

**NOTICE TO BIDDERS
REQUEST FOR PROPOSALS
ADMINISTRATIVE SERVICES**

Notice is hereby given that the Santa Rosa County Board of County Commissioners is calling for and requesting proposals from qualified parties for Third Party Administrative Services for the county's Flex Benefits Plan.

All submittals must be in writing and delivered by hand, Fed Ex, or mail to the Santa Rosa County Procurement Department, 6495 Caroline Street, Suite J Milton, Florida 32570, and must be received by 10:00 a.m., June 3rd, 2016. The submittals will be publicly opened at this time.

Specifications may be secured from Santa Rosa County Website (www.santarosa.fl.gov/bids) or at the Santa Rosa County Procurement Department at the above address. Telephone (850) 983-1870

Only submittals received by the aforesated time and date will be considered. Submittals received after the time set for the submittal opening will be rejected and returned unopened to the submitter. All submittals shall be sealed and clearly labeled, "**RFP#16-043 - FLEX PLAN ADMINISTRATION.**" Submittals shall include one (1) original, twelve (12) copies of the proposal, and one (1) CD/thumbdrive with the full proposal included, (each document must be in an individual PDF format file)..

Questions concerning this request should be directed to Jim Odom, Consultant, at odomjim@mac.com.

The Board of County Commissioners reserves the right to waive irregularities in bids, to reject any or all bids with or without cause, and to award the bid that it determines to be in the best interest of Santa Rosa County.

Santa Rosa County Board of County Commissioners encourages all segments of the business community to participate in its procurement opportunities, including small businesses, minority/women owned businesses, and disadvantaged business enterprises. The Board does not discriminate on the basis of race, color, religion, national origin, disability, sex, or age in the administration of contracts.

By order of the Board of County Commissioners of Santa Rosa County, Florida.

Santa Rosa County, Florida

Request for Proposals

<u>Request for Proposals Information:</u>	<u>Submit Proposals to:</u>
RFP Name: Flex Benefits Plan (TPA) Third Party Administrator	Physical Address: Santa Rosa County Procurement Department 6495 Caroline Street Suite J Milton, FL 32570-4592
Date Issued: May 13, 2016	
Contact info. : Jim Odom, Consultant odomjim@mac.com	
Accepted Until: June 3rd, 2016 @ 10:00 AM	Mailing Address: Same as above

- **NOTICE:**

Notice is hereby being given that proposals are being solicited by the Santa Rosa County Board of County Commissioners for a **Request for Proposals** titled: **FLEX BENEFITS PLAN (TPA) THIRD PARTY ADMINISTRATOR SERVICES** by filing with the County at the above location.

- **PURPOSE:**

The Santa Rosa County Board of County Commissioners is soliciting requests for proposals from qualified Third Party Administrators (TPAs) for the providing of financially competitive, quality TPA services for both Santa Rosa County and for its employees regarding the IRS Code Section 125 Flexible Benefits Plan.

- **BACKGROUND INFORMATION:**

Your proposal must include all costs for TPA services being requested by Santa Rosa County. In this RFP the terms Santa Rosa County and Santa Rosa County Board of County Commissioners are to be used interchangeably, unless specified otherwise.

Information about Santa Rosa County may be found at: <http://www.santarosa.fl.gov>.

The Santa Rosa County flexible benefits plan includes the following, as well as employees of the following:

- **Santa Rosa County Board of County Commissioners**
- **Santa Rosa County Sheriff's Office**
- **Clerk of Santa Rosa County**
- **Santa Rosa County Tax Collector**
- **Santa Rosa Property Appraiser**
- **Santa Rosa County Supervisor of Elections**

The Santa Rosa County flexible benefits plan does NOT include: Santa Rosa School Board, nor the Santa Rosa County Health Department (those being separate and distinct legal entities).

Santa Rosa County does NOT desire to contract with any TPA who proposes to offer individual voluntary insurance related products in return for TPA services being offered at a discounted, or no charge, basis.

