

Request for Proposal – AGUA Special Utility District is accepting Requests for Proposals - RFP# 22-09-01 for Employee Benefits that include: Medical, Dental, Vision, Basic Group Term Life and AD&D, Voluntary Group Term Life/AD&D, Short Term and Long Term Disability, Accident, Critical Illness, Cancer, Hospital Indemnity, Group Legal, 403B/457 Retirement Administration, and COBRA. The RFP can be downloaded from the website: www.barrettinsurance-services.com data under the AGUA Special Utility District tab or call Azzannette at Barrett Insurance Services 210-485-1855 to receive the official RFP and claims. Sealed proposals must be submitted by 2:00PM on Tuesday, September 27, 2022, and delivered to:

Barrett Insurance Services

Attn: Shana Robinson

1017 N Main Ave., Suite 204

San Antonio, Texas 78212

Phone Number: 210-483-0838



Request for Proposals

Employee Benefits: Medical Plans, Dental, Vision, Basic Group Term Life/AD&D, Voluntary Group Term Life/AD&D, Short Term and Long-Term Disability, Cancer, Accident, Critical Illness, Hospital Indemnity and Whole/Permanent Life. *The expectation of each carrier that responds is to build in 3% technology fee with final price.*

This Request for Proposals (RFP) is soliciting proposals to provide Employee Benefits, to **AGUA Special Utility District**, (“Owner”). For the purpose of this RFP, “Respondent” refers to any entity or team that submits a proposal to provide all of the services as listed in this request. It is the intent of the Owner to select the Respondent(s) demonstrating the **best overall value** to the Owner and to enter into a single or multiple award contract with a qualified firm(s) to provide services to the Owner.

Direct Questions to:

Shana Robinson
210-485-1855 or 210-483-0838
shana@barrettinsurance-services.com

Proposals will be received at:

Barrett Insurance Services
Attn: Shana Robinson
1017 N. Main Ave. Suite 204
San Antonio, Texas 78212

Proposals will be received until:

2:00PM on Tuesday, September 27, 2022
**Proposals received after the closing date and time will be disqualified.*

During the selection process, AGUA Special Utility District will rank proposals submitted, possible interviews/presentations, and submit the recommendation to the Executive Suite.

Number of Copy & Proposal Presentation:

- **Submit electronic copy; 2 original paper copy proposal sheets, certifications, supporting data, signed with proposal.**
- **All proposals submitted must be tabbed in alphabetical order by product (Example: Accident, Basic Group Term, Critical Illness, etc.).**
- **Please do not submit agent or agency names on proposal as they will be disqualified.**

SUBMISSION CRITERIA:

INVITATION TO SUBMIT PROPOSALS:

AGUA Special Utility District is soliciting competitive quotes through cooperative contracts for Employee Benefits. The goal of this Request for Proposals is to review the array of plans currently available for employee benefits and if the company can procure stronger products, pricing, or services available, in comparison to AGUA'S Special Utility District current plans.

The RFP includes employee information and expectations for providers as well as guidelines for application and submission, including evaluation criteria for proposal review and contract terms and conditions. Vendors awarded through this RFP will be allowed to provide services AGUA Special Utility District for a multi-year program.

Shana Robinson and Pierre Newkirk have been retained as broker of record for AGUA Special Utility District and will aid in the evaluation and procurement of employee benefits that best suites the needs of AGUA Special Utility District. AGUA Special Utility District will be looking for best price, best value, and best product. Because AGUA Special Utility District realizes it cannot always provide carriers with all the information needed, we ask that you provide quotes as best as you can with the data provided.

AGUA Special Utility District reserves the right to accept or reject any items included by Vendor in this section to come up with the best combination for AGUA Special Utility District. Awards will be made to the successful Vendor based on overall best value to AGUA Special Utility District.

HISTORY:

Agua Special Utility District was created in 2005 to provide drinking water and sewer collection services to its customers in Hidalgo and Starr County. The District is located approximately 13 miles west of the City of McAllen's Business District, along expressway 83. The eastern boundary of the District is comprised primarily of the City of Mission's city limits for the southern half and Bensten Palm Drive for the northern half of the District. The southern boundary of the District is made up entirely by the Rio Grande River and the U.S./Mexico Border. The District contains the City of Palmview, the City of Peñitas, the City of Sullivan City, and the Communities of Cuevitas and Los Ebanos.

