CONSULTANT/BROKER GROUP BENEFIT SERVICES

The Board of Police Commissioners (BOPC), governing body of the Kansas City, Missouri Police Department (hereinafter Department), invites Agents, Agencies, and Firms (Proposer) to submit proposals for Consultant/Broker Group Benefit Services subject to the conditions and specifications set forth below and in attachments.

BACKGROUND

The Kansas City, Missouri Police Department (Department) is a large metropolitan police department with approximately 2,300 employees. The Department’s oversight comes from an appointed Board of Police Commissioners (BOPC). The Commissioners are appointed to the BOPC by the Governor of the State of Missouri, with the advice and consent of the Senate. The department has two classifications of employees—sworn police officers and non-sworn civilian employees. Retirees also have in the past been eligible to participate in department insurance plans.

INTENT

The Board of Police Commissioners (BOPC), governing body of the Kansas City, Missouri Police Department (Department) seeks services for Benefits consultation and or Brokerage services for our employee benefit programs.

Proposer’s prior experience in Consulting/Brokerage is preferred in the following areas but not limited to:

- Health and Dental Group Insurance
- Life Insurance and Supplemental
- Long and Short Term Disability
- Worker’s Compensation/Risk Management/Reporting
- Vision Programs
- Cobra
- Occupational Health Services
- HIPAA
- Affordable Health Care Act
- Sunshine Requests
• Supplemental AD & D
• Business Litigation/Negotiations
• Retirement Medicare
• Employee Assistance Program
• Flexible Spending Healthcare

The Department, in general, seeks the following: brokerage services that act as consultant of record for the Department to obtain and maintain insurance coverage with qualified carriers to provide the most cost effective approach to managing the Health Benefits of employees and pensioners; be aware of and inform/advise the Department of current laws relating to all benefit and retirement programs; assist in providing the best option for the Department to pursue in regards to plan design, funding, and other options to be cost effective in regards to changes in law requirements; provide ongoing training opportunities to the Department for health benefit matters; and provide assistance to the Human Resources Department and legal office with underwriting to procure benefits, communicate with and train employees, comply with Federal and State law, coordinate wellness programs, and manage overall risk within the portfolio of benefits. A more thorough scope is provided in Attachment A.

TERM

The initial contract period will be from July 1, 2020 through June 30, 2021 with an option of renewal for four additional one-year periods based upon mutually agreeable pricing, availability of funding, and quality of service.

DEFINITIONS

1. This Request for Proposal (RFP) is an invitation by the Department for Proposers to submit an offer, which may be subject to subsequent discussions and negotiations by the Department and Proposer.

2. “Proposal” means any document, submittal, interview, presentation, discussion, negotiation, and everything and anything provided in response to this solicitation regardless whether the submission is oral or written shall become the property of the BOPC.

3. By submitting a proposal to the Department, Proposer agrees that the Proposer does not obtain any right in or expectation to a contract with the Department or a vested interest or a property right in a contract with the Department regardless of the amount of time, effort and expense expended by Proposer in attempting to obtain a written executed contract with the Department. The Department is not committing to providing services to any individual, entity or firm. The Department reserves the right to hire those whom the Department deems best qualified to handle a particular service, even if the hiree’s proposal did not necessarily present the lowest cost fee structure. All proposals complying with the requirements of this request shall be considered on an equal opportunity basis.

MINIMUM QUALIFICATIONS

All Firms submitting a proposal must:

a. be consistently licensed to do business in Missouri,

b. have the expertise, licenses and resources to provide Employee Benefit broker/consulting services for the Department’s current and future operations,
c. consistently maintain and allocate sufficient staffing resources to provide timely service for the Department’s Employee Benefit broker/consulting service’s needs,
d. maintain staff that are qualified and available to provide specialized technical expertise in various disciplines as necessary.

