



**UNIVERSITY OF CENTRAL ARKANSAS
PROCUREMENT OFFICE
201 DONAGHEY AVENUE WINGO HALL STE. 113
CONWAY, AR 72035**

**REQUEST FOR PROPOSAL
Section 125 & COBRA Administration Services
RFP#UCA-25-043**

**PROPOSALS MUST BE RECEIVED BEFORE:
9:00 A.M. Central Time on Tuesday, February 18, 2025**

Proposal Delivery and Opening Location

University of Central Arkansas
201 Donaghey Ave.
Wingo Ste.113
Procurement Dept.
Conway, AR 72035
Attn: Meghan Cowan

PROPOSALS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED ABOVE. THE PROPOSAL ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE PROPOSAL NUMBER, DATE AND HOUR OF PROPOSAL OPENING AND COMPANY'S RETURN ADDRESS

SECTION 1: INSTRUCTIONS TO BIDDERS

Proposal Due Date & Submission:

The deadline for receipt of proposals is no later than 9:00 a.m. (CST) February 18, 2025. Please send one (marked "original") hard copy, five (5) electronic copies (clearly identified) and one (1) redacted electronic copy on flash drives of your organization's proposal to:

University of Central Arkansas
Procurement Department
201 Donaghey Ave. Wingo 113
Conway, AR 72035
Attn: Meghan Cowan

Addendum or amendments, if any, shall be signed, dated and included with the respondent's proposal submission. Failure to do so may be cause for the rejection of the proposal.

COST PROPOSAL MUST BE INCLUDED UPON SUBMISSION, BUT SEALED SEPARATELY. DO NOT INCLUDE IN ELECTRONIC COPIES. Cost Proposal must be enclosed in a separate sealed envelope and marked as such. Any reference to cost(s) included with the technical/business proposal will result in offeror's proposal being rejected. The technical/business proposal will be evaluated prior to the cost proposal contents being reviewed.

All proposals must be executed by an authorized officer of the proposer and must be held firm for acceptance for a minimum period of 90 days after the opening date.

Addenda or amendments, if any, should be signed, dated and included with the respondent's proposal submission. Failure to do so may be cause for rejection of the proposal.

Acceptance of request for proposal issued by the Director of Procurement indicated by submission of a proposal by responder, will bind responder to the terms and conditions herein set forth, except as specifically qualified in any addendum issued in connection therewith. Any alleged oral agreement or arrangement made by a responder with any agency or Director of Procurement, or an employee of the campus will be disregarded.

Issuing Officer:

Meghan Cowan, Assistant Director of Procurement
Phone: (501) 450-3173
Email: meghanp@uca.edu

Contract Administrator and Project Officer:

Taylor May, Assistant VP of HR and Risk Management
Phone: (501) 450-5051
Email: tmay5@uca.edu

Anticipated Procurement Timeline:

The timeline below is to be followed by all parties. The University of Central Arkansas reserves the right to change or modify the dates below as necessary:

| | Date |
|--------------------------------------|-----------------------------------|
| Release Request for Proposal: | 01/16/2025 |
| Questions Emailed: | 01/24/2025 |
| Answers Emailed: | 01/31/2025 |
| RFP responses Due | 02/18/2025 at 9:00 P.M.CST |
| Proposals Reviewed By: | 03/10/2025 |
| Finalist/Presentations (if required) | Week of 03/31/2025- 04/04/2025 |
| UCA BOT Approval | 05/29/2025 |
| ALC Contract Review/Approval | May 2025 |
| Contract Effective* | 01/01/2026 |

*Implementation to being August 2025

Written questions must be submitted to the Issuing Officer. The closing date and time for receipt of questions will be January 24, 2025 at 3:00 p.m. All questions must be marked "Questions: and the proposal number indicated on the e-mail. Each question should reference the paragraph number. The questions will be answered in written form and e-mailed to all organizations that received a copy of the Request for Proposal.

Protest of Award

Within fourteen (14) days after the date that the proposer knew or should have known of the cause giving rise to protest, the prospective offeror must file a formal written notice of that protest with the Vice President of Finance. Failure to do so shall constitute a waiver of any rights to administrative decision under ACA Section 19-11-244. Further details on protesting wards may be obtained by contacting the Issuing Officer.

Payment and Invoice Provisions

All invoices shall be forwarded to the University of Central Arkansas Accounts Payable Department and must show an itemized list of charges by type of equipment, service, etc. Payment will be made in accordance with applicable State of Arkansas accounting procedures upon written acceptance by UCA Contract Administrator.

