

**BENEFITS CONSULTANT**

**EVALUATION MATRIX**

<b>PROPOSERS: EVALUATION COMMITTEE MEMBERS:</b>	Denny Stone Better Benefits LLC d/b/a Denny Stone	The Gehring Group, Inc.
GEORGE KELLER	60	80
RAELIN STOREY	74	93
TAMMIE HECHLER	78	95
<b>TOTAL SCORES</b>	<b>212</b>	<b>268</b>
<b>RANKINGS:</b>	<b>2</b>	<b>1</b>

(HIGHEST TOTAL = HIGHEST RANKED)

(N/R = NON-RESPONSIVE)





# CITY OF HOLLYWOOD, FLORIDA

## PROCUREMENT SERVICES DIVISION

### Solicitation Request Form

(Over \$25,000)

(Use for informal bids and formal Bids, RFPs, RLIs, RFQs)

Date 6.13.2016

Department/Office Human Resources

Division/Area Benefits

Contract Administrator Tammie Hechler

Title Director, Human Resources

Phone x3054

Email techler@hollywoodfl.org

1. Product/Service being requested (be specific.) Benefits Consultant

2. Detailed description of the products/services function and purpose. The purpose of this solicitation is to receive responses from qualified and experienced firms interested in providing a broad range of employee healthcare and benefits consulting services in support of the City's Employee and Retiree Benefits Program and in accordance with the terms, conditions and specifications contained herein. The selected firm shall give the City's projects top priority and appoint a lead management consultant with a staff of supporting consultants who will respond timely and effectively to the work required by the City.

Are there alternative products/services capable of performing the required function? \_\_\_\_\_

3. Has this product/service previously been formally solicited by the City of Hollywood?

Yes  No  Unsure

If yes, please provide previous solicitation number. \_\_\_\_\_

4. Has this product/service previously been formally solicited by another government agency?

Yes  No  Unsure

If yes, please provide details and copy if available. \_\_\_\_\_

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
BPO \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # \_\_\_\_\_  
(As Applicable)

5. Total estimated cost of the requested product/service? \$200,000.00

Has this cost been approved in your budget?  Yes  No

If yes, provide Account Number (s.) 58.1241.00000.540.009199

6. Formal Solicitations must be advertised for a minimum of 10 (ten) days and typically not more than 30 (thirty) days. How long is the Department/Office requesting to advertise this solicitation? 10 Days

7. Is a pre-bid meeting required?  Yes  No

If yes, are you requesting it to be mandatory?  Yes  No

8. Project location? Off Site/On Site/Phone/Email

9. Completion Time: Final completion of this project shall be in \_\_\_\_\_ calendar days once a Notice To Proceed (NTP) is given to the awarded vendor.

10. Are you requesting this formal solicitation require liquidated damages (liquidated damages are not penalties, they should represent the amount of monies the City will incur/lose if the project is not completed in require time?)

Yes  No

11. Please list any special licenses or certification require to bid. \_\_\_\_\_

12. Are there any outside entities assisting with this solicitation (i.e. Architect, Consultant, etc?)

Yes  No

If yes, please provide the information:

Entity \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

13. Are there attachments associated with this request?  Yes  No

14. Would this purchase(s) result in the potential of future purchases for related products/services being restricted to a particular vendor or create a specific vendor as sole source provider for related items?

Yes  No

If yes, please describe the related products/services and estimated cost(s.)

\_\_\_\_\_

15. Would this purchase(s) result in any future maintenance costs which are not included in the initial purchase?

Yes  No

If yes, please attach a draft maintenance plan which includes cost estimates and funding source(s.)

\_\_\_\_\_

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(As Applicable)

16. Is this a grant related purchase?  Yes  No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) \_\_\_\_\_

Will this require matching funds?  Yes  No

What is the grant source? \_\_\_\_\_

What is the grant (dollar) amount? \_\_\_\_\_

17. Does this solicitation for product/service work in conjunction with any other Department/Office or will it impact any other Department/Office?  Yes  No

If yes, please provide details on Department/Office and how. \_\_\_\_\_

Signature(s) below of other Department/Office Director(s) indicates they have reviewed and agree to this Request Form.

Tammie Lechten Human Resources  
Signature Department/Office

\_\_\_\_\_  
Signature Department/Office

18. Please provide the names of suggested evaluations committee member:

(NOTE: Committee members shall not be direct reports.)

George Keller ACM - Finance + Administration  
Tammie Hochler Human Resources Director  
Raelin Storey Director - Public Affairs / Marketing

19. Please provide any specific vendor(s) to be included in the notification of these solicitations.  
Already provided.

To be completed by Procurement Services Division upon award recommendation

Advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched	Search Results
_____	_____
_____	_____
_____	_____

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(As Applicable)

\_\_\_\_\_  
Contract Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

*James J. Decker*  
Director's Signature

*6.13.16*  
Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:	<i>Ryan Dierker</i>	Date	<i>6/17/16</i>
Approved By:	<i>Paul H. King</i>	Date	<i>6/17/2016</i>

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