

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



**REQUEST FOR PROPOSALS**

**FOR**

**401(a) /403(b) TERMINAL LEAVE RETIREMENT PLAN ADMINISTRATOR**

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

**PROPOSAL RETURN DATE: *February 18, 2003 by 2:00 PM (EST)***

**RFP NUMBER: 082-CC10**

**January 2003**

**G-46**

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**SECTION I**  
**INTRODUCTION**

## **SECTION I**

### **INTRODUCTION**

#### **SCOPE OF REQUEST FOR PROPOSALS**

This Request for Proposal (hereinafter this “RFP”) has been prepared to solicit bids for a Terminal Leave Retirement Plan administrator for employees of The School Board of Miami-Dade County, Florida (hereinafter “The Board”). The Board is requesting sealed proposals from qualified firms to offer bundled recordkeeping, administrative, investment and participant services under both a 403(b) and a 401(a) administrative arrangement. It is anticipated that there will be no cost to the Board other than that of funding the employee’s accrued sick leave.

#### **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 is 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 is investigating the implementation of a tax-favored retirement plan which will allow The Board to unilaterally contribute to a tax-sheltered annuity (TSA) program or other qualified plans in lieu of the cash payment of any terminal sick leave for employees either entering into the Deferred Retirement Option Program (“DROP”) program or otherwise retiring from the school system. The DROP program works as follows: Upon becoming eligible for full benefits under the Florida Retirement System (FRS), the employee submits his/her resignation, to become effective in a maximum of five years. If The Board accepts the resignation, it is irrevocable. The employee continues to work for up to a five-year period and is entitled to full Board-sponsored benefits. FRS treats the employee as retired at the beginning of the DROP period and calculates the employee’s retirement benefit. That monthly amount is paid into an interest-

bearing account within FRS on the employee's behalf. When the five-year period is completed and the employee actually terminates the employment relationship, the accumulated amount is paid to the employee in a lump sum and ongoing retirement benefits commence. Currently, all accumulated sick leave is paid directly to the employee within 60 days of separation of service.

The Board will communicate the names of eligible employees and their contribution amounts to the successful Proposer. For employees choosing to participate in the DROP program, contributions of the accumulated sick leave will be made to the Terminal Leave Retirement Plan in 1/5<sup>th</sup> increments annually each year for five years until the employee retires.

For existing DROP participants who are not separating from service June 30, 2003 and new DROP participants effective July 1, 2003 who would be eligible to contribute a portion of their accrued sick leave effective July 1, 2003, the initial contribution to the TLRP will be made on January 1, 2004. All employees who retire without entering DROP will have their accrued sick leave contribution paid pursuant to Board Rule and labor contracts.

Employees in the Terminal Leave Retirement Plan will not be eligible for distributions until they actually separate from service. However, hardship withdrawals and loans will be available as in-service distributions.

### **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. It is estimated that approximately \$6.0 million is paid out in cash annually to all employees for accumulated sick leave. Due to the fact that the state enacted the DROP program in 1998, this year will be the end of the first 5-year period. As a result, an inordinately large number of employees will be separating from service June 30, 2003 which results in an estimated \$26 million payout for accumulated sick leave for these employees. Such amounts are immediately taxable to retirees and as such decreases their ability to invest such funds to enhance their retirement benefit. The following table summarizes additional information about the school system.

<b>Sponsor:</b>	<b>The School Board of Miami-Dade County</b>
<b>Type of Plan(s)</b>	Terminal Leave Retirement Plan under both a 403(b) and 401 (a) arrangement
<b>Participation</b>	Mandatory participation by class
<b>Status</b>	Governmental Non-ERISA
<b>Current Administrative Arrangements</b>	Multiple voluntary 403(b), 401(k) and 457 programs; terminal leave retirement plan will be new program
<b>Anticipated Administrative Arrangement</b>	One administrator

