Suwannee County School District

RFP # 23-209

"Administrative Services Organization (ASO)"

Medical Services Only

Table of Contents

Invitation to Bid	**3**
Background	**4**
RFP Contact	**4**
RFP Delivery	**4**
Submission Requirements	**4**
Schedule/Project Timeline	**6**
Instructions to Proposer	**6**
Evaluation of Responses	**7**
Proposal Request	**8**
Evaluation Criteria	**9**
RFP Submission	**9**
Attachments	**10**
Compliance Reporting	**11**
Retiree Coverage	**11**
Current Fees	**12**
Questionnaire	**13**
Banking	**20**
Appendix A Vendor's Statement of Qualification	**21**
Appendix B Statement of Affirmation and Intent	**22**

SUWANNEE COUNTY SCHOOL DISTRICT
"ADMINISTRATIVE SERVICES ORGANIZATION"
SELF-FUNDED HEALTH INSURANCE PROGRAM
INVITATION TO BID RFP # 23-209

The Suwannee County School Board is requesting proposals from qualified proposers to provide Administrative Services Organization proposals for their Self-Funded Health Insurance Program.

Questions will be due by Thursday, March 9, 2023. Sealed bids will be received at the Suwannee County School District, Office of the Chief Financial Officer, 1740 Ohio Avenue South, Live Oak, Florida 32064 until 2:00 PM, on Friday, March 10, 2023. Sealed bids must contain only the RFP 23-209 listed in this ad and must be clearly marked on all sides of the submission package.

Bid documents for RFP # 23-209 may be obtained from the District Web Site at the following link:

http://www.suwannee.k12.fl.us/bids/open

Suwannee County District Schools reserve the right to reject any or all bids, to waive any defects or irregularities in bids and to accept any bid which is deemed most advantageous to the public interest.

Questions should be directed to Marsha Brown, Chief Financial Officer at the contact information below.
Marsha Brown, Chief Financial Officer
marsha.brown@suwannee.k12.fl.us
1740 Ohio Avenue, South
Live Oak, FL 32064
386-647-4651

Background

The Suwannee County School District's self-insured health plan includes pharmacy benefits with Florida Blue. The School District has a strong commitment to health and wellness and continues to adopt plans to encourage healthy behaviors and outcomes. The School District has an onsite health center (SCSD Wellness Center) for employees, retirees, spouses, and dependents over age 6. They also use the health center in partnership with Florida Blue to offer wellness incentives to employees, retirees, and spouses. There are currently 793 active employees, 1 COBRA participant, and 35 retired employees of which 490 are enrolled in SCSD's health insurance. Florida Blue has been SCSD administrator for the last 10+ years.

Effective Date

May 1, 2023

RFP Contact

Marsha Brown, Chief Financial Officer
marsha.brown@suwannee.k12.fl.us
1740 Ohio Avenue, South
Live Oak, FL 32064
386-647-4651

Broker Information:

Agency: Acentria Public Risk
Agent: Mike Carraway

RFP Delivery

Sealed bids will be received at the Suwannee County School District, Office of the Chief financial Officer, 1740 Ohio Avenue South, Live Oak, FL 32064 on Friday, March 10, 2023, at 2:00pm.

Due to the timing of mail service, the School District cautions Respondents to assure actual delivery of proposals to the School District prior to the deadline set for receiving proposals. Proposals received after the established deadline shall not be considered. Proposals received in any form other than that identified herein shall be rejected. All proposals will be opened publicly, and the names of all Respondents shall be read aloud. The School District reserves the right to reject any or all proposals or parts of proposals, if it is in the best interest of the School District.

SUBMISSION REQUIREMENTS:

Notice to Proposers:

Responses will not be accepted or considered after the specified time and date listed on page 5. Each Response envelope/box shall be sealed and identified as specified below.

PLEASE FILL OUT THE LABEL ON THE NEXT PAGE AND ATTACH IT TO YOUR RFP REPLY PACKAGE(S).

Cut out label and tape to outer sealed envelope(s) or package(s).