PROPOSAL SUBMISSION(S)

1. The Proposer should submit one (1) original and four (4) copies of the proposal on standard 8-1/2 x 11” paper and one (1) copy on a CD in Microsoft word format. Hard copy proposals should be presented in a lay-flat professional manner such as a spiral bound or professional grade folder/three ring binder. In order to compare proposals, Proposers will submit their RFPs following the format listed as outlined in “Proposal Format” Section. The attached document has the details for the proposal.

2. Proposals should contain Specification Sheets, Reference Information Sheets, Federal Award Verification Form, Vendor Application, Cooperative Procurement, W-9 Form, and Certificate of Liability in the amount of $1,000,000.00.

3. Proposer shall complete all forms included in this request for proposal and return with Proposer’s submittal.

4. Only sealed proposals received prior to the specified opening time and marked with the RFP number will be considered.

   Opening: 2:00pm Thursday May 14, 2020
   Attn: Purchasing Section
   Police Headquarters Building
   1125 Locust
   Kansas City, Missouri 64106

5. Proposals delivered by courier will only be accepted by the Purchasing Section, located on the second floor of Police Headquarters. Couriers will be required to check-in at the first floor guard station and Purchasing Personnel will come down to accept the RFP.

6. Proposals will be received Monday through Friday 7:30 am to 3:00 pm. The Kansas City Missouri Police Department Purchasing Section will not be accessible during holidays. The BOPC will not guarantee receipt of proposals delivered to Police Department elements other than the Purchasing Section.

7. The Department will not accept electronically transmitted or faxed proposals.

8. It is the responsibility of the Proposer to deliver the proposal modifications on or before the date and time of the proposal receipt deadline. Proposals will NOT be accepted after the date and time of closing except for extenuating circumstances as approved by Financial Services Unit Commander.
9. The Department strives to notify all prospective Proposers of any issued addenda. **It is important to note, however, that it remains the responsibility of the Proposer to determine if any addenda have been issued and to obtain those addenda prior to submitting their proposal.**

10. **Estimated Schedule**

<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>April 16, 2020</td>
<td>RFP Issued</td>
</tr>
<tr>
<td>May 7, 2020</td>
<td>Deadline for questions</td>
</tr>
<tr>
<td>May 14, 2020, 2:00 P.M.</td>
<td>RFP Opening</td>
</tr>
</tbody>
</table>

11. Any questions regarding the information outlined in this bid must be submitted in writing. Questions are to be submitted to the Department’s Principle Contracting Officer Trina Canady, by fax or mail, and to be to be received no later than 2:00 pm Thursday, May 7, 2020.

    Fax Number: 816-234-5307,
    Email: trina.canady@kcpd.org
    Mailing Address: Board of Police Commissioners
                   Purchasing Section
                   1125 Locust Street
                   Kansas City, MO. 64106

12. **If the Proposer discovers any ambiguities, conflicts, mistakes, errors or discrepancies after the deadline for questions and clarifications or after the proposal due date,** Proposer shall immediately submit the ambiguity, conflict, mistake, error or discrepancy to the appropriate Department Contact person. The Department, in its sole discretion, shall determine the appropriate response to any issue raised by any Proposer.

13. Terms and conditions of proposals must be valid for one hundred twenty (120) days, from the date the proposal is received. Proposer agrees that Proposer’s Proposal shall constitute a firm irrevocable offer to the Department that Proposer shall not withdraw or modify without the Department’s approval for 120 days after the proposal due date.

14. **All Proposers submitting proposals will be required to provide the information requested in this Request For Proposal. Any deviations must be clearly indicated. Additional information may be used in describing your services and may be provided with your proposal.**

15. Any Proposer must affirmatively agree and certify that it will comply with all applicable federal, state, and local laws and regulations. Any Firm must affirmatively agree to include the non-discrimination and compliance provisions in any and all subcontracts to perform work under the agreement.

