



**REQUEST FOR QUALIFICATIONS
BROKER SERVICES FOR EMPLOYEE INSURANCE
COVERAGES**

Sealed responses will be accepted by the Union County Board of County Commissioners (County), until **Monday, March 30, 2026 at 12:00 P.M.**, local time, in the Union County Board of County Commissioners' Office located at 15 NE 1st St., Lake Butler, FL 32054. Any responses received after the above listed date and time will not be accepted under any circumstances. Any uncertainty regarding the time a response is received will be resolved against the Respondent. Neither electronic nor faxed responses will be accepted. Response opening will be at **12:00 P.M., or as soon as possible thereafter, on March 30, 2026** in the Union County Board Meeting Room, located in the Union County Courthouse at 55 W. Main St., Lake Butler, FL 30254, at which time only the names of the Respondents will be announced.

Responses must be addressed to the following:

Union County Board of County Commissioners
ATTN: James Williams, County Coordinator
15 NE 1st St.,
Lake Butler, FL 32054

All responses which are submitted through delivery services such as Federal Express, UPS, or United States Postal Service Express Mail, must be marked on the **OUTSIDE** of the delivery package with the Respondent's name, address, phone number, response title **BROKER SERVICES FOR EMPLOYEE INSURANCE BENEFITS**, and the date and time (**March 30, 2026, at 12:00 PM**). The response must be in a sealed envelope **INSIDE** the delivery package labelled with the same information as listed above. All responses which are hand delivered or delivered through regular mail by the United States Postal Service must have all the same information as listed above on the **OUTSIDE** of the sealed envelope. ***Failure to comply may result in the submitted response being rejected.***

The County is exempt from State Use Tax, State Retail Tax, and Federal Excise Tax. Responses must be dated, signed by an authorized representative, titled, include any firm name, address, and telephone number.

The County reserves the right to reject any or all responses and re-advertise a solicitation for responses if such is deemed to be in the best interest of the County. The County reserves the right to select the response that the County deems to provide the best value to the County. The County reserves the right to award all or part of any contract that the County deems to be in the best interest of the County. The County reserves the right to waive all response informalities when deemed in the County's best interest.

Any Respondent seeking clarification of the response specifications must do so in writing prior to the deadline for questions. All questions must be sent via e-mail to James Williams, County Coordinator, at countycoord@unioncounty-fl.gov. All questions must be received no later than **March 20, 2026, at 4:00 PM**. It will be the sole responsibility of the Respondent to contact the County Coordinator prior to submitting a response to determine if any addenda have been issued, to obtain such addenda, and to acknowledge the addenda within their response.

Any Respondent desirous of protesting a response for any reason must file a written notice of protest with the Board of County Commissioners' office within three (3) working days following any award. All protests will be in writing stating the response being protested and the specific reasoning for the protest. All protests will be signed by the Protestor and include all details for a complete and thorough review. The decision of the County Coordinator, after consultation with the County Attorney will be issued within five (5) working days of the receipt of the protest, unless additional time is agreed upon by all parties involved should circumstance warrant such a delay.

SECTION 1 – PURPOSE, OVERVIEW, AND KEY DATES

Purpose: The Union County Board of County Commissioners (County) is requesting responses for a benefit broker/consultant and agent of record to coordinate its insurance benefits and ancillary products from reputable insurance carriers, finding the desired products at the most competitive prices. The County currently offers health insurance, dental insurance, vision insurance, County paid term life and additional voluntary term life insurance, and an employee assistance program (EAP) to its employees with the County covering \$1,159.62 of the premium cost of employees. In addition, the County makes available supplemental Colonial Life policies.

Overview: The Union County Board of County Commissioners is a local government serving approximately 15,000 residents of Union County, Florida. The County currently includes all Full-Time employees of the Union County Board of County Commissioners, and those of the five Constitutional Offices, in its health insurance policies. Currently the County's major medical health insurance policy has an enrollment of 87 employees and 2 dependents. The plan year begins October 1st of each year.

Key Dates: The County reserves the right to alter dates and times as needed.

February 27, 2026	RFQ issued
March 20, 2026	Deadline for questions
March 23, 2026	Applicable final addendum to be issued
March 30, 2026	Deadline for submission of responses
March 30, 2026	Responses to be opened

March 30, 2026	Evaluation period
April 2, 2026	Oral presentations or Q&A with Board of Commissioners (if applicable)
April 6, 2026	Recommendation of award
April 6, 2026	Board of County Commissioners' consideration of recommendations for approval

SECTION 2 – INSTRUCTIONS TO RESPONDENTS

Firms or companies (Respondent) desiring to provide services, as described herein shall submit sealed responses, including six (6) original copies, and one (1) identical digital version in PDF format on USB flash/thumb drive, in conformance with the detailed submittal instructions.

