



Family Partnerships of Central Florida

BREVARD | ORANGE | OSCEOLA | SEMINOLE

**REQUEST FOR PROPOSAL
for
Employee Compensation and Benefit Services**

Closing Date: February 20, 2026/Time: 10:00 a.m.

This Application outlines the process for selecting a Provider for the provision of Employee Compensation and Benefit services in Brevard, Orange, Osceola and Seminole Counties, Florida, using the funds that are allocated by the State of Florida Department of Children and Families and administered by Community Based Care of Brevard dba Family Partnerships of Central Florida.

Family Partnerships of Central Florida

REQUEST FOR PROPOSAL

Table of Contents

| | |
|--|----|
| PART I – INTRODUCTION..... | 3 |
| PURPOSE | 3 |
| FAMILY OF AGENCIES ORGANIZATION AND STRUCTURE..... | 3 |
| PART II - APPLICATION REQUIREMENTS | 5 |
| PROCUREMENT OF SERVICES | 5 |
| PROPOSAL APPLICATION DEADLINE | 5 |
| AWARDS..... | 5 |
| OFFICIAL CONTACT PERSON | 6 |
| NOTICES | 6 |
| LIMITATIONS ON CONTACTING THE FPOCF FAMILY OF AGENCIES..... | 6 |
| INQUIRIES..... | 6 |
| TIMELINE: SCHEULE OF EVENTS AND DEADLINES | 7 |
| CONFLICT OF INTEREST | 7 |
| LOBBYING STATEMENT | 8 |
| FACSIMILE TRANSMISSION (FAX)..... | 7 |
| ADDITION, DELETION OR MODIFICATION OF PROPOSAL..... | 8 |
| PART III - SPECIAL CONDITIONS | 8 |
| PART IV – TECHNICAL SPECIFICATIONS/PROJECT DESCRIPTION | 10 |
| 1. PROJECT DESCRIPTION..... | 10 |
| 2. HEALTH AND WELFARE PROGRAMS | 11 |
| 3. SELECTION AND SCORING CRITERIA | 12 |
| 4. APPEALS | 14 |
| PART V - CONSIDERATION FOR AWARD | 16 |
| PART VI - REQUIREMENTS OF THE PROPOSAL | 16 |
| SECTION I. PROJECT APPLICATION FORM..... | 17 |
| SECTION II. PROPOSAL SIGNATURE PAGE..... | 18 |
| SECTION III - DESCRIPTION OF THE PROJECT – PROGRAM NARRATIVE | 19 |
| SECTION IV – Attachments..... | 20 |

PART I – INTRODUCTION

PURPOSE

Family Partnerships of Central Florida (FPOCF) is soliciting proposals from organizations that have an interest in providing employee compensation and benefits services for the employees of Family Partnerships of Central Florida and its' family of agencies.

FAMILY OF AGENCIES ORGANIZATION AND STRUCTURE

Community Based Care of Brevard, Inc. dba Family Partnerships of Central Florida (FPOCF) is the private, non-profit organization selected by the Florida Department of Children and Families (DCF) as the lead agency responsible for the privatization of child welfare and related services in the following Florida Counties: Brevard, Orange, Osceola and Seminole Counties as outlined in FL Statute Section 409.986.

Family Partnerships of Central Florida is the lead child welfare agency in Brevard, Orange, Osceola and Seminole Counties and is responsible for: Child Abuse Prevention services, Case Management Services, Foster Home Recruitment, Licensing and Management, Placement of Children into foster placements, Child Welfare Training, Regulatory Compliance, and Quality Assurance. The organization below falls under FPOCF.

The National Center for Innovation and Excellence (NCFIE) – The National Center for Innovation and Excellence's goal is to replicate C.A.R.E.S.' family-centered, strength-based program to agencies and organizations throughout the U.S. that want to reduce the number of children in their formal child welfare systems through an aggressive, front-end child abuse prevention model.

PART II - APPLICATION REQUIREMENTS

PROCUREMENT OF SERVICES

Procurement of services will be in accordance with state and federal laws, and Department of Children and Families contract stipulations with FPOCF.