<b>Number of School Locations:</b>	350+
<b>Number of Payroll Systems:</b>	1
<b>Frequency of Payroll Feeds:</b>	Biweekly
<b>Eligibility Requirements:</b>	Initially, all Managerial employees eligible (1) at election to participate in Florida Retirement System DROP program or (2) to retire. *
<b>Estimated Number of Eligible Participants Based on Number of Fiscal Year 2002-2003 Retirees</b>	1,000
<b>Number of Participants Who Have Elected the DROP Program Since 1998 DROP Inception Date</b>	4,052
<b>Anticipated Annual Sick Leave Dollar Amount</b>	\$ 6.0 million for all School Board employees (\$26.0 million in 2003)
<b>Maximum Contribution</b>	Amount due attributable to amount of accumulated sick leave upon termination, up to maximum legal limits under the rules governing 403(b)/401(a) contributions
<b>In-Service Distributions</b>	None allowed other than hardship and loans
<b>Vesting Schedule</b>	100% immediately vested
<b>Plan Structure</b>	Employer-sponsored, either 403(b) or 401(a)
<b>Contribution Type 401(a)</b>	Employer paid contribution
<b>Contribution Type 403(b)</b>	Mandatory salary reduction (one-time irrevocable election)
<b>Total Plan Assets</b>	New Plan
<b>Loans Available Payments by Payroll Deduction</b>	Yes Only if in DROP and actively in pay status; otherwise will repay by billing to participants
<b>Rollovers Permitted</b>	Yes
<b>Hardship Withdrawals Allowed</b>	Yes
<b>Anticipated Implementation Date</b>	May 2003

\* It is expected that this program will be expanded to all School Board employees within the first one-two years subject to collective bargaining.

### **ADDITIONAL INFORMATION**

Additional information or clarification with respect to this RFP can be requested, in writing, until 4:00 p.m. on January 27, 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

Additionally, questions may be directed to John Erb, Deloitte & Touche at 305.372.3270.

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

### **ROLE OF CONSULTANT**

Deloitte & Touche, LLP has been retained as independent employee benefits consultants. Deloitte & Touche acts solely in its capacity as consultant. Deloitte & Touche 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**

The Board's Office of Risk & Benefits Management and The Board's consultant, Deloitte & Touche, LLP, will analyze proposals opened at the bid opening on February 18, 2003 at 2:00 p.m. from a technical perspective. 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  
Chief Personnel Officer  
Risk and Benefits Officer, Office of Risk & Benefits Management  
Director, Business Development and Assistance

Resource Persons: Board Attorney's Office  
Office of Procurement Management  
Board's Employee Benefits 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**

## **SECTION II**

### **GENERAL REQUIREMENTS**

#### **MINIMUM QUALIFICATIONS**

In order to be considered, a Proposer 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:

1. The Proposer shall present evidence that the firm or its officers have been engaged in TLRP administration since at least January 1, 2002, in providing at least the 401(a) services as listed in this RFP.
2. The Proposer must include three (3) references from public sector clients currently purchasing 401(a) services similar to those described in this RFP stating the name, position, telephone number fax number, and if available, the E-Mail or Internet address of a contact person.
3. Proposer 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 and enter into an indemnification agreement with the Board. If such coverage is on a claims-made basis, Proposer 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.
4. The Board will require that minimum credit quality standards be met by the insurance company underwriting any general asset fixed annuity account, as follows:
  - A.M. Best rating of ‘A, VII’ or better
  - Must be rated by at least two of the following: Moody’s, Standard & Poor’s and Duff & Phelps
  - If rated by Moody’s, rating must be “A1” or better
  - If rated by Standard & Poor’s, rating must be “A+” or better
  - If rated by Duff & Phelps, rating must be “A+” or better
  - Must maintain at least \$1 billion in invested assets
  - Must maintain at least \$100 million in adjusted capital and surplus

For equity and/or bond funds, The Board will require that:

- each fund proposed must have a minimum of five years of investment history

- each fund proposed must have a minimum asset size of \$50 million.

### **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 February 18, 2003. Proposals should be enclosed in envelopes provided by The Board plainly marked on the outside as "PROPOSALS FOR 401(a)/403(b) TERMINAL LEAVE RETIREMENT PLAN ADMINISTRATOR DUE: 2:00 p.m., February 18, 2003, Proposal Number RFP # 082-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.

