

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

**SOLICITATION INFORMATION
REQUEST FOR BIDS (RFB)**

1. BID NO.: 20-248-06-26
2. ISSUE DATE: June 12, 2020
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:

Voluntary Dental Insurance

5. PRE-BID CONFERENCE/GENERAL CONTRACTORS MEETING:
(Highly Recommended)
****** There WILL be a conference via Zoom. ******
DATE: June 19, 2020
TIME: 10:00 AM CST
Zoom Pre-Bid Meeting Information
 Meeting ID: 863 0702 4283
 Password: 218246

6. ADVERTISING DATES:
 1st Week of Advertisement Date: __06__ / __12__ / 20__
 2nd Week of Advertisement Date: __06__ / __19__ / 20__

7. SUBMIT OFFER TO:

Mailing/Hand/Commercial Courier Delivery
City of Mission
Purchasing Department
 1201 E. 8th Street R101
 Mission, TX 78572
 Bid # 20-248-06-26

8. OFFER SUBMISSION DUE DATE AND TIME:

DATE: June 26, 2020
TIME: 2:00 PM CST

Zoom Bid Opening Meeting Information
 Meeting ID: 893 1817 6574
 Password: 562539

9. No Facsimiles or late arrivals will be accepted. Any bids 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 bids. Overnight mail must also be properly labeled on the outside of the express envelope or package in reference to RFB.

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 bids.

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. BIDDERS 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. BIDDERS SIGNATURE & DATE:

**AWARD
(To be completed by City of Mission)**

18. TOTAL ESTIMATED AMOUNT OF AWARD:

19. PURCHASING AGENT 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 Bidders | General Terms & Conditions | YES |
| | | Delivery Terms | YES |
| ● | Non-Collusive Bidding Certificate | Vendor Acknowledgement Form (Signed & Executed) | YES |
| ● | Pricing Schedule | Signed and Completed (Signed & Executed) | YES |
| ● | Specifications/Scope of Work | Description of Voluntary Dental Insurance | YES |
| ● | Addenda Checklist | Confirmation Receipt of Addendum(s) (Signed & Executed) | YES |
| ● | Bidder's General Questionnaire | General Questions (Supporting Documentations) (Signed & Executed) | YES |
| ● | CIQ Questionnaire | Conflict of Interest Questionnaire This form will be requested before Award of Contract (Signed & Executed) | NO |
| ● | USB Drive | USB Drive to include (D11) completed Response Questionnaire | Yes |
| ● | Business Associate Agreement | Business Associate Agreement (Signed & Executed) | 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 Bid *****

City of Mission
Instructions to Bidder – General Terms & Conditions
Bid Name/No.: Voluntary Dental Insurance / 20-248-06-26

Please read your specifications thoroughly and be sure that the offered complies with all requirements. Any variation from the specifications will not be allowed. If you are the successful bidder, it will be required that **“Voluntary Dental Insurance”** be provided as specified.

- (1) Sealed bids will be received for **“Voluntary Dental Insurance”** in accordance with the specifications attached hereto.
- (2) All specifications shown are minimum requirements. There is no intention to disqualify any bidder who can meet these specifications.
- (3) **One (1) original and two (2) copies of RFB 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 Bids” – “Voluntary Dental Insurance” - Bid No. 20-248-06-26”** and delivered to City of Mission Purchasing Department, 1201 East 8th Street, Mission, Texas 78572 **on or before 2:00 p.m., Friday, June 26, 2020. No Facsimiles or late arrivals will be accepted. Any RFB 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 RFB.**
- (4) **Pre-Bid Conference:** A Pre-Bid Conference will be conducted on **June 19, 2020 at 10:00 am**. The Pre-Bid Conference will be conducted via Zoom. Meeting ID: 863 0702 4283 Password: 218246 **All Bidders are recommended to attend and sign in.**
- (5) Bids must give full firm name and address of bidder, and be manually signed. Failure to do so may disqualify your bid. Person signing bid 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.*
- (6) Interest of Public Officials

The offeror represents and warrants that no employee, official, or member of the Council (Executive Committee) of the City is or will be peculiarly interested in or benefited directly or indirectly as a result of this contract.