PROPOSAL APPLICATION DEADLINE

Applications for this proposal will be accepted by FPOCF, **no later than February 20, 2026, at 10:00 a.m.** Proposals should be submitted to the attention of: Christine Singletary, Network Support Manager.

No changes, modifications, or additions to the submitted proposals will be allowed once submitted. **Respondents must submit one electronic file to christine.singletary@familypartnerships.org**

FPOCF reserves the right to reject any and all proposals or to waive minor irregularities when to do so would be in the best interest of the FPOCF. A minor irregularity is defined as a variation from the request for proposal terms and a condition which does not affect the price of the proposal or give the prospective Respondent an advantage or benefit not enjoyed by other prospective Respondents or does not adversely impact the interest of the agency.

AWARDS

As the best interest of the FPOCF may require, the right is reserved to make award(s) to the most responsive Respondent, by individual items, group of items, all or none, or a combination thereof; to reject any and all proposals or waive any minor irregularity or technicality in bids received.

Respondent(s) are cautioned to make no assumptions unless their proposal has been evaluated as being responsive and qualified. All awards made as a result of a proposal shall conform to applicable laws of the State of Florida. FPOCF reserves the right to cancel an awarded proposal should full funding be unavailable, a contract be unable to be successfully negotiated, or upon due cause, i.e. provider misrepresentation, negligence, non-performance, etc. via written notice of which electronic (email) is acceptable.

The anticipated start date for this contract is **July 1, 2026**. FPOCF will negotiate a contract with the successful Respondent.

OFFICIAL CONTACT PERSON

This RFP is issued by FPOCF. The sole point of contact for information concerning content or procedures for responding to this RFP is:

Christine Singletary, Network Support Manager
Family Partnerships of Central Florida
389 Commerce Parkway, Suite 120
Rockledge, FL 32955
321-752-4650
christine.singletary@familypartnerships.org

Material changes, if any, to the scope of services of bidding procedures will only be transmitted by written addenda and posted on the FPOCF website at <https://fpocf.org/contracting-opportunities/>

NOTICES

All notices, decisions, intended decisions and responses to inquiries will be communicated through electronic posting at the following website:
<https://fpocf.org/contracting-opportunities/>

It is the prospective Respondent's exclusive responsibility to access any and all updates posted.

LIMITATIONS ON CONTACTING THE FPOCF FAMILY OF AGENCIES

Respondents are advised to limit their contact regarding this RFP to the sole contact person listed above. With reference to this RFP, no representations, other than those distributed by the contact person in writing, are binding on FPOCF and Respondents are cautioned that oral responses by FPOCF are not binding upon it.

INQUIRIES

Inquiries must be submitted via email to the FPOCF contact person on or before the date specified in the Timeline. Responses to all inquiries which involve clarification and/or changes to this RFP will be made available to interested parties via electronic posting on the FPOCF website in the order in which they were received. No questions related to this RFP will be accepted after the time specified in the Timeline. **Only written inquiries via email are acceptable.**

TIMELINE: SCHEULE OF EVENTS AND DEADLINES

| EVENT | DATE AND TIME* |
|---|--|
| Request for Proposal released and posted on the FPOCF website | January 9, 2026 |
| Last Day to Submit Inquiries | January 30, 2026 |
| Posting of Q&A's Responses | Ongoing postings to the Q&A document on the Procurements section of the FPOCF website during the open period for inquiries. |
| Proposals due to FPOCF | February 20, 2026, by 10:00 a.m. |
| Distribute qualified Respondents Proposals to Evaluators | February 20, 2026 |
| Oral Presentations | March 2, 2026 |
| Evaluators turn in Proposal Scores | March 4, 2026 |
| Post Intent to Award Notice | March 6, 2026 |
| Protest Deadline – by formal written notice | March 13, 2026, by certified mail or delivered in person (or within 5 business days of award notice posting if posting made earlier) |
| Anticipated Negotiations | Week of March 16, 2026 |
| Anticipated effective date of contract | July 1, 2026 |

*The dates and times listed are subject to change as deemed necessary by the FPOCF family of agencies.