Responses must be delivered in a sealed envelope/package and delivered to:

The Union County Board of County Commissioners Office
 Attn: James Williams, County
 Coordinator
 15 NE 1st, St.
 Lake Butler, FL 32054

Responses shall be sealed, and Respondents must indicate on the outside of their response the following:

- a) Request for Response Title
- b) Name of Respondent
- c) Address of Respondent

Due to the timing of mail service, the County cautions Respondents to assure actual delivery of responses to the County prior to the deadline set for receiving responses. Responses received after the established deadline shall not be considered. Responses received in any form other than that identified herein shall be rejected.

All responses will be opened publicly, and the names of all Respondents shall be read aloud. All conferences and meetings regarding this RFQ are recorded electronically (audio only). The County reserves the right to reject any or all responses or parts of responses, if it is in the best interest of the County.

QUESTIONS REGARDING THIS SOLICITATION:

All questions shall be directed *in writing* to the County Coordinator with a reference of “RFQ for Broker Services for Insurance Benefits” to:

The Union County Board of County Commissioners Office
 Attn: James Williams, County Coordinator
 15 NE 1st St., Lake Butler, FL 32054
countycoord@unioncounty-fl.gov

ADDENDA REGARDING THIS SOLICITATION:

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the response due date. Respondents should not rely on any representations, statements, or explanations other than those made in this RFQ or in any addendum to this RFQ. Where there appears to be a conflict between the RFQ and any addenda issued, the last addendum issued will prevail.

It is the Respondent's responsibility to be sure all correct number of addenda was received. The Respondent should verify with the designated contact persons prior to submitting a response that all addenda have been received. Respondents should acknowledge the correct number of addenda received as part of their responses. It is the responsibility of the Respondent to ensure all addenda have been received prior to submitting a response.

Written responses, in the form of an addendum, will be provided via e-mail from the Board of County Commissioners' office.

This provision exists solely for the convenience and administrative efficiency of the County. No Respondent or other third party gains any rights by virtue of this provision or the application thereof, nor shall any Respondent or third party have any standing to sue or cause of action arising therefrom.

CLARIFICATIONS:

It is the Respondent's responsibility to become familiar with and fully informed regarding the terms, conditions, and specifications of this RFQ. Lack of understanding and/or misinterpretation of any portions of this RFQ shall not be cause for withdrawal of your response after opening or for subsequent protest of award. Respondents must contact the Board of County Commissioners' office, at the email provided, should clarification be required. Modification or alteration of the documents contained in the solicitation or contract shall only be valid if mutually agreed to in writing by the parties.

MINIMUM QUALIFICATIONS:

Respondents must be a commercial entity licensed to do business in the State of Florida or appropriate qualified commercial entity licensed in the area specified in the scope of work and to perform the services identified herein. Respondents must be properly registered and licensed to engage in the scope of work pertaining to this RFQ, by all applicable state and local agencies. Respondents must provide a minimum of three (3) verifiable references from similar scopes of work as identified in this RFQ following the requirements in the applicable form. Failure to provide references that verify required experience will cause the Respondent to be deemed non-responsive. The Union County Board of County Commissioners is not to be used as a reference.

NO LOBBYING:

All Respondents are hereby placed on notice that the Board of County Commissioners, County Employees or Staff, nor members of the Evaluation Committee (with the exception of the County Coordinator concerning requests for interpretations or corrections) are not to be lobbied directly or indirectly either individually or collectively, regarding this RFQ. During the entire procurement process, all Respondents and their subcontractors, sub-consultants, or agents are hereby placed on notice that they are not to contact any persons listed above for such purposes

as holding meetings of introduction, dinners, etc., if they intend to submit or have submitted responses for this project. Any Respondent contacting individuals mentioned herein in violation of this warning may automatically be disqualified from further consideration for this RFQ.

EXCEPTIONS TO SPECIFICATIONS:

If taking exception to any portion of the RFQ specifications, the Respondent must indicate those exceptions as stated on the Respondent's Acknowledgement Form.

