

Advanced Behavioral Health, Inc.

Request for Proposal

Group Life and Disability Plan

Advanced Behavioral Health, Inc. seeks a long-term relationship with an insurance carrier that is committed to providing quality service through a strong service team at a reasonable cost. This RFP provides your organization with the opportunity to demonstrate your ability to meet our objectives.

I. Proposal Information

Client

Advanced Behavioral Health, Inc.

Address

200 W. Washington St.
Phoenix, AZ 85003

Proposal Due Date

5:00 PM Friday November 6, 2020

Proposal Copies

1. Please provide two original hardcopy proposals.
2. Please provide one digital copy on USB flash drive. Emailed copies are will not be accepted.
3. If selected as a finalist, we may request additional proposal copies.

Proposal Format and Specifications

1. Responses to the Questionnaire must follow the same order laid out in the RFP.
2. Responses to the Questionnaire must include the corresponding section letter, question number, and sub-question letter of the RFP.
3. Proposal must clearly identify all instances where benefits do not match those requested in Section III Proposed Plan Design.
4. Proposals for Employer Paid Basic Life Insurance and Employee Paid Voluntary Life Insurance must waive the actively at work requirement. The account will provide a list of the employees not actively at work and the reason for the employees' absence at implementation.

Proposal Delivery Address

Independent Benefit Advisors, Inc.
Attention: COD Life & DI RFP
1121 Pemberton Hill Road
Phoenix, AZ 85003

RFP Contact and Questions

Questions about the RFP must be submitted by email to Aneta Dent at Independent Benefit Advisors: aneta@thebenefitadvisors.com.

Confidentiality

This RFP is considered confidential information. This request should not be shared, in any way, with any party who is not directly involved in the underwriting, sales or service process. If it is determined

that a breach of confidentiality has occurred, the bidder responsible will automatically be eliminated from the bidding.

Effective Date

The effective date of the contract will be July 1, 2021.

Rate Guarantee

A 3-year rate guarantee is recommended for all proposals.

Master Contract

The final master contract shall be provided to ABH, Inc. no later than 30 days following the effective date of the contract.

Plan Changes and Amendments

If changes in the plan of benefits or servicing requirements are needed, such changes will be made in writing and deemed as an amendment to the contract.

Client Responsibilities

During the course of the contract, ABH, Inc. will be responsible for the duties listed below:

1. Self-billing of premiums.
2. Maintenance of digital beneficiary information in online employee benefits enrollment system.

Right to Audit

ABH, Inc. reserves the right to audit the claim records and other financial records of the administrator, as they pertain to the employee benefit program, wherever it is deemed appropriate. Such audits may be performed by ABH, Inc. personnel or by outside auditors selected by ABH, Inc. at no extra charge. ABH, Inc. agrees to give the administrator at least 30 days notice of its intent to perform an audit.

Hold Harmless Provision

The administrator/carrier/vendor shall indemnify, hold harmless, and save ABH, Inc. harmless from any liability of any nature of kind, including costs, expenses, and attorney's fees, for harm suffered by an entity or person as a result of the negligent, reckless, or willful acts or commissions by the administrator/carrier/vendor, its officers, agents or employees.

Conflict of Interest

Each proposal shall include a statement indicating whether or not the firm or any individuals working on the contract has a possible conflict of interest (e.g., employed by the ABH, Inc.) and, if so, the nature of that conflict. The Durham City Council reserves the right to cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program to be developed by the responder. The City Council's determination regarding any questions of conflict of interest shall be final.

Required Licenses

All organizations doing business with the ABH, Inc. are required to comply with all state, local, and federal licensing requirements. Firms selected through the RFP process will be required to demonstrate compliance with licensing requirements.