CONFLICT OF INTEREST

The award hereunder is subject to provisions of Federal Regulations, State Statutes and County Ordinance. All Respondents must disclose with their proposal the name of any officer, director, or agent who is also an employee of the FPOCF or member of the board of directors. Further, all Respondents must disclose the name of any the FPOCF employee or member of the reviewing board of directors who owns, directly or indirectly, any interest in the Respondent's firm or any of its branches.

LOBBYING STATEMENT

Firms and their agents are hereby placed on notice that the FPOCF staff or reviewing board of directors shall not be contacted (with the exception of designated contact person) about this RFP. Public meetings and public deliberations are the only acceptable forum for the discussion of merits of products/services requested by the Request for Proposal; and written correspondence in regard to proposals shall be submitted to the official contact person. Failure to adhere to these requirements could result in action to disqualify your agency from consideration of award.

ADDITION, DELETION OR MODIFICATION OF PROPOSAL

FPOCF reserves the right at its sole discretion to increase, decrease, or delete any portion of this proposal at any time without cause.

PART III - SPECIAL CONDITIONS

News Releases/Publicity: News releases, publicity releases, or advertisements relating to this contract or the tasks or projects associated with the project, when feasible, shall not be made without prior knowledge of FPOCF. Releases should identify the funding entity as well as the funding source.

RFP Documents: Respondent shall examine the RFP carefully. Ignorance of the requirements will not relieve the Respondents from liability and obligations under the Contract.

Respondents' Costs: FPOCF shall not be liable for any costs incurred by Respondents in responding to this RFP.

Insurance: The Respondent shall ensure that either its insurance coverage or self-insurance program or its insurance of its contracted agents is adequate and sufficient to cover the activities performed under this Agreement, as the case may be as to the particular actions undertaken. The Respondents shall ensure that the insurance requirements upon all contractors conform to and comply with all applicable local, state and/or federal requirements.

Contract Manager: FPOCF shall designate a Contract Manager whose duties shall be to:

- act as a liaison with the Respondent
- coordination and approval of all work under the contract
- assure consistency of quality of the Respondent's performance
- review for approval payment for all reimbursement requests
- assure that the project is operating within federal, state and local regulations

Other Laws, Rules and Regulations Which May Apply

- A. Chapter 409 – *Social Welfare-Social and Economic Assistance*
- B. Chapter 39 Florida Statutes – *Proceedings Relating to Children*
- C. Florida Administrative Code, 65C-14- *Group Care*
- D. FPOCF Fiscal Policies AP-430 and AP-465
- E. Florida Public Records Act, Chapter 119 F.S.
- F. Florida Statutes, Chapter 112 - which deals with conflict of interest OMB Circular A-133
- G. Adoption and Safe Family Act (ASFA) performance standards
- H. Chapter 427 F.S. Part 1 Transportation Services and Rule 41-2 Florida Administrative Code– transportation of children.
- I. Federal requirements of TANF, Title IV-B and Title IV-E State plans, Children and Family Operating Procedures 175-71, 175-93, 175-29, and 175-59.
- J. U.S.C. (Section 1324a)(Section 274A(e) of the Immigration and Nationality Act – employment of unauthorized aliens)
- K. 45 CFR Part 76 – Certification Regarding Debarment and Suspension
- L. American Disabilities Act of 1990 PL 101-336
- M. 24 CFR Part 1 – The regulations promulgated pursuant to Title VI of the 1984 Civil Rights Act.
- N. Title VII of the 1964 Civil Rights Act as amended by the Equal Employment Opportunity Act of 1972 – prohibits discrimination in employment.
- O. Age Discrimination Act of 1973.
- P. Health Insurance Portability and Accountability Act (HIPAA)
- Q. Rehabilitation Act of 1973 – no discrimination against qualified handicapped individuals.
- R. Section 109 of Public Law 100-202 – which restricts the awarding of public works contracts to firms from foreign countries with unfair trade practices.
- S. Davis-Bacon Requirements Labor Standards Requirements.

Additional Terms and Conditions FPOCF reserves the right to reject proposals containing any additional terms or conditions not specifically requested in the original conditions and specifications of this proposal.

