#### Submittal E

## SUBMITTAL INSTRUCTIONS AND EVALUATION REQUIREMENTS

#### **EVALUATION CRITERIA**

In accordance with the Administrative Regulation, 3.10, Competitive Sealed Proposal awards shall be made to the responsible Offeror(s) whose proposal is determined in writing to be the most advantageous to the City based upon the evaluation criteria listed below. The evaluation factors are listed in the relative order of importance.

TOTAL AVAILABLE POINTS:	1000 Maximum
Pricing	350 POINTS
Method of Approach	400 POINTS
Qualifications, Experience and References	250 POINTS

#### NOTES:

- 1) Please provide a response to all sections identified in each section below. Include completed responses to all of the required attachments and provide any additional documentation as requested by the City or additional information as deemed appropriate by the Offeror which demonstrates compliance. DO NOT password protect any files or provide links for the City to download any portions of the submittals. The City will ONLY consider the information contained within the Offeror's submission.
- 2) Excel documents must be returned both in Excel and PDF.
- 3) <u>Failure to provide the information requested may result in the Offer being deemed as non-responsive or may result in deduction of points for the relevant criteria identified above.</u>

For ease of evaluation, the City is requesting that Offerors' responses be submitted in the order indicated below and must contain the following:

### **SECTION 1 – TITLE PAGE**

The Title page should include the RFP number and title, name and address of the Offeror(s), and the date of the proposal.

## **SECTION 2 – COVER LETTER**

## Attachment 1 - Offeror Introduction Overview (PDF)

The cover letter shall provide a brief overview of the firm's history. Describe your organization, including such information as when it was organized, when it began operations, provide a description of all of the services provided by your firm and how many consecutive years the Offeror has been providing Flexible Spending Account (FSA) Administration Services as described in this Solicitation.

Provide "an overview" of the services offered in your proposal. The detailed description of the offerings shall be included in Section 5 - Method of Approach.

- 1. Provide a single main contact name, title, address, phone number, and email address for all matters related to this RFP.
- 2. Provide the contact name, title, address, phone number and email address for the primary contact who will have day-to-day responsibilities for working with the City.
- 3. Provide the address of your firm's office that will provide Services to the City of Phoenix.

## **SECTION 3 – TABLE OF CONTENTS**

The Table of Contents shall include references for all sections and sub-sections within the Offer. Please include the corresponding page numbers.

# <u>SECTION 4 – QUALIFICATIONS, EXPERIENCE AND REFERENCES</u> (Weight/Points - 250)

Provide the required documentation to demonstrate the firm's compliance to the requirements outlined in this section. Evaluation of Qualifications, Experience and References will be based on the Offeror's demonstrated qualifications and experience in successfully completing similar projects to the satisfaction of their customers. Offeror must provide a narrative for each requirement and complete the Attachments with corresponding information applicable to this section. Offeror is encouraged to provide supplemental documentation (if applicable) to their narrative responses, provided that the information supplements clearly and concisely the response to the specific requirement.

# In addition to these requirements, please complete the Attachment 14 - RFP Questionnaire.

#### **Minimum Qualifications**

Demonstrate how Offeror complies with all of the requirements as listed in RFP Section I, paragraph 1.3 Minimum Qualifications. Provide a narrative and/or supporting documentation to demonstrate compliance of all items. <u>Failure to demonstrate</u> compliance to these items will disqualify your proposal from further evaluation.

- 2.1 Have been in operation for a minimum of five (5) consecutive years' providing Flexible Spending Account Administration Services as set forth in the Scope of Work.
- 2.2 Have a minimum of five (5) consecutive years' experience providing all of the Services as listed in this Solicitation for private and public entities comparable in size to the City of Phoenix.
- 2.3 The Offeror must be lawfully authorized to conduct business in Arizona or must

have no impediments to conducting business in Arizona.

2.4 Submit a letter from a licensed bonding or insurance agency stating that the Offeror can qualify for and procure the performance bond and/or payment surety required in Section I, Paragraph 1.24 Statement of Bonding Ability.