- (7) Covenant Against Gratuities

The offeror represents as part of its offer that neither it nor any of its employees, representatives or agents have offered or given gratuities (in the form of entertainment, gifts or otherwise) to any director, officer or employee of the City with the view toward securing favorable treatment in the awarding, amending, or the making of any determination with respect to the performing of the contract.

- (8) Acknowledgment of Addendums to Invitation for Bids

- (a) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.
- (b) Bidders shall acknowledge receipt of any addendums to this solicitation: (1) by signing and returning the addendums; or (2) by identifying the addendums number and date in the space provided for this purpose on the bid form; or (3) by letter or telegram. The City must receive the acknowledgment by the time and at the place specified for receipt of bids.

- (9) Bids **cannot** be altered or amended after opening time. Alterations made before opening time must be initialed by bidder guaranteeing authenticity. No bid may be withdrawn after opening time without acceptable reason in writing and only after approval by the City of Mission.
- (10) **STATE SALES TAX MUST NOT BE INCLUDED IN BID.** Contractors are not tax exempt.

(11) Evaluation and Basis for Award

(A) Award of Contract

- (a) If the competitive sealed bidding requirement applies to the contract for goods or services, the contract must be awarded to the lowest responsible bidder or to the bidder who provides goods or services at the best value for the municipality.
- (b) In determining the best value for the municipality, the municipality may consider:
 - 1) the purchase price;
 - 2) the reputation of the bidder and of the bidder's goods or services;
 - 3) the quality of the bidder's goods or services;
 - 4) the extent to which the goods or services meet the municipality's needs;
 - 5) the bidder's past relationship with the municipality;
 - 6) the impact on the ability of the municipality to comply with laws and rules relating to contracting with historically underutilized businesses and nonprofit organizations employing persons with disabilities;
 - 7) the total long-term cost to the municipality to acquire the bidder's goods or services; and
 - 8) any relevant criteria specifically listed in the request for bids or proposals

(B) One Award

One contract award is anticipated under this solicitation. Multiple contract awards shall not be made. It is the intent of the City of Mission to award the bid to the lowest responsive and responsible bidder or to the bidder who provides goods or services at the best value for the municipality. Upon the City's issuing an award of this bid, this bid shall be countersigned by an authorized representative of the City which will result in a binding contract without further action by either party.

(C) All or None Pricing

Failure of an offeror to provide prices for all line items listed on the Schedule shall be cause for rejection of the entire offer. However, an offeror may enter "No Cost" in the unit price and extended amount columns to indicate that the item is being offered at "No Cost."

(12) Contract Term

Contract will be for a period of one (1) one year, commencing on October 1, 2020 to September 30, 2021. Successful bidder shall hold their prices for the same period of time. It is at the sole option of the City of Mission to exercise (2) two one-year extensions. The total duration of this contract, including the exercise of any renewals under this clause, shall not exceed (3) three years.

- (13) The City may hold bids **60 days** after bid opening without taking action. Bidders are required to hold their bids firm for same period of time.
- (14) The City of Mission reserves the right to reject any or all bids, 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.
- (15) The bidder 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.
- (16) **Bidder shall carefully examine the bid forms, general terms and conditions, and specifications.** Should the bidder 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.

(17) BILLING AND PAYMENT INSTRUCTIONS:

Invoices must include:

- a. Name and address of successful vendor
- b. Name and address of receiving department or official
- c. Purchase Order Number (if any)
- d. Notation - **“Voluntary Dental Insurance”**
- e. Descriptive information as to the items or services provided, including plan, tiers, etc.

The City of Mission will execute payment by mail within thirty (30) working days found. No other method of payment will be considered.

- (18) The geographical location(s) of bidder’s facilities referenced **“Voluntary Dental Insurance”** given due consideration in determining the lowest responsible bidder.
- (19) The City of Mission reserves the right to waive or take exception to any part of the specifications when in the best interest of the City of Mission.
- (20) Bidders 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.
- (21) **Bidders are advised that they must be in compliance with the below mentioned law:**

CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person’s affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the City of Mission not later than the 7th business day after the date the person becomes aware of facts that require the statement be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

For more information or to obtain Questionnaire CIQ go to the Texas Ethics Commission web page at <https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>

IF YOU HAVE ANY QUESTIONS ABOUT COMPLIANCE, PLEASE CONSULT YOUR OWN LEGAL COUNSEL. COMPLIANCE IS THE INDIVIDUAL RESPONSIBILITY OF EACH PERSON OR AGENT OF A PERSON WHO IS SUBJECT TO THE FILING REQUIREMENT. AN OFFENSE UNDER CHAPTER 176 IS A CLASS “C” MISDEMEANOR