PART IV – TECHNICAL SPECIFICATIONS/PROJECT DESCRIPTION

1. PROJECT DESCRIPTION

FPOCF is soliciting proposals from agencies that have an interest in providing HR support, employee compensation and benefits services for the employees of the Family Partnerships of Central Florida, and the National Center for Innovation and Excellence.

A respondent may bid on all services listed below or just one or a few of the services.

All proposals must be submitted according to the submission guidelines below.

Company Profile

| | |
|---------------------|---|
| Established | <u>2003</u> |
| Line of work | <u>Child Welfare</u> |
| Ownership | <u>501 (C) 3</u> |
| Pay Cycle | <u>Every Other Week</u> |
| Number of employees | <u>Approx. 435</u> |
| Annual Gross Wages | <u>Approx. \$31 million with all benefits</u> |

Payroll Distribution

| | | |
|-------------|--|--|
| <u>8810</u> | Clerical office employees are defined as employees engaged exclusively in bookkeeping, in record keeping, in correspondence, in computer composition, in technical drafting or in other office work in clerical offices where books and other records are kept, or correspondence or drafting is conducted. This classification applies only to employees who work in areas physically separated from other operations by floors or by floor-to-ceiling walls. | <u>* 21% \$ 6.5 million</u> |
| <u>8864</u> | Social Services Organizations. This classification is applicable to organizations that provide social services to mentally, physically, or emotionally challenged individuals, troubled youth, abuse, drug related activity, etc. Types of services provided may include meals, counseling, case management, education, employment, and training, and very limited medical services. | <u>* 79% \$ 24.5 million</u> |

*Represents salary only.

Payroll Details

| | |
|-------------------|------------------------------|
| Payroll start day | <u>Saturday</u> |
| Payroll end day | <u>Friday</u> |
| Pay date | <u>Every other Friday</u> |
| Payroll needed by | <u>Wednesday of pay week</u> |

Family Partnerships of Central Florida provides a comprehensive and competitive benefit program as part of its “Total Compensation” approach to attract and retain qualified staff. Benefits are for full-time staff, defined as those working a minimum of 30 hours per week. These programs are applied to FPOCF, and the National Center for Innovation and Excellence. Core components include:

2. HEALTH AND WELFARE PROGRAMS

- Healthcare insurance – 11 plans including PPO and High-Deductible options.
- Vision and dental insurance
- Payroll and HR administration
- Applicant Tracking System
- HR related compliance assistance, risk mitigation
- HRIS system specific to **Insperty**, including analytics options.
- 401k with 3% company contribution beginning at 1000+ hours of service in a consecutive 6-month period.
- Basic Life and Accidental Death & Dismemberment up to one time the annual salary to a maximum of \$50k
- Workers’ Compensation
- FSA/HAS
- FMLA Management
- Tuition Reimbursement up to \$1,500 annual benefit
- Adoption benefits
- 529 College Savings Plan
- Employee Assistance Program
- Library of webinars and online training

3. SELECTION AND SCORING CRITERIA

It is the intent of FPOCF to select qualified Respondent(s) that can best achieve the identified needs to provide quality service provision. FPOCF will convene a review team to evaluate and rank all proposals that have been deemed eligible. Responses which do not provide a complete application package will be determined ineligible for further consideration.

The following RFP evaluation sheet will be used:

| Rating Scale Summary | | |
|-----------------------------|--|---------------|
| Points | | |
| 0 | Respondent has not responded to or has poorly responded to the criterion demonstrating a lack of understanding of the criterion addressed in the proposal. | No value |
| 1 | Respondent has demonstrated little or no direct capability or has not adequately addressed the criterion in the proposal. | Minimal |
| 2 | Respondent has demonstrated average capability and a good approach to the criterion in the proposal. | Average |
| 3 | Respondent has demonstrated above average capability and approach to the criterion in the proposal. | Above Average |