All interested parties should follow the formal outline, as given on the following pages, and submit response qualifications by **2:00 P.M. on Tuesday, September 27, 2022.**

QUESTIONS:

All questions regarding this Request for Proposal must be submitted in writing and be directed to:

Name: Shana Robinson
Phone: 210-485-1855
Email: shana@barrettinsurance-services.com

Name: Azzannette Lopez
Phone: 210-485-1855
Email: azzannette@barrettinsurance-services.com

TERMS AND CONDITIONS:

This solicitation shall be governed by the following documents which are incorporated herein. A copy may be obtained at www.barrettinsurance-services.com under the AGUA Special Utility District. tab or by contacting Barrett Insurance Services staff listed on the cover sheet. Any exception to the terms and conditions must be included in the Respondent’s proposal.

RIGHT TO REJECT:

AGUA Special Utility District retains the right to reject any and all proposals submitted. AGUA Special Utility District reserves the right to waive an irregularities and informalities and make any decision that is deemed in the best interest of AGUA Special Utility District. AGUA Special Utility District shall take into consideration other factors, including past experience, financial stability, references, ability to provide requested services, and any other factors found necessary for quality service.

SUBMISSION AND DUE DATE:

Electronic copy, and paper copies must be received to:

BARRETT INSURANCE SERVICES

Attn: Shana Robinson
1017 N. Main Ave. Suite 204
San Antonio, Texas 78212

EXCEPTIONS:

By submitting a response to this RFP, the Respondent guarantees that all requirements and qualifications stated in this proposal will be met. In the event that certain requirements cannot be met, such deviations must be noted as an exception on the Respondent’s Deviation Form found on page 15. Failure to notate any deviations to the RFP requirements and qualifications will allow AGUA Special Utility District to assume the Respondent can meet all requirements and qualifications.

Upon selection and award, a contract shall be for the period of twenty-four (24) months, **11/07/2022** through 5/30/2024, with the option to renew annually for an additional two (2) years if mutually agreed upon in writing by both parties. Any awarded contract will work with the current awarded agent of record and online enrollment process, prior to the term of this contract for implementation purposes.

The Committee will recommend the approval of the rankings of the firm or firms to AGUA Special Utility District. AGUA Special Utility District will attempt to negotiate an acceptable contract after the Executive team has approved the recommendation. If an acceptable contract cannot be negotiated, written notice will be provided, and negotiations will start with the next highest-ranking firm.

Respondents are instructed NOT to contact AGUA Special Utility District staff or Board Members. All questions or clarifications needed should be addressed to the contact person noted on page two (2) of this document or as revised through official addendum of this RFP.

EVALUATION CRITERIA:

An evaluation committee will review all proposals lead by the Brokerage firm. Contracts will be awarded to qualified proposers whose proposals are most advantageous to AGUA Special Utility District based upon the evaluation criteria specified below. AGUA Special Utility District reserves the right to request presentations from those organizations determined to be in a competitive range and shall use the information derived from these presentations, if applicable, in the evaluation.

All proposals will be evaluated based on the following criteria:

Category	Max Points
Cost of Services	50 points
Completeness of Response to Proposal	10 points
Reputation and quality of the vendor and vendor's goods and/or services	20 points
The extent to which the goods and/or services meet the companies needs	20 points
Total Points	100 points

INSURANCE REQUIREMENTS:

AGUA Special Utility District will require all Professional Service Firm(s) selected to maintain professional liability insurance with limits of not less than \$1,000,000.00

To qualify, the Sub-Consultant Firms must be insured and have maintained professional liability insurance (see insurance requirements) for one-year minimum. Firms selected for the project must agree to name AGUA Special Utility District as an additional insured. The Sub-Consultant Firm(s) must present bona-fide.