E-Verify Requirements

(A) If this contract is awarded pursuant to North Carolina General Statutes (NCGS) 143-129 – (i) the contractor represents and covenants that the contractor and its subcontractors comply with the requirements of Article 2 of Chapter 64 of the NCGS; (ii) the words "contractor," "contractor's

subcontractors," and "comply" as used in this subsection (A) shall have the meanings intended by NCGS 143-129(j); and (iii) the City is relying on this subsection (A) in entering into this contract. (B) If this contract is subject to NCGS 143-133.3, the contractor and its subcontractors shall comply with the requirements of Article 2 of Chapter 64 of the NCGS.

Iran Divestment Act Certification

The Contractor certifies that, if it submitted a successful bid for this contract, then as of the date it submitted the bid, the Contractor was not identified on the Iran List. If it did not submit a bid for this contract, the Contractor certifies that as of the date that this contract is entered into, the Contractor is not identified on the Iran List. It is a material breach of contract for the Contractor to be identified on the Iran List during the term of this contract or to utilize on this contract any subcontractor that is identified on the Iran List. In this Iran Divestment Act Certification section -- "Contractor" means the person entering into this contract with the ABH, Inc.; and "Iran List" means the Final Divestment List – Iran, the Parent and Subsidiary Guidance– Iran list, and all other lists issued from time to time

II. Eligibility & Census

Eligibility

1. Employer Paid Basic Life and AD&D
 - a. All full-time and part-time benefits eligible employees working a minimum of 30 hours per week
 - b. Elected officials
 - c. Disability retirees for only the first year of disability
2. Employee Paid Voluntary Life
 - a. All full-time employees working a minimum of 30 hours per week, their spouses, and their children
 - b. Elected officials, their spouses, and their children up to age 26
 - c. Same-sex or opposite-sex certified dependents (documented domestic partners) and their children up to age 26
3. Employee Paid Voluntary Long-Term Disability
All full-time employees working a minimum of 30 hours per week
4. Employee Paid Group Voluntary Short-Term Disability
All full-time employees working a minimum of 30 hours per week

Census

Digital copy attached.

III. Benefit Plan Design

Current Plan Design

1. Employer Paid Basic Life and AD&D
 - 1 X Annual Earnings to a Maximum of \$250,000
 - For salaries that are not even thousand dollar amounts, salary is rounded up to the next thousand dollars.
 - The City updates salary only once per year with the understanding that some salaries may be out of date for employee promotions occurring before the next annual salary update. In the event of a claim, the insurer will pay benefits based on the actual salary, not the out of date salary.
2. Employee Paid Voluntary Life and AD&D
 - a. Employee Voluntary Life and AD&D
 - \$10,000 increments up to a maximum of \$500,000 with \$200,000 Guaranteed Issue
 - The amount of voluntary life and voluntary AD&D are equal. Employees cannot elect different amounts of voluntary life and voluntary AD&D.
 - b. Spouse Voluntary Life Only (No AD&D)
 - \$10,000 increments to a maximum of \$500,000 with \$50,000 Guaranteed Issue
 - Spouse coverage amount may not exceed employee coverage amount.
 - c. Child(ren) Voluntary Life (No AD&D)
 - \$2,500 increments to a maximum of \$10,000 with \$10,000 Guaranteed Issue
 - Employee must have at least \$10,000 employee coverage to be eligible for child(ren) coverage
 - Package rate for all eligible children
 - d. Grandfathered Dependent Life Package (No AD&D)
 - \$5,000 benefit package for spouse and child(ren) is not available for new enrollment. The only change allowed is termination of the benefit.
 - e. Qualifying Events
 - Within 30 Days of Qualifying Events (Marriage, Birth, Adoption, and Loss of Other Employer Group Coverage), Employee, Spouse, and Child(ren) Voluntary Life and AD&D can be added or increased up to Guaranteed Issue without Evidence of Insurability.
 - f. Open Enrollment
 - Employees and spouses currently enrolled in voluntary life insurance amounts less than guarantee issue may increase ("Bump Up") the coverage amount by \$10,000 without Evidence of Insurability. Coverage amounts applied for in excess of the \$10,000 Bump-Up amount require Evidence of Insurability.
 - Employees and spouses not currently enrolled in voluntary life insurance may apply for new coverage. The entire amount of newly applied for coverage requires Evidence of Insurability.
 - Employees can add or increase child(ren) voluntary life coverage at open enrollment. Evidence of Insurability is never required for new enrollment or increases to child coverage.
 - g. Basic and Voluntary Life Age Reduction
 - Age 70: 35% Reduction from Original Election
 - Age 75: 50% Reduction from Original Election
 - Any change in benefit amount and resulting change in premium from age reduction is calculated as of July 1st after or coinciding with the birthday.
3. Employee Paid Group Voluntary Long-Term Disability
 - Monthly Benefit of 60% of Monthly Earnings to a Maximum of \$6,000 Benefit
 - 90-day elimination period
 - Employee chooses benefit duration option:

Option 1: Benefit to Age 65

Option 2: Two-Year Benefit Period

- An employee may enroll when first eligible, at a qualifying event, or at open enrollment without EOI. An employee may increase coverage at a qualifying event or at open enrollment without EOI. In summary, EOI is never required.
- Waiting Period: For conditions present 3 months prior to the effective date of coverage, no benefits will be payable for 12 months after the effective date of coverage.

4. Employee Paid Group Voluntary Short-Term Disability

- Employee Chooses Weekly Benefit in Increments of \$100 to a Maximum of the Lesser of 60% of Weekly Earnings or \$2,500
- Employee Chooses Elimination Period Option:
Option 1: 14-Day Elimination Period
Option 2: 30-Day Elimination Period
- An employee may enroll when first eligible, at a qualifying event, or at open enrollment without EOI. An employee may increase coverage at a qualifying event or at open enrollment without EOI. In summary, EOI is never required.
- Waiting Period: For conditions present 3 months prior to the effective date of coverage, no benefits will be payable for 12 months after the effective date of coverage.

5. Current insurance carrier is Unum

6. Plan year is July 1st through June 30th

Proposed Plan Design

1. Match or exceed current benefits. Identify all instances where proposed benefits exceed current benefits.
2. Plan year is July 1st through June 30th.

Note: ABH, Inc. Internal Self-Funded Paid Temporary Disability Leave (PTD)

The ABH, Inc. offers employees that are classified as regular full-time and temporary with benefits the use of Paid Temporary Disability leave. It is designed for certain specified temporary disabilities of off-the-job injury/illness and non-compensable on-the-job/illness. Qualified employees will be paid their gross base salary for up to six calendar weeks from the date of disability without charges to the employee's accumulated leave. Disabilities covered are:

- Childbirth (starting from the first workday the doctor indicates the employee should not work);
- Paralysis (temporary/less than one year);
- Surgery which requires at least a 2-week recuperation period; and
- Diagnosed terminal illness (cancer, AIDS, etc.).

Employees are advised to review this policy for usage and coverage stipulations. Medical certification should be submitted with the request to the Human Resources Department. Use of PTD is counted against the FMLA entitlement.

IV. Questionnaire

A. General Information

- A-1 What is your current rating by A.M. Best, Standard & Poor's, and Weiss?
- A-2 Provide a copy of your most recent financial statement or annual report reflecting financial performance.
- A-3 What customer service office will be responsible for this account? Provide the days and hours of operation.
- A-4 Provide the primary day-to-day account manager name and location. Provide the name and location of the backup team that provides back up support in the account manager's absence.
- A-5 Some employees may not be actively at work on July 1, 2021. Do you have an "Actively at Work" requirement for those employees who are not out on disability? If so, then can you waive this requirement?
- A-6 Confirm that you will accept the company's self-administered billing for all coverages.
- A-7 Confirm that you will accept rollover enrollment of all currently enrolled benefits, including any previously approved EOI in excess of guaranteed issue, for the July 1, 2021 effective date.
- A-8 Will you offer a true open enrollment effective July 1, 2021 for all non-grandfathered employee paid coverages up to guaranteed issue and regardless of current enrollment?
- A-9 Do you have an online EOI process for voluntary life and AD&D, STD, and LTD that employees self-complete? Please describe the process and how an employee uses it.
- A-10 Briefly indicate the main attributes that differentiate your company from your competitors.
- A-11 Provide a reference list of three accounts including name, address, phone number, and email address of the contact person from the account.
- A-12 Complete the attached Proposal Summary Excel spreadsheet.