| Evaluator Rating Summary: | Sub-total Score: | Weight | Maximum Score | Comments |
|---|-------------------------|---------------|----------------------|-----------------|
| Organizational Capacity: <ul style="list-style-type: none">Does Respondent show qualifications and experience providing employee compensation and benefit services? | 3 | 1 | 3 | |
| Organizational Capacity: <ul style="list-style-type: none">Respondent demonstrates a competent and experienced staff. | 3 | 1 | 3 | |
| Organizational Capacity: <ul style="list-style-type: none">Respondent demonstrates linkages with acceptable benefits providers (or within their own agency). | 3 | 2 | 6 | |

| Evaluator Rating Summary: (continued) | Sub- total Score: | Weight | Maximum Score | Comments |
|--|----------------------------------|---------------|--------------------------|-----------------|
| Program Design: <ul style="list-style-type: none"> Respondent's description of unique activities they propose to help support employee needs, including performance guarantees and legal services. | 3 | 1 | 3 | |
| Program Design: <ul style="list-style-type: none"> Respondent's description of how they will provide support and assistance to handle company/employee disputes. | 3 | 2 | 6 | |
| Program Design: <ul style="list-style-type: none"> Respondent's description of benefits providers and management, including transfer of healthcare, 401k and ability to change benefits calendar to a calendar year. Healthcare cost and options. | 3 | 3 | 9 | |
| Program Design: <ul style="list-style-type: none"> Respondent's description of training and other services provided. | 3 | 1 | 3 | |
| Program Design: <ul style="list-style-type: none"> Respondent's description of payroll solutions including data reports. | 3 | 1 | 3 | |
| Cost Proposal: <ul style="list-style-type: none"> <u>Financial Capability</u> – response demonstrates that the Respondent provides a financially viable and cost effective option. | 3 | 2 | 6 | |

| Evaluator Rating Summary: | Sub-total Score: | Weight | Maximum Score | Comments |
|---|-------------------------|---------------|----------------------|-----------------|
| Cost Proposal: <ul style="list-style-type: none"> • <u>Financial Capability</u> – response demonstrates that the Respondent will provide support and services to manage tax and other liabilities, and audits. | 3 | 1 | 3 | |
| Total: | 30 | | 45 | |

Scoring will not be used as a sole determination of awarding funds to project(s). FPOCF considers awards based on the following:

1. Information as presented in the application; and
2. Perceived value to the organization, and/or competitiveness or duplication compared to other currently proposed projects; and
3. Expenditure goals and deadlines of individual funding sources; and
4. Which proposal(s), in the opinion of the Review Committee, best serve the agencies' need.

The FPOCF Review Committee may require additional information, and Respondents agree to furnish such information, up to and including Respondent oral presentations. FPOCF reserves the right to award the contract to the qualified Respondent who will best serve the interests of the FPOCF. FPOCF reserves the right, based upon its deliberations and in its opinion, to accept or reject any or all proposals. FPOCF reserves the right to waive minor irregularities or variations, which are not mandated by DCF to the specifications and bidding process. FPOCF will fund the organization(s) which, in its opinion, best serves FPOCF based on the above criteria and consideration of the Review/Selection Committee recommendation.

FPOCF reserves the right to initiate contract negotiations with the most qualified Respondent(s), with more than one Respondent at a time and need not negotiate with all qualified Respondents. If a contract cannot be negotiated with any of the ranked Respondents who respond to this Request for Proposal, FPOCF shall have the right to issue a new Request for Proposal or to otherwise seek additional qualified Respondents.

4. APPEALS

The Appeals Procedure for all procurements of commodities and/or services is documented in FPOCF OP-1143, "Appeals and Complaint Process for Network Services" and can be located on the FPOCF website or requested through the Contact Person listed in this RFP.

Any Respondent who is allegedly aggrieved in connection with the solicitation, pending award, must file a formal written protest with Christine Singletary, Network Support Manager at Christine.Singletary@familypartnerships.org within 5 business days of the posting of the award or notification of the decision. The formal written protest shall reference the Name of the Solicitation, and Closing Date of the RFP, and shall state with particularity the facts and laws upon which the protest is based, including full details of adverse effects and the relief sought.