RESPONSE SUBMISSION AND WITHDRAWAL:

Unless otherwise specified, Respondent shall use the forms supplied by the Board of County Commissioners' office. Responses, once opened, become the property of the County, cannot be withdrawn, and will not be returned to the Respondents. Upon opening, Responses become subject to public disclosure in accordance with Chapter 119, Florida Statutes.

CORRECTION OF RESPONSES:

Correction of inadvertently erroneous responses shall be permitted up to the time of RFQ opening. Respondents shall not be allowed to modify their responses after the opening time and date.

OPENING OF RESPONSES:

Responses will be received until the date and time stated in this RFQ and will be publicly opened and read at **12:00 PM (noon), or as soon as possible thereafter, on March 30, 2026, in the Board Meeting Room of the Union County Courthouse, located at 55 W. Main St., Lake Butler, FL 32054.** No responsibility will attach to the County for the premature opening of a response not properly addressed and identified.

REJECTION OF RESPONSES:

The County reserves the right to reject any and all responses when such rejection is in the best interest of the County.

RESPONSES MAY BE REJECTED AND RESPONDENT(S) MAY BE DISQUALIFIED FOR THE FOLLOWING REASONS:

- (a) Failure to update the information on file including address, product, service or business descriptions.
- (b) Failure to perform according to contract provisions.
- (c) Conviction in a court of law of any criminal offense in connection with the conduct of business.
- (d) Evidence of a violation of any federal or state antitrust law based on the submission of responses, or the awarding of contracts.
- (e) Evidence that the Respondent has attempted to give an employee of the Union County Board of County Commissioners, or any Constitutional Office of Union County, a gratuity of any kind for the purpose of influencing a recommendation or decision in connection with any part of the

County's procurement activity.
(f) Other reasons deemed appropriate by the County.

OWNERSHIP OF DOCUMENTS:

All documents resulting from this project will become the sole property of the County. The Respondent must meet all requirements for retaining public records and transfer, at no cost, to the County all public records in the possession of the Respondent upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the County in a format that is compatible with the information technology systems of the County.

AMERICANS WITH DISABILITIES ACT (ADA):

If you need special services provided for under the Americans with Disabilities Act, contact the Union County Board of County Commissioners' office at (386) 496-4241 at least 48 hours before the scheduled event.

**SECTION 3 – SCOPE OF WORK AND REQUIREMENTS
PROJECT DESCRIPTION**

The County seeks to establish a contract for a qualified firm to provide insurance brokerage services. The firm awarded the contract shall be responsible for providing insurance brokerage services for employee benefits including but not limited to: medical, dental, vision, and life insurance plans.

ELIGIBILITY

Responses received from firms that have a contractual relationship with an insurance carrier that would preclude the firm from being unbiased in the services provided to the County will not be considered for evaluation and shall be deemed non-responsive. The awarded firm shall not receive any fees, commissions, or other benefits from the insurance carriers that may propose in response to any of the County's procurement solicitations or from an awarded carrier, unless disclosed in advance in the response submittal.

TERM

The County anticipates contracting for a period of three (3) years from the date of award with optional annual renewals at the discretion of the County. The County reserves the right to extend this agreement or proceed with a competitive response process at the end of each term. Either party may terminate this agreement by giving sixty (60) days written notice, however, notice by the Respondent shall not be given or accepted within one hundred eighty (180) days prior to policy renewal.

SCOPE OF SERVICES

This section outlines the products and services that the County expects to receive from a Respondent as a subject matter expert.

The selected Respondent will be expected to work in partnership with the County staff to perform the following services:

- Provide recommendations for the proposed benefit components, specifically in the area of design, funding, cost, and administration. This will include, but not be limited to, a review of current and proposed plan features and rate structures.
- Conduct renewal negotiations with the carrier(s) and vendors. Market lines of coverage to new vendors as needed and agreed upon with County staff.
- Provide general problem-solving throughout the plan year.
- Any other duties critical to the proper formation of a health insurance plan and its optimal operation and participation.
- Provide an enrollment platform to house all employee benefit information, meet in person with all new hires to explain the County's employee benefits package and assist in the election of benefits, process all new hire elections and mid-year changes and terminations at the carrier level and enrollment platform level, provide benefit election information to County staff for payroll deduction purposes, assist staff with carrier communications, employee communications (including Employee Benefit Guides), and claims and billing resolution issues. Current BenAdmin system is Employee Navigator provided by Colonial Life.
- Assist with compliance reporting as required by State and Federal agencies.

