



SEDGWICK COUNTY, KANSAS
FINANCE DEPARTMENT
DIVISION OF PURCHASING
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316-383-7055
<http://www.sedgwickcounty.org/finance/purchasing.asp>

REQUEST FOR PROPOSAL
#17-0014
EMPLOYEE DENTAL BENEFITS

March 24, 2017

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Employee Dental Benefits. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than 1:45pm CDT, April 25, 2017.

All contact concerning this solicitation shall be made through the Division of Purchasing. Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Division of Purchasing in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

Kara Kingsley
Buyer

Table of Contents

- I. [About this Document](#)
- II. [Background](#)
- III. [Project Objectives](#)
- IV. [Submittals](#)
- V. [Scope of Work](#)
- VI. [Sedgwick County's Responsibilities](#)
- VII. [Proposal Terms](#)
 - A. [Questions and Contact Information](#)
 - B. [Minimum Firm Qualifications](#)
 - C. [Evaluation Criteria](#)
 - D. [Request for Proposal Timeline](#)
 - E. [Contract Period and Payment Terms](#)
 - F. [Insurance Requirements](#)
 - G. [Indemnification](#)
 - H. [Confidential Matters and Data Ownership](#)
 - I. [Proposal Conditions](#)
- VIII. [Required Response Content](#)
- IX. [Questionnaire](#)
- X. [Pricing Information](#)
- XI. [Response Form](#)

I. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 65, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

II. Background

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 508,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,800 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County, through the Department of Human Resources, administers employee enrollment in the County's benefits program consisting of Medical/Pharmacy, Flexible Spending, Life, Dental and Vision. The Sedgwick County Department of Human Resources coordinates an annual open enrollment period for County employees. This is usually done in October of each year.

These benefit services are offered by Sedgwick County to the full-time active population of approximately 2,800 total eligible employees and all COBRA eligible employees. As of March 2017, there are 2,360 employees, 3,849 spouses and dependent children under age 26, 15 COBRA and 181 Retirees covered under Sedgwick County's current Dental Plan.

Sedgwick County currently offers a self-funded Dental Plan. The Plan has no deductible. Preventative and Diagnostic Services are covered under the Plan at 100%. Basic services, such as restorative, endodontics and periodontics are covered at 80% as long as the member has one (1) annual cleaning and exam each year. If the member does not have the annual cleaning and exam, the benefit is reduced to 50%. Major expenses such as bridges and crowns are covered at 50%. The Plan has a \$1,000 annual benefit per member. Orthodontics are covered at 50% with a lifetime maximum of \$1,500. There is no age limit for orthodontic coverage.

III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as "county") is seeking a firm or firms to provide Employee Dental Benefits. The following objectives have been identified for this contract:

- A. Acquire Employee Dental Benefits Services meeting the parameters, conditions and mandatory requirements presented in the document.

#17-0014

Sedgwick County...Working for you

- B. Establish contract pricing, starting January 1, 2018, with the vendor that has the best proven “track-record” in performance, service and customer satisfaction.
- C. Acquire Employee Dental Benefits Services with the most advantageous overall cost to the County.

IV. Submittals

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Kara Kingsley
Sedgwick County Division of Purchasing
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CDT, TUESDAY, April 25, 2017**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CDT, on the due date. No information other than the respondent’s name will be disclosed at bid opening.

V. Scope of Work

This section lists the criteria to be considered in evaluating the ability of vendors interested in providing the service specified in this solicitation document. All requirements along with the questionnaire found below must be addressed in the vendor's proposal response.