B. Life Insurance

- B-1 What kinds of employee communication materials will you provide? Can these materials be customized? Provide samples of these materials. Provide a sample certificate and claim form.
- B-2 Provide a sample group contract.
- B-3 What is the maximum issue amount for this account?
- B-4 What is your maximum guarantee issue amount for the following:
- a. Employee basic life and AD&D
 - b. Supplemental life and AD&D for employee, spouse, and dependent children

- B-5 Identify which of your coverages are portable. Provide your portability rates. Identify eligibility requirements for portability.
- B-6 Does your plan include a waiver of premium? If so, provide details.
- B-7 For how many years are your rates guaranteed?

C. SHORT TERM DISABILITY INSURANCE (STD)

- C-1 Provide a flow chart and explanation of your adjudication process.
- C-2 Where are the STD claims processed?
- C-3 What is your turnaround time on claims?
- C-4 Provide a sample copy of your group contract, benefit book/certificate, and claim form.
- C-5 Describe your minimum participation requirements for a contributory plan.
- C-6 Describe your preexisting condition clause(s) for current enrolled employees, for new hires, and for late enrollees.
- C-7 Is there a waiver of premium?
- C-8 Describe your medical management procedure once an employee goes out on disability.
- C-9 For how many years are your rates guaranteed?
- C-10 The account would prefer composite rates without age bands for all eligible employees. If possible, provide composite rates.
- C-11 Describe how you calculate renewals. Do you calculate renewals on group specific experience or on pools?

D. LONG TERM DISABILITY INSURANCE (LTD)

- D-1 Provide a flow chart and explanation of your adjudication process.
- D-2 Where are the LTD claims processed?
- D-3 What is your turnaround time on claims?
- D-4 Provide a sample copy of your group contract, benefit book/certificate, and claim form.
- D-5 Describe your minimum participation requirements for a contributory plan.
- D-6 Describe your preexisting condition clause(s) for current enrolled employees, for new hires, and for late enrollees.
- D-7 Is there a waiver of premium?

- D-8 Describe your medical management procedure once an employee goes out on disability.
- D-9 For how many years are your rates guaranteed?
- D-10 Describe your definition of disability:
a. Employee's Own Occupation
b. Any Occupation
- D-11 Describe how you calculate renewals. Do you calculate renewals on group specific experience or pools?
- D-12 Describe the coordination/offset with other sources of income:
a. Sick Leave
b. Workers Compensation
c. Other Sources of Income

E. Implementation

- E-1 Indicate your ability to provide benefit summaries and other promotional materials for the July 1, 2021 effective date.
- E-2 Assuming Open Enrollment is April 1st through April 14th, provide an implementation plan outlining tasks necessary, the timetable for the July 1, 2021 effective date, and the parties responsible.

F. Workforce Diversity

- F-1 Do the management and professional positions within your company include women and minorities? If yes, please provide number of women and the number of minorities.
Women _____
Minorities _____
- F-2 Do you believe your company, including all employees, has a diverse workforce? If you do not believe your company has a diverse workforce, what are the reasons it may not be diverse?
- F-3 Please list the efforts your company makes to promote and embrace diversity in its workforce culture.
- F-4 Do you focus any recruitment efforts to the local Durham area? If, yes, please provide examples.
- F-5 Do you utilize LinkedIn groups and/or other professional groups that focus on women and/or minorities? If yes, please provide examples.
- F-6 Do you regularly recruit from Historically Black Colleges and Universities (HBCUs) and other minority-focused colleges and universities? If, yes, please provide names of the schools.
- F-7 Do you attend minority-focused career fairs? If yes, please provide names of the career fairs and the history of attendance.
- F-8 Do you participate in youth internship programs? If yes, please provide names of the programs and descriptions.