**NOTICE TO FIRM(S)**

By submitting a proposal to this RFP, the Proposer certifies that neither the Proposer nor its principals are suspended or debarred from contracting for goods or services to be purchase from federal awards.
All materials provided to Department become the property of Department and may be returned only at its sole discretion. The Department is a public entity. All proposals and any materials submitted with a proposal may be deemed public records subject to disclosure pursuant to the Missouri Sunshine Law. No portion of any proposal or materials submitted therewith will be withheld from disclosure as proprietary, trade secret or confidential unless that portion is clearly marked by the firm as such, and the firm agrees to indemnify the Department against any claim or action to compel disclosure of such portion of the proposal. The Department is not obligated to accept any proposal or to negotiate with any entity. All transactions are subject to the final approval of the Department, which reserves the right to reject any and all proposals without liability. All costs directly or indirectly related to a response to this RFP will be borne by the firm.

The contract, if any, shall be awarded to the responsible firm whose proposal is most advantageous to the Department, based on the evaluation criteria set forth in this RFP. The Department may at its sole discretion select the response that best fits its needs, may choose to cancel the RFP, or to not select any Firm. A committee will evaluate the responses based on established criteria, including compliance with the direction herein, experience and qualifications, cost, financial position of the company, and other factors as stated in this RFP. If selected, the successful firm will enter into a written agreement with the Department that will include service agreements and compensation agreements. All information in this RFP should, for purposes of this RFP, be considered proprietary and confidential. Information contained in this RFP should not be shared or distributed without the expressed written consent of the Department.

**REJECTION OF PROPOSAL(S)**

The Department reserves the right in its sole discretion to reject any or all proposals, in whole or in part, without incurring any cost or liability whatsoever. The Department reserves the right to determine the best value proposal. All proposals will be reviewed for completeness of the submission requirements. The proposal may be rejected if it fails to meet a material requirement of the RFP or if it is incomplete or contains irregularities. A deviation is material to the extent that a proposal is not in substantial accord with RFP requirements.

Immaterial deviations may cause a bid to be rejected. The Department may or may not waive an immaterial deviation or defect in a proposal. The Department waiver of an immaterial deviation or defect will in no way modify the RFP or excuse a firm from full compliance with the RFP requirements.

**HOLD HARMLESS**

The proposal selected must agree to indemnify and hold the BOPC and Department harmless from and against all liability, losses, damages, costs, expenses (including attorney fees), interest and penalties arising out of or resulting from the negligence, recklessness or willful act of omissions of the Proposer, and its employees, agents, servants or contractors engaged in the service to this contract. The Proposer’s obligation shall not be limited by, or in any way to, any insurance coverage or by any provision in or exclusion or omission from any policy of insurance.

The Proposer agrees to pay on behalf of the BOPC, as well as provide a legal defense for the BOPC, both of which will be done only if and when requested by the BOPC, for all claims as described in the Hold Harmless paragraph. Such payment on the behalf of the BOPC shall be in addition to any and all other legal remedies available to the BOPC and shall not be considered to be the BOPC’s exclusive remedy.
TERMINATION OF CONTRACT

The successful Proposer(s) will permit cancellation by the Department for good cause upon ninety (90) days written notice without penalties or fees incurring. Such cancellation shall require approval by the Department. The Financial Services Unit Commander may suspend this contract pending subsequent approval of cancellation by the Department. Examples of good cause include, but are not limited to:

A. Major changes in user requirements.

B. Repeated unsatisfactory service performed by the successful Proposer, which is not rectified within a reasonable period of time.

C. Unforeseen cancellation of a program.

Renews are at the discretion of the BOPC and are not guaranteed to vendor or any of their employees or agents.