Upon receipt of an appeal, the FPOCF Director of Contracts and Compliance or designee will convene an Appeals Committee consisting of a minimum of three FPOCF Executive staff members and a minimum of two community representatives. The Appeals Committee will review appeals within 10 business days of receipt of the written protest or appeal. The FPOCF Chief Legal Officer or designee may attend all appeal or protest-related meetings. The FPOCF Director of Contracts and Compliance or designee records the meeting and provides any information the committee requests. The purpose of an appeals review is to provide an opportunity to: (1) review the basis of the protest, (2) evaluate the facts and merits of the protest, and (3) if possible, to reach a resolution to the protest that is acceptable to the affected parties. The decision of the Appeals Committee will be delivered to the Respondent via certified mail, return receipt requested.

If the matter is not resolved with the Respondent's acceptance of the FPOCF Appeals Committee decision, the Respondent will have the opportunity to meet with the Appeals Committee for the purpose of arguing the facts included and law implicated in the formal written protest; and to request the relief sought therein. The Appeals Committee will not entertain any argument or consider any information or request for relief which was not included in the initial written protest. The Appeals Committee will announce its decision in writing within three business days of the meeting. FPOCF Director of Contracts and Compliance will present the recommended award including the details of the protest and the FPOCF Appeals Committee recommendation to an Appeals Subcommittee of the Board as a final means of administrative remedy, within 15 business days of the FPOCF Appeals Committee decision. In the event that the matter remains unresolved, FPOCF and the Respondent shall enter into mediation with a mutually agreed upon mediator, the costs of which will be shared by FPOCF and the Respondent, prior to either party initiating litigation.

PART V - CONSIDERATION FOR AWARD

CRITERIA CHECKLIST

All of the items listed below must be included (per category) or the submitted proposal package is incomplete. No incomplete proposal will be considered for funding.

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Proposal submitted on or before February 20, 2026, 10:00 a.m. deadline

Proposal Section I - IV, completed and signed

Cost Proposal

PART VI - REQUIREMENTS OF THE PROPOSAL

All proposals must be submitted as specified with the proposal pages required.

To be considered, the proposal must respond to all parts of the RFP and information not clearly defined as a response to application requirements or in the proper order or section may not be scored.

All proposals shall become the property of Family Partnerships of Central Florida. All proposals must be submitted to Christine.singletary@familypartnerships.org. The proposal shall be signed by a representative who is authorized to contractually bind the Respondent.

All proposals should be submitted in the following order:

- | | | |
|-------------|---|--------------------------|
| Section I | - | Project Application Form |
| Section II | - | Proposal Signature Page |
| Section III | - | Description of Project |
| Section IV | - | Attachments |

FAMILY PARTNERSHIPS OF CENTRAL FLORIDA

SECTION I. PROJECT APPLICATION FORM

The name provided here must be identical to that in the Articles of Incorporation or in the official document identifying the Respondent as a unit of state or local government. Address, city, state, and zip code must be provided. A contact person's name, title, and telephone number also must be furnished.

| | |
|---|-------------|
| Respondent | <hr/> <hr/> |
| Project Name | <hr/> |
| Dollar Amount Requested | <hr/> |
| Parent Organization | <hr/> |
| Contact Person & Title | <hr/> |
| City, State, Zip Code | <hr/> |
| Email | <hr/> |
| Telephone/FAX Number | <hr/> |
| Name of Board of Directors Chairperson | <hr/> |
| Tax ID # | <hr/> |

SECTION II. PROPOSAL SIGNATURE PAGE

The undersigned hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications, addenda, legal advertisement, and conditions contained in the RFP. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal, I will accept a contract if approved by the Family Partnerships of Central Florida and such acceptance covers all terms, conditions, and specifications of this proposal.