Intergovernmental/Cooperative Use of Proposal and Contract

In accordance with Arkansas Code §19-11-249, this proposal and resulting contract is available to any college or university in Arkansas that wishes to utilize the services of the selected proposer, and the proposer agrees, they may enter into an agreement as provided in this RFP.

Purpose

The University of Central Arkansas is requesting information from interested vendors to provide section 125 and cobra professional management services.

Proposal Analysis

This RFP is issued to establish the existence of qualified companies or individuals interested in performing section 125 and COBRA administration services for the University. The award may not be exclusive and UCA retains the right to utilize other individuals or companies to provide section 125 and COBRA administration services.

Evaluation Criteria and Contract Award Terms

The contract award will be a two-year term contract with the option to renew in one-year increments not to exceed a total of seven years. The contract resulting from this proposal may be canceled with a 90-day written notice. The University of Central Arkansas will select the plan that will best serve its employees for years for come.

An evaluation committee shall rank the interested firms based on their written proposals using the ranking system set forth below. Firms shall be evaluated on the following criteria.

Vendors who are selected for interviews will be evaluated based on the criteria in Phase I and Phase II below:

The rating scale shall be from 0 to 160 points for their technical proposal. Weighting factors for the criteria are listed adjacent to the qualification. Award will be made based on total cumulative points.

Technical Criteria (Phase I)

| | Weight |
|---|---------------|
| 1. Vendor's overall proposal content | 10 |
| 2. Vendor's response to the questions and information | 30 |
| 3. Cost of benefits/services proposed | 30 |
| 4. Evidence of ability to provide the requested services | 20 |
| 5. Recommendations and/or references from 3 rd parties indicating the respondent's past performance. | 10 |
| 6. Presentation | 60 |

Total Possible 160

Cost Proposal Criteria (Phase II)

**Weight
30**

The awarding of the cost proposal points will be conducted by the UCA Procurement Department and reviewed by the evaluation committee appointed by the University of Central Arkansas.

The awarding of cost proposal points will be determined by the following sample formula:

a/b x c=points awarded
a=lowest cost proposal
b=second lowest cost proposal
c=30 total points

Presentation & Interview Criteria (Phase III)

Weight

- 1. Presentation **15**
- 2. Response to Questions **15**
- 3. Overall Interaction and Project Approach **20**
- 4. Remaining in Allotted Timeframe **10**

Total Possible 60

The following approach will be used in evaluating the proposals:

- Review the proposals.
- Select finalist(s) based on the highest scores.
- Schedule presentations and interviews of finalist.
- Select the vendor based on the top score for the presentation and interview criteria in Phase III.

SECTION 2

Populations

There are approximately 1,350 benefit eligible employees within the university. We average around 15 COBRA participants each month and we currently offer the following Section 125 plans.

| Section 125 Plans | 2024 Participation | 2023 Participation |
|---|---------------------------|---------------------------|
| Health Savings Account | 245 | 264 |
| Flexible Spending Account | 212 | 206 |
| Limited Purpose Flexible Spending Account | 8 | 12 |
| Dependent Care Account | 31 | 29 |

Vendor Criteria and Scope of Work

UCA expects to have a close working relationship with its Section 125 and COBRA Administrator and requires that the company demonstrate a high degree of experience and proficiency in the conduct of the various functions performed. The Section 125 and COBRA Administrator should have extensive background in the areas mentioned within this RFP. In addition, UCA expects that its Section 125 and COBRA Administrator will comply with current industry standards and will maintain appropriate expertise at the company's own expense.

Section 125 Administration

- Consistency and accuracy in responses to participants and HR Staff
- Excellent customer service with timely response
- State of the art technology with enhanced web capabilities
- Fully integrated debit card

COBRA Administration

- Accuracy and timeliness with COBRA notices and procedures
- Compliance with COBRA requirements
- Advanced technology with on-line access for HR Staff
- Excellent reporting capabilities
- Timely and accurate customer service for HR staff and COBRA participants

Proposal Requirements

The information listed below is required to be submitted and should be organized in the order listed below to facilitate the proposal review process.

Organization and General Administration Questionnaire

1. Provide the history and background of your organization, including legal name, address and description of ownership.
2. Table of Contents.
3. How long has your company been providing Section 125 administrative services? How long has your company been providing COBRA administrative services? Where is your company headquartered? How many clients do you have?
4. Where are the locations of the administrative offices that will service the UCA account?
5. Describe the experience and qualifications of the account management team assigned to UCA. Identify the primary contact person, and personnel who will be responsible for managing Section 125 and COBRA services, including professional resume information and assigned responsibilities to UCA.
6. Where will processing of the reimbursement requests be made?
7. Is your company owned by or affiliated with any insurance company offering supplemental voluntary products.