LIQUIDATION OF DAMAGES

If the successful Proposer(s) fail to perform the services within the time specified in this contract, or any extension thereof the actual damage to the Department for the delay will be difficult or impossible to determine. Therefore, in lieu of actual damages, the successful Proposers shall pay to the Department as fixed, agreed, and liquidated damages for each calendar day of delay, the amount set forth below. Alternatively, the Department may terminate this contract in whole or in part as provided in TERMINATION OF CONTRACT, and in that event the successful Proposer shall be liable, in addition to the excess costs provided in TERMINATION OF CONTRACT, for such liquidated damages accruing until such time as the BOPC may reasonably obtain delivery or performance of similar equipment or services. The successful Proposers shall not be charged liquidated damages when the delay arises out of causes beyond the reasonable control and without the faults of negligence of the successful Proposers, as defined in TERMINATION OF CONTRACT. The Department shall ascertain the facts and extent of the delay and shall extend the time for performance of the contract when in their judgment the findings of fact justify an extension.

A. The liquidation damages are fixed and agreed to in the amount of Five Hundred Dollars ($500.00) per calendar day of default. The total liability of liquidated damages shall not exceed five percent (5%) of the total contract price.

B. There shall be two (2) events of default and the liquidated damages will occur on the first calendar day thereafter.

C. The Department shall have the right to deduct the liquidated damages from any money due, or to become due, to the successful Proposer, or to sue for and recover compensation for damages for nonperformance of this contract within the time stipulated.

Final award of contract will be determined through evaluation of proposals and possibly follow up discussions with respondents.
BOARD OF POLICE COMMISSIONERS

Major Paul Luster
Commander
Fiscal Division
BROKER/CONSULTANT SERVICE TEAM

Proposal must provide the resume of the individual with supervisory responsibility for the Broker/Consultant service team that will assist BOPC. Resumes shall also be provided for team members who will proved regular support of BOPC needs. Any change of personnel will require written consent of BOPC.

Scope of Services

- **STRATEGIC PLANNING & STEWARDSHIP**
  - Identify goals, challenges, and strategies relevant to business operations
  - Develop strategies to meet established objectives
  - Marketplace overview
  - Vendor/Carrier satisfaction
  - Explore alternative funding methodologies
  - Evaluate/Review current scope of benefits package
  - Cost Sharing
  - Total plan cost

- **RENEWAL ANALYSIS**
  - Establish renewal timeline and goals
  - Review experience, demographics, claims, and employee contributions coverage
  - Analyze and validate vendor and carrier renewal terms
  - Negotiate renewals with respective vendors and carriers
  - Coordinate all related plan design and financial request to vendor and carriers
  - Provide renewal alternatives with cost impact
  - Create Employee contribution modeling reports. As requested
  - Develop and document next plan year projected cost, fees and rates
  - Prepare initial premium-equivalency rates for self-funded plans
  - Develop funding and contribution strategies
  - Assist with annual budget projects, as needed

- **VENDOR AND CARRIER MARKETING**
  - Develop strategy to identify goals
  - Determine vendor selection criteria
  - Analyze market place and vendor/carrier options, as requested
  - Prepare and distribute RFP with Purchasing Section to competitive vendors and carriers
  - Support vendors and carriers through competitive bidding/proposal process
  - Evaluate vendor and carrier proposals
  - Compile due diligence of finalist
  - Negotiate financial/contractual terms and funding arrangements
  - Compare with incumbent vendor/carrier and identify finalists
  - Facilitate decision-making process
  - Review vendor/carrier contracts
o Communicate decisions to all vendors and carriers

o IMPLEMENTATION MANAGEMENT
  o Create timeline of expectations
  o Facilitate implementation meetings
  o Communicate coverage termination to incumbent, if applicable
  o Assist in the completion and delivery of placement paperwork
  o Provide progress updates in accordance with established timeline
  o Coordinate the ordering and delivery of employee communication an\& enrollment materials
  o Review vendor/carrier contracts
  o Attend or present group employee communication meetings

o CLAIMS ADVOCACY AND MANAGEMENT (AS NEEDED OR REQUESTED FOR GROUP)
  o Summary of plan cost
  o Review network utilization
  o Monitor high cost claimants
  o Data Mining and Plan Modeling
  o Claimant cost range analysis
  o Cost and utilization review
  o Comparison of plan cost to aggregate to stop-loss projections, if applicable