BROKER COMPENSATION

The County's current broker is compensated on a commission basis. Respondents should state affirmatively their agreement to perform the requested Scope of Services at the existing commission levels up to the following:

Medical	5% of premium
Dental	10% of premium
Vision	10% of premium
Life	15% of premium

RENEWAL YEAR SERVICES

- Meet with staff as necessary to discuss benefit plan options and establish goals and objectives for the County's Benefits program.
- Provide analysis of renewal of current plan, reviewing past performance.
- Research, design, and propose employee benefit plans for the County, as appropriate, using current County medical and dental benefit plans as benchmarks.
- Review additional available cost savings plan alternatives and creative funding options.
- Provide the County with information on what other local government entities of

- comparable size and location will be doing with their benefits in the upcoming plan year.
- Upon request, assist in coordinating a comprehensive “Request for Response” (RFP) to identify potential high-quality benefits vendors, according to established County guidelines; the scope of this RFP may include but is not limited to, Medical, Dental, Vision, Basic Life, Voluntary Life, Accidental Death and Dismemberment, Short Term and Long Term Disability insurance providers.
 - Act as negotiator and consultant to the County during benefit contract negotiations and renewals.
 - Prepare and present a written analytical report of the responses received including recommendation(s) and supporting documentation for recommendations.
 - As edited and approved by the County’s Benefits Administrator, coordinate the design, printing, and production of a comprehensive Employee Benefits Handbook to be distributed to each benefit-eligible employee on an annual basis.
 - Assist with the planning and implementation of selected changes including the transition from the current vendor to new vendors, the renewal response, and other benefits changes.
 - Assist with annual open enrollment including coordinating multiple employee meetings at various locations.
 - Advise and assist the County Benefits Administrator with the review of contracts, plan documents, insurance policies, and other documents for applicability, accuracy, consistency, and legal compliance.
 - Assist the County with the development of performance guarantees relating to vendors’ performance of services to the County, and evaluation of the performance of vendors.

ONGOING SERVICES FOR HEALTH, VISION AND DENTAL INSURANCES

- Provide dedicated personnel as the primary contact for managing the account relationship with the County (specify names and areas of responsibility for each person).
- Monitor the programs’ operations throughout the year to ensure that benefit providers are meeting all customer service requirements and standards.
- Provide ongoing administrative support, as requested, by acting as a liaison between the County and providers to assist promptly with resolving claim disputes, contract administration and interpretations, and other issues.
- Provide health advocacy services directly to plan members including, but not limited to, reviewing hospital and doctor bills, and Explanation of Benefits for claims accuracy, developing claims appeals, researching and resolving pharmacy delays or denials, assisting with member eligibility, explaining available benefits and services, and providing periodic on-site visits to provide said services.
- Meet with County staff throughout the year at least quarterly but as often as reasonably necessary.
- Coordinate annual audits of the County’s benefits plans and associated vendors and prepare annual financial reports on the results of the completed plan year.
- Track, monitor, and provide information on any pending or new state and federal legislation to the County, as well as any employee benefit and funding trends that may affect the benefits program, as well as HIPAA, COBRA, PPACA, etc.
- Ensure personnel availability for meetings, phone calls, and e-mail correspondence

as required.

- Maintain the confidentiality of the County records and data where applicable under federal and state laws.
- Provide COBRA administration for all Medical Plans.
- Provide Employment Assistance Program.
- Perform other related services and provide other related products on an as-needed basis.

SECTION 4 – RESPONSE SUBMITTAL & REQUIREMENTS

Responses shall include all of the information required and stated herein and any additional data that the respondent deems pertinent to the understanding and evaluation of the response. The respondent should not withhold any information from the written response in anticipation of presenting the information orally or in a demonstration, since oral presentations or demonstrations may not be solicited.

Submittal of a response shall constitute Respondent’s agreement and intent to follow and adhere to all statements, offerings, and monetary incentives contained within this response.

The sections of the submitted response that will be scored during the evaluation process are identified with the maximum attainable points (see Section 5 – Evaluation of Responses).