(22) **Disclosure of Interested Parties**

Contractor is to comply with Government Code Section 2252.908 enacted by H.B. 1295, which prohibits a government entity or state agency from entering into certain contracts with a business entity unless the business entity submits a disclosure of interested parties. For more information go to the Texas Ethics Commission web page at: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

- (23) **Termination of Contract:** The City of Mission reserves the right to terminate the contract if, in the opinion of the City of Mission, the successful vendor’s and/or contractors performance is not acceptable, if the City is being repeatedly overcharged, improperly charged, no funds available, or if the City wishes, without cause, to discontinue this contract. Termination will be in written form allowing a 30-day notice.

(24) **Appeal Process**

An appeal may be brought by the lowest bidder deemed to have been non-responsive and/or not responsible. Appeals are limited to the following:

- 1. Matters of bias, discrimination, or conflict of interest

2. Computing errors and alleged improprieties or ambiguities in bid specifications; and
3. Non-compliance with procedures described in solicitation or City Policy.

The appeal must be in writing and shall be filed with the Purchasing Director at:

Eduardo Belmarez, Purchasing Director
City of Mission
1201 E. 8th Street, Room R-101
Mission, Texas 78572

Appeals must include the following information:

- a. Name, address, email, telephone and fax number of appellant;
- b. Bid identification number;
- c. A detailed description of the legal and factual basis of the appeal (include any and all relevant documents, diagrams, photos, etc.);
- d. The desired outcome/solution;
- e. Signed and dated

All appeals must be filed within three (3) working days from the date of award by City Council. Untimely appeals will not be considered. Upon receipt of the appeal, the Purchasing Director will have three (3) working days to attempt to clarify or resolve any issues addressed in the request for appeal.

If the appeal is not resolved with the Purchasing Director, then it shall be considered at a public hearing at the next City Council meeting. All determinations made by the City Council are final.

City of Mission
Scope of Service
Bid Name/No.: Voluntary Dental Insurance / 20-248-06-26

GENERAL INFORMATION and INSTRUCTIONS

1. The City of Mission is requesting bids for Voluntary Dental for the Employee Dental Plans for eligible individuals, including the actively employed, retirees, city officials and dependents. The information contained in these specifications is confidential and is to be used only in connection with preparing a bid for Voluntary Dental.
2. All Bids must be based on exact duplication of the existing plan benefits. All Plan Summaries are included for reference.
3. Respondents must be able to demonstrate they are in compliant with HIPAA regulations and must sign and submit a Business Associate Agreement with the bid.
4. A Responsive Questionnaire (D11) is included with reports. Both tabs within the report must be completed and submitted in addition to your written responses to summarize your bid. All Respondents shall complete RFB forms provided. **Respondents are advised that it is a mandatory requirement of this procurement that all respondents submit their proposal utilizing the forms that make up this solicitation package.**
5. Provide an organizational chart of all direct functions required to support the City (Names, resumes of key personnel, telephone numbers, facsimile numbers, e-mail addresses and physical location). Identify the overall proposal contact and account management team.
6. City personnel wish to review anticipated enrollment and initial employee communication materials. Include a proposed communication package in your response along with any statements regarding recommended distribution techniques for improved understanding of coverage.
7. Bids should include a draft of the Summary of Benefits and Coverage (SBC) that would be available for distribution to employees for enrollment purposes and plan inquiry. When developing the SBC, assume the plans current benefits.
8. Each selected provider is expected to provide a knowledgeable person to explain benefits provisions during enrollment meetings. The selected provider will be responsible for providing enrollment materials prior to the employee benefit new hire orientations and the annual open enrollment period.
9. ID cards are to be provided to the City of Mission no later than September 18th, 2020. If all sufficient enrollment information is provided to the vendor by August 28, 2020, it is expected that cards be delivered to City of Mission for delivery to Employees by September 18, 2020.
10. The CITY OF MISSION will be appointing an AGENT OF RECORD during the RFB process on the Voluntary Dental. Multiple bids from the same carrier/insurance company will not be accepted. Carriers/insurance companies may submit an attached list of agents/agencies requesting consideration. If any commission fees or other reimbursement arrangements are paid to any individual or organizations, they must be disclosed in the proposal as to who is paid and how much. The amount of Agent's commission, Agent's resume, E&O Insurance Certificate, copy of the Agent's license, Agent qualifications and scope of services, must be submitted with bid. The selected Provider will be expected to provide knowledgeable licensed agents to explain benefit provisions during enrollment meetings. The selected Provider will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings.
11. In addition to submitting (D11) completed Response Questionnaire in writing, also provide questionnaire on a USB.
12. The City currently has a 60-day grace period for monthly billing. The bidder will provide the City with a 60-day grace period for monthly billing.