F-9 What other efforts does your company make to create a more diverse workforce that may not be listed previously in this RFP section?

EQUAL BUSINESS OPPORTUNITY PROGRAM

It is the policy of the City to provide equal opportunities for City contracting for persons who own underutilized businesses doing business in the City's Contracting Marketplace. It is further the policy of the City to prohibit discrimination against any firm in pursuit of these opportunities, to conduct its contracting activities so as to prevent such discrimination, to correct present effects of past discrimination and to resolve complaints of discrimination. This policy applies to all professional services categories.

The goals are 0% M/UBE and 0% W/UBE. In accordance with the Ordinance, all proposers are required to provide information requested in the Professional Services Forms package included with this request. The UBE Participation Documentation and the Employee Breakdown documents are required of all proposers. In lieu of the Employee Breakdown, contractors may submit a copy of the current EEO-1 form (corporate basis). If your firm chooses to include minority/women business participation, the Letter of Intent to Perform as a Sub-consultant document is also required with the proposal. **Proposals that do not contain the appropriate, completed Professional Services Forms may be deemed non-responsive and ineligible for consideration.** The Request to Change UBE Participation and "UBE Goals Not Met/Documentation of Good Faith Efforts" forms are not applicable at this time.

The Equity & Inclusion Department is responsible for the Equal Business Opportunity Program. All questions about Professional Services Forms should be referred to Deborah Giles or other department staff at (919) 560- 4180.



EQUITY & INCLUSION

CITY OF DURHAM

EQUAL BUSINESS OPPORTUNITY PROGRAM

PROFESSIONAL SERVICES FORMS

Updated 06/19



Policy Statement

It is the policy of the City to provide equal opportunities for City contracting to underutilized businesses owned by minorities and women doing business in the City's Contracting Marketplace. It is further the policy of the City to prohibit discrimination against any firm in pursuit of these opportunities, to conduct its contracting activities so as to prevent such discrimination, to correct the present effects of past discrimination and to resolve complaints of discrimination.

Goals

To increase the dollar value of all City contracts for goods and services awarded to minority and women business enterprises, it is a desire of the City that the contractor will voluntarily undertake efforts to increase the participation of minority and women individuals at higher skill and responsibility levels within non-minority firms engaged in contracting and subcontracting with the City.

The Equity & Inclusion Director shall determine participation goals based upon the availability of minority and women business enterprises (MWBES) within the defined scope of contracting, and the goals established for the contracting category.

Equal Business Opportunity Program UBE Participation Documentation

If applicable information is not submitted with your proposal, your proposal may be deemed non-responsive.

UBE Participation Documentation must be used to document participation of an underutilized business enterprise (UBE) on Professional Services projects. All UBEs must be certified by the State of North Carolina as a historically underutilized business, the North Carolina Department of Transportation as a minority-owned or women-owned business or the U.S. Small Business Administration's 8(a) Business Development Program prior to the submission date. If a business listed has not been certified, the amount of participation will be reduced from the total utilization.

Employee Breakdown must be completed and submitted for the location providing the service/commodity. If the parent company will be involved in providing the service/commodity on the City contract, a consolidated employment breakdown must be submitted.

Letter of Intent to Perform as a Sub-consultant/Subcontractor must be completed for UBEs proposed to perform on a contract. This form must be submitted with the proposal.

Post Proposal Submission UBE Deviation

Post proposal submission UBE deviation participation documentation must be used to report any deviation from UBE participation either prior to or subsequent to startup of the project. The Equity & Inclusion Department must be notified if the proposed sub-consultant/subcontractor is unable to perform and for what reasons. Substitutions of sub-consultants/subcontractor, both prior to and after awarding of a contract, are subject to City approval.