8. Is your proposed service and/or fees proposal conditioned in any way upon any supplemental product offerings or participation? If so, describe in detail.
9. What administrative contracts and agreements are required to be executed to UCA to implement a service contract with your company? Provide sample documents.
10. What are the latest ratings for your company? Include rating (if available) from A.M. Best, Moody's Investor Services, Standard & Poors Corporation, and Weiss. Provide ratings for each issuing insurance company and not parent company rating information only.
11. What factors will influence the performance of services and the renewal fee in subsequent contract periods?
12. What services are not included within the proposed monthly fees for administrative services? Describe in detail the additional services associated costs.
13. To what degree are administrative fees or expenses for communications, enrollment, or Section 125 and COBRA administration subsidized or paid by your company?
14. What is the implementation schedule(s) proposed by your company for the proposed services and/or insurance options?
15. What service advantages make your company uniquely qualified to provide Section 125 and COBRA administrative services?
16. Please provide detailed information regarding any legal action taken against your company.
17. Does your company provide proposals through multiple agents, brokers, or consultants.
18. Please confirm that your company has errors and omissions insurance and professional liability coverage and detail the levels of coverage.
19. Confirm that you hold all appropriate licensure(s) for providing Section 125 and COBRA Administration Services in the State of Arkansas. Provide a list of the licenses/certifications held by your organization.
20. Can your company represent these products on behalf of the University in all 50 states?
21. Please identify any known conflicts of interest that would exist between your future relationship with the University and your relationship with other clients.

Section 125 Administration

1. What resources are available to UCA relating to the operation of our Section 125 benefit plans services, including sample plan documents, compliance notifications and technical support for rules and regulatory changes affecting Section 125 plans services?
2. What responsibilities are required of the plan sponsor in assisting your company with the administration of participant salary reductions?
3. What type of enrollment information and eligibility data is requested from the employer and/or employee to enroll eligible participants?

4. What reporting will be available to the UCA team relating to the participation and the salary reduction amounts elected by plan participants? How often will we have access to these reports?
5. What resources will plan participants have to monitor their year-to-date elections, submit reimbursement requests and get status updates of reimbursement requests?
6. What documentation is required to assure that reimbursement requests meet the definition of eligible expenses under Section 125? Dependent care accounts?
7. What communications are available to inform participants of remaining balances- unused salary reduction deposits, during the fourth quarter of each calendar year? The first calendar quarter deadline for filing prior year expenses?
8. What ranges of participation would be considered reasonable for healthcare spending accounts? Dependent care accounts? What levels of participation (for each option) would be considered highly successful for a group similar to UCA?
9. What is the definition of a claim for purposes of determining processing efficiency?
10. Will your company make final determinations of claims eligibility for healthcare reimbursement requests? Dependent care reimbursements? If not, what third party vendor do you work with?
11. What is the average turnaround time for processing healthcare reimbursement claims? Dependent care claims?
12. How are reimbursements under Section 125 delivered to the participant?
13. Will UCA HR staff have direct access to benefits participation and coverage information.
14. What educational materials for regulatory compliance are available to UCA?
15. What performance agreements are available from your organization concerning Section 125 administrative services? Compliance with IRS rules and regulations?
16. What options are available for transmitting salary reduction elections, including the banking arrangements for participant deposits? Please describe this process in detail.

COBRA Administration

1. How does your system identify and process all potential COBRA qualifying events, including termination of employment, reduction in hours, divorce, death, and dependent age-out.
2. Describe the process for delivering COBRA election notices to qualified beneficiaries, including the timeframe for delivery following a qualifying event and the methods used (mail, email, electronic portal).
3. How do you manage the COBRA election period, ensuring qualified beneficiaries have sufficient time to make a decision and providing clear instructions on the election process? Include your process for open enrollment too.
4. Explain how you calculate COBRA premiums, including the basis for determining the premium amount (e.g., 102% of the group plan cost) and how you handle situations with multiple eligible beneficiaries.