Proposal submitted by: (please print)

NAME: _____ TITLE: _____

NAME OF AGENCY/ORGANIZATION _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Signature of Authorized Representative

Date

Addenda Acknowledgment - RESPONDENT acknowledges that the following addenda have been received and are included in this proposal:

| ADDENDA NO. | DATE ISSUED |
|-------------|-------------|
| | |
| | |
| | |

SECTION III - DESCRIPTION OF THE PROJECT – PROGRAM NARRATIVE

The order of information provided in the response must correspond to the outline that follows and shall be labeled accordingly:

1. Organizational Capacity – limited to 10 pages, excluding related Exhibits

Maximum points possible = 12

- a. Provide a copy of your mission statement.
- b. When was EMPLOYEE COMPENSATION AND BENEFIT SERVICES founded?
- c. EMPLOYEE COMPENSATION AND BENEFIT SERVICES overview including EMPLOYEE COMPENSATION AND BENEFIT SERVICES accomplishments and pertinent press releases, key executive bios, accreditations and independent accounting procedures review.
- d. How many Clients are currently using your company?
- e. How many employees does EMPLOYEE COMPENSATION AND BENEFIT SERVICES currently administer?
- f. Provide a brief description of the types of clients you serve.
- g. What is your customer retention rate?
- h. How many employees work for the actual EMPLOYEE COMPENSATION AND BENEFIT SERVICES group (in-house administration)?
- i. What hours is your company available by phone, e-mail, or instant chat? What is your standard for returning phone calls?
- j. Does the EMPLOYEE COMPENSATION AND BENEFIT SERVICES have any Spanish-speaking employees or materials available for assistance with Spanish-speaking employees?
- k. In what states are you licensed and operating?
- l. Are your financial statements audited by a CPA?
- m. Is your company a member of any Trade Associations or the Better Business Bureau?
- n. Who is your third-party benefits administrator?
- o. How are your benefit liabilities funded?
- p. Submit a sample of New hire packet.
- q. Submit a sample of a detail payroll job cost report.
- r. Submit a sample Employee Handbook.
- s. What makes you better than other EMPLOYEE COMPENSATION AND BENEFIT SERVICESs?
- t. Provide letters of recommendation (if available).
- u. Provide client references including company name, point of contact, phone number and email address.
- v. Provide sample marketing materials including collateral about EMPLOYEE COMPENSATION AND BENEFIT SERVICES.

2. Program Design – limited to 10 pages, excluding related Exhibits

Maximum points possible = 24

- a. Do you offer performance guarantees and, if so, what do they cover?

- b. How are employee and/or company disputes handled?
- c. Are there any training programs offered (safety, HR, etc.)? How does each specific service work?
- d. What insurance do you carry and what protections does it provide our agency?
- e. Please describe your current Workers' Compensation offer including carrier information, policy administration, and safety services. What rates will you be quoting for workers compensation and Health insurance?
- f. How long has your company been with your workers' compensation and health insurance carriers?
- g. Please describe the options and performance of your Large Group Health Plan(s).
- h. Will short-term pre-existing conditions (i.e. pregnancy) be covered by the health plan?
- i. Will current 401k loans be able to continue with new plan, or will they need to be paid off upon termination of the current plan?
- j. Are you able to provide healthcare benefits based on a calendar year (January through December), rather than our fiscal year (July through June)?
- k. What options will you have for supplying payroll data?
- l. Please describe your current Time and Attendance tracking solution.
- m. How are leave requests handled and monitored?
- n. What legal services are offered as a co-employer?
- o. What are your cancellation terms?
- p. To what extent will you cooperate with supplying information to new EMPLOYEE COMPENSATION AND BENEFIT SERVICES?
- q. Provide comprehensive outline of all benefits costs, fees and rates.

3. Cost Proposal – limited to 10 pages, excluding related Exhibits

Maximum points possible = 9

- a. What are your upfront and ongoing fees and how are they determined?
- b. What percentage increase ceiling will you guarantee?
- c. How will you help manage and minimize increasing healthcare costs and other benefit costs?
- d. Will you charge an average tax rate based on all clients or will it be calculated for our organization?
- e. How will you assure that all tax and other liabilities are being met? Are all ACA forms provided? If so, is there any additional cost?
- f. Will your company assist us in the event of an audit?

SECTION IV – Attachments

The Respondent will place any Exhibits, MOUs, letters of commitment, community support documentation, certifications and other pertinent information regarding the project proposal. Attachments should be clearly referred to or identified as a response to specific application requirements.