o PLAN BENCHMARKING
  o Compare plan design and financial norms
  o Provide access to Mercer National Survey (If requested)

o EMPLOYEE COMMUNICATION EDUCATION
  o Prepare Annual Enrollment Benefit Guide
  o Open enrollment group meeting presentation
  o Payroll stuffers, posters, newsletter articles
  o Group education meetings on various benefits-related topics
  o As desired, assist with drafting and distribution of employee surveys

o LEGAL & COMPLIANCE ASSISTANCE
  o Provide ongoing Benefits Briefings and Whitepapers
  o Review plan documents and summary plan descriptions
  o Access to attorney prepared Wrap Document assistance
  o Evaluate plan design to assist with compliance with State and Federal Regulations
  o Conduct periodic seminars and webinars on regulatory issues
  o Provide guidance on ERISA, FMLA, USERRA, COBRA, and HIPAA

o PPACA AND COMPLIANCE MANAGEMENT SERVICES
  o Contract impact analysis
  o Pay or Play Penalty cost and benefit analysis
- Cadillac-Plan forecasting and analysis
- Written recommendations
- “Grandfathered” status retention analysis

- **DAY-TO-DAY ADMINISTRATION & MANAGEMENT**
  - Claim problem resolution
  - Plan/policy interpretations
  - Provider network issues
  - Billing and eligibility issues
  - Contract review
  - Ongoing training to the Human Resources Division and legal office
  - HR consulting support

- **MERGER & ACQUISITION** (IF APPLICABLE)
  - Develop strategies to meet established objectives
  - Provide coverage comparison analysis
  - Provide recommendations for plan design, carrier selection, and funding mechanisms
  - Assist with employee meetings to introduce integrated program(s) or changes

- **ADDITIONAL SERVICES** (May be requested)
  - Benefits Administration/Call Center Services
  - Dependent eligibility audit
  - Prescription drug program analysis
  - Claims audit
  - Wellness program development and management
  - HR audits
  - Employee handbook review
  - Harassment training
  - Interviewing guide
  - Actuarial support
  - COBRA administration services
  - Section 125 administration services and testing
  - Health Reimbursement Arrangement (HRA) administration services
  - Health Savings Account (HAS) administration services
  - MMA Planning Analytics for Total Health (PATH)

At the discretion of the Department, firms submitting proposals may be requested to make oral presentations or be interviewed as part of the evaluation process.
EVALUATION CRITERIA

By use of numerical and narrative scoring techniques, proposals will be evaluated by the Department against the factors specified below. The relative weights of the criteria—based on a 100-point scale—are shown below.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
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<tbody>
<tr>
<td>1. Qualifications, experience, references, and ability to carry out the</td>
<td>40 points</td>
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<tr>
<td>described work</td>
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<td>2. Compliance, communications, differentiation (unique/added value) and</td>
<td>30 points</td>
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<tr>
<td>administrative support</td>
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<tr>
<td>3. Cost of Proposer’s Services</td>
<td>20 points</td>
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<tr>
<td>4. Other factors, including completeness of the proposal, clarity and</td>
<td>10 points</td>
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<td>organization, and adherence to the RFP instructions.</td>
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PROPOSAL OUTLINE

To simplify the review process and to obtain the maximum degree of comparability, the proposals should include the following items and be organized in the manner specified below.

1. Letter of Transmittal

   A letter of transmittal briefly outlining the firm’s understanding of the work and general information regarding the firm and individuals to be involved is limited to a maximum of two pages. The letter should clearly identify the local address of the office of the firm performing the work, the telephone number, and the name of the authorized representative. The letter shall include a clear statement from Proposer that this offer is binding and shall remain open for 120 days from the due date of this RFP and acknowledges that its proposal cannot be withdrawn within that time without the written consent of the Department.

2. Table of Contents

   Include a table of contents that identifies the material by section, page number, and a reference to the information to be contained in the proposal.