1. Santa Rosa County Flexible Benefits Plan's current Third Party Administrator (TPA) is:

Lockard & Williams, Pensacola, FL & Pascagoula, MS

2. The effective date of the proposed contract with any new TPA which might be selected will coincide with the anniversary date of the Santa Rosa County Flexible Benefits Plan of October 1, 2016.
3. Santa Rosa County prefers to enter into at least a 3-year contract with the selected (TPA), with two mutually agreeable additional 3-year extension options. Proposals that would guarantee pricing and terms for such a time-frame will receive a more positive review.
4. Santa Rosa County reserves the right to reject any and/or all proposals and further reserves the right to waive informalities and/or matters which are not considered substantive to the acceptance of any proposal, deemed to be in the best interest of Santa Rosa County.
5. Santa Rosa County reserves the right to negotiate, or not negotiate with any or all of the proposers.
6. Although initial cost will be a very important consideration, the ability of a proposer to meet Santa Rosa County's short/long range goals, financial abilities of a proposer, reputation of a proposer, proposer's administrative and service capabilities, etc., will be of extreme importance and will be evaluated along with proposal pricing.
7. Recognizing that there will be quality variations among potential proposers, it is requested that sample plan documents, summary plan descriptions, marketing and communication materials, reimbursement request forms, enrollment forms, account status reminder forms, etc., used by a proposer be submitted with your proposal.
8. Santa Rosa County strongly desires that the TPA selected be located in, have an office in, or have an employee, representative or agent who resides in, a location within 50 miles of Milton, Florida.
9. Give details of the office(s) location(s) that would be responsible for providing services to plan participants. If no offices are located within a 50-mile radius of Milton, Florida, provide the name of your employee, representative or agent who resides within that radius who would be able to provide some level of response to both Santa Rosa County and to plan participants. Explain what level of service such person would be able to provide.
10. It is Santa Rosa County's preference that that the selected TPA will perform all, or most of, its own administrative services. If a TPA will be using any subcontractors, it is required that such expected

use be disclosed in the proposal response, clearly spelling out the identity of any such subcontractors, as well as the specific services which will be assigned to any such subcontractors.

11. It is Santa Rosa County's intent that the TPA which is selected will comply with any and all applicable security and privacy regulations and will take extraordinary precautions in order to assure the confidentiality and privacy of both Santa Rosa County's and Santa Rosa County employee's records.
12. Santa Rosa County cannot itself provide the home address, home telephone numbers, social security numbers, nor photographs of Santa Rosa County personnel who are exempt from public disclosure of records pursuant to either Federal or Florida statutes and/or regulations. Further, by making a proposal, a TPA agrees that it will not release any such information, it might happen to inadvertently acquire, to any other entity or person.
13. The selected TPA agrees to provide Santa Rosa County with technical expertise and advise concerning the operation of the Flex plan and will keep Santa Rosa County up-to-date on any changes in laws and/or regulations which might impact the operation of the plan and will assist in bringing the plan into compliance with such.
14. Santa Rosa County may desire the selected TPA to either actually issue the reimbursement checks, or as an alternative, that the TPA only provide information to Santa Rosa County in order for Santa Rosa County to issue the checks itself. Provide for either alternative in your proposal pricing.
15. The selected TPA is to provide for participant reimbursements on a bi-weekly basis.
16. Explain your normal hours that TPA personnel will be available to take calls from plan participants. Are any "extended" hours of operation for taking such calls available to Santa Rosa County? Costs for such "extended" hours should be outlined in the TPA's proposal pricing.
17. Materials used in Santa Rosa County's annual Open Enrollment Flex plan process are to be provided by the selected TPA. Provide for such costs in your proposal pricing.
18. The selected TPA must provide quarterly statements to all plan participants. Include a copy of the statements that you would use with your proposal.
19. Discrimination testing is to be provided as needed by the selected TPA as an included expense.
20. An annual audit of the plan will be the responsibility of the selected TPA. Provide for this cost in your proposal's pricing.
21. Any required Federal IRS 1099 forms will be completed and dispersed in a timely manner, as is necessary by the selected TPA. Costs for the furnishing of any such must be included in the TPA's proposal pricing.
22. The selected TPA will provide both "end of plan year" and "end of reimbursement period" reminders to all plan participants.
23. Provide specifics as to your TPA's initial and continual communicational, informational and educational materials, programs, materials, internet website(s), videos, CDs, DVDs, etc., that are

offered to plan participants. Include original samples of, or web links to, such items. Explain any additional costs of each of these in your proposal pricing