### **PROPOSER RESPONSIBLE FOR ADDRESSING CRITERIA**

Proposers 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 competence and experience, the degree of relevant experience of the Proposer in providing the services requested in this RFP to public sector clients will be a primary factor in the evaluation.
- B. Quality and scope of the investment options offered to the plan participants, including the financial integrity of the Proposer, the financial performance of the funds and the terms and conditions of the proposal.
- C. Projected fund expenses, including applicable sales fees, as well as the associated transfer/liquidity restrictions. The Miami-Dade Terminal Leave Retirement Plan is solely funded by the participating employees of Miami-Dade County. As such, all fees and expenses must be disclosed including those that would be paid net of investment returns.
- D. Extent to which the Proposer is able to accommodate a multi-lingual platform for delivery of all communications including but not limited to: Voice Response System, Internet site, call center representatives, prospectuses, educational materials, and confirmation notices.
- E. Ability of Proposer to leverage technology for purposes of administrative automation and delivery of transactional functionality to participants' accounts.
- F. Extent to which Proposer can implement industry best practices for the administration of 403(b) and 401(a) retirement plans.
- G. Extent to which the Proposer is willing and able to provide all of the services sought.

- H. Extent to which minority and women business enterprises or individuals will participate in the providing of services. Proposers are strongly encouraged to seek out minorities and women business enterprises, including the formation of joint ventures and subcontracting.
- I. Extent to which minorities and women are utilized in the Proposer'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 VI, 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 VI, 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 4:00 p.m. on January 27, 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.

**INDEMNIFICATION AND INSURANCE**

The Proposer hereby agrees to indemnify, hold harmless and defend the Board, its officers, agents and employees individually and collectively from and against all liabilities, obligations, losses, damages, penalties, interest, claims, actions, assessments fines, suits, demands, investigations, proceedings, judgments, orders or injuries, including death to any, or damage, of whatever nature, to any property and all costs including court costs and attorneys' fees, and disbursements, whether suit is instituted or not, and if instituted, at all tribunal levels (wherever raised by the parties hereto or a third party) imposed on, or incurred by or asserted against the Board or any of them arising out of or in connection with or based directly or indirectly upon (a) The Proposer's directors, officers employees, agents subcontractors or representatives, of their duties and obligations under or pursuant to this agreement, including without limitations, the failure to maintain insurance or notify the Board; (b) any material breach of this agreement by the Proposer (c)

False or inaccurate representation or warranty made by or on behalf of the Proposer, and (d) any act or omission, negligence, or intentional acts of the Proposer, or any of the Proposer's directors officers, employees agents, subcontractors or other representatives.

Prior to commencing work under this Contract, the Proposer shall obtain and maintain without interruption the insurance as outlined below. The Proposer agrees to furnish a fully completed certificate of insurance signed by an authorized representative of the insurer providing such insurance coverages. The insurance coverages and limits shall meet, at a minimum, the following requirements:

1. Professional liability insurance in an amount not less than \$1 million per occurrence and \$3 million in aggregate.
2. Workers' Compensation Insurance for all employees of the Proposer as required by Florida Statutes.

### **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.

**ATTACHMENT OF SPECIMEN CONTRACTS**

All Proposers 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 Proposer in March 2003. It is the goal of The Board to have a 401(a)/403(b) Terminal Leave Retirement Plan operational by May 2003 for those participating classes of employees who will retire in June 2003. If the Proposer is unable or unwilling to commence the requested services within this time frame, the Proposer should indicate in its proposal any alternate time frame for performance required. However, a Proposer who indicates that they will be unable to meet this timeframe may be disqualified.