- A. The following requirements outline the design and performance requirements for this RFP. Requirements are provided to assist vendors in submitting a thorough response that meets the County's objectives. Content in this section will be addressed in the questionnaire to follow.
 - 1. Provide for benefited employees, without restriction.
 - 2. Provide coordination of benefits administration.
 - 3. Provide Certificates of Coverage or Benefit Description to the County sixty (60) days prior to each year.
 - 4. Begin processing and paying claims from 12:01 a.m., January 1, 2018.
 - 5. Provide processing of all claims run-out incurred during term of contract for six (6) months following termination date of the contract.
 - 6. Accept all current eligible County employees and dependents, without restriction. Sedgwick County defines eligible employees and dependents as:
 - Full-time active and Permanent part-time
 - Dependents defined as a child by natural birth or adoption, stepchild from present marriage, legal guardianship or court decree to the age of 26
 - Legal spouse by marriage contract, including common law
 - 7. Provide at no cost and in a timely manner all data and written or recorded material pertaining to this contract.
 - 8. Provide all open enrollment presentations and materials such as Certificates of Coverage or Benefit Summary.
 - 9. Provide complete plan administration, accounting, data processing, and cost control, quality assurance, utilization review, marketing, claims processing, customer service, fiscal services, and other services related to the benefit care plan.
 - 10. Provide complete banking arrangements for claims, plan design savings account, and payment, including the printing and issuing of checks and preparation and filing of 1099 forms with the IRS.
 - 11. Advise and assist in a consultative capacity with regard to the benefits under the benefit plan and related benefit programs and any revisions of the benefit plan design as deemed appropriate from time to time, including advice and assistance with respect to provisions relating to eligibility, effective dates, coverage and cessation of coverage under the plan or related programs.

#17-0014

Sedgwick County...Working for you

12. Provide for all levels of unbiased review of claims, claim denials and appeals made by employee/dependents. Determination of payment or denial of claims or appeals of claims shall be made by the vendor following appropriate analysis and review.
13. Provide legitimate utilization management programs and services and review or audit such programs for appropriate delivery, i.e., timeliness, effectiveness, quality, or without any abuse or misuse.
14. Must interact with COBRA provider as necessary to share information and guarantee efficient and effective administration.
15. Must provide monthly invoice in electronic format.

- B. The following list contains optional service requests that Sedgwick County would like to consider, if currently available in the market. Content in this section will be addressed in the questionnaire to follow.
1. Provide a Vendor web site that is accessible to all employee members and their dependents for access to benefit information with the plan provider directories, provider facilities, plan coverage, plan eligibility, plan claims and appeals, and registration to a personal benefit account of employee and dependent service activity and payment.
 2. Certificates of Coverage or Benefit Description must be maintained on Vendor web sites for employee members and their dependents to review.

VI. Sedgwick County's Responsibility

- Provide information, as legally allowed, in possession of the County, which relates to the County's requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.
- Coordinate an annual open enrollment period for county employees.
- Process and tabulate all plan enrollments, terminations and changes and forward enrollment information to the insurance company on a weekly basis through an electronic format to a secure web site by encryption.
- Remit monthly payment in ACH format.

VII. Proposal Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted in writing to Kara Kingsley at kara.kingsley@sedgwick.gov by 5:00 p.m. CDT Wednesday, April 5, 2017. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at www.sedgwickcounty.org/finance/purchasing.asp, under view current RFQs and RFPs; to the right of the RFP number by 5:00 p.m. CDT Friday, April 7, 2017. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

B. Minimum Firm Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response.

Proposers shall:

1. Have a minimum of five (5) years' experience in providing services similar to those specified in this RFP.
2. Have an expertise understanding of industry standards and best practices.
3. Have experience in managing projects of comparable size and complexity to that being proposed.
4. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
5. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
6. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.

#17-0014

Sedgwick County...Working for you

7. Have proper certifications(s) and/or license(s) for the services specified in the RFP
8. Provide project supervision (as required) and quality control procedures.
9. Have appropriate material, equipment and labor to perform specified services.