24. Forfeiture reports are to be provided to Santa Rosa County by the selected TPA at 90, 60 and 30 day intervals prior to the date such forfeitures would otherwise become effective. Do you agree?
25. Your TPA should agree to provide, at no additional cost, either "local" or "toll free" telephone and fax numbers for use by plan participants? Do you accept claims reimbursement request by fax?
26. Provide details of your TPA's world-wide-web informational and interactive capabilities that would be included as a part of your proposed service. Explain if your administrative systems have the capabilities of providing reimbursements to plan participants without the use of claim forms (i. e., paperless claim submissions). Are balances for medical spending accounts and dependent accounts reflected on those same statements?
27. What forms of reimbursement payment are available: checks, direct deposits, debit card/credit cards, etc.? Is there any minimum amount required for any such types of reimbursement payment (relating to above reimbursement payment alternatives)?
28. Additionally, provide information as to your TPA's included interactive voice menu abilities to be included as a part of your proposed service.
29. Santa Rosa County may desire the selected TPA to enter into a contract which would include service performance standards for which would a portion of the TPA's fees would be "at risk" if such standards were not achieved by the TPA. Please provide a summary of such standards that you consider as being important and provide contract wording regarding such standards to which you have previously contractually agreed upon with an actual client(s) of your TPA.
30. It is Santa Rosa County's position that the selected TPA will include as a part of its services, an appeal process relating to appeals by plan participants regarding their reimbursement requests that have been denied as not being eligible for plan reimbursements. Provide details as to your TPA's both usual and expanded proposed services regarding appeals. The costs for such must be included as a part of your pricing proposal.
31. The selected TPA must provide services in such a manner so as to allow for plan compliance with the following (as amended): Patient Protection and Affordable Care Act (PPACA), commonly called the **Affordable Care Act** (ACA) of 2010, Americans with Disability Act (ADA), Family and Medical Leave Act of 1993 (FMLA), Comprehensive Omnibus Reconciliation Act of 1986 (COBRA), Health Insurance Portability and Accountability Act of 1996, Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA), and any and all other Federal and Florida laws which may be or which may become applicable to the operation of the plan.
32. No wording in any contract or document will be considered by Santa Rosa County whereby limitations, time limits or restrictions are placed upon either Santa Rosa County or upon any plan participant, which in any way diminishes or lessens the rights of any of those to bring any suit, pleading or other action against the TPA whether under Federal or Florida laws.
33. The jurisdiction that applies to all matters, disputes, litigation or other actions involving this RFP, the contract regarding the RFP/TPA services, or lack thereof, is agreed to be Santa Rosa County, Florida.

34. It shall be agreed that the contract to be entered into with the selected TPA shall be governed solely by the laws of the state of Florida.
35. The selected TPA must acknowledge and accept that all records are property of the County. The TPA will promptly deliver any and all claim files and other records requested by the County. TPA will provide a secure storage facility for County records. File maintenance and record management including retention and any expressly authorized destruction of files and/or will be in accordance with FS 119 Florida's Public Records Law.
36. The County reserves the right to inspect and/or audit the selected TPA's (or any subcontractor used by the selected TPA) files, documents and records (paper and electronic) as they relate to services on behalf of the County. Such audits may be announced or unannounced and may be conducted by the County or by its internal or external representatives.
37. No provision for binding arbitration or mediation of any type involving a grievance, complaint, or action by either Santa Rosa County or by any plan participant will be acceptable.
38. Explain the format, type of media, the frequency of delivery, as well as the specifics of the type of information that you would require of Santa Rosa County on both an initial and a continual basis in order to provide the proposed TPA services.
39. It is the County's intent that the contract to be entered into with selected TPA will contain "*Insurance and Indemnification*" language and requirements of a reasonable nature to protect the interest of the County.
40. If desired by Santa Rosa County, the selected TPA will enter into a service contract which will include, at Santa Rosa County's sole option, provision(s) for the administration of run-out claims incurred prior to any contract term cancellation or termination.
41. Santa Rosa County desires to continue to make use of "debit and/or credit cards" in relation to the Medical Flexible Spending accounts of plan participants. Provide information as to your TPA's capabilities and pricing for such services. Include specifics as to the financial institution with which you would be working to provide these services. Include the details of any funding arrangements that might be required of Santa Rosa County in order to accomplish such a program.
42. Assuming that Santa Rosa County elected to establish either a Health Reimbursement Arrangement (HRA) or a Health Savings Account (HAS) type of group health insurance plan, and that Santa Rosa County desired to make use of "debit and/or credit cards" in relation to such a plan, explain how your "debit and/or credit cards" program would interface and function with those potential group health insurance plan alternatives in general. The current group health insurance plan insurer is Florida Blue. Explain the details of your TPA's current relationship with client employers who make use of such arrangements. Additionally, provide information as to your TPA's pricing for a variety of such services.
43. County will review responses, and will select any firms for possible additional evaluation. The County may schedule formal oral presentations for firms (to be held at offices of the County). TPA representatives attending any desired oral presentation should include staff members who can speak **in detail** about TPA flex services, capabilities and practices. TPA would be asked specific questions. Failure of TPA to conduct oral presentation at County offices on a date scheduled may result in rejection of TPA proposal.