#### **SPECIFIC SERVICES REQUESTED**

The Board is soliciting proposals to provide bundled recordkeeping, administrative, investment and participant services for the Terminal Leave Retirement Plan under a 403(b) retirement plan and a 401(a) defined contribution retirement plan

The Board is seeking the following services and capabilities:

##### **Participant Services (403(b) and 401(a) plans)**

- Ability to provide bundled 403(b) and 401(a) administration
- Monitoring of appropriate contribution limits, including Section 415 limits
- Willingness to sign Provider Agreement as drafted by The Board regarding the administration of the plan
- Ability to provide consolidated participant plan statements, including both voluntary 403(b) account information, if approved as a voluntary TSA provider, and Terminal Leave Retirement Plan account information
- Ability to perform all necessary compliance tasks
- Ability to perform all necessary reporting tasks, including 1099-R forms for distributions
- Determination of eligibility for hardship withdrawals (specific vendor determination only - no employee self-certification and processing of hardship withdrawals)
- Calculation of minimum distribution amounts and participant notification
- Ability to offer and process loans; repayment must be through payroll deduction (403(b) and 401(a) plans) for employees in the DROP program and in active status; repayment for all other employees will be by billing from the provider

- Ability to prepare and maintain administrative forms, including forms for enrollment, investment election, distributions, etc.
- Determine qualification of and processing of Qualified Domestic Relations Orders (QDROs) (as the; rules apply to a governmental plan)
- Ability to offer custodial services if mutual funds proposed under the 403(b) product
- Application for and receipt of a favorable IRS determination letter applicable to Miami-Dade County Public Schools
- Ability to offer trust services if offering mutual funds
- Ability to move information between vendor, plan sponsor and participating employers
- Ability to provide periodic on-site participant servicing
- Ability to provide and/or fund appropriate customized communication and investor education materials and services for initial and ongoing education on the plan and general retirement planning
- Employer on-line access to plan information and account balances
- Ability to receive, provide and process participant information and request via toll- free voice response, toll-free phone service representatives and internet
- Multilingual participant services (communications materials, voice response system, website)

#### **Investment Options (403(b) and 401(a) plans)**

- **Fixed accounts** - Proposal must include a general asset fixed annuity account but may also include a stable value fund, as long as the stable value fund is 403(b)-eligible.
- **Mutual funds and/or variable annuity separate accounts** - Proposal must include retail mutual funds, held under a custodial arrangement for the 403(b) plan product or under a trust for the 401(a) plan product, and/or variable annuity separate accounts.
- Investment alternatives should be sufficient to allow participants to effectively diversify their investments to maximize return at acceptable levels of risk.

#### **TERM OF THE CONTRACT**

Subject to satisfactory performance by the Proposer and subject to mutual agreement of the parties, The Board would prefer the same Proposer 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**

**QUESTIONNAIRE**

**SECTION IV**  
**QUESTIONNAIRE**

**1. GENERAL**

Please complete the following tables.

1.1 Number of 403(b) / 401(a) Terminal Leave Retirement plans for which you provide recordkeeping and administrative services:

<b>Total Plan Assets</b>	<b>Public Sector 403(b) Plans</b>	<b>Not-for-Profit 403(b) Plans</b>	<b>Public Sector 401(a) Plans</b>	<b>Not-for-Profit 401(a) Plans</b>	<b>Public Sector Terminal Leave Plans</b>
<\$50mm					
\$50mm – \$100mm					
\$100mm – \$300mm					
\$300mm +					

<b>Total Plan Participants</b>	<b>Public Sector 403(b) Plans</b>	<b>Not-for-Profit 403(b) Plans</b>	<b>Public Sector 401(a) Plans</b>	<b>Not-for-Profit 401(a) Plans</b>	<b>Public Sector Terminal Leave Plans</b>
Under 5,000					
5000 – 10,000					
10,000 – 15,000					
15,000 +					

**1. GENERAL (CONTINUED)**

<b>Experience Recordkeeping Assets</b>	<b>Number of 403(b) Plans</b>			
	<b>Under 5,000 Participants</b>	<b>5,000 – 10,000 Participants</b>	<b>10,000 –15,000 Participants</b>	<b>15,000+ Participants</b>
Number of plans using 100% proprietary funds				
Number of plans using a combination of your proprietary/alliance offerings				
Number of plans using funds outside of your proprietary and alliance funds				