13. **Reports listed below are available upon written request to ccantu@missiontexas.us.**

- (D01) Dental Certificate of Coverage – Traditional Plan
- (D02) Dental Certificate of Coverage – Preventive Plan
- (D03) Summary of Benefits – Traditional Plan
- (D04) Summary of Benefits – Preventive Plan
- (D05) Census Report
- (D06) Dental Network Savings 10.01.2018 – 04.30.2020
- (D07) Dental Claims and Membership Report 10.01.2018 – 04.30.2020
- (D08) Dental Claims Matrix Report 10.01.2018 – 04.30.2020
- (D09) Dental Top 100 Providers
- (D10) Dental Provider Directory 50 miles from zip code 78572
- (D11) RFB Response Questionnaire

BACKGROUND INFORMATION AND PLAN SPECIFICS

ORGANIZATION

The City of Mission employs on average 686 (fully staffed) full-time employees directly who are eligible to elect dental benefits. Eligibility is full-time employees, 30-hour plus (6 currently), part-timers identified through Affordable Care Act monitoring, Retirees, Elected Officials and COBRA eligible individuals.

Newly hired employees and their dependents must complete a 30-day waiting period before becoming eligible for coverage for dental benefits. Coverage becomes effective the 1st of the month following a 30-day waiting period.

CURRENT COVERAGE AND SERVICES

All summary of benefits has been provided with this RFB. The City is seeking a qualified entity which can provide the voluntary dental services.

CITY OF MISSION desires to receive bids for continuation of the fully-insured dental plan based on the duplication of the existing Dental Plans. All bids submitted must meet or exceed the existing Dental Plans. There are currently two (2) plans: Traditional Plan and Preventive Plan. All Bids must be based on exact duplication of the existing plan benefits, or better. All Plan Summaries are included for reference.

Currently, Voluntary Dental is provided by Humana. Humana has provided services since October 2012. The current plan year for voluntary dental is October through September. However, the deductible is established as a calendar year deductible and we would like the deductible changed to plan year (October – September). Prior deductible credit is required.

All participants enrolled in the voluntary dental insurance plan as of September 30, 2020, are to be covered on a “no loss/no gain” basis. “No loss/no gain” for participants are to include credit/debit for accumulated deductible.

Same sex or opposite sex “Domestic Partners” are not covered under the City’s plan at this time. However, legally recognized same sex or opposite sex spouses are covered.

The City requests presence of vendors at the Annual Health Fair (typically held in the Fall) as well as support during its annual open enrollment period and new hire orientations. Outside of these events, our expectation would be regular visits/service dates to ensure the satisfaction of services.

The City distributes all general marketing and informational materials to employees internally. Therefore, no SPD’s, SBC’s, etc. need to be mailed to employees. We do request printed materials and literature be provided to the City for distribution to eligible employees.

The City currently has a 60-day grace period for monthly billing. The bidder will provide the City with a 60-day grace period for monthly billing.

Bid is to be based on the provided census.

Future renewal rates must be received by CITY OF MISSION at least 90 days prior to date of rate change and renewal date.

RFB ASSUMPTIONS

1. Contract effective date is to be October 1, 2020.
2. CITY OF MISSION desires to receive bids for one (1) year base term with two (2) one (1) year renewals on the following basis:
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be fair and reasonable to CITY OF MISSION. Renewal rates are to be provided to CITY OF MISSION 90 days prior to anniversary date.
3. All employees, retirees, Cobra participants and dependents covered by the current plan are to receive immediate coverage under the new plan. Continuity of coverage for current participants is to be on a "no loss no gain" basis for all insurance coverage. In addition, Responders must waive the actively at-work provisions.
4. In fulfilling the Continuity of Coverage requirement fair credit must be allowed for all or any part of dental insurance deductibles or co-insurance satisfied, and accumulated lifetime maximum amounts before the contract effective date.
5. Bid is to be based on the provided census.