## Attachment 16 - Performance Bonding Letter (PDF)

2.5 Provide a statement confirming your firm agrees to execute the Business Associate Agreement (BAA) (Exhibit C).

## **Attachment 18 – Business Associate Agreement Statement (PDF)**

## Firm Experience & Qualifications Narrative

- Describe your firm's experience providing Flexible Spending Account Administration Services, including health care and dependent care as a benefit offered to employees comparable to the City of Phoenix.
- 2. Describe your firm's overall your experience providing Flexible Spending Account Administration Services to other clients of similar scope and comparable to the City of Phoenix. Indicate the number of employees for each client referenced. Government agencies are preferred but not required.
- 3. Describe your firm's resources available for this project.
- 4. Demonstrate Offeror's capabilities, experience and expertise on how you propose to manage the Flexible Spending Account Administration Services for the City in accordance with the scope of work requirements.
  - Provide a list of subcontractors which will be used to provide the Services outlined in the solicitation. Describe the Services which they will be providing.
- 5. Demonstrate that your firm is HIPAA certified and that protected health information is handled appropriately.

#### References

The References information shall be included in RFP Attachment D – Submittals – Years in Business and References Form. The City reserves the right to contact these references and discuss the client's level of satisfaction with the Offeror and its solution(s).

## Personnel Experience & Qualifications Narrative

## <u>Attachment 2 – Key Personnel Resumes (PDF)</u>

Provide up to a one-page resume for each proposed key personnel (includes all positions identified in the Organizational chart) which will be providing Services covered in the scope of this Solicitation.

Resumes shall reflect relevant experience and qualifications for the Services as outlined in this Solicitation. For each Key Personnel identified, provide the following:

- a) Name
- b) Length of employment with the company
- c) Proposed percentage of overall time to be dedicated to the resulting agreement
- d) Brief summary of each individual's:
  - a. Professional Experience
  - b. Relevant Experience (with similar roles to the proposed key position)
- e) Education (training and education including institution, degree, major)
- f) Certifications (certifications relevant to the proposed key position, including type of certification)

## Attachment 3 - Organizational Chart(s) (PDF)

Provide an Organizational chart of the team(s) who will be working on the City's account. Please identify key personnel by name, title, location and contract role(s). For each proposed team member, include proposed staffing for the City (role, % dedication or number of FTEs, and start and end date) that you believe will be necessary to support each project team's work.

- a) <u>Implementation Team</u>: Outline the proposed Implementation Team Members responsible for the implementation of this project and ongoing program improvements/changes going forward during this project phase. Include proposed staffing for the City (role, dedication, or number of FTEs, start and end dates for each member and % dedication.
- b) Account Management Team: Outline the proposed Account Management Team responsible to provide for the smooth daily operation of the Benefit Plans, as well as problem resolution and addressing elevated member and client issues. Identify team members and roles. Include proposed start and end dates for each member and % dedication.
- c) <u>Customer Service Team(s)</u>: Outline the proposed Customer Service Unit(s) Team(s). Proposed team(s) will answer plan participant inquiries regarding Benefit Plan Design and issues. Identify team members and roles. Include proposed start and end dates for each member and % dedication.

# <u>Attachment 16 – Performance Bonding Letter (PDF)</u>

Submit the Performance Bond Surety Letter in accordance to Section I, paragraph 24. Statement of Bonding Ability.

#### References

The References information shall be included in RFP Section III – Submittals. The City reserves the right to contact these references and discuss the client's level of satisfaction with the Offeror and it's services.

# <u>SECTION 5 – METHOD OF APPROACH</u> (Weight/Points-400)

Evaluation of Method of Approach will be based on the Offeror's demonstrated ability to meet the City's project requirements, project implementation and the project schedule which demonstrates the ability to begin work quickly and ensure all Services will begin by January 1, 2026.