UBE Goals Not Met/Documentation of Good Faith Efforts

It is the responsibility of consultants/contractors to make good faith efforts. Good Faith Efforts means the sum total of efforts by a particular business to provide equitable participation of minority-owned and women-owned individuals or businesses as sub-consultants/subcontractors.

Whenever contract alternatives, amendments or extra work orders are made individually or in the aggregate, which increase the total value of the original contract, the consultant must make a good faith effort to increase UBE participation such that the amounts subcontracted are consistent with the established goals.

SELECTION OF CONSULTANTS/CONTRACTORS FOR ARCHITECTURAL/ENGINEERING AND OTHER PROFESSIONAL SERVICES

Goal

The purpose is to provide underutilized business enterprises owned by minorities and women with equal opportunities for participation on ABH, Inc. contracts.

Definition of the Scope of the Selection Policy

The Equity & Inclusion Director shall determine UBE participation goals for each contracting category to be awarded by the City. Goals for each project or contract will be based upon the availability of underutilized business enterprises(UBE's) within the defined scope of work, delineated into percentages of the total value of the work.

The ABH, Inc. will consider a formal certification of the State of North Carolina's Historically Underutilized Businesses (HUB) Office, North Carolina Department of Transportation (N.C. DOT) minority and women businesses and the United States Small Business Administration (U.S. SBA) 8(a) Development Program as meeting the requirements of the Equal Business Opportunity Program, provided there is evidence that the firm is currently certified by one of the stated entities.

Underutilized Business Proposal Requirements

The prime consultant/contractor shall submit a proposal in accordance with the City of Durham's request for Proposal. In addition, the prime consultant/contractor must submit all required Professional Services Forms.

Selection Committee for Professional Services

A selection committee shall be established and may be composed of the following: City Manager or a designated representative of this office; Director of Finance or a designated representative of this office; department head responsible for the project; City Engineer if engineering services are involved; the Equity & Inclusion Director or designee and Purchasing Manager or designee. Other representatives shall be called upon as needed based on their areas of expertise.

The committee shall screen the proposals based on the following criteria:

1. Firms; interest in the project;
2. Current work in progress by firm;
3. Past experience with similar projects;
4. General proposal for carrying out the required work;
5. Designation of key personnel who will handle the project, with resume for each;
6. Proposed associate consultants/contractors, UBE subconsultants;
7. Indication of capability for handling project;
8. Familiarity with the project;
9. Fees that have been charged for recent comparable projects;
10. References;
11. UBE Participation; and
12. Documentation of Good Faith efforts should UBE participation requirements not be met.

After ranking the firms presenting proposals based on the above criteria, interviews will be conducted by the selection committee with the top ranked firms (3-5). The contracting department will make the final recommendation, prepare contracts for review by the City Attorney, and prepare the recommendation for the City Council including the following:

1. Description and scope of the project;
2. Recommended firm;
3. Contract cost;
4. Time limits;
5. Basis for selection;
6. Source for funding;
7. Equal Business Opportunity Ordinance compliance; and
8. Recommendation that the contract be approved by the City Council.

Contract Award

A provision must be written in each contract with an architect or engineer requiring them to work with Equity & Inclusion Department in creating and identifying separate work.

Project Evaluation

An evaluation shall be made of each contract after its completion to be used in consideration of future professional services contracts. The evaluation shall cover appropriate items from the check list for ranking applicants. A copy of the evaluation shall be given to the consultant, and any comment he/she cares to make shall be included in the files.

PARTICIPATION DOCUMENTATION
(TO BE COMPLETED BY PRIME CONSULTANT/CONTRACTOR ONLY)

Names of all firms Project (including prime and subconsultants/sub- contractors)	Location	UBE Firm (Yes/No)	Nature of Participation	% of Project Work
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		Yes () No ()		
		Yes () No ()		
		Yes () No ()		
		Yes () No ()		
		Yes () No ()		
		Yes () No ()		
		Yes () No ()		

TOTAL _____

Name - Authorized Officer of Prime Consultant/Contractor Firm (Print/Type)

Signature - Authorized Officer of Prime Consultant/Contractor Firm

Date

**COMPLETE THIS FORM OR ATTACH COMPUTERIZED FORM
EMPLOYEE BREAKDOWN**

(EEO-1 Report may be submitted in lieu of this form.)