5. What payment methods do you offer for COBRA premiums (e.g., online payments, ACH, mailed checks) and how do you manage late payments?
6. Describe the format of COBRA premium billing statements, including details on the breakdown of premium costs and payment due dates.
7. Do you provide a dedicated contact point for employees and beneficiaries with COBRA questions or concerns, and what are the available communication channels (phone, email, online portal)?
8. How do you plan to educate employees about their COBRA rights and responsibilities, including providing clear information on the election process and potential costs?
9. How do you ensure compliance with all federal and state COBRA regulations, including reporting requirements to the Department of Labor.
10. What types of reports can you generate regarding COBRA enrollment, premium payments, and qualifying events, and how often can these reports be provided?

Data and Technology

1. What security measures do you have in place to protect sensitive employee and beneficiary information related to Section 125 and COBRA coverage?
2. Please describe what benefit enrollment platforms you integrate with and the file transfer type used for integration.
3. When transmitting files, what type of encryption are you using and do you provide the SFTP server?
4. What investments in technology have been recently made or are anticipated in the near term to improve operational efficiencies?

SECTION 3:

- [Rules of Procurement](#) can be found [here](#).
- [UCA Standard Terms and Conditions](#) can be found [here](#).

UCA RIDER

Any contract or agreement to which the University of Central Arkansas is a party shall be deemed to have the following provisions incorporated by reference:

(1) “Notwithstanding any other provision of this agreement or contract, the University of Central Arkansas shall not be responsible or liable for any type of special or consequential damage to the other party, specifically including, but not limited to, lost profits or commissions, loss of goodwill, or any other damages of such nature.”

(2) “Notwithstanding any other provision of this agreement or contract, the University of Central Arkansas shall never indemnify or hold another party harmless from any damages, liability, claims, demands, causes of action or expenses. However, with respect to any loss, expense, damage, liability, claim or cause of action, either at law or in equity, for actual or alleged injuries to persons or property, arising out of any negligent act or omission by UCA, or its employees or agents, in the performance of this agreement, UCA agrees that:

(a) it will cooperate with the other party to this agreement in the defense of any action or claim brought against the other party seeking damages or relief;

(b) it will, in good faith, cooperate with the other party to this agreement should such other party present any claims or causes of action of the foregoing nature against UCA to the Arkansas State Claims Commission;

(c) it will not take any action to frustrate or delay the prompt hearing on claims of the foregoing nature by the Arkansas State Claims Commission, and will make reasonable efforts to expedite any hearing thereon.

UCA reserves the right, however, to assert in good faith any and all defenses available to it in any proceedings before the Arkansas State Claims Commission or any other forum.

Nothing herein shall be interpreted or construed to waive the sovereign immunity of UCA.”

(3) “The University of Central Arkansas does not have any form of general liability insurance. It does have liability insurance coverage on vehicles, as well as certain professional liability coverage for clinical programs (and students assigned through those programs). Please contact the university department with responsibility for the program involved or the Office of General Counsel, if you have questions concerning insurance coverage.”

Attachment #1-Signature Certification Page

Description: Section 125 and COBRA Administration

Proposal Number: UCA-25-043

Issue Date: January 16, 2025

Buyer: Meghan Cowan

Bid Opening Date: February 18, 2025

Bid Opening Time: 9:00 A.M. CST

Company Name: _____

Name (Type or Print) _____

Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

FAILURE TO PROVIDE A TAXPAYER IDENTIFICATION NUMBER MAY RESULT IN BID REJECTION:

Federal Employer Identification Number or Social Security Number

The undersigned affirms that they are duly authorized to execute this contract, that this bid has not been prepared in collusion with any other Offeror, and that the contents of this bid have not been communicated to any other Offeror or any employee of University of Central Arkansas prior to the official review of this bid. **THE BID MUST BE SIGNED. UNSIGNED BIDS WILL NOT BE CONSIDERED.**

Signature: _____

Attachment #2-Proposer References

Submission of this attachment is mandatory. Failure to complete and return this attachment with your bid may cause your bid to be rejected and deemed non-responsive.

List below three higher education references for services performed within the last five years, which are similar to the scope of work to be performed in this contract.

REFERENCE 1

| | | | |
|---------------------------------------|------------------|-------|----------|
| Name of Firm | | | |
| Street Address | City | State | Zip Code |
| Contact Person | Telephone Number | | |
| Email Address | | | |
| Dates of Service | | | |
| Value or Cost of Service | | | |
| Brief Description of Service Provided | | | |

REFERENCE 2

| | | | |
|---------------------------------------|------------------|-------|----------|
| Name of Firm | | | |
| Street Address | City | State | Zip Code |
| Contact Person | Telephone Number | | |
| Email Address | | | |
| Dates of Service | | | |
| Value or Cost of Service | | | |
| Brief Description of Service Provided | | | |