## 5.1 Narrative of City's project requirements and Offerings:

- 5.1.1 Provide a detailed narrative response to describe your ability to comply with the City's requirements identified in Exhibit A Scope of Work and provide a detailed description which demonstrates your understanding of the requirements and describe the offered services.
- 5.1.2 Provide a detailed narrative response to describe your approach to guidance on complex compliance issues and keeping up to date with all applicable rules and regulations.
- 5.1.3 Provide a detailed narrative response to describe your approach to debit card charges substantiation.
- 5.1.4 Project Schedule/Timeline

Provide a detailed project schedule with includes at a minimum: major milestones and timeline for each milestone, deliverables, project implementation, reporting, data migration (if applicable), and final acceptance.

Note: The project schedule will be finalized following contract award. The City reserves the right to adjust as deemed appropriate for a successful implementation.

#### Attachment 4 – Financial Ratings (See RFP Questionnaire 1.15) (PDF)

## Attachment 5 - Report Structure Sample (See RFP Questionnaire 3.7) (PDF)

### Attachment 6 – Implementation Plan (See RFP Questionnaire 10.1) (PDF)

Provide a detailed description of the Project Implementation Plan to include a pre and post Implementation Plan. Describe all critical milestones and any and all proposed training plan. Clearly describe how you will ensure Services will begin timely for Plan Year effective January 1, 2026.

## <u>Attachment 7 – Sample Participant Portal Login (See RFP Questionnaire 4.8) (PDF)</u>

# <u>Attachment 8 – Customer Service, Web Portal, Mobil Ap Statistics (See RFP Questionnaire 4.12) (PDF)</u>

Attachment 9 – Sample FSA Card(s) (See RFP Questionnaire 8.15) (PDF)

Attachment 10 - Sample Communication Materials 8.16 (See RFP Questionnaire) (PDF)

Attachment 11 - Sample Reporting Package - Standard (See RFP Questionnaire 11.3) (PDF)

# <u>Attachment 12 – Sample Reporting Package - Routine (See RFP Questionnaire 11.3) (PDF)</u>

## SECTION 6 - CITY FORMS (Submittals RFP Section III)

Provide the completed City issued Submittal forms. All forms must be completed in it's entirety and returned with the Offer.

### SECTION 7 - ADDENDA (PDF)

Provide the signed Addenda with the Offeror. The Offeror must acknowledge receipt of any/all addenda by signing and returning with the offer. Failure to return signed Addenda may deem your Offer as non-responsive. See RFP Section 1.10.

## SECTION 8 – PRICING (Submit in Excel and PDF)

#### Attachment 15 – Financial Worksheet (Fee Schedule)

(Submit in Excel & PDF)

Provide the completed worksheet (Fees, Performance Guarantees and Credits/ Allowances).

- a. Use instructions within the spreadsheet for additional information.
- b. Complete the worksheet entirely.

#### **SECTION 9 – RFP QUESTIONNAIRE (Excel and PDF)**

### Attachment 14 – RFP Questionnaire (Submit in Excel and PDF)

#### SECTION 10 – EXCEPTIONS (Excel & PDF)

This section only applies if the Offeror takes Exceptions. Refer to RFP Section 1.8 Exceptions.

Note: For the City's consideration of Exception(s), the preferred method is an Excel spreadsheet with the following columns:

- 1) RFP Section, Provision number and Title and page number
- 2) Copy of City's provision
- 3) City's provision with proposed redlines/changes, and
- 4) An explanation/justification for requested change(s).

### **SECTION 11 – CONFIDENTIAL ATTACHMENTS**

This section only applies if the Offeror identifies some of the Offeror's information as Confidential and/or Proprietary. All documents which the Offeror identifies as Confidential and/or Proprietary should be included in this section.