In conjunction with other material and information requested in this RFQ, all Respondent’s responding to this solicitation shall provide six (6) copies of the responses in a sealed envelope plainly marked “Response for Broker/Agent of Record Services—for the Union County Board of County Commissioners” with your name and address clearly identified. Responses shall be submitted to James Williams, County Coordinator, 15 NE 1st St., Lake Butler, Florida 32054 by **noon (Local Time) on March 30, 2026**. All required attachments are to be in 8 ½" by 11" format, clearly legible, tabbed and bound in the following order:

TABLE OF CONTENTS

The Table of Contents should outline in sequential order the areas of the response. All pages, including enclosures, must be clearly and consecutively labeled or numbered and correspond to the Table of Contents.

STATEMENT OF INTEREST

The Respondent shall provide a letter, on letterhead, not exceeding two (2) pages, which serves as a statement of interest and introduction to the submittal. The Statement of Interest shall show the RFQ title. This letter must be signed by the person authorized to bind the firm, company, or corporate entity. The Statement of Interest should also include name, title, mailing address, telephone number, facsimile number, and e-mail address of a customer contract manager who will serve as the main point of contact for all issues related to the services performed under the scope of this RFQ.

TAB A – COMPANY HISTORY, QUALIFICATIONS, ABILITY, and CAPACITY

- Provide information related to the firm’s qualifications and resources including each of the following:
 1. Description of the history of the firm, including how long it has been in business in the North Florida area.
 2. Description of the firm’s size (premium volume and number of staff) and presence in total and as it operates in the North Florida area.
 3. List the insurance markets and carriers the firm can access locally as well as nationally.
 4. Description of the firm’s national networks and contacts.
 5. Confirmation that Respondent serves as a consultant or broker, independently, and are not affiliated with any insurance company, third party administrative agency or provider network.
 6. Detail the scope of services your company would offer and how your firm would accomplish the work described.
 7. Does the Respondent publish newsletters and other informative publications that are routinely provided to your clients? Has Respondent prepared reviews of topics related to the health and life insurance fields that were routinely provided to Respondent’s clients? Provide sample copies.
 8. Outline Respondent’s ability to provide expertise and experience in the areas of health benefit plan analysis and design.
 9. Additional services offered by the firm that are not listed in this RFQ but may be of interest to the County.

TAB B – QUALIFICATIONS AND ABILITIES OF PROFESSIONAL PERSONNEL

- Provide a Resume for each account executive and support staff designated team members that would be assigned to the County’s account, to include each of the following:
 1. Description of those individual’s educational background indicating specific steps taken to remain current with trends in the insurance industry.
 2. Description of individual’s work experience including all past employment and number of years as an agent/broker in the insurance field. Also, indicate length of time with your firm and in their current position.
 3. Description of training strategies to ensure that the latest and most accurate information is conveyed to Respondent’s customers.
 4. Description of individual’s personal knowledge of insurance markets, specifically health and dental for Florida local governments.
 5. Description of the Respondent’s resources available for knowledge in the following but not limited to areas, PPACA, COBRA, HIPAA, FSA, Section 125, Cafeteria Plans,

and HDHP/H.S.A.

6. Description of the firm's legal resources associated with employee benefits.

TAB C – LOCATION AND ACCESSIBILITY

- Provide the name, office location and resume of academic training and employment of the Account Executive directly responsible for handling the County's account. Description of the present composition of the Account Executive's book of business including each of the following:

1. Number of accounts for which the Account Executive is responsible.
2. How the County's account would compare in size and scope to other clients of the agent/broker.
3. Steps the Account Executive or the firm will take to assure that proper attention will be given to the County's account as your book of business grows.
4. Describe vision of the relationship with the County in being an agent of record and broker for the County.
5. Describe what access will be made available to administrators and to employees. Outline the response process and timeframe for addressing needs and/or concerns of the County's administration and/or the County's employees.
6. Provide a timeframe for staff response to any County inquiries.

TAB D – LICENSES/INSURANCE

- Include a copy of licensing to do business in the State of Florida. A copy of a Sunbiz.org report showing your company registered as "Active" will suffice.
- Include a copy of all professional licenses and certifications as required to perform the services described herein and of the professional licenses for each team member.
- Attach evidence of required insurance coverage for Errors & Omissions. The County does not need to be named as a certificate holder for purposes of submitting a response to this RFQ. However, upon recommendation of award of contract for this RFQ, the selected Respondent will be required to submit an official ACORD Form naming the County as a Certificate Holder.

TAB E – CLIENT REFERENCES FOR SIMILAR PROJECTS

- The information provided under this tab must be current and the County must be able to contact references for verification as part of the evaluation process.
- List three current clients for whom you provide coordinated services related to health plan and ancillary benefits, analysis, and design. For each client, the list must specify the type of work performed by your company, the size of the client's group and the period of time retained as a client. For each client, include the name, title, address, fax number, and phone number of a contact person who the County may contact as a reference. Preference will be

given to references from public entities.

