

**CITY OF MISSION
SOLICITATION, OFFER AND AWARD FORM**

**SOLICITATION INFORMATION
REQUEST FOR INFORMATION (RFI)**

1. PROPOSAL NO.: 19-228-06-26
2. ISSUE DATE:- June 12, 2019
3. FOR INFORMATION CONTACT: (No collect calls)
NAME: Crissy Cantu, Buyer
TELEPHONE: (956) 580-8667 **FAX:** (956) 580-8798
E-MAIL: ccantu@missiontexas.us

4. BRIEF DESCRIPTION:

**SELF-INSURED WORKERS'
COMPENSATION INSURANCE
PROGRAM**

5. PRE-PROPOSAL CONFERENCE:
(Strongly Recommended)
****** There WILL be a conference. ******
LOCATION: City of Mission
 1201 E. 8th Street
 Mission, TX 78572
DATE: June 19, 2019
TIME: 10:00 AM CST

6. ADVERTISING DATES:
 1st Week of Advertisement Date: __06__ / __12__ / 19__
 2nd Week of Advertisement Date: __06__ / __19__ / 19__

7. SUBMIT OFFER TO:
Mailing/Hand/Commercial Courier Delivery

City of Mission
Purchasing Department
 1201 E. 8th Street R101
 Mission, TX 78572
 Proposal # 19-228-06-26

8. OFFER SUBMISSION DUE DATE AND TIME:
DATE: June 26, 2019
TIME: 2:00 PM CST

9. No Facsimiles or late arrivals will be accepted. Any proposals received after offer submission due date and time will not be opened and will be returned. City of Mission Purchasing Department time stamp clock will be the governing time for acceptability of proposals. Overnight mail must also be properly labeled on the outside of the express envelope or package in reference to RFP.

10. SUBMIT WITH OFFER: Original offer and 2 photocopies including documents and attachments so indicated on Page 2 of this form.

11. Offers submitted in response to an RFB will be opened publicly by The City of Mission Purchasing Department, immediately after the submission due date and time. Offers submitted in response to an RFP will NOT be publicly opened.

12. FIRM OFFER PERIOD: Offers submitted shall remain firm for a period of 60 calendar days from the final due date for proposals.

13. NOTE: For Invitation for Bids, "offer" and "offeror" mean "bid" and "bidder".

OFFER
(To be completed by Offeror)

14. In compliance with the above, the undersigned agrees, if this offer is accepted within the period specified in Block 12, above, to furnish any or all items, or provide the service(s), upon which prices are offered in the Schedule at the price set opposite each item or service, and to deliver the item(s) and or perform the service(s) at the designated location(s) within the time specified.

15. PROPOSERS NAME, ADDRESS: (Type or Print)

TELEPHONE: **E-MAIL:**
CELL PHONE: **FAX:**

16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN THE OFFER: (Type or Print)

17. PROPOSERS SIGNATURE & DATE:

AWARD
(To be completed by City of Mission)

18. TOTAL AMOUNT OF AWARD:

19. DIRECTOR OF PURCHASING SIGNATURE & DATE OF AWARD:

Name: _____ Signature: _____ Date: ____/____/____

SOLICITATION INDEX

20. CONTENTS: (DOCUMENTS WITH A YES ARE TO BE SUBMITTED WITH OFFER)

	NAME	FORM DESCRIPTION	SUBMIT WITH OFFER?
●	Cover Sheet	Solicitation, Offer and Award Form (Complete in its entirety to include Sign and Date)	YES
●	Instructions to Proposers	General Terms & Conditions	YES
		Technical Proposal	YES
		Price Proposal	NO
		Insurance Certificate	NO
●	Scope of Service	Description of Self-Insured Workers' Compensation Insurance Program	YES
●	Non-Collusive Bidding Certificate	Vendor Acknowledgement Form	YES
●	Proposer's General Questionnaire	General Questions (Supporting Documentations)	YES
●	CIQ Questionnaire	Conflict of Interest Questionnaire	YES

21. ACKNOWLEDGMENT OF ADDENDUMS:	ADDENDUMS #	DATE	ADDENDUMS #	DATE
Offeror acknowledges receipt of the following addendum(s) to the solicitation: (Identify addendum number and date of each.)				