3. Solicitation Form

   The Solicitation Form included in the RFP shall be included here.

4. Profile of Firm Proposing

   Clearly identify each response by number and letter in your proposal (ex, 4.a.).
a. State whether the firm is a local, national, or international firm and include a brief
description of the size of the firm including whether it is privately held or publicly traded;

b. State whether the proposer is a qualified small or minority-owned business, women’s business
enterprise or labor surplus area firm. The Department encourages and recommends that
Proposers comply with the Affirmative Action Program as administered by the Director of Human
Relations, City of Kansas City, Missouri. It is encouraged that Proposer(s) partner with
Minority/Women Business Enterprises to provide employment opportunities to the
disadvantaged;

c. State whether the firm is in compliance with the registration and permit requirements to do
business in Missouri. The successful Proposer must comply with all State of Missouri laws,
which are applicable in this area. The BOPC encourages and recommends that respondents
comply with the “Missouri Domestic Products Procurement Act”, 34.350, et. seq., RSMo;

d. Provide information on your organization and how long you have been in business;

e. Include whether your firm is engaged in other lines of business;

f. Provide an annual report or other documentation exhibiting the financial health of your firm,
including profit and loss, assets and liabilities and other relevant information;

g. Disclose any conditions that may impact your ability to fulfill contractual obligations (e.g.
bankruptcy, pending litigation, planned office closures, impending mergers);

h. Disclose whether there are any disciplinary actions on file with the state insurance
commissioner against your firm; and

i. Describe the local office and a brief description of the team that would be assigned to the
Department and include:
   i. An organizational chart relevant to the team being proposed, identify who
      the Department’s first point of contact would be, who would provide back-
      up coverage and what the escalation process is;
   
   ii. How many clients or volume of customer support the team is normally
      responsible for

   iii. Describe the firm’s policy on notification of changes in key personnel.

5. Qualifications

Clearly identify each response by number and letter in your proposal (ex, 5.a.).

a. What is your approach when shopping for bids or negotiating renewals, and how would you
differentiate the Department to insurers? How would the Department benefit from your
market position?

b. Briefly describe the firm’s system of quality control to ensure the work meets a high quality
standard.
c. Briefly describe how familiar you are with products and carriers for all lines of coverage including health, stop loss/reinsurance, wellness, dental, vision, life, disability, long-term care and voluntary benefits and how you determine which carrier’s products to review for renewal purposes;

d. Describe how you stay up-to-date on the law regarding this area and types of training and updates provided to your clients;

e. Describe whether you have experience with clients that are similar to the Department’s industry and employer type (e.g. law enforcement, municipal, etc.) and how long you have worked with these clients; and

f. Include five client references, including three current clients and two clients that you either lost or terminated services with you in the past three years.

6. **Scope of Services and Proposed Project Schedule**

Clearly identify each response by number and letter in your proposal (ex, 6.a.). Briefly describe the firm’s understanding of the scope of services to be provided, including but not limited to:

a. What your role is in the management of the benefit plans including evaluating health related risks, offering suggestions on how to reduce the company’s claims experience and premiums, and assisting with escalated claims resolution/issues;

b. Include whether your firm employs an in-house actuary for providing detailed analysis of claims data, stop loss risk, workforce demographic analysis, funding options, trends, premium ratios, reserves, IBNR reporting and actuarial value of plan design changes. If yes, please provide credentials;

c. Does your firm assist with recommendations for setting employee contributions? Do you provide benefit rate sheets with COBRA rate equivalents and imputed income calculations? If so, please provide a sample;

d. Describe how your firm stays current with state regulations that impact Missouri employers and what resources you provide to your clients to stay compliant;

e. Include whether your firm employs an in-house benefits/compliance attorney. If so, please provide his/her credentials and examples of communications provided to clients. If not, do you use an external benefits/compliance attorney and if so, which firm do you use?