44. Provide detailed specifics as to your TPA monetary charges, including any and all mandatory-minimum charges, set-up charges, monthly charges, per-person, per account, additional charges and any and all expense charges for your TPA services. Specify the length of time for which these charges are guaranteed to remain the same.

- **SUBMITTAL QUALIFICATIONS AND INFORMATION:**

The following information shall also be submitted, at a minimum:

- Use a cover letter indicating your TPA's interest , including a overview of TPA's history, qualifications and experience with similar governmental entities. Verify that your TPA has a *Certificate of Authority* to do business in the State of Florida.
- Give a detailed description of your TPA's capability to provide services; if such services are to be sub-contracted by your TPA, provide the identity and experience of each sub-contractor that might be used.
- Provide the name, title, addresses, and telephone and fax numbers, as well as his/her e-mail address (along with your TPA's website address) of the individuals responsible for responding to this RFP. Identify the person(s) on your staff who would be responsible for day-to-day administration of Santa Rosa County's account. Indicate your TPA's staff size, staff experience, and staff turnover rates.
- What is your approach to client services? Please give examples of client success stories so as to illustrate your capabilities, uniqueness and expertise in customer service, and expertise in problem solving.
- What is the average number of clients and average account size managed by the team leader who would be assigned to Santa Rosa County's account?
- How do you monitor your TPA's client satisfaction on an ongoing basis?
- What technology skills/resources would you employ in the management of Santa Rosa County's account?
- Interested TPAs should submit an **original** and 12 copies (total of 13) along with a CD/thumbdrive of their RFP responses.
- The term of the initial contract would be for 36 months. Include responses to the following:
 - Fees for Year 1:
 - Fees for Year 2:
 - Fees for Year 3:
 - Fees for Year 4 – 9: (optional years)

How would your fees be calculated, including any "start-up" or "orientation" fees and any additional costs for materials, forms, supplies, or any other additional category of charges? Please explain in detail, providing your methodology.

The costs of postage, telephone service, travel, and printing of reports are assumed to be included in your fees. If not, please so note. Indicate any start-up, implementation or any other fee or additional costs.

Are you willing to enter into any performance guarantees that would put a portion of your TPA fees at risk? Explain and provide samples.

- Provide at least fifteen (15) references of clients for whom your TPA has provided services for during the entire period of the last thirty-six (36) months. Provide the dates your TPA has worked for those clients. You should provide the client's name, contact's name, contact's job title, contact's telephone #, fax #, mailing address and e-mail address, as well as number of employees, number of plan participants and number of Medical Flex Spending account participants. Include as many Florida clients as possible.
- Provide at least seven (7) (different clients than referenced above) references of clients (if any) who have similar governmental demographics to Santa Rosa County. Explain when your organization worked for those. You should provide the client's name, contact's name, contact's job title, contact's telephone #, fax #, mailing address and e-mail address, as well as number of employees, number of plan participants and number of Medical Flex Spending account participants. Include as many northwest Florida and south Alabama clients as possible.
- Provide at least three (3) references of past clients who have terminated their engagements with your TPA within the last two (2) years; for this reference, also include the dates of service, and reason(s) for the end of the client engagement. You should provide the past client's name, contact's name, contact's job title, contact's telephone #, fax #, mailing address and e-mail address, as well as number of employees, number of plan participants and number of Medical Flex Spending account participants.
- Provide your TPA's total number of clients, the average client size and the average Medical Flex Spending account size. Also, provide the total volume of all claims for reimbursement received by your TPA for processing during calendar year 2013, 2014 and 2015. What was the dollar accuracy and/or error frequency for both valid claims, as well as for ineligible claims?
- Describe in detail your on-going in-house audit program for claims accuracy, as well as the result of your last 3 years "outside" audit, if any.
- Describe the means by which plan participants will be able to express dissatisfaction with any of the claims reimbursement services to be provided.
- Describe your TPA's quality assurance program, as well as all performance standards used.
- Do you monitor complaints and conduct follow-up and/or plan participant satisfaction surveys? Provide a description of the methodology, including the frequency of those surveys. Provide sample copies of your quality assurance plan, surveys and reports.
- Describe your TPA's training program at all levels of the organizational structure.
- Provide details as to your TPA's experience, history and operations as a TPA and as any other type of business or service provider.
- Describe your firm's policy as to sources of revenue, compensation, financial consideration, overrides, bonuses or rebates which might be received by your firm that would be in addition to the fees and the expense reimbursement that is outlined in your TPA's pricing response included in this RFP. What portion of this revenue is derived strictly from Section 125 flex TPA operations?
- Provide detailed resumes of all of your TPA's: owners, majority stockholders, officers, key personnel and team members who would be assigned to Santa Rosa County's account.