<b>Experience Recordkeeping Assets</b>	<b>Number of 401(a) Plans</b>			
	<b>Under 5,000 Participants</b>	<b>5,000 – 10,000 Participants</b>	<b>10,000 –15,000 Participants</b>	<b>15,000+ Participants</b>
Number of plans using 100% proprietary funds				
Number of plans using a combination of your proprietary/alliance offerings				
Number of plans using funds outside of your proprietary and alliance funds				

**1. GENERAL (CONTINUED)**

<b>Experience Recordkeeping Assets</b>	<b>Number of Terminal Leave Plans</b>			
	<b>Under 5,000 Participants</b>	<b>5000 – 10,000 Participants</b>	<b>10,000 –15,000 Participants</b>	<b>15,000+ Participants</b>
Number of plans using 100% proprietary funds				
Number of plans using a combination of your proprietary/alliance offerings				
Number of plans using funds outside of your proprietary and alliance funds				

1.2 How many 403(b) / 401(a) / Terminal Leave retirement plans have you added or lost in each of the following years?

403(b)

<b>Added</b>			<b>Lost</b>		
<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>

401(a)

<b>Added</b>			<b>Lost</b>		
<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>

Terminal Leave

<b>Added</b>			<b>Lost</b>		
<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>

**1. GENERAL (CONTINUED)**

1.3 Please indicate which items below you would be willing to include in a service agreement.

Provision	Include in Service Agreement (Yes or No)
a. One primary senior account manager assigned. Formal back up assigned.	
b. Flexibility to add or replace investment funds in future.	
c. Written notification to client and consultant when changes occur with fund guidelines or when there is a portfolio manager change.	
d. Client will receive training regarding use of online plan sponsor query and reporting tools.	
e. A comprehensive communications strategy will be developed and updated annually.	
f. There is a back-up recordkeeping system in case of disaster.	
g. Quarterly meetings to discuss results and performance with plan sponsor.	
h. Quarterly employee meetings.	

**1. GENERAL (CONTINUED)**

1.4 Does your organization provide full 403(b) / 401(a) administration outsourcing? Is any part of the administration outsourced to another organization?

**Provided In-House**

	<b>Yes</b>	<b>No (if no, please identify the party to whom this service is outsourced, as appropriate)</b>	<b>Comments</b>
Custodial			
Recordkeeping			
Compliance			
Call Center with Representatives			
Employee Education and Communication			
Financial Counseling			

## 2. Account Service Structure

2.1 **Account Team:** It is important that the entire day-to-day service team be identified at the RFP stage of the evaluation process.

- Identify the day-to-day service account team in the grid below:

<b>Name of Individual</b>	<b>Responsibility on the Account</b>	<b>Number of Clients Serviced</b>	<b>Total Years 403(b) Experience</b>	<b>Total Years 401(a) Experience</b>	<b>Total Years With Your Firm</b>

Include a biography of the team members in the Appendix.

### 3. Technology And System Capabilities

- 3.1 What on-line (Internet, Intranet, etc.) access is available to the plan participants? What features are transactional vs. inquiry only? Describe your logon and security procedures.
- 3.2 Will participants be able to access financial education tools on line? Advice tools?
- 3.3 What on-line services are available to the plan sponsor? Are reports or queries available “real-time”? Do you offer an online administration manual for plan sponsors?
- 3.4 What is the total capital expenditure you have made to your recordkeeping systems and product enhancements during the last two years? What is the projected expenditure for the next two years?

<b>Amount Invested In Defined Contribution Technology/Product Enhancements</b>	<b>2001</b>	<b>2002</b>	<b>2003 (budgeted)</b>	<b>2004 (planned)</b>
<b>Systems upgrades</b>	\$	\$	\$	\$
<b>Product development</b>	\$	\$	\$	\$

- 3.5 What disaster recovery systems and procedures do you employ? How often are your disaster recovery procedures tested? When was the last test? What were the results of the most recent test?