**City Of Mission
Pricing Schedule
Bid Name/No.: “Voluntary Dental Insurance”/ 20-248-06-26**

For any questions directly regarding the “**Voluntary Dental Insurance - Bid No. 20-248-06-26**”, please call or email:

Crissy Cantu, Purchasing Buyer: ccantu@missiontexas.us
Telephone: (956) 580-8667

| Vendor Name | | |
|---|--|---|
| | IDENTICAL PLAN AS CURRENT Traditional (High) Plan | IDENTICAL PLAN AS CURRENT Preventive (Low) Plan |
| <i>Admin Contract Guarantee</i> | 1 yr with 2 available 1-yr renewals | 1 yr with 2 available 1-yr renewals |
| <i>Out of Network Reimbursement Level</i> | U & C | MAC |
| <i>Annual Maximum</i> | \$1,500 30% coinsurance on preventive, basic, and major services for the rest of the year when reaching the annual maximum (excludes orthodontia). | \$1,000 |
| <i>Plan Year Deductible</i> | \$50 Individual / \$150 Family In-Network and Out-of-Network | \$50 Individual / \$150 Family In-Network and Out-of-Network |
| <i>Coverage % after Deductible</i> | 100% Preventive / 80% Basic / 50% Major In-Network and Out-of-Network | 100% Preventive / 80% Basic In-Network and Out-of-Network |
| <i>Orthodontia Services</i> | Plan pays 50% (no deductible) of the covered orthodontia services, up to: \$2,000 lifetime orthodontia maximum | Not Covered |
| <i>Co-Insurance In-Network</i> | 20% | 20% |
| <i>Co-Insurance Out-of-Network</i> | 50% | 50% |
| | | |
| Tier | Monthly Premium | Monthly Premium |
| <i>Employee Only</i> | | |
| <i>Employee + Spouse</i> | | |
| <i>Employee + Children</i> | | |
| <i>Employee + Family</i> | | |
| | | |
| <i>Agent</i> | | |
| <i>Agent Commission</i> | | |

**CITY OF MISSION
EXECUTION OF OFFER (CONTINUED)
Bid Name: "Voluntary Dental Insurance"/ Bid No. 20-248-06-26**

Renewal Terms: The City of Mission shall reserve the option to renew this order for an additional two (2) consecutive, one (1) year periods at the end of the service period. Award period is from October 1, 2020 to September 30, 2021. A bidder may offer a fixed maximum percentage of escalation for each of the additional two years. The amount of escalation will be taken into consideration in evaluation of the bid. State maximum percentage of escalation, for monthly premium per tier, as follows:

* _____% 1st year renewal term: October 1, 2021 – September 30, 2022

* _____% 2nd year renewal term: October 1, 2022 – September 30, 2023

***IF NO PERCENTAGE OF ESCALATION IS INCLUDED A ZERO PERCENTAGE WILL BE ASSUMED.**

For any questions regarding the "Voluntary Dental Insurance", you may call, fax or email to the following:

Crissy Cantu, Buyer: ccantu@missiontexas.us
Telephone: (956) 580-8667
Fax: (956) 580-8798

Company Name: _____
Owner or President Name: _____
Company Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Fax Number: _____
Email: _____
Federal Tax ID or SSN Number: _____

**Company Representative's Signature

Date

Company Representative's Name (Please Print)

Company Representative's Title

****Signature on this form indicates agreement with "Instruction to Bidders-General Terms and Conditions"**

City Of Mission
Vendor Acknowledgment Form - Non-Collusive Bidding Certification
Bid Name/No.: "Voluntary Dental Insurance"/ 20-248-06-26

I/We have read instructions to bidder 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 bidder and specifications.

The undersigned Bidder, by signing and executing this bid, certifies and represents to the CITY OF MISSION that Bidder 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 Bidder also certifies and represents that Bidder 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 Bidder certifies and represents that Bidder 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 Bidder also certifies and represents that Bidder has not received any information not available to other bidders so as to give the undersigned a preferential advantage with respect to this bid; the Bidder further certifies and represents that Bidder has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Bidder 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 Bidder 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.