- Provide complete information of your firm's principals, ownership, affiliates, subsidiaries, related entities, corporate entity holdings, pending changes in ownership or majority holdings, possible mergers or acquisitions, potential bankruptcy or any other adverse financial filing, reporting or difficulty, pending material litigation, planned office closure or planned reduction in force.
- Have there been any substantial changes in the structure of any of those entities described above?
- Are any substantial changes expected (during next 3 years) in structure of the entities described above?
- Disclose any existing or potential conflict of interest between the work that is to be performed for the County and any other business interest, service or activity of your firm. Disclose any existing or potential conflict of interest between the services expected to be performed for the County and any other business interest, service or activity of your firm.
- Provide detailed information as to all investigatory, criminal or ethics violation proceedings that are planned, have commenced or that have concluded within the last ten (10) years involving your firm.
- Provide details as to your TPA's financial stability, including approximate annual revenue broken down by categories such as: Section 125 TPA fees, other type TPA fees, life & health insurance product and/or commission income, property & casualty insurance product and/or commission income, other type fees, other types of income.
- How many accounts does your TPA administer that use debit cards? What are both the minimum and the maximum size accounts that uses debit cards both in numbers of medical spending accounts and in dollar amounts of the flex transactions?
- Provide details as to identity and contact information of your TPA's Certified Public Accounting firm,
- Provide details as to identity and contact information of your TPA's Tax Law Advisory firm.
- Provide details as to identity and contact information of your TPA's bank or financial institution.
- Provide details as to any fraud prevention and detection programs that your TPA has in place. Explain the statistical results and successes of these programs.
- Provide details as to the specific TPA software program(s) that your TPA will use in providing services proposed by this RFP. Is this software owned or leased by your TPA?
- Discuss your TPA's opinion of how Santa Rosa County can assure its Flex plan funds are not put at risk.
- Provide an outline of your TPA's disaster/catastrophe recovery program, including whether or not such a program has been tested or actually put to use during such.
- Provide copies of 3-to-5 standard TPA services contracts that your TPA has used within the past 2 years and that are still being used.

- Provide a copy of your TPA's internal policy and procedures type manual that your firm uses as a guide to the day-to-day work of providing TPA services.
- Provide the details of your TPA's security and cyber-risk prevention & recovery program, including whether or not such programs has been tested or actually put to use during such.
- Your TPA must provide plan language and communication materials, to include: plan documents, posters brochures, flyers, articles, paycheck stuffers and educational/enrollment meetings. It is expected that plan documents will be reviewed and updated periodically to remain in full legislative compliance. Provide at least one copy of each of these which your TPA has used within the last 3-years: 2014, 2015 and 2016 (these should be from various clients, not just one or two clients).
- Your TPA must receive employees' election forms and other information regarding changes to the participants via all of the following means: hard-copy, electronic transmission, fax and email.
- Agree to perform all claims processing functions, including verification of proper documentation of expenses, screening for duplicate payments, calculation of reimbursements due, as well as make payments directly to employees and mailing letters to participating employees explaining why any claim was denied.
- TPA must provide a report (in electronic format, if requested) of Dependent Care contributions by participants at the end of the year for W-2 reporting purposes. TPA must provide reports (in electronic format, if requested) of any other information on Flexible Spending Plan participants required for regulatory compliance.
- Permit Santa Rosa County to conduct an audit of all remuneration/revenues attributable to Santa Rosa County's account & fully cooperate with persons designated by Santa Rosa County to perform such audit.
- TPA must maintain enrollment, claim and contribution accrual data in machine readable format that would allow for transfer of claim information to another administrator at the termination of the contract.
- Provide detailed, specific examples of how your TPA has increased participation in Medical Flexible Spending Accounts when taking over any new account. What do you attribute to your success? To what do you attribute to the prior TPA's failure? Have you provided services to any employer where your TPA was unable to substantially increase such participation? Why was a substantial increase not attained?
- Provide any additional, relevant information that you deem necessary for the evaluation of your TPA.
- **SIGNATURES:** The RFP response shall be signed by one of the legally authorized officers of the TPA's corporation. If awarded the contract, the contract shall also be so executed by such person.
- **QUESTIONS:** Questions may be directed to Jim Odom, Consultant, via: odomjim@mac.com