*****Firm name and authorized signature must appear on each page that calls For this information. Failure to do so may disqualify your Proposal *****

CITY OF MISSION
INSTRUCTIONS TO PROPOSER – GENERAL TERMS AND CONDITIONS
REQUEST FOR INFORMATION NAME: SELF-INSURED WORKERS’ COMPENSATION
INSURANCE PROGRAM/
RFI NO.: 19-228-06-26

June 12, 2019

Dear Prospective Vendor:

The City of Mission is issuing this Request for Information for “Self-Insured Workers’ Compensation Insurance Program” until Wednesday, June 26, 2019 at 2:00 p.m. CST in the Purchasing Department, 1201 East 8th Street, Mission, Texas 78572. This is an exploratory process only to assist the City in identifying possible solutions that are currently available, and that can meet or exceed the City’s needs as indicated herein. Please do not include pricing information at this time. City of Mission does not intend to purchase a service at this time. Proposals are to be mailed or hand delivered to the following address:

Mail to: City of Mission
 Attn: Crissy Cantu, Buyer
 1201 East 8th Street, R-101
 Mission, TX 78572

Please read your scope of service thoroughly and be sure that the offer complies with all requirements. Any variation from the specifications will not be allowed. If you are the successful Proposer, it will be required that “Self-Insured Workers’ Compensation Insurance Program” be provided as specified.

- 1) Sealed proposals will be received for “Self-Insured Workers’ Compensation Insurance Program” in accordance with the specifications attached hereto.
- 2) **One (1) original and two (2) copies of RFI must be enclosed in a sealed envelope with vendor’s name and return address clearly typed/printed on upper left hand corner and proper notation clearly type/printed on the lower left hand corner “Request for Information” – “Self-Insured Workers’ Compensation Insurance Program – Request for Quote No. 19-228-06-26” and delivered to City of Mission Purchasing Department, 1201 East 8th Street, R-101, Mission, Texas 78572 on or before 2:00 p.m., Wednesday, June 26, 2019. **No Facsimiles or late arrivals will be accepted. Any Request for Quote received after that time will not be opened and will be returned. Overnight mail must also be properly labeled on the outside of express envelope or package in reference to Request for Quote.****
- 3) Proposals must give full firm name, address, telephone number, and be manually signed. Failure to do so will disqualify your bid. Person signing Request for Information must show title or **AUTHORITY TO BIND HIS FIRM IN A CONTRACT**. Firm name and authorized signature must appear on each page that calls for this information.
- 4) Proposals cannot be altered or amended after submittal. Alterations made before deadline must be initialed by Proposer guaranteeing authenticity. No proposal may be withdrawn after deadline without acceptable reason in writing and only after approval by the City of Mission. All specifications shown are minimum requirements.

- 5) The City of Mission reserves the right to reject any or all proposals, to waive any or all formalities or technicalities, and to make such awards of contract as may be deemed to be the best and most advantageous to the City of Mission.
- 6) The City may hold proposals **60 days** after Request For Information opening without taking action. Proposers are required to hold their bids firm for same period of time.
- 7) Proposers must comply with all applicable federal, state and local laws, rules, regulations and ordinances and statutes relating to purchasing in the State of Texas in addition to the requirements of this form.
- 8) Late and/or unsigned quotes will not be considered under any circumstances. Person signing proposal must have the authority to bind the firm in a contract.
- 9) The proposer agrees to indemnify and save harmless the City, the Purchasing Agent and any assistants from all suits and actions of every nature and descriptive brought against them or any of them, for or on account of the use of patented appliances, products or processes, and he/she shall pay all royalties and charges which are legal and equitable. Evidence of such payment or satisfaction shall be submitted upon request of the Purchasing Agent, as a necessary requirement in connection with the final estimate for payment in which such patented appliance, products or processes are used.
- 10) **Proposer shall carefully examine the bid forms, general terms and conditions, and specifications.** Should the proposer find discrepancies in, or omissions from bid forms, general terms and conditions, specifications, or other documents, or should he/she be in doubt as to their meaning, he/she should at once notify the Purchasing Agent (Mission City Hall, (956) 580-8667) and obtain clarification by addendum prior to submitting any bid.

**CITY OF MISSION
SCOPE OF SERVICE
RFI NAME: Self-Insured Workers' Compensation Insurance Program /
REQUEST FOR INFORMATION NO.: 19-228-06-26**

- I. Purpose:** The City of Mission is accepting proposals for Self-Insured Workers' Compensation Insurance Program. This is an exploratory process only to assist the City in identifying possible solutions that are currently available, and that can meet or exceed the City's needs as indicated herein. Please do not include pricing information at this time. City of Mission does not intend to purchase a service at this time.