f. What resources do you provide to help manage benefits and outline a benefits strategy? Please provide a sample of the materials and reports that you use as a part of your regular reviews;

g. What tools do you use to stay on top of any ongoing or outstanding action items;

h. What benchmarking surveys do you use/provide to determine whether the Department’s benefits/renewal proposals are competitive with similar organizations;

i. Describe the technology tools you use and any you make available to your clients and if there are plans in place to enhance your current technology/tools;
j. What role does your firm play in facilitating Open Enrollment? Please provide examples of any communications;

k. Does your firm provide any value added benefits (e.g. wellness program, benefits enrollment systems, health care advocacy)? If so, are there additional fees for these services;

l. Identify which Account Managers would most likely be assigned to work with the Department through your firm; and

m. Please provide a sample client service agreement and the list of carriers to which you would bid the Department’s services.

7. Fees and Compensation

Pricing submissions are to be made separately from the Proposal. Do not include pricing information in the main body of the Proposal. Provide all fees to be assessed to the Department for Scope of Work (clearly identify each response by number and letter in your proposal (ex, 7.a.)):

a. Quote an annual total flat fee for completing all requirements outlined in the Scope of Work for an initial year term and for the potential four (4) year option terms that may follow;

b. Describe what your proposed policy would be on receiving commissions or other sources of income you may receive in connection with services provided to the Department and how it would be disclosed:

c. Describe whether you provide a Performance Guarantee and if so, provide a sample copy;

d. The frequency and timing of the firm’s billing process; and

e. Cost of additional related services not included in the Scope of Services that you anticipate might be used by the Department.

Pricing must include all cost associated with proposal and state whether it will be subject to commission. Price quotes shall not include all federal and state excise tax.

8. Exceptions to Contract Requirements

Any exceptions to the requirements of the sample contract shall be noted in the proposal. The Department shall have no obligation to accept any exceptions and may reject any proposal noting exceptions to its contract requirements.

REVIEW PROCESS

During the evaluation process, the Department reserves the right, where it may serve its best interest, to request additional information or clarifications from Proposer or to allow corrections of errors or omissions. The Department may, at its discretion, request interviews/presentations by or a meeting with any or all firms, to clarify or negotiate modifications to the firm’s proposal. However, the Department reserves the right to make an award without further discussion of the proposals submitted. Therefore, proposals should be submitted initially on the most favorable terms, from both technical and price
standpoints, that the firm can propose. The Department contemplates award of the contract to the responsive, responsible firm whose proposal is the most advantageous to the Department.

COOPERATIVE PROCUREMENT WITH OTHER JURISDICTIONS:

1. This section is optional, it will not affect bid award. If the Board of Police Commissioners awarded you the proposed contract, would you sell the exact items as specified in this proposal, under the prices and terms of this contract to any Municipal, County, Public Utility, Hospital, Educational Institution, or any other non-profit organization having membership in the Mid-America Council of Public Purchasing (MACPP) and located within the Greater Kansas City Metropolitan Trade Area? (All deliveries shall be F.O.B. Destination and there shall be no obligations on the part of any member of said Council to utilize this Contract).

   YES___NO___

   INITIALS: ____

2. Sales will be made in accordance with the prices, terms, and conditions of the Invitation for Proposal and any subsequent term contract.

3. There shall, however, be no obligation under the cooperative procurement agreement for any organization by MACPP to utilize the proposal or contract unless they are specifically named in the Invitation for Proposal as a joint respondent.

4. All sales to other jurisdictions will be made on purchase orders issued by that jurisdiction. All receiving, inspection, payments and other contract administration will be the responsibility of the ordering jurisdiction.

5. The principal contracting officer (PCO) is responsible to handle the solicitation and award the contract. The Board of Police Commissioners has sole authority to modify the contract and the PCO to handle disputes regarding the substance of the contract. The PCO is Trina Canady Kansas City, Missouri Police Department.