C. [Evaluation Criteria](#)

The selection process will be based on the responses to this RFP and live demonstrations or interviews, if required. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints. County staff will judge each response as determined by the scoring criteria below:

Component	Points
a. Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response	25
b. Proven ability to provide high quality service	25
c. Qualifications and expertise	25
d. The most advantageous proposal as determined by the County	25
Total Points	100

Any final negotiations for services, terms and conditions will be based, in part, on the firm’s method of providing the service and the fee schedule achieved through discussions and agreement with the county’s review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. [Request for Proposal Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Division of Purchasing at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Proposal to interested parties	March 24, 2017
Questions and clarifications submitted in writing by 5:00 p.m. CDT	April 5, 2017
Addendum Issued	April 7, 2017
Sealed Proposal due before 1:45pm CDT	April 25, 2017
Evaluation Period	April 25 – May 31, 2017
Board of Bids and Contracts Recommendation	June 8, 2017
Board of County Commission Award	June 14, 2017

E. [Contract Period and Payment Terms](#)

A contractual period will begin January 1, 2018, following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue for a period of three (3) years with two (2) one (1) year options to renew.

It is the intent of Sedgwick County to lock the terms, conditions, and costs for the initial two (2) year period. Each vendor should clearly delineate exception if an escalation/de-escalation approach is being proposed. All pricing must be formatted as indicated in Section X Pricing Information.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

F. Insurance Requirements

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must be acknowledged on the bid/proposal response form**).

NOTE: If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

Workers' Compensation:

Applicable coverage per State Statutes

Employer's Liability Insurance: \$100,000.00

Commercial General Liability Insurance:

Each Occurrence \$500,000.00

Aggregate \$500,000.00

Personal Injury:

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

Automobile Liability:

Combined single limit \$500,000.00

Professional Liability

If required

Special Risks or Circumstances:

Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall

not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Confidential Matters and Data Ownership

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. Proposal Conditions

http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf

General Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf

Mandatory Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf

Sample Contract

http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf

VIII. Required Response Content

Proposals received should reflect in detail their inclusion and the degree provided. The Proposal should be organized in the following format and information sequence:

- A. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
- B. Provide a description of your firm and include qualifications, experience, depth of staff and quality control processes.
- C. Provide applicable certifications/licenses as deemed necessary by local, state, and federal laws.
- D. Provide resumes of key staff working on this project. Resumes shall include background qualifications, past work experience on large projects and similar work, and a summary of the anticipated role of each on this project.
- E. Provide a bank reference statement and/or a copy of the most recent, audited, financial statement. Provide references of three (3) current clients of similar size for whom you provide administration for voluntary benefits. Include date plan was effective, benefit plans administered, number of covered employees, name of entity/contact person and phone number.
- F. Provide references of three former clients who have terminated your services in the past two (2) years. Provide the same information as noted above.
- G. Acknowledge and address in sequential order Requirements outlined in this document.
- H. Provide the completed questionnaire outlined in this document.

#17-0014

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- I. Discuss any current local, state or federal (i.e. HCFA / HIPAA) violations and any ongoing litigation that may cause conflicts or affect the ability of the vendor to provide service(s) and /or product(s).
- J. Provide a list of office locations for local, regional and corporate entities. Location information to include but not limited to, address, phone number, services provided, and Internet email.
- K. List any active or pending lawsuits and/or litigation related to the insurance agency and/or insurance company during the previous three years.
- L. List any active or pending fines, penalties or sanctions against the insurance agent, insurance agency, and/or the insurance company from any State Insurance Department during the previous three (3) years.
- M. Provide a project plan and timeline for implementation.
- N. Provide a signed, completed Proposal Response Form.
- O. Proof of insurance meeting minimum insurance requirements as designated herein.
- P. Identify any other expectations of county responsibilities not addressed in the request for proposal document.
- Q. Provide any additional information relevant to expertise of the requested services that may assist the County in evaluating your proposal.
- R. Those responses that do not include all required forms/items may be deemed non-responsive.