## **OFFER**

(please complete, sign, and return with the submittal)

<u> </u>	d hereby offers and agrees to furnish the material conditions, specifications, and addenda issued as
Arizona Sales Tax No.  Use Tax No. for Out-of-State Suppliers  City of Phoenix Sales Tax No.  Arizona Corporation Commission File No.	
Taxpayer's Federal Identification No.: If recommorprovide its federal taxpayer identification number the City of Phoenix for the purposes of reporting by the City of Phoenix under the awarded control number, the City will only share this number wit submission is mandatory under 26 U.S.C. § 604	er or as applicable its social security number to g to appropriate taxing authorities, monies paid act. If the Offeror provides its social security h appropriate state and federal officials. This
Enter City's Registration System ID Number Located at City's eProcurement website (see S – INSTRUCTIONS - CITY'S REGISTRATION)	SECTION 2
Offeror has read, understands, and will fully and attachments and any referenced documents. Of independently developed without consultation with the consultation	fferor certifies that the prices offered were
Authorized Signature	Date
Print Name and Title (President, Manager, Member)	Offeror Legal Name and Company Type (LLC, Inc., Sole Proprietor)
Street Address: City, State, Zip Code: Telephone Number: Email Address:	



## **CONFLICT OF INTEREST AND TRANSPARENCY FORM**

(please complete, sign, and return with the submittal)

This form must be signed and submitted to the City and all questions must be answered (or N/A) or your Offer may be considered non-responsive.						
1.	Name of person submitting this disclosure form.					
Fir		MI	Last			Suffix
2.	Contract Information					
So	licitation # or Name:					
3.	Name of individual(s) or entity(ie	s) seeking	a contract	with the Cit	ty (i.e. partie	es to the Contract)
4.	List any individuals(s) or entity(is or subsidiaries of the individual of executive committee members a	or entity list	ted in Ques	stion 3. Plea	ase include a	all Board members,
5.	List any individuals or entities that	at will be s	ubcontract	ors on this c	contract or in	ndicate N/A.
	□ Subcontractors may be retai □ List of subcontracts, includin					
6.	List any attorney, lobbyist, or cor to assist in the proposal or seeki					



### **Disclosure of Conflict of Interest:**

### A. City Code Section 43-34

Are you aware of any fact(s) with regard to this solicitation or resulting contract that would raise a "conflict of interest" issue under City Code Section 43-34?

"An elected City official or a City employee shall not represent any person or business for compensation before the City regarding any part of a procurement, including any resulting contract, if during the time the elected official is or was in office or the employee is or was employed by the City such elected official or employee played a material or significant role in the development of the solicitation, any other part of the procurement, or the contract award."

ram not aware of any conflict(s) of interest under City Code Section 43-34.			
☐ I am aware of the following potential or actual conflict(s) of interest:			

## B. ARS Sections 38-501 et. Seq. & City Charter Chapter 11

State law and the Phoenix City Charter and Code prohibit public officers or employees, their close relatives, and any businesses they, or their relatives, own from (1) representing before the City any person or business for compensation, (2) doing business with the City by any means other than through a formal procurement, and (3) doing business with the City without disclosing that the person has an interest in the contract. This prohibition extends to subcontracts on City contracts and also applies to parent, subsidiary, or partner businesses owned by a public officer or employee. See A.R.S. Sections 38-501 through 38-511, for more information (City Charter, Chapter 11, applies the state conflict-of-interest law to City employees).

Please note that any contract in place at the time a person becomes a public officer or employee may remain in effect. But the contract may not be amended, extended, modified, or changed in any manner during the officer's or employee's city service without following city administrative regulations.

