIONAL CRITERIA

Florida Government Self-Insured Clients

As an enclosure with this proposal include the following:

- A. A listing of Florida government clients for whom the firm has provided audit services at any time on or after January 1, 1998.
- B. Identify on the listing provided for A. above, those Florida government clients who have been serviced by the same (1) service office, and (2)

service personnel that will be assigned to the Board account if this proposal is selected.

- C. For up to five representative Florida government clients included on the list provided for A. above, provide the following client data:
1. Name of client;
 2. Address of client;
 3. Client contact and telephone number;
 4. Period during which audit services were rendered;
 5. Office and persons with your firm who provided the audit services;
and
 6. General description of the audit(s) performed.

Other Relevant Self-Insured Clients

As an enclosure with this proposal include the following:

- A. A listing of other relevant self-insured clients for whom the firm has provided audit services at any time on or after January 1, 1998.
- B. Identify on the listing provided for A. above, those other relevant self-insured clients who have been serviced by the same (1) service office, and (2) service personnel that will be assigned to the Board account if this proposal is selected.
- C. For up to five representative other relevant self-insured clients included on the list provided for A. above, provide the following client data:
1. Name of client;
 2. Address of client;
 3. Client contact and telephone number;
 4. Period during which audit services were rendered;
 5. Office and persons with your firm who provided the audit services;
and
 6. General description of the audit(s) performed.

FEE STRUCTURE

Describe in the following space the proposed fee structure offered by your firm. Include the hourly rates, if applicable, which will apply to the lead Auditor and the personnel listed in STAFF QUALIFICATIONS. Address any other basis for payment, including deferred payment terms, any expenses applicable, and any multiple year maximum fee guarantee available.

WORK PLAN

Describe your approach to this assignment, including your understanding of the work to be performed and the time frame required. Also include a detailed list of the documents or materials that will be required to perform the work.

STATEMENT OF EQUAL EMPLOYMENT POLICY

Each Auditor shall indicate within the space following, or as a separate attachment to this Proposal Form, their equal employment policy:

**MINORITY/WOMEN BUSINESS ENTERPRISE (M/WBE)
PARTICIPATION**

Describe below (attach additional pages as necessary) the extent of M/WBE participation included in this proposal. Include:

- A. Documentation evidencing M/WBE certification.
- B. Scope of minority firm's work.
- C. Experience of minority firm in the type of services required in this RFP.
- D. Experience of minority firm's staff who will participate.
- E. Estimate of actual revenues which will be received by the M/WBE firm.
- F. Timing of such revenues.

EMPLOYMENT BREAKDOWN

Each Auditor should complete Exhibit A.

COMMENTS/DEVIATIONS FROM REQUEST FOR PROPOSALS

If your proposal does not fully comply with any provision stated in this RFP, explain fully in the space following (attach additional pages as necessary) the extent of non-compliance and the alternative provision proposed.

CHECKLIST OF MATERIAL TO BE INCLUDED

Each of the three originals and three copies of your proposal should include, but not necessarily be limited to, the following:

- A. Completed and properly signed Proposal Forms.
- B. If any addenda are issued, a copy of the addenda or acknowledgment of receipt of the addenda.
- C. With respect to any M/WBE participation:
 - 1. The certificate in force with the School Board of Miami-Dade County, or
 - 2. A properly completed copy of the M/WBE certification application found in Section IV of this RFP with all required documentation.
- D. Any additional materials to fully respond to the evaluation criteria set forth in the Proposal Evaluation provision found in Section II of this RFP.
- E. Resumes of the lead auditor and those associates likely to be involved in providing casualty audit services to the Board listed in the Proposal Forms of this RFP.
- F. Information on experience with Florida government self-insured programs as requested in the Proposal Forms of this RFP.
- G. Other relevant self-insured audit experience as requested in the Proposal Forms of this RFP.
- H. Completed Employment Breakdown chart found in Section IV, Exhibit A, of this RFP.

PROPOSER'S WARRANTY

The undersigned person by the undersigned's signature affixed hereon warrants that:

- A. The firm is not engaged in any way in the sale or placement of insurance coverage as an agent or broker. The firm does not participate in commissions from any insurance company, claims administrator, agent or broker nor accept any remuneration other than directly from its audit clients;
- B. The undersigned has carefully reviewed all the materials and data provided on the firm's proposal on behalf of the firm and, after specific inquiry, believes all the material and data to be true and correct;
- C. The proposal offered by the firm is in full compliance with the Minimum Qualifications set forth in Section II of this RFP;
- D. The firm authorizes the Board, its staff or consultants to contact any of the references provided in the proposal and specifically authorizes such references to release either orally or in writing, any appropriate data with respect to the firm offering this proposal;
- E. The undersigned has been specifically authorized to issue a contract in full compliance with all requirements and conditions, as set forth in this RFP other than those deviations noted above;
- F. If this proposal is accepted, the contract will be issued as proposed;
- G. The undersigned acknowledges receipt of the entire RFP and the following addenda [indicate addenda numbers or, if applicable, none].

Signature of Authorized Representative

Typed or Printed Name of Authorized Representative

Title

Date

The School Board of Miami-Dade County, Florida, adheres to a policy of nondiscrimination in employment and educational programs/activities and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 - prohibits discrimination on the basis of race, color, religion, or national origin.

Title VII of the Civil Rights Act of 1964, as amended - prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.

Title IX of the Education Amendments of 1972 - prohibits discrimination on the basis of gender.

Age Discrimination in Employment Act of 1967 (ADEA), as amended - prohibits discrimination on the basis of age with respect to individuals who are at least 40.

The Equal Pay Act of 1963, as amended - prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishment.

Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination against the disabled.

Americans with Disabilities Act of 1990 (ADA) - prohibits discrimination against individuals with disabilities in employment, public service, public accommodations, and telecommunications.

The Family and Medical Leave Act of 1993 (FMLA) - requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons.

The Pregnancy Discrimination Act of 1978 - prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.

Florida Educational Equity Act (FEEA) - prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.

Florida Civil Rights Act of 1992 - secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.

School Board Rules 6Gx13- 4A-1.01, 6Gx13- 4A-1.32, and 6Gx13- 5D-1.10 - prohibit harassment and/or discrimination against a student or employee on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, pregnancy, or disability.

Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295.07 (Florida Statutes), which stipulate categorical preferences for employment.

REVISED 8/1/01