Part A – Employee Statistics for the Primary Location

[illegible]

Part B – Employee Statistics for the Consolidated Company (See instructions for this form on whether this part is required.)

[illegible]

Letter of Intent to Perform as a Sub-Consultant

The undersigned intends to perform work in connection with the above project as a UBE: Minority(African American, American Indian, Asian or Hispanic) Woman

The UBE status of the undersigned is certified if identified as HUB certified by the N.C Department of Administration HUB Office, minority or women certified by the N.C. Department of Transportation and 8(a) certified by the U.S. Small Business Administration.

The undersigned is prepared to perform the following described work in connection with the above project (specify in detail particular work items or parts thereof to be performed):

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

<u>ITEMS</u>	<u>PROJECTED COMMENCEMENT DATE</u>	<u>PROJECTED COMPLETION DATE</u>

The consultant will subcontract_____ % of the dollar value of this contract to UBE sub-consultant.

The undersigned will enter into a formal agreement in the amount of \$_____ for the above work with you, conditioned upon your execution of a contract with the ABH, Inc..

Name_____ Title_____

Company_____ Telephone_____

Address_____

Signature_____

REQUEST TO CHANGE UBE PARTICIPATION

Project: _____

Name of bidder or consultant: _____

Name and title of representative of bidder or consultant: _____

Address: _____

Zip Code: _____

Telephone No: _____

Fax Number: _____

Email address: _____

Total amount of original contract, before any change orders or amendments: _____

Total amount of the contract, including all approved change orders and amendments to date, but not counting the changes proposed in this form: _____

Dollar amount of changes proposed in this form: _____

The proposed change (*check one*) ☐ **increases** ☐ **decreases** the dollar amount of the bidder's/consultant's contract with the City.

Does the proposed change decrease the UBE participation? (*check one*) ☐ **yes** ☐ **no**

If the answer is **yes**, complete the following:

BOX A. For the subcontract proposed to be changed (increased, reduced, or eliminated):

Name of sub-consultant _____

Goods and services to be provided before the proposed change: _____

Is it proposed to eliminate this subcontract? ☐ **yes** ☐ **no**

If the subcontract is to be increased or reduced, describe the nature of the change (*such as adding \$5,000 in environmental work and deleting \$7,000 in architectural*): _____

Dollar amount of this subcontract before this proposed change: _____

Dollar amount of this subcontract after this proposed change: _____

This subcontractor is (check one):

- ☐ 1. Minority-owned UBE
- ☐ 2. Women-Owned UBE
- ☐ 3. Not a UBE

BOX B. Proposed subcontracts other than the subcontract described in Box A above (continued)

Name of sub-consultant for the new work: _____

Goods and Services to be provided by this proposed subcontract: _____

Dollar amount proposed of this proposed subcontract: This sub-consultant is:

- ☐ 1. Minority-owned UBE
- ☐ 2. Women-Owned UBE
- ☐ 3. Not a UBE

Add additional sheets as necessary.

UBE GOALS NOT HAVING BEEN MET. The following information must be presented by the consultant concerning good faith efforts taken.

It is the responsibility of consultants to make good faith efforts. Any act or omission by the City shall not relieve them of this responsibility. For future efforts, it shall be comprised of such efforts which are proposed to allow equitable participation of socially and economically disadvantaged employees and sub- consultants/subcontractors. The City Manager shall apply the following criteria, with due consideration of the quality, quantity, intensity and timeliness of efforts of consultants/contractors, in determining good faith efforts to engage UBEs along with other criteria that the City Manager deems proper:

Name of Bidder: _____

If you find it helpful, feel free to attach pages to explain your answers. How many pages is your firm attaching to this questionnaire? _____

If you find it helpful, feel free to attach pages to explain your answers. How many pages is your firm attaching to this questionnaire? _____? (Don't count the 2 pages of this.)