Are you aware of any fact(s) with regard to this contract that would raise a "conflict of S

nterest" issue under A.R.S. Sections 38-501 through 38-511 (See Arizona Revised	
Statutes regarding conflict of interest at <u>www.azleg.gov</u> ).	
□ I am not aware of any conflict(s) of interest under Arizona Revised Statutes Section	ıS
38-501 through 38-511.	
☐ I am aware of the following conflict(s) of interest:	



8.	Ac	knowledgements
Α.	Soli	citation Transparency Policy – No Contact with City Officials or Staff During Evaluation
		I understand that a person or entity who seeks or applies for a city contract, or any other person acting on behalf of that person or entity, is prohibited from contacting city officials and employees regarding the contract after a solicitation has been posted.
		This "no-contact" provision only concludes when the contract is awarded at a City Council meeting. If contact is required with City official or employees, the contact will take place in accordance with procedures by the City. Violation of this prohibited contacts provision, set out in City Code Sections 2-190.4 and 43-36, by respondents, or their agents, will lead to <b>disqualification.</b>
В. <b>F</b>	rau	d Prevention and Reporting Policy
		I acknowledge that the City has a fraud prevention and reporting policy and takes fraud seriously. I will report fraud, suspicion of fraud, or any other inappropriate action to: telephone no. 602-261-8999 or 602-534-5500 (TDD); or <a href="mailto:aud.integrity.line@phoenix.gov">aud.integrity.line@phoenix.gov</a> .
wa rep	y fo	urpose of the fraud policy is to maintain the City's high ethical standards. The policy includes a r our business partners to report wrongdoing or bad behavior. Suspected fraud should be ed immediately to the Phoenix Integrity Line. The City has adopted a zero-tolerance policy ing fraud.
		OATH
kn Sh pa ne	owle ould rticu	that the statements contained in this form, including any attachments, to the best of my edge and belief are true, correct, and complete. If any of the answers to the above questions change during the course of the contract, alarly as it relates to any changes in ownership, applicant agrees to update this form with the formation within 30 days of such changes. Failure to do so may be deemed a breach of ct.
PR	INT	NAME TITLE
SI	GNA	ATURE DATE
00	V 4 C	ANY (CORPORATION, LLC, ETC.) NAME and DBA
S	ハハト	ANT ICONFONATION, LEG. ETG.) NAIVIE AND UDA



## **COSTS AND PAYMENTS**

(please complete and return with the submittal)

PAYMENT TERMS & OPTIONS: Vendors must choose an option, if a box is not checked, the City will default to 0% - net 45 days:
Contractor offers a prompt payment discount of either% - 30 days or 0% – 45 days - to apply after receipt of invoice or final acceptance of the products (invoice approval), whichever date is later, starts the 30 days. If no prompt payment discount is offered, the default is 0%, net 45 days; effective after receipt of invoice or final acceptance of the products, whichever is later. Payment terms offering a discount will not be considered in the price evaluation of your offer.
Contractor may be paid immediately upon invoice approval, if enrollment is made to the Single Use Account (SUA) Program, administered by the City's servicing bank ("Bank"). By checking this box, the vendor accepts transaction costs charged by their merchant bank and agrees not to transfer to the City those extra charges. The City will not pay an increase in our services for the SUA charges; if an audit uncovers an upcharge for the SUA charges the vendo will owe the City all costs. The vendor may opt-out of the SUA program once, but then may not rejoin during the same contract term. For more information about the SUA program or to enroll, send email to mailbox.sua@phoenix.gov.



### YEARS IN BUSINESS AND REFERENCES

(please complete and return with the submittal)

Offeror shall furnish the names and contact information for three clients for whom the Offeror is **furnishing** or has furnished Services similar to those described in this RFP, within the last seven years. Government references for similar services and similar size to the City of Phoenix are preferred, but not required. <u>Do not list City of Phoenix employees or officials as references.</u>

Name of Company:			
Name of Contact / Title:			
Email Address:			
Phone Number:			
PROJECT DETAILS:	Draiget title contract number project dates (start		ond\
PROJECT DETAILS:	Project title, contract number, project dates (start	and	ena),
	organization size and description of services provided.		
Name of Company:			
Name of Contact / Title:			
Email Address:			
Phone Number:			
PROJECT DETAILS:	Project title, contract number, project dates (start	and	end).
	organization size and description of services provided.		//
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Name of Company:			
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PROJECT DETAILS:	Project title, contract number, project dates (start	and	ena),
	organization size and description of services provided.		

(additional copies of this page can be made as needed)