#### 4. Internet, Call Center And Voice Response Services

4.1 Please complete the following chart.

	Description of Services
Days and hours call center representatives are available (EST)	
Number of potential call center representatives serving The Board's employees	
Number of potential Spanish speaking call center representatives serving The Board's employees	
Number of call centers	
Average number of plans per call center representative	
Average length of call	
Number of calls monitored	
Number of calls recorded	
Percentage of calls which require a call back	
Number of back-up call centers	

4.2 Are the call center representatives for the plan structured as dedicated, semi-dedicated, or pooled approach? How will representatives learn and remain current with the client's specific plan features and administrative requirements?

4.3 Are the Internet Website, Voice Response System, Customer Service Center and recordkeeping systems linked on a real time basis? If no, please describe the synchronization procedures.

4.4 Briefly discuss your organization's Spanish capabilities on the Internet, in the Customer Service Center, and on the Voice Response System.

4.5 Briefly describe the experience of the call center staff and the training they receive.

## 5. Plan Administration

5.1 Indicate your ability to perform the following functions.

OUTSOURCING/CALL CENTER FUNCTIONS	FUNCTIONAL CAPABILITY		PRIMARY RESPONSIBILITIES FOR PERFORMING SERVICE	
	Yes	No	Vendor	Client
Enrollment online				
Investment election changes online				
Loan initiation online				
Distribution form generation and approvals online				
Daily participant statements on demand				
Participant/plan investment inquiries				
Inactive account services				
System available 24 hours a day				
Support for hearing impaired				
Support for Spanish Speaking employees				

**5. Plan Administration (Continued)**

OUTSOURCING/CALL CENTER FUNCTIONS	FUNCTIONAL CAPABILITY		PRIMARY RESPONSIBILITIES FOR PERFORMING SERVICE	
	Yes	No	Vendor	Client
Address changes for inactives				
Ability to project and model future participant account balances based on assumptions				
Amounts available for distribution and withdrawal based on current plan values				
Amounts available for loans based on current plan values				
Transfers based on a percentage elected in/out of each fund				
Transfers based on a specific dollar amount in/out of each fund				
Investment performance for all funds in plan (specify daily, quarterly, etc.)				
Prospectuses available for distribution online				
Confirmations generated and mailed to participants for all activities				

**5. Plan Administration (Continued)**

OUTSOURCING/CALL CENTER FUNCTIONS	FUNCTIONAL CAPABILITY		PRIMARY RESPONSIBILITIES FOR PERFORMING SERVICE	
	Yes	No	Vendor	Client
Preparation of and mailing fund fact sheets for all funds in plan				
Ability to survey participants				
Reject invalid transactions at time of request				
Initiate age 70-1/2 distributions				
Restrictions based on plan provisions				
Maintenance of beneficiary elections for inquiry/reporting				
Location sort and flexible reporting				
On-line data for plan sponsor				
Payroll contributions via tape, disk, paper, electronic format				
Minimum distribution calculation				
Electronic deposits to participants' bank accounts				
Tax withholding and calculation				
Access to a customer service rep without a PIN				
Ad hoc report request on-line at plan sponsor location/division level				
QDRO administration				

## 5. Plan Administration (Continued)

5.2 Identify the maximum number of payroll interfaces or any other technical limitations.

5.3 If The Board identified specific needs that required customized programming, how would you accommodate the request and how would fees be assessed?

5.4 Describe any transactions that cannot be accommodated in a paperless environment.

5.5 Service Quality Standards/Timeframe (Daily Environment)

	Timing		Timing
Quarterly Statements	___ days	Call Center Response Time	
Contribution Deposits	___ days	Accuracy	___%
Checks Issued	___ days	Fees at Risk (if standards not met)	Yes/No
Other Measurements Tracked:			

## **6. Custodial Services**

- 6.1 Describe your role as custodian for the plan. How is this function integrated with the participant recordkeeping?
  
- 6.2 What liability are you willing to assume regarding the administration services you will provide?