With this RFI, we request information regarding your company and your product/services. The same information will be gathered from different companies and will be used to evaluate what suppliers or providers we will continue the sourcing process with by RFP or RFO, if deemed appropriate.

This RFI does not constitute a solicitation of proposals, a commitment to conduct procurement, an offer to contract, or an offer of a prospective contract. The City of Mission will not award a contract as a result of this RFI. The City of Mission will not be liable for any costs incurred by respondents in the preparation and submission of information in response to this RFI.

- II. Information Requested:** City of Mission is interested in receiving information from an organization that can provide a **Self-Insured Workers' Compensation Insurance Program** with recommended cost saving measures by identifying quality, cost efficient medical providers in the Workers' Compensation Program.

- III. Include any and all information on each of the following items:** Thorough answers are requested. Please organize your responses in the same order as the RFI.

A) Workers' Compensation Insurance Plans

- TPA Information
- Limits

B) Deductible Plans

C) Claim Management Process

- Is there online access to file and review claims?

D) Administrative Services

E) Medical Cost Management

F) Pharmaceutical Plans/Packages

G) Loss Control

- Do you provide safety trainings?
 - Online as well?

H) 504 Provider Network

- Do you have a provider network?
- Would you assist us in creating our own if necessary?

I) Legal Consultations/Representation for worker's compensation claims

J) Excess Insurance

K) Stop Loss Insurance

L) Do you have local agents/adjusters?

- Where are your offices?

M) References

- What other municipalities do you currently have experience with?

O) Any and all pertinent information on worker's compensation insurance not listed above.

City Of Mission
Vendor Acknowledgment Form - Non-Collusive Bidding Certification
RFI Name/No.: Self-Insured Workers' Compensation Insurance Program / 19-228-06-26

I/We have read instructions to Proposer and specifications. My/Our bid conforms to all bid specifications, conditions, and instructions as outlined by *CITY OF MISSION*.

Signing the Acknowledgment Form confirms that our company will enter into a binding contract with CITY OF MISSION for item(s) awarded to our company. I/We have read instructions to Proposer and specifications.

The undersigned Proposer, by signing and executing this bid, certifies and represents to the CITY OF MISSION that Proposer has not been offered, conferred or agreed to confer any pecuniary benefit, as defined by §1.07(a)(6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment or advantage relating to this bid; the Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this bid; the Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent of employee of the CITY OF MISSION concerning this bid on the basis of any consideration not authorized by law; the Proposer also certifies and represents that Proposer has not received any information not available to other Proposers so as to give the undersigned a preferential advantage with respect to this bid; the Proposer further certifies and represents that Proposer has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value to any officer, trustee, agent or member of the CITY OF MISSION in return for the person having exercised the person's official discretion, power or duty with respect to this bid; the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent or member of CITY OF MISSION in connection with information regarding this bid, the submission of this bid, the award of this bid or the performance, delivery or sale pursuant to this bid.

Date: _____
Company Name: _____
Signature: _____
Title: _____

Note: This form, along with the Execution of Offer, must be filled in and submitted with the sealed bid.

RESPONDENT QUESTIONNAIRE

Respondents are requested to submit a complete response to each of the below listed items. Responses requiring additional space should be brief and submitted as an attachment to your proposal package.

Company Profile

1. Number of years in Business: _____
Type of Operation: Individual: _____ Partnership: _____ Corporation: _____ Government: _____
Number of Employees: _____
Annual Sales Volume: _____

2. Is your company currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, please explain the impact both in organizational and directional terms.

3. Is your company currently in default on any loan agreement or financing agreement with any bank, financial institution, or other entity. If yes, specify date(s), details, circumstances, and prospects for resolution.

4. Provide a customer reference list of no less than three (3) organizations with which Respondent currently has contracts or agreements with and/or has previously provided SELF-INSURED WORKERS' COMPENSATION INSURANCE PROGRAM of equal type and scope within the past one (1) years. Reference list to include, company name, contact person, and telephone number, description of products and services provided, and length of business relationship.

5. Detail the experience your company has with SELF-INSURED WORKERS' COMPENSATION INSURANCE PROGRAM. Include length of time (years and months).

Added Value

6. Provide a list of any services not specified in this RFI that your company will provide to City of Mission.

7. Provide details regarding any special services/benefits offered or advantages in City of Mission selecting your company.

8. Contractor shall provide a detailed description of its SELF-INSURED WORKERS' COMPENSATION INSURANCE PROGRAM services that will be put into practice.

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.