DO NOT OPEN - SEALED RESPONSE - DO NOT OPEN	
RFP NO: # 23-209	**RFP Title**: Administrative Service Organization – Medical Only
TO BE OPENED: March10, 2023 @ 2:00pm	
LATE RESPONSE WILL NOT BE ACCEPTED	
FROM Name of Firm:	
Contact Name:	Email Address:
Telephone No.:	Fax No.:
Deliver To:	**Chief Financial Officer** **Suwannee County** **School Board** **1740 Ohio Avenue South** **Live Oak, FL 32064**

Schedule/Project Timeline

March 1, 2023	RFP # 23-209 Published
March 9, 2023 12:00pm	Last Day for Questions
March 10, 2023 2:00pm EST	Response Due by 2:00pm / Bid opening at 2:00pm
March 13, 2023 3:00pm EST	Fringe Benefit Committee meeting to review plan designs and proposals
March 14, 2023	Special meeting following Board Workshop to approve plan designs and proposals.

INSTRUCTIONS TO PROPOSER

1. Upon the issuance of this RFP, all contact with SCSB must be made through the Chief Financial Officer. The Proposer must limit communication with the designated contact to the means specified in this document. Other employees and representatives of SCSB and the participating agencies are instructed not to answer questions regarding the RFP or otherwise discuss the contents of the RFP with the Proposer or its representatives. Any contacts made with other employees and representatives of SCSB will be reported and forwarded to the Chief Financial Officer. Proposer shall not, under the penalty of law, offer any gratuities, favors or anything of monetary value to any officer or employee of SCSB in connection with this competitive procurement.
2. Proposer to this Response or persons acting on their behalf shall not contact Board of Trustees, members, staff, Committee Members or Broker/Consultant during the course of the Response and Selection process. All procedural matters shall be directed to the Chief Financial Officer. Evaluation Committee members or other School employees shall not be contacted or approached by representatives of any potential Proposer to this RFP. Contact or communication initiated by any responding firm may result in rejection of the Response.
3. Upon award recommendation or thirty (30) days after opening, whichever is earlier, any material submitted in response to this RFP will become a public record and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes (Public Records Law). Proposers must claim the applicable exemptions to disclosure provided by law, in their response to the RFP, by identifying materials to be protected and must state the reasons why such exclusion from public disclosure is necessary and legal. SCSB reserves the right to make any final determination of the applicability of the Public Records Law.
4. Posting Of Tabulations/Recommendation. RFP tabulations with recommended awards will be posted for

review by interested parties. Visit http://www.suwannee.k12.fl.us/bids for bid/response links. Results will remain posted for a period of 72 hours. Failure to file a Notice of Intent to Protest within the time prescribed in Section 120.57(3) b, Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes. If the tabulation with the recommendation of award is not posted by said date and time, the Chief Financial Officer will endeavor to post a "Notice of Delay of Posting" to inform all Proposers of the delay and anticipated posting date and time.

5. Bid Protests: Any person who believes they are adversely affected by any specification in this Bid or RFP or any decision or intended decision concerning this Bid or RFP and who wishes to protest such specification, decision, or intended decision shall file a Notice of Intent to Protest in accordance with section 120.57(3), Florida Statutes. A formal written protest must be accompanied by a bond payable to SCSB in an amount equal to one percent (1%) of the total value of the proposed contract. Security shall be in the form of a bond, a cashier's check, or money order. Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post the bond or other security within the time frame set forth in section 287.042(2)(c), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.
6. Any Proposer in doubt as to the true meaning of any part of this RFP or related documents may submit a written request for clarification to Marsha Brown, CFO at the email address marsha.brown@suwannee.k12.fl.us by 2pm on March 9, 2023. Any interpretation to a Proposer shall be made only by amendment duly issued. All Amendments will be posted and disseminated on the **Suwannee County School Board public website**.
7. Questions must be received before 2:00 PM **Eastern Standard Time** on March 9, 2023. Questions not received by this date and time will not be considered.
8. If you are responding to additional RFPs, your RFP response must be submitted in separate binders and marked as such.

Evaluation of Responses

Responses shall be reviewed and evaluated by the District's Fringe Benefit's Committee.

The selection process to evaluate the responses under this RFP shall be conducted in accordance with the evaluation procedure as described in this section. The Fringe Benefit Committee shall evaluate accepted responses. The SCSB, in collaboration with the District's Fringe Benefits Committee, shall be the sole judge as to which response is best and, in ascertaining the best response, shall take into consideration the financial resources, reputation, fit of proposed solution, and experience in performing similar work, as generally described below.