<u>Category</u>	<u>Limits</u>
Commercial General Liability	\$1,000,000
Products/completed operations aggregate	\$1,000,000
Personal and advertising injury	\$1,000,000
Each occurrence	\$1,000,000
Fire damage	\$50,000
Medical expense	\$5,000
Comprehensive Automobile Liability Insurance	
Bodily Injury (per person)	\$500,000
Bodily Injury (per accident)	\$500,000
Owner's and Contractor's Protective Liability Insurance	
Bodily Injury	\$500,000
Property Damage	\$500,000
Umbrella Liability Insurance written on an occurrence basis, with minimum for limits:	
<u>Contract Sum (per occurrence/aggregate)</u>	<u>Minimum Limit Required</u>
Up to \$2,499,999	\$1,000,000
\$2,500,000 to \$4,999,999	\$2,000,000
\$5,000,000 to \$7,499,999	\$3,000,000
\$7,500,000 and over	\$4,000,000
Workers Compensation Coverage	
Employer's Liability	
Each accident	\$500,000
Disease – Policy Limit	\$500,000
Disease – Each Employee	\$500,000

SUBMISSION PROCESS

All proposers shall be accorded fair and equal treatment with respect to the selection process. Discussions may be conducted between the AGUA Special Utility District and prospective proposers, or with proposers who have submitted proposals. During these discussions, there shall be no disclosure of information derived from proposals submitted by other proposers. Proposals may be submitted in booklet or binder format. The proposal shall be organized stated below, with each section separated by a divider. Each divider shall have a tab clearly identifying the contents of the section. All proposals **MUST** be submitted with covers, tab dividers, financial statement, or certifications listed in Section Four (4). Please be as concise as possible in providing the requested information and follow the page limits in each section.

Section 1: Firm Information

GENERAL INFORMATION:

Please provide the following:

1.0 Letter of Interest (cover letter to include statement of interest):

1.1 Legal Name of Firm:

1.2 Address 1 (Home Office):

1.3 Address 2 (Mailing Address):

1.4 Contact Person:

1.5 Phone:

1.6 Fax:

1.7 Email Address:

1.8 Type of Business/Description of Products and/or Services Provided:

1.9 Business Address of Office that will provide services (if different from above):

1.10 Purchase Orders from AGUA Special Utility District will be sent by email.

Order Processing Contact Information:

Contact Name:

Email Address:

Phone:

Alternate Email Address:

Alternate Contact:

Phone:

1.11 Type of business entity (Partnership, LLC, Sole Proprietorship, etc.):

1.12 Number of years vendor has been in continuous operation:

1.13 Does vendor have a parent company or subsidiary that currently conducts or that has previously conducted business with AGUA Special Utility District? If YES, provide name of parent company and/or subsidiary:

1.14 Has vendor conducted business with AGUA Special Utility District under another name?

If YES, provide other names:

1.15 Number of years doing business with AGUA Special Utility District?

1.16 Number of years vendor has been in business under its present business name?

1.17 Do you have experience with other companies?

Submit five (5) references within the past five (5) years:

Company	Contact Person	Email

1.18 Does vendor currently have approved contract with any purchasing cooperatives (example includes BuyBoard, TCPN, Tips, Choice Partners)? If YES, list name of cooperatives:

1.19 Does vendor have any owners, principal shareholders or stockholders, officers, agents, salespeople, or key employees who have been members of the AGUA Special Utility District staff during the last five (5) years? If YES, name(s) and title(s):

1.20 Does any officer, partner, owner, sales representative and/or spouse work for AGUA Special Utility District?

1.21 Does vendor have any owners, principal shareholders or stockholders, officers, agents, salespeople, or key employees who are employees or who are members of an employee's immediate family who either work or who may potentially work on this contract with AGUA Special Utility District? If YES, name(s) and title(s):

1.24 Names of authorized agents, including any person or entity authorized to "act with" or "act on your behalf", such as consultants, sub-contractors, re-sellers, lobbyists, confidants, etc., whether compensated or not compensated:

1.25 Has vendor (including any owner, principal shareholder or stockholder, officer, agent, salesperson, or employee) been involved in past, pending, or present litigation involving AGUA Special Utility District of another governmental entity? If YES, please provide the style and status of the case as well as the type of litigation.

