

DRUG –FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that _____ does:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Bidder's Signature

Date

Name & Title of Signer

Company: _____

Bid/RFP/PO: 2011-05

**CERTIFICATION OF
NONSEGREGATED FACILITIES**

By the submission of this bid, the bidder, offeror, applicant, or subcontractor certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location under his control, where segregated facilities are maintained. He certifies further that he will not maintain or provide for his employees any segregated facilities at any of his establishments, and that he will not permit his employees to perform their services at any location, under his control where segregated facilities are maintained. The bidder, offeror, applicant, or subcontractor agrees that a breach of this certification is a violation of the Equal Opportunity Clause in this contract. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on this basis of race, color, religion or national origin, because of habit, local custom, or otherwise. He further agrees that (except where he has obtained identical certifications from proposed subcontractors for specific time periods) he will obtain identical certifications from proposed subcontractors prior to the award of subcontracts or purchase orders exceeding \$10,000; that he will retain such certifications in his files and make them available to the Emerald Coast Utilities Authority upon request.

Provided, however, that such certifications shall not be required in the case of purchase orders or contracts which, in case of a Federal Government contract or subcontract, would be exempt from compliance with the Equal Opportunity Clause by 41 CFR S60-1.5. This section provides for the exemption of transactions not exceeding \$10,000, contracts and subcontracts for indefinite quantities established not to exceed \$10,000 in any contract year, contracts with certain educational institutions, work on or near Indian reservations, facilities (including, but not limited to, agencies, instrumentalities or subdivision of state or local government) which are separate and distinct from activities of the prime contractor or subcontractor related to the performance of the contract or subcontract, and emergencies involving national security.

Signature

Date

Name & Title of Signer

EQUAL OPPORTUNITY CLAUSE

During the performance of this contract, the contractor agrees as follows:

- 1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employee and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
- 2) The contractor will in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.
- 3) The contractor will send to each labor union or representative of workers which he has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the contractor's commitments under Section 202 of Executive Order 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- 4) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further contracts with the Emerald Coast Utilities Authority. Provided, however, that no such action shall be taken without prior notice to the contractor and an opportunity for a hearing before the governing Board of the Emerald Coast Utilities Authority or its designee.
- 5) The contractor will include the provisions of paragraphs (1) through (4) in every subcontract or purchase order for an amount exceeding ten thousand dollars (\$10,000) in any twelve (12) month period, so that such provisions will be binding upon each subcontractor or vendor.

Signature

Date

Name & Title of Signer

Company Name

EMERALD COAST UTILITIES AUTHORITY
Request for Proposal – RFP Number 2011-05
EMPLOYEE BENEFITS AND INSURANCE
PROPOSER'S CERTIFICATION

I have carefully examined the Request for Proposal, Instructions, Terms and Conditions, Scope of Services, Bid forms and all other documents accompanying or made a part of RFP Number 2010-01.

I hereby propose to furnish the commodity or services specified in the Request for Proposal at the prices or rates quoted in my proposal. I agree that my proposal will remain firm for a period of ninety (90) days in order to allow the ECUA adequate time to evaluate the proposals.

I certify that all information contained in this Request for Proposal is truthful to the best of my knowledge and belief. I further certify I am duly authorized to submit this proposal on behalf of the vendor/contractor as its act and deed and that the vendor/contractor is ready, willing and able to perform if awarded this Bid/Proposal.

I further certify, under oath, that this bid/proposal is made without prior understanding, agreement, connection, discussion or collusion with any other person, firm or corporation submitting a bid/proposal for the same commodity or service; no officer, employee or agent of the ECUA or of any other bidder/proposer interested in said bid/proposal; and that the undersigned executed this bidders/proposers certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so. The ECUA will not be responsible for any alleged misunderstanding of the services to be provided or any misunderstanding of conditions surrounding the performance thereof.

Name of Business: _____.