SCSB shall generally follow the above shown process; in doing so, SCSB at its will, reserves, at a minimum, the following rights:

a. The award shall be made to the Proposer that best meets SCSB needs.
b. SCSB also reserves the right to waive minor irregularities in responses if that action is in the best interest of SCSB. If the Proposer is awarded the contract, such a waiver shall in no way modify the

requirements stated in this RFP or excuse the Proposer from full compliance with the specifications stated in this RFP or resulting contract;

c. SCSB reserves the right, before awarding the contract, to require Proposer to submit additional evidence of qualifications or any other information' the District may deem necessary:

   i. SCSB reserves the right to further negotiate any response, including price, with the highest rated Proposer. If a contract cannot be reached with the highest rated Proposer, the District reserves the right to negotiate and recommend award to the next highest Proposer or subsequent Proposers until a contract is reached;

   ii. SCSB shall not be under any requirement to complete the evaluation by any specific date and reserves the right to suspend or postpone the evaluation process should the need arise due to budget constraints, time constraints or other factors as directed by SCSB;

   iii. SCSB, at its sole discretion may waive the requirement to have demonstrations or interviews;

   iv. SCSB, at its sole judgment, will award or reject any or all responses as is in the best interest of SCSB and the decision shall be final.

SCSD is requesting Medical Administrative Services Only (ASO) and excludes Pharmacy Benefit Management and Stop Loss Insurance.

Please provide the following along with your proposal:

1. Minimum of 3-year agreement

2. Medical ASO fees/pricing. Currently the School District uses Florida Blue to administer their self-funded program for Medical, Stoploss and Pharmacy ASO. All proposals should be net of commission.

3. Medical Only ASO fees/pricing
   a. Include any additional fees or penalties for carving out PBM services
   b. All proposals should be net of commission or fee.

4. Medical network disruption report (See page 17)

5. What are your network discounts for: (See page 17)
   a. Family Doctor
   b. Specialist
   c. Hospital

6. GEO Access Report (See page 17)

7. Telemedicine services

8. Wellness Allowance of $50,000

   a. Florida Blue currently provides $30,000

9. Implementation and/ or online enrollment credit of $50,000

10. Retiree Drug Subsidy Reporting to CMS

11. **Self-Funded Hospital Indemnity Plan** – Currently FCL provides a policy for employee only coverage that pays $100 per day of hospitalization up to 365 days and includes a $50,000 life insurance policy. May not be purchased with one of the major medical plans. This is a supplement to health insurance and is NOT a substitute for major medical coverage.

Employee contributes $20.00 per month
School District contributes 9.00 per month

	Monthly Rate	
Group Term Life	$.29	Per $1,000 of Benefit
Group AD&D	$.03	Per $1,000 of Benefit
Hospital Indemnity Plan	$13.00	Per Employee Per Month

Evaluation Criteria

Criteria No.	Main Criteria Description	Points
Criteria No. 1	**Qualifications, Experience of Team members**	**30**
Criteria No. 2	**References**	**10**
Criteria No. 3	**Questionnaire**	**35**
Criteria No. 4	**Proposed Fee**	**25**

RFP Submission

Response Order: To ensure comparability and consistency in review and evaluation of responses, all responses shall be organized as specified below. Avoid any elaborate promotional materials and provide only information that is required. All supporting materials should clearly reference the portion of the RFP to which they pertain. Please submit **one (1)** unbound original (clearly marked as such) and five (5) exact duplicates for a total of six (6) physical copies. **One electronic copy on USB flash drive is also required** for document management purposes. To create the electronic copy, scan the entire response and save it as one (1) pdf document. Responses not meeting the requirements below may be determined to be non-responsive, non-responsive responses will receive no further consideration.

Tab 1 Table of Contents

Tab 2 Cover Letter - Provide a cover letter indicating your company's understanding of the requirements/scope of services of this specific response. The letter must be a brief formal letter from the Proposer that provides information regarding the company's interest in and ability to perform the requirements of this RFP. Clearly demonstrate your familiarity with the RFP. Unless specific exceptions are noted in the response package, all terms and conditions contained in the response are considered to be accepted by the proposer. A person who is authorized to commit the Proposer's organization to perform the services included in the response must sign the letter. Please provide a list of all persons authorized to give presentations. Please provide all names, titles, addresses, telephone numbers (including facsimile numbers), and e-mail addresses. The prospective Proposer hereby certifies, by submission and signature of this letter, represents complete and unconditional acceptance of the requirements, terms and conditions of this solicitation and all appendices and any Addendum released hereto

Tab 3 Qualifications, Experience of Team Members and References:

Summarize the qualifications of the Proposer's project team. Provide a profile of your organization:

a. Provide a core contact with name, title, email, address, phone, and fax
b. Where are your corporate offices located?
c. Do you have, or will you place any offices in Suwannee County or any contiguous counties?
d. Please list the number of years your company has been in operation.
e. Describe your support and quality assurance resources.
f. Company website
g. Number of clients: Active and Inactive

Tab 4 References - Please provide three (3) public entity clients as references, including at least two whose medical coverage is self-funded. Include name of customer, address, contact name, telephone numbers (including facsimile number), and email address. Please include only references within the previous thirty-six (36) months. SCSB and/or the IE will contact these references during the evaluation process. Non- responsive references may reflect negatively on the vendor.

Tab 5 Questionnaire – Please see page 13 - 20 and respond to each section and question of the questionnaire and provide your answers in the table that is provided.

Tab 6 Required Forms
Appendix A – Vendor's Statement of Qualification
Appendix B – Statement of Affirmation and Intent

Attachments To the RFP:

- Census – Please request via email to marsha.brown@suwannee.k12.fl.us.Census will be provided in excel format and will be sent via secure email.
- Benefit Summaries,
- Top Providers Report

COMPLIANCE (Please see page 14)

Consolidated Appropriations Act, 2021 ("CAA") Support Services. To Support SCSD's compliance with the requirements of the CAA, including the No Surprises Act ("NSA"), by the respective enforcement date as follows:

- NSA medical billing and the independent dispute resolution ("IDR"):
  - Administrator will determine if a claim is subject to the NSA billing protections.
  - If Administrator and a provider are unable to come to an agreement within the prescribed negotiation period for a claim subject to the NSA billing protections, Administrator will manage, direct, and make decisions and submissions to support the IDR for SCSD.
  - All qualifying payment amounts under the NSA will be calculated based on an insurance market across all self-insured group health plans administrator.
  - Administrator will not be using third party provider networks for services covered by the NSA.
  - The fees for programs in which the parties share in the savings achieved off a provider's billed charge will continue to apply to all services covered under the NSA.
  - Administrator shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account.
  - Administrator shall fund the $50 IDR administration fee and all IDR arbitrator fees through the Bank Account.
- Revised medical Plan ID cards.
- Provider directory enhancements.

Retiree Coverage

There are retirees on the plan. Section 112.0801, Florida Statutes, provides in part: "Any state agency, county, municipality, special district, community college, or district school board which provides life, health, accident, hospitalization, or annuity insurance, or all of any kinds of such insurance, for its officers and employees and their dependents upon a group insurance plan or self-insurance plan shall allow all former personnel who have retired prior to October 1, 1987, as well as those who retire on or after such date, and their eligible dependents, the option of continuing to participate in such group insurance plan or self-insurance plan. Retirees and their eligible dependents shall be offered the same health and hospitalization insurance coverage as is offered to active employees at a premium cost of no more than the premium cost applicable to active employees. For the retired employees and their eligible dependents, the cost of any such continued participation in any type of plan or any of the cost thereof may be paid by the employer or by the retired employees."

Current Florida Blue Fee for Medical and Pharmacy ASO only is $55.14 PEPM

Florida Blue currently provides Suwannee County School District with the following value-added services:

- Florida Blue network
- Stop Loss insurance
- Pharmacy Benefit Management
- $30,000 annual wellness fund
- COBRA administration
- Retiree Drug Subsidy (RDS) reporting into CMS's system

Questionnaire

Plan Administration:

Please confirm the following and if you are not able to comply, please explain

Service Requirements	Yes/No/ Explain
Proposer must be able to administer all the benefits offered by SCSD accurately and timely	
Proposer must provide benefit summaries and plan documents in English and Spanish	
ID Cards are required to be mailed to the employees and retirees home addresses	
Advise your digital resources for member plan management (i.e., claims, digital ID cards, account balances, etc.)	
ASO Proposer shall not charge against the plan experience any claim payment not authorized under the health plan document (except those specifically authorized in writing by SCSD). The ASO Proposer shall be responsible for all collections and/or plan reimbursement expenses not authorized and/or properly paid.	
We have included a copy of the Health Plan Document in this RFP. Please review this document and explain in detail what areas of the plan that can and cannot be administered by your organization. Succinctly outline all deviations to administer SCSD's Plans as written.	
SCSD requires the ability to audit all claims adjudicated upon request.	
SCSD requires a representative be present for annual open enrollment, annual health fairs, annual reporting, and quarterly claims reviews.	