REFERENCE 3

| | | | |
|---------------------------------------|------------------|-------|----------|
| Name of Firm | | | |
| Street Address | City | State | Zip Code |
| Contact Person | Telephone Number | | |
| Email Address | | | |
| Dates of Service | | | |
| Value or Cost of Service | | | |
| Brief Description of Service Provided | | | |

Attachment #3-UCA Section 125 & COBRA Administration Services Cost Proposal

| Service Categories | Monthly Fees* |
|--|---------------|
| Health Savings Account | \$ |
| Flexible Spending Account | \$ |
| Limited Purpose Flexible Spending Account | \$ |
| Dependent Care Account | \$ |
| Healthcare & Dependent Care Accounts | \$ |
| Other (Communication Materials, Forms & Documents, Enrollment, etc.) | \$ |
| Training Sessions | \$ |
| Other Services | \$ |
| Section 125 grand total | \$ |
| COBRA grand total | \$ |

*All fees should be clearly described as to payment basis per employee monthly, fixed charge.

Guaranteed Rate Period: _____ (years)

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Contact Name for RFP (Type or Print): _____

Email: _____

FAILURE TO PROVIDE A TAXPAYER IDENTIFICATION NUMBER MAY RESULT IN BID REJECTION:

Federal Employer Identification Number or Social Security Number

The undersigned affirms that they are duly authorized to execute this contract, that this bid has not been prepared in collusion with any other Offeror, and that the contents of this bid have not been communicated to any other Offeror or any employee of University of Central Arkansas prior to the official review of this bid. **THE BID MUST BE SIGNED. UNSIGNED BIDS WILL NOT BE CONSIDERED.**

Signature of Authorized Official: _____

NOTE:

1. Any cost not identified by the bidder but subsequently incurred in order to achieve successful operation of the equipment/service will be borne by the vendor.
2. The fees will include the services and requirements described in this request for proposals. **COST PROPOSAL MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE.**
3. All charges associated with the work to be performed shall be included on this Official Cost Proposal Sheet and shall be valid for 90 days following the proposal opening.
4. Failure to use the Cost Proposal Sheet may result in disqualification of proposal.
5. UCA reserves the right to accept, reject or negotiate any such proposal.

ATTACHMENT 4- EO POLICY

ATTENTION CONTRACTORS

Act 2157 of 2005 of the Arkansas Regular Legislative Session requires that any business or person bidding, responding to a request for proposal or qualifications, or negotiating a contract with the state for professional or consultant services, submit their most current equal opportunity policy (EO Policy).

Although contractors are encouraged to have a viable equal opportunity policy, a written response stating the contractor does not have such an EO Policy will be considered that contractor's response and will be acceptable in complying with the requirements of Act 2157.

Submitting the EO Policy is a one-time requirement. The UCA Procurement Department will maintain a file of policies or written responses received from bidders.

Effective August 2005, this is a mandatory requirement when submitting an offer as described above.

Should you have any questions regarding this requirement, please contact my office by calling (501) 450-3173.

Sincerely,

Cassandra McCuien-Smith, CPPO CPPB
Director of Procurement

To be completed by business or person submitting response: (check appropriate box)

_____ EO Policy Attached

_____ EO Policy previously submitted to UCA Procurement Office

_____ EO Policy is not available from business/person (must provide a written response)

Company Name Or Individual:

Title: _____ Date: _____

Signature: _____

ATTACHMENT 5

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who employs or contracts with an illegal immigrant. The Contractor shall certify that it does not employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term a resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Knowingly employ a Scrutinized Company as a subcontractor.

Contract Number: _____ Description: _____

Agency Name: University of Central Arkansas

Vendor Number: _____ Vendor Name: _____

Vendor Signature

Date

ATTACHMENT 6: CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____

Yes No

IS THIS FOR:

TAXPAYER ID NAME: Goods? Services? Both?

YOUR LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ --- COUNTRY: _____

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held | Mark (√) | | Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small> | For How Long? | | What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small> | |
|----------------------------------|--------------------------|--------------------------|---|---------------|-------------|--|----------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Relation |
| General Assembly | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Constitutional Officer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| State Employee | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

None of the above applies

FOR A VENDOR (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

| Position Held | Mark (√) | | Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small> | For How Long? | | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? | | |
|----------------------------------|--------------------------|--------------------------|--|---------------|-------------|--|------------------------|---------------------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Ownership Interest (%) | Position of Control |
| General Assembly | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Constitutional Officer | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| State Employee | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Agency Phone No. _____ Contract or Grant No. _____