If a yes or no answer is not appropriate, please explain the facts. All of the answers to these questions relate only to the time before your firm submitted its bid or proposal to the City. In other words, actions that your firm took after it submitted the bid or proposal to the City cannot be mentioned or used in any answers.

1. SOLICITING UBEs.

- (a) Did your firm solicit, through all reasonable and available means, the interest of all UBEs in the list provided by the City in the scope of work of the contract? ☐ **yes** ☐ **no**

In such soliciting, did your firm advertise? ☐ **yes** ☐ **no**

Are you attaching copies to this questionnaire, indicating the dates and names of newspaper or other publication for each ad if that information is not already on the ads? ☐ **yes** ☐ **no**

- (b) In such soliciting, did your firm send written (including electronic) notices or letters? Are you attaching one or more sample notices or letters? ☐ **yes** ☐ **no**

- (c) Did your firm attend the pre-bid conference? ☐ **yes** ☐ **no**

- (d) Did your firm provide interested UBEs with timely, adequate information about the plans, specifications, and requirements of the contract? ☐ **yes** ☐ **no**

- (e) Did your firm follow up with UBEs that showed interest? ☐ **yes** ☐ **no**

- (f) With reference to the UBEs that your firm notified of the type of work to be subcontracted , did your firm tell them:

i. the specific work your firm was considering for subcontracting? ☐ **yes** ☐ **no**

ii. that their interest in the contract is being solicited? ☐ **yes** ☐ **no**

iii. how to obtain and inspect the applicable plans and specifications and descriptions of items to be purchased? ☐ **yes** ☐ **no**

2. BREAKING DOWN THE WORK.

- (a) Did your firm select portions of the work to be performed by UBEs in order to increase the likelihood that the goals would be reached? ☐ **yes** ☐ **no**

- (b) If **yes**, please describe the portions selected. **ANSWER:**

3. **NEGOTIATION.** In your answers to 3, you may omit information regarding UBEs for which you are providing a Letter of Intent.

(a) What are the names, addresses, and telephone numbers of UBEs that you contacted? **ANSWER:**

(b) Describe the information that you provided to the UBEs regarding the plans and specifications for the work selected for potential subcontracting. **ANSWER:**

(c) Why could your firm not reach agreements with the UBEs that your firm made contact with? Be specific. **ANSWER:**

4. **ASSISTANCE TO UBEs ON BONDING, CREDIT, AND INSURANCE.**

(a) Did your firm or the City require any subcontractors to have bonds, lines of credit, or insurance? ☐ **yes** ☐ **no**
(Note: In most projects, the City has no such requirement for *subcontractors*.)

(b) If the answer to (a) is **yes**, did your firm make efforts to assist UBEs to obtain bonds, lines of credit, or insurance? ☐ **yes** ☐ **no** If **yes**, describe your firm's efforts. **ANSWER:**

(c) Did your firm provide alternatives to bonding or insurance for potential subcontractors? ☐ **yes** ☐ **no**
If **yes**, describe. **ANSWER:**

5. **GOODS AND SERVICES.** What efforts did your firm make to help interested UBEs to obtain goods or services relevant to the proposed subcontracting work? **ANSWER:**

6. **USING OTHER SERVICES.**

(a) Did your firm use the services of the City to help solicit UBEs for the work? ☐ **yes** ☐ **no**
Please explain. **ANSWER:**

(b) Did your firm use the services of available minority/women community organizations, minority and women contractors' groups, government-sponsored minority/women business assistance agencies, and other appropriate organizations to help solicit UBEs for the work? ☐ **yes** ☐ **no**
Please explain. **ANSWER:**