- References which cannot be verified using the provided contact information will receive no points under the evaluation criteria.
- Below is a sample of the verification questions that may be asked:
 1. What type of services did the Respondent do for you? What was the scope of the project?
 2. Did they meet the terms of the contract?
 3. Was the project completed on time and within budget?
 4. Did the Respondent keep you apprised on any issues with the project? How well did the Respondent communicate with you?
 5. Did they respond in a timely manner to calls, requests, etc.?
 6. Did they provide adequate staff to take care of the needs of your company/agency?
 7. Did the Respondent manage sub-consultants and/or sub-contractors?
 8. How was your experience in working with this Respondent? What frustrations, if any, did you have along the way?
 9. What is your level of confidence in using this Respondent in the future? Do you feel the vendor will meet your needs in the next 3-5 years?
 10. Overall, would you recommend this Respondent?

TAB F - INNOVATIVE SOLUTIONS and PROJECT APPROACH

Provide a descriptive narrative regarding innovative solutions and project approach regarding the following areas:

- Financial
 1. How can your firm assist the County financially?
 2. How successful are your firm's renewals and negotiations?
 3. What other cost saving measures has your firm successfully utilized (i.e. transitioning to self-funding, etc.).
 4. What analysis will your firm provide, including any follow-up action plans related to the analysis?
 5. Describe any other aspects on how your firm will provide the County with the best premium for the best product.
- Employee
 1. How will your firm assist the County's employees?
 2. What is your firm's contact like for adjudicating difficult claim matters?
 3. Will your firm's staff assigned to managing the resultant contract from this RFQ meet the County's employees in person?

4. In considering renewals, how much do aspects of a provider such as the disruption of carriers or level of service/tendency to deny claims play into your firm's recommendations for vendors? Will your firm disclose these concerns with the County regarding a potential vendor?
5. Will County employees be able to directly contact the Broker, or will they need to go through the County's Human Resources representative?
6. Provide any other aspects provided related to the County's employees' wellbeing.

- Client

1. How will your firm assist the County's Benefit Administrator and what special services will be provided?
2. How much of a burden will be lifted off of the County when it comes to organizing and planning events such as Open Enrollment (Estimated County Time versus Broker Time)?
3. How much does your firm consider ease of administration when analyzing recommendations for vendors? Will your firm disclose these concerns with the County regarding a potential vendor?
4. Provide any other aspects relating to how your firm will assist the County's Human Resources representative in being the most successful and efficient department possible.

TAB G – REQUIRED DOCUMENTS

Include all required County forms. FAILURE TO PROVIDE ALL INFORMATION listed on each form may result in the rejection of your response, or a reduction in evaluation points.

Required forms include:

- Form 6.1 Response Submittal Checklist
- Form 6.2 Respondent's Acknowledgement Form
- Form 6.3 Drug Free Preference Statement
- Form 6.4 Sworn Statement on Public Entity Crimes
- Form 6.5 Affidavit of Anti-Collusion Form
- Form 6.6 Conflict of Interest Form
- Form 6.7 Statement of Qualifications
- Form 6.8 Professional References for Previous Experience

SECTION 5 – EVALUATION OF RESPONSES

RFQ EVALUATION SCHEDULE

Refer to the timeline in Section 2 regarding proposed evaluation dates and times. The County reserves the right to alter dates as needed.

EVALUATION PROCEDURE OF WRITTEN RESPONSES

The Evaluation Committee is comprised of County and Constitutional staff who will evaluate and rank responses based on a weighted score point formula.

All interested professionals are hereby cautioned not to contact any staff or Board member of the County. Any and all questions must be submitted to the Board of County Commissioners' office and any attempts to lobby or persuade through any other channels may result in disqualification.

All responses will be subject to a review and evaluation process. It is the intent of the County that all Respondents who meet the requirements listed herein will be ranked in accordance with the criteria listed in this Section. The County may choose to conduct an oral interview with any or all Respondents.