- **CONTRACT AWARD:** The Board of County Commissioners reserves the right to waive irregularities in bids, to reject any or all bids with or without cause, and to award the bid that it determines to be in the best interest of Santa Rosa County.
- **PUBLIC RECORDS:** Under Florida state law, the documents (including, but not limited to: written, printed, graphic, electronic, photographic, voicemail materials and/or transcriptions, recordings or reproductions thereof) submitted in response to this RFP (the "documents") become a public record upon submission to the County, subject to mandatory disclosure upon request by any person, unless the documents are exempted from public disclosure by a specific provision of law.

Additional Information

1. Types of Flex plan premiums/benefits allowed as eligible by Santa Rosa County
 - a. Group Health Insurance Plan (PPO option) & (Two HMO options)
 - b. Dental Insurance Plan
 - c. Voluntary Hospital Indemnity Ins. Plans (3)
 - d. Voluntary Intensive Care Ins. Plans (3)
 - e. Voluntary Cancer/Disease Ins. Plans (3)
 - f. Voluntary Vision Insurance Plans (2)
 - g. Dependent Care Reimbursement Accounts
 - h. Medical Expense Reimbursement Accounts
2. Numbers of Santa Rosa County employees = **920**
3. Numbers of Santa Rosa County Flex plan account participations = **209**
4. Numbers of Santa Rosa County Medical Flex Account participants = **202**
5. Numbers of Santa Rosa Co. Dep. Care Reimbursement Account participants = **7**
6. Last full year's total \$ amount of Medical Flex Acct deducts taken = **\$246,498.86**
7. Last full year's total \$ amount of Medical Flex Acct reimburse. made = **\$246,180.99**
8. Last full year's total \$ amt of Dep. Care Reimburse. Acct deducts taken = **\$31,304.61**
9. Last full year's total \$ amt of Dep. Care reimbursements made = **\$31,304.61**
10. Number and types of TPA weekly and annual reports required by Santa Rosa County:
 - a. **Contribution reports**
 - b. **Disbursement reports**
 - c. **Year to date reports**
 - d. **Forfeiture reports**
 - e. **Employee balance reports**
11. Reimbursements to be made = **Weekly checks to be hand-delivered each Friday**
12. Minimum **(\$12)** and Maximum **(\$2,500)** annual deduct amounts --- **Medical Flex**
13. Min. **(\$12)** and Max. **(\$5,000)** annual deduct amts --- **Dep. Care Reimburse.**
14. Number of "Open Enrollment" meetings to be conducted in August: **10, More or Less**
15. Method of check "signing" = **Santa Rosa County signs all checks**

16. Check stock to be in name of = **Santa Rosa County**

- **EVALUATION CRITERIA & PROCESS:** Proposals will be evaluated for the completeness of a TPA's response to the RFP, as well as how well the response meets the needs of Santa Rosa County.
 - Depth & years of specialized experience, qualifications and availability of the team leader and other team members in the area of flex benefits plans.
 - Record of the firm in accomplishing work on comparable projects within the required time and budget.
 - Range of products and services available
 - Quality of reports and written materials.
 - Quality of work previously performed by the firm.

The evaluation will reflect a wide range of considerations. While budget cost is important, other factors are also significant. Consequently, the County may select other than the lowest cost proposal. The objective is to choose the vendor capable of providing quality services that will help the County achieve the goals and objectives of the requested services within a reasonable budget.

- **REJECTION OF PROPOSALS:** The County reserves the right to reject any and all proposals and to waive irregularities and informalities in the submittal and evaluation process. This Request for Proposals does not obligate the County to pay any costs incurred by respondents in the preparation and submission of a proposal. Furthermore, this Request for Proposals does not obligate the County to accept or contract for any expressed or implied services.
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