6. Each jurisdiction that is a party to the joint bid has authority to act as Administrative Contracting Officer with responsibility to issue purchase orders, inspect and receive goods, make payments and handle disputes involving shipment to the jurisdiction.
Federal Award Verification Form

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<th>City, State, Zip Code:</th>
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<th>Phone Number:</th>
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We here by certify:

Vendor certifies that neither it nor its principals are suspended or debarred from contracting for goods or services that are purchased from federal awards.

__________________________
Signature of Authorized Person Certifying

Date

__________________________
Print Name and Title
REFERENCE INFORMATION SHEET

List current customer references that acquired services and products from your company.

1. Company Name: ________________________________________________
   Address: _______________________________________________________
   Contact Person: _________________________________________________
   Phone Number: _________________________________________________
   Description of services and or products purchased through your company:

2. Company Name: ________________________________________________
   Address: _______________________________________________________
   Contact Person: _________________________________________________
   Phone Number: _________________________________________________
   Description of service and or products purchased through your company:

3. Company Name: ________________________________________________
   Address: _______________________________________________________
   Contact Person: _________________________________________________
   Phone Number: _________________________________________________
   Description of services and or products purchased through your company:
Please list two references of companies that you have previously done business with:

4. Company Name: ____________________________________________
   Address: __________________________________________________
   Contact Person: _____________________________________________
   Phone Number: _____________________________________________

Description of services and or products purchased through your company:

5. Company Name: ____________________________________________
   Address: __________________________________________________
   Contact Person: _____________________________________________
   Phone Number: _____________________________________________

Description of services and or products purchased through your company:
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

   - [ ] Individual/sold proprietor or single-member LLC
   - [ ] C Corporation
   - [ ] S Corporation
   - [ ] Partnership
   - [ ] Trust/estate
   - [ ] Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶
   - Other (see Instructions) ▶

   Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4. Exemptions (codes only apply to certain entities, not individuals; see instructions on page 3):

   - Exempt payee code (if any) ▶
   - Exemption from FATCA reporting code (if any) ▶

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions. Requester’s name and address (optional)

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I
Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II
Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me; and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here
Signature of U.S. person ▶
Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of Information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is Backup withholding, later.
Name of Organization (as registered with IRS):

Registered Name: ____________________________ Phone: (______) ____________________________

Address: __________________________________ Fax: (______) ____________________________

City, State & Zip: ____________________________ Email: ____________________________

Website: ____________________________

List Any applicable “Doing Business As” (“DBA”) Names:

__________________________________________________________________________

__________________________________________________________________________

Vendor Category:

[ ] Manufacturer [ ] Wholesaler [ ] Retailer [ ] Distributor [ ] Service

Vendor Type:

[ ] Individual [ ] Partnership [ ] Corporation

Minority Business: [ ] Yes [ ] No Type: [ ] African American [ ] Asian [ ] American Indian [ ] Hispanic [ ] Other, Specify: ____________________________

Women Owned Business: [ ] Yes [ ] No

Disadvantaged Business: [ ] Yes [ ] No

If you answered yes to either of the above questions, you MUST indicate below the primary agency with which your special status is registered.

__________________________________________________________________________

__________________________________________________________________________

Payment Terms:

Old Addresses: If this is an update request, there may be an attached list of all addresses currently on file for your business. If so, please make any corrections or deletions directly on the sheet and return it with this form.

New Addresses: Please list ALL addresses not on the above mentioned attachment for your company on a separate sheet. You must clearly indicate to which address orders and bids should be sent and to which addresses payments should be sent. If any part of your “DBA” names had addresses associated with them, please indicate. Each address MUST have an accompanying phone number (including FAX number if applicable).

W-9 Information: You MUST complete and return the enclosed Form W-9 regardless of whether or not you will be providing any services you feel qualify you to receive a Form 1099. If you are incorporated, please indicate so in the name block and in the vendor type of the form.

Person Completing This Form:

Name: ____________________________ Title: ____________________________

Signature: ____________________________ Phone Number: ____________________________

Date Signed: ____________________________

FORM 5174 P.D. (8-2016)