By: _____

Signature

Mailing Address:

Phone:

Fax:

Email:

State of _____

County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 2011 by _____.

Notary Public – State of Florida

- () Personally Known
- () Produced Identification _____



Health Insurance Proposal Response Form
Effective January 1, 2012

Monthly Premium Amounts Benefit Package			
Active Employees 2 Tier	<u>Primary Plan</u>	<u>Buy Down</u>	<u>HSA Qualified Plan</u>
Employee	\$ _____	\$ _____	\$ _____
Employee+Spouse & Child(ren)	\$ _____	\$ _____	\$ _____
Length of Rate Guarantee	_____		

Authorized Company Representative

Name/Title: _____

Company: _____

Signature: _____

Date: _____



Health Insurance Proposal Response Form
Effective January 1, 2012

Monthly Premium Amounts Benefit Package			
Active Employees Optional - 4 Tier	<u>Primary Plan</u>	<u>Buy Down</u>	<u>HSA Qualified Plan</u>
Employee	\$ _____	\$ _____	\$ _____
Employee+Spouse	\$ _____	\$ _____	\$ _____
Employee+Child(ren)	\$ _____	\$ _____	\$ _____
Employee+Spouse & Child(ren)	\$ _____	\$ _____	\$ _____
Length of Rate Guarantee _____			

Authorized Company Representative

Name/Title: _____

Company: _____

Signature: _____

Date: _____



Health Insurance Proposal Response Form
Effective January 1, 2012

Monthly Premium Amounts			
Benefit Package			
Retirees	<u>Primary Plan</u>	<u>Buy Down</u>	<u>HSA Qualified Plan</u>
3 Tier			
Employee	\$ _____	\$ _____	\$ _____
Employee+Spouse	\$ _____	\$ _____	\$ _____
Employee+Family	\$ _____	\$ _____	\$ _____
Length of Rate Guarantee	_____		

Authorized Company Representative

Name/Title: _____

Company: _____

Signature: _____

Date: _____



Life Insurance Proposal Response Form
Effective January 1, 2012

Monthly Premium Amounts
Benefit Package

Employer Paid Life: \$_____ per \$1,000

Employer Paid AD&D: \$_____ per \$1,000

Voluntary Life:	Age (As of January 1)	Rate (Per \$1,000)
<u>Employee:</u>	<30	_____
	30-34	_____
	35-39	_____
	40-44	_____
	45-49	_____
	50-54	_____
	55-59	_____
	60-64	_____
	65-69	_____
	70-74	_____
	75+	_____

Spouse & Children:

Option 1: \$5,000 Spouse / \$2,000 Child(ren) _____

Option 2: \$7,500 Spouse / \$3,000 Child(ren) _____

Option 3: \$10,000 Spouse / \$4,000 Child(ren) _____

Length of Rate Guarantee _____

Authorized Company Representative

Name/Title: _____

Company: _____

Signature: _____

Date: _____



Disability Insurance Proposal Response Form
Effective January 1, 2012

Monthly Premium Amounts
Benefit Package

Employer Paid Long Term Disability: \$_____ per \$100/payroll

Optional Enhanced Long Term Disability: \$_____ per \$100/payroll

Voluntary Short Term Disability: \$_____ per \$100/benefit
(14/14, 90 days)

Voluntary Enhanced Short Term Disability: \$_____ per \$100/benefit
(14/14, 180 days)

Length of Rate Guarantee _____

Authorized Company Representative

Name/Title: _____

Company: _____

Signature: _____

Date: _____



Dental Insurance Proposal Response Form
Effective January 1, 2012

Monthly Premium Amounts Benefit Package		
	<u>High Option</u>	<u>Low Option</u>
Employee	\$ _____	\$ _____
Employee+Spouse & Child(ren)	\$ _____	\$ _____
Length of Rate Guarantee	_____	

Authorized Company Representative

Name/Title: _____

Company: _____

Signature: _____

Date: _____