IX. Questionnaire

In your response document, respond to all questions and requests listed below. Please precede your answer with a copy of the question. A copy of the questionnaire will be provided in Word format for ease of completion. Please note that in the case of a discrepancy this document will prevail.

- A. Describe your company's claims process.
- B. Describe the benefits you would like to offer using our current Plan as a model. Complete a separate description for each alternative model proposed.
- C. Describe a proposed price chart for the benefits described in Question 2. All costs of providing service must be noted. Complete a separate chart for each alternative model proposed.
- D. What materials do you provide annually to each participating County employee (and new hires)?
- E. What is the process to order replacement cards? What is the cost associated with replacement cards?
- F. Provide examples of the Explanation of Benefits (EOB) reports that employees receive. Are provider costs detailed? Is the employee aware of all costs?
- G. Do employees have on-line access to their own information?
- H. Is there a toll free number for customer service?
- I. Does an automated attendant answer the line or does an actual person handle it?
- J. Who will the County's account dedicated customer service staff be? What is the experience level of customer service staff? What training is provided?
- K. What has been the incidence of account management turnover for the unit which will service Sedgwick County over the last two years?
- L. Where is customer service located? Indicate the City, State and Country.
- M. During what hours can employees contact customer service or claims?
- N. How much authority and flexibility do customer service representatives have to resolve a question or complaint?
- O. Describe in detail any Performance Standards and Guarantees you will offer the County
- P. What is your claim appeal process?
- Q. Provide a list of the plan in-network providers National/Kansas/Regional markets in your proposal(s).
- R. Describe the out of area networks and international networks. How are services provided?
- S. If a member has a child living outside the employee's service area, but within the service area of one of your other networks, will the child be able to access a provider and receive in-network benefits?
- T. Describe your approach to account management. Is there a single contact that serves as the focus for all communications, or is there a variety of contacts, each covering a specific functional responsibility?
- U. Describe how each of the following services are provided:
 - a. Legislative and regulatory updates
 - b. County inquiries about claims or coverage
- V. Describe how you will provide technical support and assist County to implement appropriate aspects of the HIPAA, GINA, and all privacy regulations.

#17-0014

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- W. How are out-of-network claims handled?
- X. What is the likelihood of a sale of your company within the next 24 months?
- Y. Have you ever been fined or otherwise punished by any State Insurance Department?
- Z. What is your strategy for maintaining compliance with the changing legal environment?
- AA. If your company anticipates or plans to be acquired or to be merged with another company within the next 12 months, provide a full explanation as to when this might occur and be finalized. How will this affect your proposal for the County?

X. Pricing Information

	Price Per Employee Per Month
Initial Term – Three (3) years	\$
Renew Option Year One (1)	\$
Renew Option Year Two (2)	\$

The fee proposed should be stated on a per employee per year basis. The fee(s) for all services listed in this document should be included. If there are any additional extra cost services available, they may be included in the proposal but should be clearly identified as additional cost items. All prices for the initial term shall be firm and fixed.

XI. Response Form

**REQUEST FOR PROPOSAL
#17-0014
EMPLOYEE DENTAL BENEFITS**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____ COMPANY WEBSITE _____

ADDRESS _____ EMAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority-Owned Business: _____ Minority-Owned Business: _____ (Specify Below)

___ African American (05) ___ Asian Pacific (10) ___ Subcontinent Asian (15) ___ Hispanic (20)

___ Native American (25) ___ Other (30) - Please specify _____

Not a Woman-Owned Business: _____ Woman-Owned Business: _____ (Specify Below)

___ Not Minority -Woman Owned (50) ___ African American-Woman Owned (55)

___ Asian Pacific-Woman Owned (60) ___ Subcontinent Asian-Woman Owned (65) ___ Hispanic Woman Owned (70)

___ Native American-Woman Owned (75) ___ Other – Woman Owned (80) – Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: _____ Yes _____ No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp .

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature _____ Title _____

Print Name _____ Dated _____