Compliance:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
The Proposer meets all federal guidelines on claims turnaround and processing standards.	
The Proposer meets all electronic standards for transmission of electronic claims.	
The Proposer is fully compliant with all HIPAA requirements for claims ASO Proposers.	
The Proposer is fully compliant with all PPACA standards/requirements	
The Proposer will: a. Prepare and distribute 1099 forms (as may be required) for providers, b. Generate health insurance cost amount reports for W2 reporting, and c. Support and/or generate ACA compliance reporting (Forms 1094 and 1095	
Has the Proposer had any data breaches, if so, how will one be handled in the future if it occurs?	
Please advise your support/process for the new CAA Pharmacy and Cost reporting that just launched in December? (Under the Consolidated Appropriations Act (CAA), health insurers offering group or individual health coverage and self-funded group health plans are required to report data annually regarding prescription drugs and health care spending to the Departments of Health and Human Services (HHS), Labor (DOL), and Treasury	

Customer Service:

Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
SCSD requires a dedicated account manager for the HR team to contact with any issues. Please confirm that your proposal includes this and provide the hours in which the dedicated account manager can be reached, guaranteed response times to emails and phone calls, and the method in which SCSD can request a change in account managers should their needs not be met.	
Please describe your customer service department, specifically: a. Hours and days of operation b. Staffing c. Languages spoken, specifically is Spanish available d. How are after-hours calls handled? e. Is there a user-friendly cell phone app or online access for employee use?	
What additional team members will be provided to SCSD (i.e., Implementation, billing, banking, eligibility) for customer service?	

Reporting:
Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
List and describe any claim/management reports you are able to provide regularly at no additional charge and the frequency with which this information can be provided. Provide samples of each report.	
Do you have the ability to customize reporting by division/ branch?	
Do you have the ability to track and report on individual participant actions/claims?	
Describe your capability to produce ad hoc reports? Is there an additional charge?	
Does your system provide web-based reporting tools that allow the client to view and print their reports?	
Confirm that you will provide monthly total paid claims by the 15th of the following month.	

Wellness:
Please confirm the following and if you are not able to comply, please explain.

Service Requirements	Yes/No/ Explain
Describe your health promotion and wellness programs you offer as a standard service, including health risk appraisals, influencing lifestyle diseases (e.g., asthma, COPD, coronary artery disease, diabetes, heart failure, high blood pressure, and obesity), depression screenings and tobacco cessation programs.	
Please disclose the annual wellness contribution that you will make to the SCSD's wellness fund.	
SCSD has an onsite health care center, please advise how you will be able to interact with reporting to SCSD Employee wellness center. Do you charge an additional fee?	
Please advise your standards for approval of fund utilization.	
Is there a wellness app or portal for employees to access?	

Network Access & Savings:
Please confirm the following and if you are not able to comply, please explain

Service Requirements	Yes/No/ Explain
What network(s) are you proposing?	
Please provide a Network Disruption Report based on the Top Providers Report	
Please provide a GEO Access Report	
What is your standard process and advance notification timeframe to notify the employers and participants of major network changes such as a hospital or major provider group going out of network?	
How often are contracts renegotiated? Do you anticipate renegotiating any large provider network contracts in the next 12 to 24 months?	
What are your network discounts for: a. Family Doctor b. Specialist c. Hospital	

Proposed Fees:
Please confirm the following and if you are not able to comply, please explain

Service Requirements	Yes/No/ Explain
Your proposal must be submitted as a flat monthly with a 3-year rate guarantee. Payment will be remitted to you at the end of each month when the monthly report is pulled.	
Please provide administrative fees for the following options: a. Medical Only (excluding PBM & Stop Loss)	
In the event of contract termination, will you agree to a run-out fee structure that ensures the payment and processing of all run-out claims for a fixed fee? For example, will you agree to an arrangement whereby SCSD would pay the monthly fees for a specified period based on the enrollment at the date of termination?	
Please confirm that your proposal includes all expenses, fees, services, charges (whether standard or customized) in the flat monthly fee stated above. Such items include, but are not limited to, the following: Banking fees, ad hoc reports, enrollment materials, claim forms, identification cards, plan booklets, Hospital Pre-Admission Review, Concurrent Review, Out-Patient Surgery Review, Second Surgical Opinion, Ambulatory Procedure Review, Maternity Management, Large Case Management, Virtual or Tele-Medicine Services, and Medical Bill Audit.	
Please detail your out of network savings program and all non-claims fees expenses that are funded through the self-insured bank account. Examples of other fees and expenses may include network fees (imaging, lab), 3rd party recovery fees, subrogation, non- network savings negotiated, contingency fees (out-of-network savings negotiated by 3rd party) and any capitation (Mental and Nervous Chemical Dependency).	