The County's evaluation criteria for written responses will include consideration of the following:

- I. QUALIFICATIONS AND RELATED EXPERIENCE (Max 65 points as outlined below)
 - a) Company History – (25 points)
 - b) Qualifications & Abilities of Professional Personnel (Related Experience, Strength of Team) – (25 points)
 - c) Location and Accessibility of Staff – (15 points)
 - II. INNOVATIVE SOLUTIONS AND PROJECT APPROACH (Max 5 points as outlined below)
 - a) Innovative Solutions and Project Approach – (5 points)
 - III. SUPPORT DOCUMENTATION (Max 30 Points as outlined below)
 - a) Licenses and Insurance – (5 points)
 - b) References (at least 3 verifiable references) – (25 points)
- Total Maximum Points – (100 Points)

FORMAL ORAL INTERVIEWS/PRESENTATIONS In Person (If Required)

Upon completion of the technical criteria evaluation of written responses, rating and ranking, the County may, at its sole discretion, conduct oral interviews and/or presentations with short listed firms. This step of the process is not required and may be deemed unnecessary by the Board of County Commissioners. If oral interviews are conducted, scoring for the oral interviews/presentations are based on a point total identified below under "Evaluation Criteria for Oral Presentations".

If the County chooses to allow oral interviews and/or presentations, such interviews or oral presentations will not be open to the public pursuant to the conditions set forth in Florida Statute § 286.0113. If oral presentations or interviews are held the following guidelines will be used:

The Board of County Commissioners' office will establish the schedule and Respondents will be notified via email at least three (3) calendar days in advance of the date, time and place of the presentations. The specific format of each presentation will be provided to Respondents with the

SECTION 6 – REQUIRED FORMS

FORM 6.1 – PROPOSAL SUBMITTAL CHECKLIST

- _____ Form 6.2 – Respondent’s Acknowledgement
- _____ Form 6.3 – Drug Free Preference Statement
- _____ Form 6.4 – Public Entity Crimes Statement
- _____ Form 6.5 – Affidavit of Anti-Collusion
- _____ Form 6.6 – Conflict of Interest Statement
- _____ Form 6.7 – Statement of Qualifications
- _____ Form 6.8 – Professional References for Previous Experience
- _____ Copy of License (Contractor, Sunbiz, etc.)

BY: _____
Name of Respondent’s Firm

Authorized Signature

Date

This document must be completed and returned with your Submittal

FORM 6.2 – RESPONDENT’S ACKNOWLEDGEMENT FORM

I have carefully examined the Request for Qualifications (RFQ), Instructions to Respondent’s, General and/ or Special Conditions, Specifications, and any other documents accompanying or made a part of this invitation.

I hereby propose to furnish the goods or services specified in the Request for Statement of Qualifications at the prices or rates as finally negotiated. I agree that my Proposal will remain firm for a period of up to ninety (90) days in order to allow the Union County Board of County Commissioners adequate time to evaluate the proposed Proposal. Furthermore, I agree to Proposal by all conditions of the Request for Qualifications.

I certify that all information contained in this Proposal is truthful to the best of my knowledge and belief. I further certify that I am a duly authorized to submit this Proposal on behalf of the Respondent/Contractor as its act and deed and that the Respondent is ready, willing and able to perform if awarded the contract.

I further certify that this Proposal is made without prior understanding, Contract, connection, discussion, or collusion with any person, firm or corporation submitting a Proposal for the same product or service; no officer, employee or agent of the Union County Board of County Commissioners or of any other Respondent interested in said RFQ; and that the undersigned executed this Respondent’s Acknowledgment with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

I further certify that having read and examined the specifications and documents for the designated services and understanding the general conditions for contract under which services will be performed, does hereby propose to furnish all labor, equipment, and material to provide the services set forth in the RFQ.

I hereby declare that the following listing states any clarifications, any and all variations from and exceptions to the requirements of the specifications and documents. The undersigned further declares that the “work” will be performed in strict accordance with such requirements and understands that any exceptions to the requirements of the specifications and documents may render the Proposal non-responsive.

FORM 6.3 - DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, _____ publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

- Informs employees about the dangers of drug abuse in the workplace, the firm’s policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee’s community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the drug free workplace program.

As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein.

By: _____
Printed Name: _____
Title: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [check one box] _____ physical presence or _____ online notarization, this ___ day of _____, 2023

by _____ who is either _____ personally known to me or produced _____ as identification.

Notary Public – Signature

Notary Name - Printed

This document must be completed and returned with your Submittal

**FORM 6.4 - SWORN STATEMENT UNDER SECTION 287.133(3)(n), FLORIDA
STATUTES ON PUBLIC ENTITY CRIMES**

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

1. This sworn statement is submitted with RFQ FOR BROKER SERVICES FOR EMPLOYEE INSURANCE BENEFITS.

2. This sworn statement is submitted by _____ whose business address is _____ and (if applicable) its Federal Identification No.(FEIN) is _____. If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement _____.

3. My name is _____ and my relationship to the entity named above is _____.

4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to, and directly related to, the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentations.

5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes means:

- a. A predecessor or successor of a person convicted of a public entity crime; or
- b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who

knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a “person” as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.

8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, nor any affiliate of the entity have been charged with a conviction of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with, and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies)

_____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order)

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order)

(The remainder of this page has been left blank intentionally.)

_____The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the Department of General Services)

By: _____

Printed Name: _____

Title: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [check one box] ___ physical presence or ___ online notarization, this _____ day of _____, 2023 by _____ who is either ___ personally known to me or produced _____ as identification.

[SEAL]

Notary Public – Signature

Notary Name - Printed

This document must be completed and returned with your Submittal

FORM 6.6 - CONFLICT OF INTEREST STATEMENT

1. I am the _____ of _____ with a local office in _____ and principal office in _____.

2. The above-named entity is submitting a Proposal for the Union County Board of County Commissioners RFQ FOR BROKER SERVICES FOR EMPLOYEE INSURANCE BENEFITS.

3. The Affiant has made diligent inquiry and provides the information contained in the Affidavit based upon his/her own knowledge.

4. The Affiant states that only one submittal for the above proposal is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.

5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity's submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the Contract for this project.

6. Neither the entity nor its affiliates, nor any one associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.

7. Neither the entity nor its affiliates, nor any one associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.

8. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the Union County Board of County Commissioners.

9. I certify that no member of the entity's ownership or management, or staff has a vested interest in any aspect of the Union County Board of County Commissioners.

10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the Union County Board of County Commissioners.

By: _____

Printed Name: _____

Title: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [check one box] ___ physical presence or ___ online notarization, this _____ day of ___, 2023 by _____ who is either ___ personally known to me or produced ___ as identification.

Notary Public – Signature

Notary Name - Printed

This document must be completed and returned with your Submittal

FORM 6.7 – STATEMENT OF QUALIFICATIONS

The undersigned warrants that he or she is duly authorized to complete this document, and hereby affirms that the information contained in this form is complete, true, and correct to the best of their knowledge and belief. If necessary, questions may be answered on separate paper and attached, with any additional information that may be pertinent.

- Name of Respondent.
- Permanent main office address.
- Date organized.
- If a corporation, where incorporated.
- How many years have you been engaged in the contracting business under your present firm or trade name?
- Contracts on hand: (Schedule these, showing amount of each contract and the appropriate anticipated dates of completion.)
- General character of work performed by your company.
- Have you ever failed to complete any work awarded to you? If so, where and why?
- Have you ever defaulted on a contract? If so, where and why?
- List the more important projects recently completed by your company, stating the approximate cost for each and the month and year completed.
- List your major equipment currently owned or leased.
- Experience in work similar to this type of project.
- Background and experience of the principal members of your organization, including the officers.
- Credit currently available: \$ _____
- Give bank reference: _____
- Will you, upon request, fill out a detailed financial statement and furnish any other information that may be required by the County?

(The remainder of the page was left blank intentionally.)

- The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the County in verification of the recitals comprising this Request for Proposal.

By: _____

Printed Name: _____

Title: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [check one box] ___ physical presence or ___ online notarization, this _____ day of ___, 2023 by _____ who is either ___ personally known to me or produced _ as identification.

Notary Public – Signature

Notary Name - Printed

This document must be completed and returned with your Submittal

FORM 6.8 – PROFESSIONAL REFERENCES FOR PREVIOUS EXPERIENCE

The Respondent proposes that he/she is qualified to perform the referenced work and has successfully done so on recent projects similar in nature and size. The County reserves the right to check references and confirm information provided herein.

**Please provide three (3) current and correct references from clients for similar services.
(Do not include Union County)**

1. Company Name: _____

Contact Person: _____

County, State: _____

Telephone Number: _____

Email Address: _____

2. Company Name: _____

Contact Person: _____

County, State: _____

Telephone Number: _____

Email Address: _____

3. Company Name: _____

Contact Person: _____

County, State: _____

Telephone Number: _____

Email Address: _____

This document must be completed and returned with your Submittal