## **7. Testing And Compliance**

- 7.1 Please list all compliance, monitoring and testing services you provide for 403(b) / 401(a) plans. (Indicate whether these services are included in your quoted fee or provide any additional fees.)
- 7.2 Describe how you will provide ongoing regulatory and compliance consulting services. Identify any additional charges for these services.
- 7.3 Will you provide and distribute and update Summary Plan Descriptions (SPDs) and notices to plan participants due to changes in the law?

## 8. Investments

### 8.1 Asset Requirements

<b>Requirements</b>		
4.1 a	Percent of assets invested in your proprietary funds	___%
4.1 b	Percent allowed in your Alliance funds	___%
4.1 c	Percent allowed outside/non-Alliance funds—client chooses	___%

### 8.2 Additional Information

	<b>Yes</b>	<b>No</b>	<b># of Options*</b>
Can sponsor select funds outside your product offering?			
Is formal investment monitoring provided to plan sponsor as part of the standard fee?			
Do you provide an investment policy statement as part of the standard fee?			

\* Relative to Miami-Dade County Public Schools

## 8. Investments (Continued)

8.3 Please complete the table below with your firm's proposed funds (only one fund per category).

Ticker Symbol	Asset Class	Fund Name	Type*	Expenses				Total Investment Fees
				Investment Management Fees	12b-1 Fees	Mortality and Expense Admin. Fees	Other Commissions	
	General Asset							
	Fixed Annuity Account							
	Core Bond							
	Income Oriented Balanced (30-40% Equity)							
	Core Equity – Passive S&P 500							
	Non-U.S. Equity							
	Small Cap Core							
	Other Funds							

\*Type:MF = Mutual Fund VSA = Variable Annuity Separate Account CF = Collective Fund SM = Separately Managed

Note: Except for the general asset fixed annuity account, all funds proposed must be either mutual funds or variable annuity separate accounts.

## 8. Investments (Continued)

- 8.4 Please provide calendar quarter historical returns for the past ten years through December 31, 2002 for the general asset fixed annuity account, GROSS OF FEES. For any variable annuity separate accounts, please provide calendar quarter historical returns NET OF FEES.

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
1Q										
2Q										
3Q										
4Q										

Note: Except for the general asset fixed annuity account, all funds proposed must be either mutual funds or variable annuity separate accounts.

- 8.5 Please provide the credit ratings for the insurance company underwriting the general asset fixed annuity account.
- 8.6 Please provide the current interest rates on current and past deposits to the fixed annuity account.
- 8.7 Please describe any transfer/liquidity restrictions associated with the fixed annuity account.
- 8.8 For any variable annuity accounts proposed, please provide 'fact sheet' type information, including manager tenure, assets under management, inception date, recent summary portfolio information and a description of the investment style employed.
- 8.9 Do your systems (voice/web) have auto-rebalancing capabilities at the individual participant level? Please describe.
- 8.10 How often do you provide prospectus information to employees? Could you automatically provide a prospectus for all the funds available in the Plan on an annual basis? If so, are there any fees involved?
- 8.11 Please provide a listing of fund families available through your formal alliance program.

## 9. Communications

9.1 How many on-site communication campaigns will your organization be able to provide? Describe the level of employee meeting support you are assuming in your fees both during the conversion and ongoing. Specify which apply to group meetings and which apply to one-on-one meetings.

9.2 Please complete the following table by indicating with a ? (checkmark) materials available and an estimate of the associated costs if not included as part of your “standard” package.

Communication Type	Available	Added Cost	Comments
Savings projections for participants			
Inactive and lost participants searches			
Direct mailing of statements to participant homes			
Insurance information reported on statements			
Ability to integrate statement with newsletter			
Statements issued on demand			
Customized text message on participant statements			
Letter announcing new funds			
Quarterly fact sheets for proprietary and outside funds			

**9. Communications (Continued)**

Communication Type	Available	Added Cost	Comments
Enrollment kit for new employees			
Investment basics brochure			
Quarterly investment newsletter			
Retirement planning software			
Videos, CDRoms – plan basics, customized, etc.			