Banking:

Describe in detail the banking arrangements you propose to use for SCSD. Please address the following issues:

1. Does your banking system utilize drafts cashed or drafts issued as the basis of fund withdrawal for claims payments?
2. Do you require an imprest bank balance? If so:
    a. At what level?
    b. How is this determined?
3. How would SCSD be notified of deposit requirements? Outline the timing and methodology for such notification?
4. How would an overdraft situation be handled?
5. How often is payment required? (e.g., monthly, quarterly)

Appendix A

VENDOR'S STATEMENT OF QUALIFICATION

Please provide written responses to the following questions. If the answer to any of the questions is "Yes", Vendor shall describe fully the circumstances, reasons therefore, the current status, and ultimate disposition of each matter that is the subject of this inquiry.

1. Has Vendor been declared in default of any contract? _____Yes _____No
2. Has Vendor forfeited any payment of performance bond issued by a surety company on any contract?
   _____Yes
   _____No
3. Has an uncompleted contract been assigned by Vendor's surety company on any payment of performance bond issued to Vendor arising from its failure to fully discharge all contractual obligations thereunder?
   _____Yes
   _____No
4. Within the past three (3) years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes? _____Yes _____No
5. Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability? ____Yes ____No
6. Is Vendor currently involved in any state of a fact-finding, negotiations, or resistance to a merger, friendly acquisition, or hostile take-over, either as a target or as a pursuer? _____Yes _____No
7. License Sanctions: List any regulatory or license agency sanctions. The Board may perform a background check on Proposer with all state and regulatory agencies

_____

_____

_____

_____ _____

Authorized Representative's Signature Company Name

State Of:_____County Of:_____

Appendix B

STATEMENT OF AFFIRMATION AND INTENT

TO: SUWANNEE COUNTY SCHOOL BOARD, PROCUREMENT DIVISION

PROJECT: _____

DATE: _____

The undersigned, hereinafter called the Proposer, declares that the only persons, or parties interested in their Response are those named herein, that this Response is, in all respects, fair and without fraud that it is made without collusion with any other vendor or official of Suwannee County School Board. 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 restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.

The Proposer certifies that no Board Member, Director, or any Suwannee County School Board Employee directly or indirectly owns assets or capital stock of the bidding entity, nor will directly or indirectly benefit by the profits or emoluments of this Response. (For purposes of this paragraph, indirect ownership or benefit does not include ownership or benefit by a spouse or minor child.)

The Proposer certifies 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 School. In the event that a conflict of interest is identified in the provision of services, the Proposer agrees to immediately notify SCSB in writing.

The Proposer further declares that he/she has carefully examined the scope of services, instructions, terms and conditions of this Request for Qualifications and that Proposer's Response is made according to the provisions of the RFQ and that he/she will meet or exceed the scope of services, requirements, and standards contained in the Request for Qualifications.

The Proposer agrees to abide by all conditions of the negotiation process. In conducting negotiations with SCSB, Proposer offers and agrees that if this negotiation is accepted, the Proposer will convey, sell, assign, or transfer to SCSB all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by SCSB. At the School's discretion, such assignment shall be made and become effective at the time the School tenders final payment to the Proposer. The Response constitutes a firm and binding offer by the Proposer to perform the services as stated.

Proposer acknowledges that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S.

The signer of this Response guarantees, as evidence of the sworn affidavit required herein, the truth and accuracy of all statements and information hereinafter provided. The undersigned hereby authorizes any public official, surety company, bank depository, material, or equipment manufacturer or distributor or any person or firm or corporation to furnish any pertinent information requested by Suwannee County School Board or their representative, deemed necessary to verify the information provided and statements made regarding the standing and general reputation of the applicant.

Signature of Authorized Firm

Date

Name and Title of Authorized Firm Representative (Typed)

E-mail Address

Name of Firm (Typed)

Address, City, Zip

Telephone Number

Fax Number

Sworn to and subscribed before me this_____day_____of 2023.

Notary Public

Commission Expiration Date