1.26 AGUA Special Utility District can only do business with equal opportunity employers.

Do you advertise as an equal opportunity employer?

Do you have a written non-discriminatory policy of employment?

Has this policy been circulated throughout your organization?

Person to contact regarding equal opportunity information issues:

Name:

Title:

1.27 Name of contact person regarding IT issues in your company:

Contact Name:

Email Address:

Phone:

Alternate Email Address:

Alternate Contact:

Phone:

1.28 Does vendor have E-commerce capability?

Section 2: Certifications

- Proposal Document and Addendum
- Vendor Response
- Attestation Forms
- Company W-9
- Felony Conviction Notice
- Child Support Certification
- Out of State Certification
- General Terms and Conditions



3120 N. Abram Rd. Palmview, Texas 78573
(956) 585-2459
Service@aguasud.com

September 1, 2022

The following information **must be returned** along with any other information that you feel would be of benefit to your proposal. **This information must be placed in a plainly marked envelope with RFP number and description.**

Employee Benefits

Name of Company: _____

Name of Company Representative: _____

Contact Phone Number: _____ Email: _____

_____ Section 1

_____ Proposal Document and Addendum

_____ Vendor Response

_____ Attestation Forms

_____ Company W-9

_____ Felony Conviction Notice

_____ Child Support Certification

_____ Out of State Certification

_____ General Terms and Conditions

_____ No proposal at this time, please keep the company on your notify list.

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

PROPOSAL DOCUMENT

Company Name: _____
Please print or type

Name and Title of Person Authorized to sign: _____
Name – please print or type

Title – please print or type

Authorized Signature: _____

Date of Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

THIS PAGE MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL

PROPOSAL DOCUMENT

If this document is not submitted with the bid/proposal, it may be considered non-responsive.

Name of Company:	
Contact Person:	
Primary/Principal Office Address:	
Telephone Number:	
Email Address:	

Pricing Documentation is attached.

I hereby certify that our business is an Equal Employment Opportunity (EEO) employer and does not and will not discriminate in employment and in subcontracts based on race, color, sexual orientation, gender identity, national origin, sex, age, disability, or economic condition. I further attest that this policy is documented in our Employee Handbook. As an EEO employer, we prohibit retaliation, discharge, or discrimination against any employee or applicant for employment or against any subcontractor or supplier. I understand that failure to check the box as to this condition may render my proposal non-responsive.

I, _____, as _____
Name of Individual Title & Authority
of _____, purposes to complete the project for the
Company Name

prices listed in this Price Proposal Form for scope of work and services described in the RFP documents.

Signature

THIS PAGE MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL

VENDOR RESPONSE

The following criteria must be agreed upon to be considered for review of the Employee Benefits submitted:

1. Vendor must be licensed in the State of Texas and have demonstrated a history of strong performance with school district in the State. All applicable licenses must be current.
2. Vendor must be an active registered business for no less than five (5) years.
3. Vendor must work with AGUA'S Special Utility District current Agent of Record and online enrollment system.
4. Vendor shall assist in plan communication and open enrollment along with the Agent of Record.

SIGNATURE

TITLE

***THIS PAGE MUST BE SIGNED AND RETURNED WITH YOUR PROPOSAL. ***

DEVIATION/COMPLIANCE FORM

If the undersigned Company or Individual intends to deviate from the Terms and Conditions or Item Specifications listed in this Request for Proposals document, all such deviations must be listed on this page, with complete and detailed conditions and information included or attached. AGUA Special Utility District will consider any deviation in its Request for Proposals award decisions, and the District reserves the right to accept or reject any Request for Proposals based upon any deviations indicated below or in any attachments or inclusions. In the absence of any deviation entry on this form, the Vendor assures AGUA Special Utility District of his/her full compliance with the Terms and Conditions, Item Specifications, and all other information contained in this Request for Proposals document.

No Deviation

Yes Deviations

If yes is checked, please list deviations below: On a separate page if needed.

Company Name: _____

Authorized Signature: _____

Printed Name: _____

Date: _____

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY
Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

 Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

 Signature of vendor doing business with the governmental entity

 Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

ADD ADDITIONAL PAGES AS NECESSARY