9.3 Can you provide meetings during non-school hours? (i.e. early morning, evenings, weekends, teacher workdays)

9.4 Can you make use of closed circuit television to deliver communication materials? Web casts?

9.5 Can you provide financial education classes? What classes are available? Are there fees associated with these classes?

9.6 Can you provide one on one investment advice? Are there fees involved?

## **10. Implementation**

- 10.1 Comment on the feasibility of a selection date of early March, 2003 and a May, 2003 implementation date. Describe the implementation process and provide a timetable for payroll testing for this timeframe. Please provide a sample data layout.
  
- 10.2 What will be the client's role in the implementation process?
  
- 10.3 Detail how much time you anticipate needing from the client's staff and for what functions.
  
- 10.4 To what degree is your ongoing team involved in the implementation phase?

## **11. Fees**

- 11.1 What are the potential additional costs not provided in your fee proposal that have not already been identified?
- 11.2 How is the client protected against increases to fees if one or more of your proprietary funds needs to be replaced due to performance issues?

## **12. Exhibits**

Enclose and label the following materials with your proposal:

- 12.1 Sample participant confirmation notices and participant statements.
- 12.2 Sample employee communication and education materials.
- 12.3 Sample of your standard service agreement.
- 12.4 Account service team and implementation team biographies.
- 12.5 Implementation schedule.
- 12.6 Samples of any/all legal documents you require including any indemnification language regarding your role as administrative agent.
- 12.7 Sample payroll layout.

**SECTION V**

**PROPOSAL FORMS**

**SECTION V**

**401(a)/403(b) TERMINAL PAY RETIREMENT PLAN ADMINISTRATOR  
PROPOSAL FORMS**

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

**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 Proposer:

Name and Title of Individual

Office Address/Telephone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<u>Name of Individual</u>	<u>Office Address/Telephone Number</u>
_____	_____
	_____
	_____

<u>Name of Individual</u>	<u>Office Address/Telephone Number</u>
_____	_____
	_____
	_____

As an enclosure to this proposal, include resumes of the lead Proposer and those associates likely to be actively involved in providing administrative 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 PUBLIC SECTOR CLIENTS**

In order for your proposal to be considered by The Board, the Proposer must currently be providing 401(a) administrative services to at least three (3) public sector clients (attach additional client reference sheets to your proposal as needed):

**Client #1**

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

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

Client Name: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date Services Commenced \_\_\_\_\_

Description of Services: \_\_\_\_\_

**Client #2**

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

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

Client Name: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date Services Commenced \_\_\_\_\_

Description of Services: \_\_\_\_\_

**Client #3**

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

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

Client Name: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date Services Commenced \_\_\_\_\_

Description of Services: \_\_\_\_\_

**MANDATORY EXPERIENCE IN PROPOSED SERVICES**

As an enclosure with this proposal include the following:

- A. A statement affirming that the Proposer has provided bundled recordkeeping, administrative, investment and participant services for employer-sponsored 401(a) plans since at least January 1, 2002.
- B. A brief history of the Proposer, including date of incorporation, scope of services offered and key current clients.

**STATEMENT OF EQUAL EMPLOYMENT POLICY**

Each Proposer 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 that will be received by the M/WBE firm.
- F. Timing of such revenues.

**EMPLOYMENT BREAKDOWN**

Each Proposer 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 VI of this RFP with all required documentation.
- D. Fully completed Questionnaire (Section IV)
- E. Fully completed Proposal Forms in Section V.
- F. Completed Employment Breakdown chart found in Section VI, 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

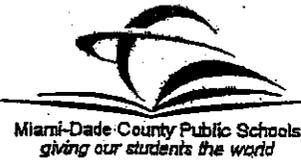
\_\_\_\_\_  
Date

**SECTION VI**

**EXHIBITS**







# 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)

Sole proprietor

Date

Joint Venture

Date

Partnership

Date

Corporation  
Non-profit

Date

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.

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

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 &amp; 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 11 20 or 1 120s, 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.

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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

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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