City of Mission
Addenda Checklist
Bid Name/No.: Voluntary Dental Insurance / 20-248-06-26

Bid of: _____
(Bidder Company Name)

To: City of Mission

Ref.: "Voluntary Dental Insurance"/ 20-248-06-26

Ladies and Gentlemen:

The undersigned Bidder hereby acknowledges receipt of the following Addenda to the captioned RFB (initial if applicable).

No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____ No. 5 _____

Respectfully submitted,

Bidder: _____

By: _____

(Authorized Signature for Bidder)

Name: _____

Title: _____

Date: _____

GENERAL BUSINESS QUESTIONNAIRE
(SUPPLIES, SERVICES AND CONSTRUCTION)

This questionnaire, the requested list of references and the authorization to release financial information are used in part to assist in determining a potential contractor's responsibility. Offerors shall submit the General Business Questionnaire information within two (2) work days from the date of notification by the City, or with the offer, if so indicated in the Table of Contents page 2 of the Solicitation, Offer and Award Form. All information must be current and traceable. Each venturer of a joint venture must submit a separate signed form.

City of Mission reserves the right to make additional inquiries based on information submitted, or the lack thereof. Questions concerning this questionnaire or the authorization form should be directed to the contact person identified on the Solicitation, Offer and Award Form. In cases where a question does not apply or if unable to respond, offeror should refer to the item number, repeat the question, and indicate N/A (Not Applicable) or N/R (No Response), as appropriate. Offeror will explain the reason when responding N/A or N/R.

1. Name of Offeror ("Business"): _____

2. List name(s) and business address of officers and directors for corporations, partners for partnerships, and venturers for joint ventures (attach additional pages as necessary).

3. Number of years in business under present business name: _____

4. If applicable, list all other names under which the Business identified above operated in the last 5 years.

5. Annual Gross Revenue (Past year): (M represents millions, K represents thousands)
\$100K or less \$100K-\$500K \$500K-\$1M \$1M-\$5M \$5M-\$10M
\$10M-\$16M \$16M or Over

6. Will bidder/proposer provide a copy of its financial statements for the past two (2) years, if requested by City of Mission? Yes No

7. Number of current employees: _____

8. Has the Business, or any officer or partner thereof, failed to complete a contract? Yes No

9. Is any litigation pending against the Business? Yes No

10. Is offeror currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, offeror needs to explain the expected impact, both in organizational and directional terms. Yes No

11. Has the Business ever been declared "not responsible" for the purpose of any governmental agency contract award? Yes No
12. Has the Business been debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded, or otherwise disqualified from bidding, proposing, or contracting? Yes No
13. Are there any proceedings pending relating to the Business' responsibility, debarment, suspension, voluntary exclusion, or qualification to receive a public contract? Yes No
14. Has the government or other public entity requested or required enforcement of any of its rights under a surety agreement on the basis of a default or in lieu of declaring the Business in default? Yes No
15. Is the Business in arrears on any contract or debt? Yes No
16. Has the Business been a defaulter, as a principal, surety, or otherwise? Yes No
17. Have liquidated damages or penalty provisions been assessed against the Business for failure to complete work on time or for any other reason? Yes No
18. Does offeror have a contingency plan or disaster recovery plan in the event of a disaster? If so, then Bidder will provide a copy of the plan. Yes No
19. Does offeror have quality assurance program? If yes, offeror will describe its quality assurance program, its quality requirements, and how they are measured. Yes No
20. If a "yes" response is given under questions 9 through 19, please provide a detailed explanation including dates, reference to contract information, contacts, etc. (attach additional pages as necessary).

I, individually and on behalf of the business named in this Business Questionnaire, do by my signature below, certify that the information provided in this questionnaire is true and correct. I understand that any false statements or misrepresentations regarding the Business named above may result in: 1) termination of any or all contracts which City of Mission has or may have with the Business; 2) disqualification of the Business from consideration for contracts; 3) removal of the Business from City of Mission's vendors' list; or/and 4) legal action(s) applicable under federal, state, or local law.

Name: _____ Title: _____

Signature: _____ Date: _____

(Owner, CEO, President, Majority Stockholder or Designated Representative)

LIST OF REFERENCES FOR SIMILAR PROJECTS

Use additional pages as necessary.

1. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

2. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

3. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

4. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address: