CITY OF OPA-LOCKA

The City of Bright Opportunities

SPECIAL COMMISSION MEETING
Agenda

Tuesday, August 29, 2023
5:30 PM

Commission Chamber
780 Fisherman Street, 3rd Floor
Opa-locka, FL 33054

City Commission
Mayor John H. Taylor, Jr.
Vice Mayor Natasha L. Ervin
Commissioner Sherelean Bass
Commissioner Joseph L. Kelley
Commissioner Veronica Williams

Appointed Officials
Interim City Manager Darvin Williams
City Attorney Burnadette Norris-Weeks
City Clerk Joanna Flores, CMC

NOTE: All persons speaking shall come forward and give your full name and address, and the name and address of the organization you are representing.

There is a three (3) minute time limit for speaker/citizens forum and participation at all city commission meetings and public hearings. Your cooperation is appreciated in observing the three (3) minute time limit policy. If your matter requires more than three (3) minutes, please arrange a meeting or an appointment with the City Clerk prior to the commission meeting. City of Opa-locka Code of Ordinances Section 2-57

DECORUM POLICY

Any person making impertinent or slanderous remarks or who become boisterous while addressing the commission, shall be declared to be out of order by the presiding officer, and shall be barred from further audience before the Commission by the presiding officer, unless permission to continue or again address the commission be granted by the majority vote of the commission members. City of Opa-locka Code of Ordinances Section 2-58

NOTICE TO ALL LOBBYISTS

Any person appearing in a paid or remunerated representative capacity before the city staff, boards, committees and the City Commission is required to register with the City Clerk before engaging in lobbying activities. *City of Opa-locka Code of Ordinances Section 2-18*

FLORIDA STATUTES, CHAPTER 285.0105

"If a person decides to appeal any decision made by the Board, Agency or Commission with respect to the proceedings, and that, for such purpose, that person may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based."

PROCEDURES FOR PUBLIC PARTICIPATION

How to watch the meeting

Members of the public can watch public meetings and public hearings at https://www.youtube.com/user/CityofOpaLocka

City Commission Meetings are held in-person while allowing virtual participation. Members of the public wishing to address the Commission may do so in person or virtually.

To participate virtually, please register by the meeting start time via the City of Opa-locka website at www.opalockafl.gov.

CITY OF OPA-LOCKA

"The City of Bright Opportunities"

AGENDA
SPECIAL COMMISSION MEETING
August 29, 2023
5:30 PM

1. CALL TO ORDER:

2. ROLL CALL:

3. INVOCATION:

4. PLEDGE OF ALLEGIANCE:

5. PUBLIC INPUT:
(agenda items only)

6. DISCUSSION ITEMS:

1. Finance / Budget

2. Arabian Nights Festival

7. RESOLUTIONS:

1. **A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, AUTHORIZING THE INTERIM CITY MANAGER TO ENTER INTO RENEWAL INSURANCE CONTRACTS WITH AVMED, INC. AND METLIFE FOR MEDICAL, DENTAL, AND VISION INSURANCE FOR CITY EMPLOYEES; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE.** *Sponsored by City Manager*

2. **A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA APPROVING EXPENDITURES RELATED TO SPECIAL EVENTS HOSTED BY CITY COMMISSIONER JOSEPH L. KELLEY FOR THE REMAINDER OF FISCAL YEAR 2022-2023; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE.** *Sponsored by Commissioner Kelley*

3. **A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, AUTHORIZING A PROCUREMENT PROCESS FOR AN INDEPENDENT PROFESSIONAL BACKGROUND SCREENER TO CONDUCT A LEVEL 2 BACKGROUND SCREENING AND ALL OTHER BACKGROUND CHECKS NECESSARY TO COMPORT WITH THE CITY'S ESTABLISHED**

PROCEDURES FOR THE SELECTION OF A CITY MANAGER; REQUIRING BACKGROUND CHECKS ONLY FOR SHORTLISTED CANDIDATES FOR THE POSITION OF CITY MANAGER; PROVIDING FOR INCOPORATION OF RECITALS; PROVIDING FOR CONFLICT; PROVIDING FOR AN EFFECTIVE DATE. *Sponsored by Vice Mayor Ervin*

4. **A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, APPROVING SUBMITTED LEGAL INVOICES FROM BURNADETTE NORRIS-WEEKS, P.A.; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE.** *Sponsored by City Attorney*

8. ADJOURNMENT:

For further information, please contact the Office of the City Clerk by telephone at (305) 953-2800 or email jflores@opalockafl.gov.

Sponsored by: Interim City Manager

RESOLUTION NO. 23-XXX

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, AUTHORIZING THE INTERIM CITY MANAGER TO ENTER INTO RENEWAL INSURANCE CONTRACTS WITH AVMED, INC. AND METLIFE FOR MEDICAL, DENTAL, AND VISION INSURANCE FOR CITY EMPLOYEES; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, The Human Resources Department has worked diligently with the City of Opa-Locka's Agent of Record, World Insurance Associates, LLC, formerly known as Sapoznik Insurance, to assess the existing group insurance policies and proposed premium rates from two other carriers than the carriers providing these services in Fiscal Year 2023; and

WHEREAS, the Human Resources Department has worked with the City of Opa-Locka's Agent of Record to assess the existing group insurance policies and proposed premium rated from other carriers (Policy Quote Presentations, attached hereto as Composite Exhibit "A"); and

WHEREAS, Staff has analyzed the results of the competitive Bid Process for Insurance Carriers facilitated by the City of Opa-Locka's current Agent of Record. The Interim City Manager has been determined that it would be in the City's best interest to continue the current plans and renew the contract with the current carriers; and

WHEREAS, the City desires to renew its current agreements with AvMed, Inc. and Metlife as policies for medical, dental, and vision insurance for City employees and their dependents; and

WHEREAS, it is in the best interest of the City to renew agreements with AvMed and Metlife as the City's benefit providers.

NOW, THEREFORE, BE IT DULY RESOLVED BY THE CITY COMMISSION OF THE CITY OF OPA- LOCKA, FLORIDA:

SECTION 1. The recitals to the preamble herein are incorporated by reference.

SECTION 2. The City Commission of the City of Opa-Locka, Florida hereby authorizes the City Manager to enter into Renewal Agreements, between the City of Opa-Locka, AvMed, Inc., and Metlife for medical, dental, and vision insurance coverage for City employees and dependents.

SECTION 3. The Interim City Manager and other proper City Officials are hereby authorized to execute any required documents in order to carry out the intent of this Resolution.

SECTION 4. Sections of this Resolution may be renumbered or re-lettered and corrections of typographical errors which do not affect the intent may be authorized by the Interim City Manager or the Interim City Manager's designee following review by the City Attorney, without the need of a public hearing by filing a corrected copy of same with the City Clerk.

SECTION 5. This Resolution shall take effect upon the adoption and is subject to the approval of the Governor or Governor's Designee.

PASSED and **ADOPTED** this 29th day of August, 2023.

_____
John Taylor, Mayor

ATTEST:

_____
Joanna Flores, City Clerk

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:

_____
Burnadette Norris-Weeks, P.A.
City Attorney

Moved by: _____

Seconded by: _____

VOTE:

Commissioner Bass	_____ (Yes)	_____ (No)
Commissioner Kelley	_____ (Yes)	_____ (No)
Commissioner Williams	_____ (Yes)	_____ (No)
Vice Mayor Ervin	_____ (Yes)	_____ (No)
Mayor Taylor	_____ (Yes)	_____ (No)

City of Opa-locka
Agenda Cover Memo

Department Director:				**Department Director Signature:**			
City Manager:	Darvin Williams			**CM Signature:**			
Commission Meeting Date:	*8.29.2023*		**Item Type:** *(Enter X in box)*	**Resolution**	**Ordinance**		**Other**
				X			
Fiscal Impact: *(Enter X in box)*	**Yes**	**No**	**Ordinance Reading:** *(Enter X in box)*		**1st Reading**		**2nd Reading**
					X		
	X		**Public Hearing:** *(Enter X in box)*		**Yes**	**No**	**Yes** / **No**
						X	
Funding Source: *Account#* **:**	*(Enter Fund & Dept)* See Financial Impact Section		**Advertising Requirement:** *(Enter X in box)*		**Yes**		**No**
							X
Contract/P.O. Required: *(Enter X in box)*	**Yes**	**No**	**RFP/RFQ/Bi#:**				
	X						
Strategic Plan Related *(Enter X in box)*	**Yes**	**No**	**Strategic Plan Priority Area:** **Enhance Organizational** ☐ **Bus. & Economic Dev** ☐ **Public Safety** ☐ **Quality of Education** ☐ **Qual. of Life & City Image** ☐ **Communication** ☐		**Strategic Plan Obj./Strategy:** *(list the specific objective/strategy this item will address)*		
		X					
Sponsor Name	City Manager		**Department:** Human Resources		City Manager		

Short Title:

A resolution of the City of Opa-locka, Florida authorizing the Interim City Manager to select AvMed Health Plan as the provider for the City's Health Plan, Metlife as the provider for the City's Dental and Vision group plans, for the fiscal year beginning October 1, 2023 and expiring September 30, 2024.

Staff Summary:

The Human Resources Department has worked diligently with the City's Agent of Record, World Insurance Associates, LLC, formerly known as Sapoznik Insurance, to assess the existing group insurance policies and proposed premium rates from two other carriers than the carriers providing these services in FY 23.

Staff has analyzed the results of the competitive Bid Process for Insurance Carriers facilitated by the City's current Agent of Record. It has been determined that it would be in the City's best interest to continue the current plans and renew the contract with the current carriers.

The attachments identify additional quotes and plans received and letters from carriers that declined to provide quotes.

Financial Impact: The City's FY 24 Proposed Budget assumed that all budgeted positions would be filled by October 1, 2023, the start of the new fiscal year. A 6% increase in health plan costs was assumed, resulting in a total budget $1,439,071. Under the proposed plans, the health plan cost is a 5% increase. Assuming all positions are filled by the start of FY 24, this would result in a total cost of $1,426,131, a $12,940 reduction. As the year progresses, this amount will be reduced further by position vacancies and further adjusted by employees selecting different health plans than were assumed in the budget.

Proposed Action:

Staff recommends the City Commission authorize the Interim City Manager to select AvMed Health Plan as the provider for the City's Health Plan, and Metlife as the provider for the City's Dental and Vision group plans, for FY 24 and to enter into agreements with these companies to provide these services.

Attachment:

1. Plan Design and Insurance Bid Results

WORLD

BETTER,
NOT JUST BIGGER.

2023-2024 EMPLOYEE BENEFITS PRESENTATION

CITY OF OPA LOCKA FLORIDA

Presented By:

Eugene Mintze
Benefit Consultant
P: (305) 948-8887 x905
eugenemintze@worldinsurance.com

EB.WORLDINSURANCE.COM

EXECUTIVE SUMMARY

City Of Opa-Locka

Executive Summary

Medical

Carrier	Options	Monthly Cost	Change From Current
AvMed	Current	$97,254.26	---
AvMed	Renewal	$103,121.24	$5,866.98 (6.03%)
AvMed	Negotiated (Final) (Recommended)	$102,134.08	$4,879.82 (5.02%)
AvMed	Alternate	$100,816.41	$3,562.15 (3.66%)
AvMed	Negotiated Alternate	$99,850.79	$2,596.53 (2.67%)
NHP/UHC	Options #1	$126,660.11	$29,405.85 (30.24%)
Aetna	Noncompetitive 40%+		
FloridaBlue	Noncompetitive 45%+		
Cigna	Noncompetitive 50%+		

GAP

Carrier	Options	Monthly Cost	Change From Current
APL	Current	$3,905.45	---
APL	Renewal (Final)	$3,905.45	$0.00 (0.00%)

Dental

Carrier	Options	Monthly Cost	Change From Current
MetLife	Current	$5,341.34	---
MetLife	Renewal (Final)	$5,119.95	-$221.39 (-4.14%)

Vision

Carrier	Options	Monthly Cost	Change From Current
MetLife	Current	$1,047.35	---
MetLife	Renewal (Final)	$1,047.35	$0.00 (0.00%)

Life & AD&D

Carrier	Options	Monthly Cost	Change From Current
Lincoln	Current	$2,881.34	---
Lincoln	Renewal	$3,149.00	$267.67 (9.29%)
Lincoln	Negotiated (Finale)	$3,015.17	$133.83 (4.64%)

Short Term Disability

Carrier	Options	Monthly Cost	Change From Current
Lincoln	Current	$1,492.97	---
Lincoln	Renewal	$1,642.68	$149.70 (10.03%)
Lincoln	Negotiated (Finale)	$1,565.80	$72.83 (4.88%)

Long Term Disability

Carrier	Options	Monthly Cost	Change From Current
Lincoln	Current	$1,410.87	---
Lincoln	Renewal	$1,642.68	$231.81 (16.43%)
Lincoln	Negotiated (Finale)	$1,481.41	$70.54 (5.00%)

Voluntary Life & AD&D

Carrier	Options	Monthly Cost	Change From Current
Lincoln	Current	$989.78	---
Lincoln	Renewal (Final)	$989.78	$0.00 (0.00%)

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

City Of Opa-Locka

Executive Summary

Current Total Monthly Cost			
Carrier	**Options**	**Monthly Cost**	**Change From Current**
AvMed	Medical	$97,254.26	---
APL	GAP	$3,905.45	---
MetLife	Dental	$5,341.34	---
MetLife	Vision	$1,047.35	---
Lincoln	Life & AD&D	$2,881.34	---
Lincoln	STD	$1,492.97	---
Lincoln	LTD	$1,410.87	---
Lincoln	Voluntary Life & AD&D	$989.78	---
	Total	**$114,323.36**	**---**

Renewal Total Monthly Cost			
Carrier	**Options**	**Monthly Cost**	**Change From Current**
AvMed	Medical	$102,134.08	$4,879.82 (5.02%)
APL	GAP	$3,905.45	$0.00 (0.00%)
MetLife	Dental	$5,119.95	-$221.39 (-4.14%)
MetLife	Vision	$1,047.35	$0.00 (0.00%)
Lincoln	Life & AD&D	$3,015.17	$133.83 (4.64%)
Lincoln	STD	$1,565.80	$72.83 (4.88%)
Lincoln	LTD	$1,481.41	$70.54 (5.00%)
Lincoln	Voluntary Life & AD&D	$989.78	$0.00 (0.00%)
	Total	**$119,258.99**	**$4,935.63 (4.32%)**

Recommended Total Monthly Cost			
Carrier	**Options**	**Monthly Cost**	**Change From Current**
AvMed	Medical	$102,134.08	$4,879.82 (5.02%)
APL	GAP	$3,905.45	$0.00 (0.00%)
MetLife	Dental	$5,119.95	-$221.39 (-4.14%)
MetLife	Vision	$1,047.35	$0.00 (0.00%)
Lincoln	Life & AD&D	$3,015.17	$133.83 (4.64%)
Lincoln	STD	$1,565.80	$72.83 (4.88%)
Lincoln	LTD	$1,481.41	$70.54 (5.00%)
Lincoln	Voluntary Life & AD&D	$989.78	$0.00 (0.00%)
	Total	**$119,258.99**	**$4,935.63 (4.32%)**

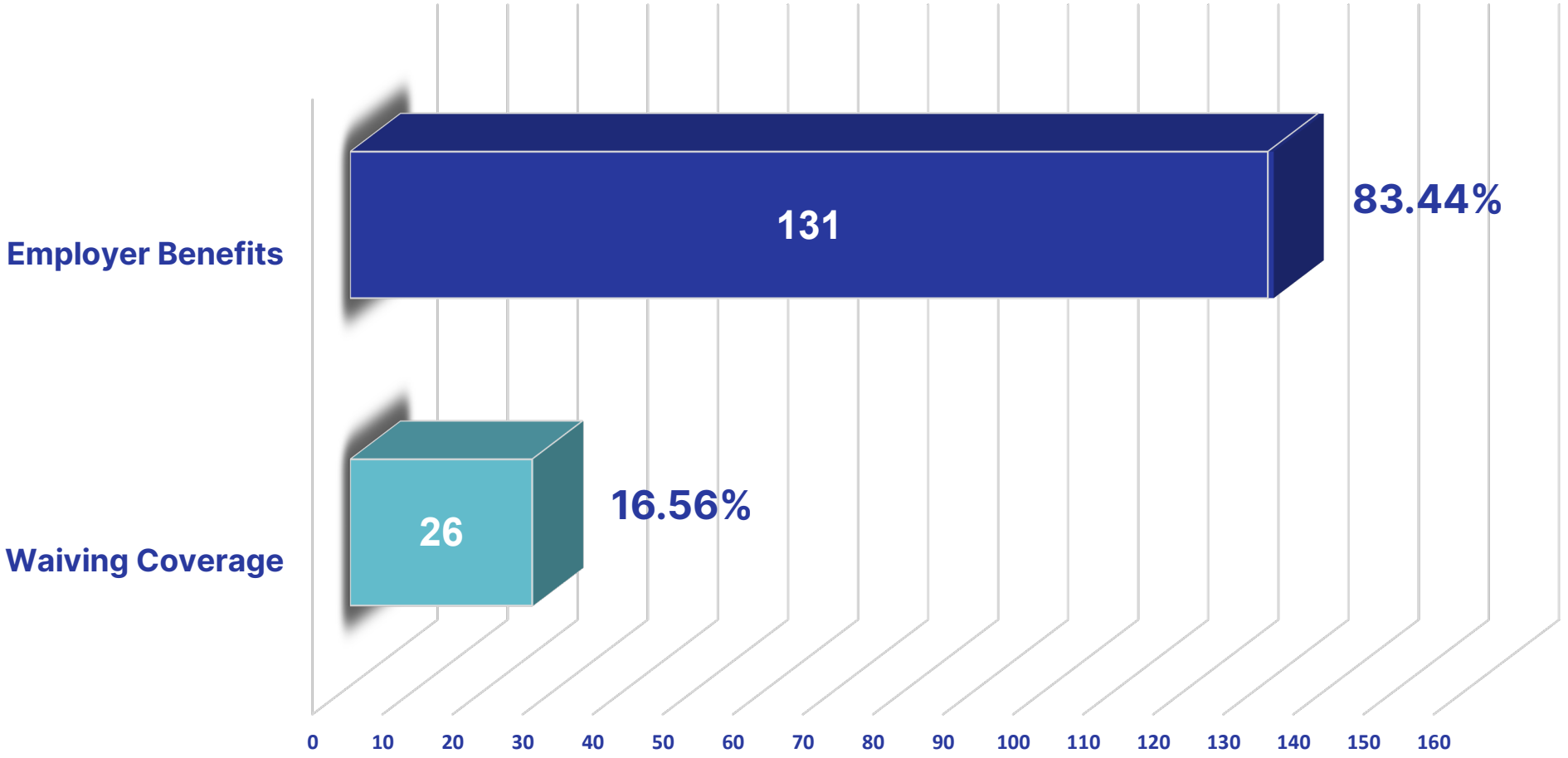
Quotes are based on the census received. Rates could be adjusted based on final enrollment.

WORLD

City Of Opa-Locka

Employee Participation

Total Eligible Employees: 157



MEDICAL CLAIMS

Key Measures Report

City of Opa Locka

Paid Dates: 07/2022 through 06/2023

Month	Contracts	Members	Premium	Capitation	Inpatient	Professional	Outpatient	Other	Pharmacy	Total Medical*	Total Expenses**
07/2022	102	173	$64,781.68	$5,559.16	$851.35	$12,506.67	$6,727.41	$0.00	$24,260.15	$20,085.43	$49,904.74
08/2022	104	174	$65,028.16	$5,559.16	$17,476.67	$11,223.72	$32,606.09	$0.00	$33,586.29	$61,306.48	$100,451.93
09/2022	106	174	$64,902.96	$5,559.16	$613.86	$13,565.38	$3,880.12	$0.00	$29,915.46	$18,059.36	$53,533.98
10/2022	122	190	$85,751.27	$5,467.52	$15,906.19	$17,156.80	$42,469.78	$0.00	$8,523.05	$75,532.77	$89,523.34
11/2022	124	191	$89,148.09	$5,436.98	$67,509.23	$15,038.61	$39,062.66	$0.00	$29,434.94	$121,610.50	$156,482.42
12/2022	122	188	$88,046.07	$5,345.34	$0.00	$17,207.86	$21,071.95	$0.00	$39,295.07	$38,279.81	$82,920.22
01/2023	121	183	$81,623.24	$6,576.53	$1,358.60	$22,200.00	$39,012.85	$0.00	$26,227.52	$62,571.45	$95,375.50
02/2023	122	185	$81,992.12	$6,648.41	$0.00	$9,418.29	$15,715.63	$0.00	$29,085.58	$25,133.92	$60,867.91
03/2023	121	185	$80,805.61	$6,648.41	$9,329.25	$20,165.97	$13,999.26	$0.00	$25,866.83	$43,494.48	$76,009.72
04/2023	128	195	$92,496.61	$7,007.78	$0.00	$9,434.12	$12,575.91	$0.00	$27,662.46	$22,010.03	$56,680.27
05/2023	124	190	$92,524.35	$6,828.09	$0.00	$21,744.59	$43,126.59	$0.00	$38,314.81	$64,871.18	$110,014.08
06/2023	125	191	$93,122.76	$6,864.03	$258,993.14	$13,199.27	$28,473.90	$0.00	$17,958.51	$300,666.31	$325,488.85

*Total Medical is the sum of Hospital, Outpatient, ER, Specialist, PCP, and Other

**Total Expenses is the sum of Capitation, Pharmacy and Total Medical.

***Subsequent reports may show variations in some of the data values represented in the Key Measures. Variations from month to month are due to claim adjustments.

Prepared by: Group Analytics

Source: AvMed Enterprise Data Warehouse

Report is based on paid claims and is not valid for premium rate development. Costs associated with care, disease and utilization management are not included. Premium dollars include broker commissions. Capitation dollars are estimated as provider contracts change throughout the year. Capitation does not include costs for claims related to transplant services that are subject to the deductible. For experience-rated accounts, the group's claims experience from the most recently completed plan year is used as input into the renewal rate development. While each group's most recent performance is taken into consideration, actual claims experience from this period may not be incorporated.

High Cost Claimants Report

City of Opa Locka

Members with >$50,000 in Total Paid Claims

Paid Dates: 07/2022 through 06/2023

Rank	Most Costly Medical ICD-9 Diagnosis	Pharmacy	Medical	Total Expenses	Member Status
1	DISPL TRIMALLEOLAR FX LT LOW LEG INIT CLOS F	$0.00	$260,908.80	$260,908.80	Active
2	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS IN RE	$139,883.10	($84.49)	$139,798.61	Active
3	NON-ST ELEVATION MYOCARDIAL INFARCTION	$53.49	$71,851.15	$71,904.64	Active

*Above data excludes capitation costs

Prepared by: Group Analytics

Source: AvMed Enterprise Data Warehouse

This report is based on paid claims and is intended to provide clients with information regarding the total amount of paid claims for their high cost claimants at a specific point in time. For experience-rated groups, the actual amount pooled as part of their renewal rate development may vary in both the time frame and the data incorporated.

MEDICAL

City Of Opa-Locka

Effective Date: 10/1/2023	Current		Renewal		Negotiated	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	AvMed	AvMed
Plan Name	HMO OA 7709/6218	Choice 7809/7479	HMO OA 7709/6218	Choice 7809/7479	HMO OA 7709/6218	Choice 7809/7479
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	-	-
Referrals Required	No	No	No	No	No	No
In Network						
Deductible: Single	$3,500	$2,500	$3,500	$2,500	$3,500	$2,500
Deductible: Family	$7,000	$5,000	$7,000	$5,000	$7,000	$5,000
Co-Insurance	80%	90%	80%	90%	80%	90%
Out-of-Pocket Limit: Single	$6,350	$6,500	$6,350	$6,500	$6,350	$6,500
Out-of-Pocket Limit: Family	$12,700	$13,000	$12,700	$13,000	$12,700	$13,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Copays						
PCP	$25	$25	$25	$25	$25	$25
Specialist	$50	$50	$50	$50	$50	$50
Urgent Care	$40/$25	$75/$25	$40/$25	$75/$25	$40/$25	$75/$25
ER	$200	$350	$200	$350	$200	$350
Other Services						
Diagnostic Lab / X-Ray	Lab: $0 / X-Ray: Indp: $100, All Other: $200	Lab: $0 / X-Ray: Indp: $50, All Other: $100	Lab: $0 / X-Ray: Indp: $100, All Other: $200	Lab: $0 / X-Ray: Indp: $50, All Other: $100	Lab: $0 / X-Ray: Indp: $100, All Other: $200	Lab: $0 / X-Ray: Indp: $50, All Other: $100
MRI & CT Scan	Indp: $100, All Other: $200	Indp: $200, All Other: $400 + Ded	Indp: $100, All Other: $200	Indp: $200, All Other: $400 + Ded	Indp: $100, All Other: $200	Indp: $200, All Other: $400 + Ded
Prescription Drugs						
Family Prescription Deductible		*$500/$1000		*$500/$1000		*$500/$1000
Rx Tiers	$20/30/50/100/50%	$10/25/50/100; *30% After Ded	$20/30/50/100/50%	$10/25/50/100; *30% After Ded	$20/30/50/100/50%	$10/25/50/100; *30% After Ded
Out of Network						
Deductible: Single	-	$7,500	-	$7,500	-	$7,500
Deductible: Family	-	$15,000	-	$15,000	-	$15,000
Co-Insurance	-	60%	-	60%	-	60%
Out-of-Pocket Limit: Single	-	$19,500	-	$19,500	-	$19,500
Out-of-Pocket Limit: Family	-	$39,000	-	$39,000	-	$39,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Enrollment	**118**	**13**	**118**	**13**	**118**	**13**
Employee Only	87	8	87	8	87	8
Employee + Spouse	10	2	10	2	10	2
Employee + Child(ren)	17	0	17	0	17	0
Family	4	3	4	3	4	3
Monthly Premiums						
Employee Only	$551.01	$641.77	$584.25	$680.48	$578.66	$673.96
Employee + Spouse	$1,102.03	$1,283.53	$1,168.51	$1,360.95	$1,157.32	$1,347.92
Employee + Child(ren)	$1,046.70	$1,219.10	$1,109.85	$1,292.63	$1,099.22	$1,280.26
Family	$1,708.14	$1,989.47	$1,811.19	$2,109.48	$1,793.84	$2,089.28
Monthly Premium Per Plan	**$83,584.63**	**$13,669.63**	**$88,627.06**	**$14,494.18**	**$87,778.72**	**$14,355.36**
Change From Current	**---**	**---**	**$5,042.43 (6.03%)**	**$824.55 (6.03%)**	**$4,194.09 (5.02%)**	**$685.73 (5.02%)**
Monthly Premium Per Option	**$97,254.26**		**$103,121.24**		**$102,134.08**	
Change From Current	**---**		**$5,866.98 (6.03%)**		**$4,879.82 (5.02%)**	

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

City Of Opa-Locka

Effective Date: 10/1/2023	Current		Negotiated		Negotiated Alternate	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	AvMed	AvMed
Plan Name	HMO OA 7709/6218	Choice 7809/7479	HMO OA 7709/6218	Choice 7809/7479	Achieve LH456-LG23 + MP-6218- 0119 (7899)	Choice CM380-LG23 + MP-7479-0720 (7958)
Plan Type	HMO	PPO	HMO	PPO	HMO	PPO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	-	-
Referrals Required	No	No	No	No	No	No
In Network						
Deductible: Single	$3,500	$2,500	$3,500	$2,500	$4,500	$3,500
Deductible: Family	$7,000	$5,000	$7,000	$5,000	$9,000	$7,000
Co-Insurance	80%	90%	80%	90%	80%	100%
Out-of-Pocket Limit: Single	$6,350	$6,500	$6,350	$6,500	$6,350	$7,500
Out-of-Pocket Limit: Family	$12,700	$13,000	$12,700	$13,000	$12,700	$15,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	$1,000 + Ded
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Indp - $1,000, Hosp - $1,000 + Ded
Copays						
PCP	$25	$25	$25	$25	$25	$35
Specialist	$50	$50	$50	$50	$50	$70
Urgent Care	$40/$25	$75/$25	$40/$25	$75/$25	$40/$25	$75/$35
ER	$200	$350	$200	$350	$200	$600
Other Services						
Diagnostic Lab / X-Ray	Lab: $0 / X-Ray: Indp: $100, All Other: $200	Lab: $0 / X-Ray: Indp: $50, All Other: $100	Lab: $0 / X-Ray: Indp: $100, All Other: $200	Lab: $0 / X-Ray: Indp: $50, All Other: $100	Lab: $0 / X-Ray: Indp: $100, All Other: $200	Lab: $0 / X-Ray: Indp: $50, Hosp: $150 + Ded
MRI & CT Scan	Indp: $100, All Other: $200	Indp: $200, All Other: $400 + Ded	Indp: $100, All Other: $200	Indp: $200, All Other: $400 + Ded	Indp: $100, All Other: $200	Indp: $450, Hosp: $600 + Ded
Prescription Drugs						
Family Prescription Deductible		*$500/$1000		*$500/$1000		*$500/$1000
Rx Tiers	$20/30/50/100/50%	$10/25/50/100; *30% After Ded	$20/30/50/100/50%	$10/25/50/100; *30% After Ded	$20/30/50/100/50%	$10/$25/$50/$100; *30% After Ded
Out of Network						
Deductible: Single	-	$7,500	-	$7,500	-	$10,500
Deductible: Family	-	$15,000	-	$15,000	-	$21,000
Co-Insurance	-	60%	-	60%	-	60%
Out-of-Pocket Limit: Single	-	$19,500	-	$19,500	-	$22,500
Out-of-Pocket Limit: Family	-	$39,000	-	$39,000	-	$45,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Enrollment	**118**	**13**	**118**	**13**	**118**	**13**
Employee Only	87	8	87	8	87	8
Employee + Spouse	10	2	10	2	10	2
Employee + Child(ren)	17	0	17	0	17	0
Family	4	3	4	3	4	3
Monthly Premiums						
Employee Only	$551.01	$641.77	$578.66	$673.96	$566.44	$653.79
Employee + Spouse	$1,102.03	$1,283.53	$1,157.32	$1,347.92	$1,132.88	$1,307.58
Employee + Child(ren)	$1,046.70	$1,219.10	$1,099.22	$1,280.26	$1,076.01	$1,241.94
Family	$1,708.14	$1,989.47	$1,793.84	$2,089.28	$1,755.96	$2,026.74
Monthly Premium Per Plan	**$83,584.63**	**$13,669.63**	**$87,778.72**	**$14,355.36**	**$85,925.09**	**$13,925.70**
Change From Current	**---**	**---**	**$4,194.09 (5.02%)**	**$685.73 (5.02%)**	**$2,340.46 (2.80%)**	**$256.07 (1.87%)**
Monthly Premium Per Option	**$97,254.26**		**$102,134.08**		**$99,850.79**	
Change From Current	**---**		**$4,879.82 (5.02%)**		**$2,596.53 (2.67%)**	

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

City Of Opa-Locka

Effective Date: 10/1/2023	Current		Negotiated		NHP/UHC	
Plan Nickname	1	2	1	2	1	2
Carrier	AvMed	AvMed	AvMed	AvMed	UnitedHealthcare	UnitedHealthcare
Plan Name	HMO OA 7709/6218	Choice 7809/7479	HMO OA 7709/6218	Choice 7809/7479	DB3O-M (NHP HMO 2023 (Open Access))	BWNZ-M (UHC INS 2023)
Plan Type	HMO	PPO	HMO	PPO	HMO	POS
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	-	-	-	-	Choice NHP HMO *	Choice+ Legacy Insurance *
Referrals Required	No	No	No	No	No	No
In Network						
Deductible: Single	$3,500	$2,500	$3,500	$2,500	$3,500	$2,500
Deductible: Family	$7,000	$5,000	$7,000	$5,000	$7,000 (Emb)	$5,000 (Emb)
Co-Insurance	80%	90%	80%	90%	80%	90%
Out-of-Pocket Limit: Single	$6,350	$6,500	$6,350	$6,500	$6,350	$6,500
Out-of-Pocket Limit: Family	$12,700	$13,000	$12,700	$13,000	$12,700	$13,000
Inpatient Facility	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Outpatient Surgery	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%	Ded + 80%	Ded + 90%
Copays						
PCP	$25	$25	$25	$25	$25	$25
Specialist	$50	$50	$50	$50	$50	$50
Urgent Care	$40/$25	$75/$25	$40/$25	$75/$25	$40	$75
ER	$200	$350	$200	$350	$200	$350
Other Services						
Diagnostic Lab / X-Ray	Lab: $0 / X-Ray: Indp: $100, All Other: $200	Lab: $0 / X-Ray: Indp: $50, All Other: $100	Lab: $0 / X-Ray: Indp: $100, All Other: $200	Lab: $0 / X-Ray: Indp: $50, All Other: $100	Lab: $100 / X-Ray: $100	Lab: $50 (Non-DDP 50%) / X-Ray: $50
MRI & CT Scan	Indp: $100, All Other: $200	Indp: $200, All Other: $400 + Ded	Indp: $100, All Other: $200	Indp: $200, All Other: $400 + Ded	$100 (Non-DDP $750)	$200 (Non-DDP $750)
Prescription Drugs						
Family Prescription Deductible		*$500/$1000		*$500/$1000		
Rx Tiers	$20/30/50/100/50%	$10/25/50/100; *30% After Ded	$20/30/50/100/50%	$10/25/50/100; *30% After Ded	$10/60/100; (Adv PDL) Natl	$10/35/70; (Adv PDL) Natl
Out of Network						
Deductible: Single	-	$7,500	-	$7,500	-	$7,500
Deductible: Family	-	$15,000	-	$15,000	-	$15,000 (Emb)
Co-Insurance	-	60%	-	60%	-	60%
Out-of-Pocket Limit: Single	-	$19,500	-	$19,500	-	$19,500
Out-of-Pocket Limit: Family	-	$39,000	-	$39,000	-	$39,000
Inpatient Facility	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Outpatient Surgery	-	Ded + 60%	-	Ded + 60%	-	Ded + 60%
Enrollment	**118**	**13**	**118**	**13**	**118**	**13**
Employee Only	87	8	87	8	87	8
Employee + Spouse	10	2	10	2	10	2
Employee + Child(ren)	17	0	17	0	17	0
Family	4	3	4	3	4	3
Monthly Premiums					**Florida Only**	
Employee Only	$551.01	$641.77	$578.66	$673.96	$714.46	$858.26
Employee + Spouse	$1,102.03	$1,283.53	$1,157.32	$1,347.92	$1,428.93	$1,716.53
Employee + Child(ren)	$1,046.70	$1,219.10	$1,099.22	$1,280.26	$1,357.20	$1,630.36
Family	$1,708.14	$1,989.47	$1,793.84	$2,089.28	$2,214.84	$2,660.63
Monthly Premium Per Plan	**$83,584.63**	**$13,669.63**	**$87,778.72**	**$14,355.36**	**$108,379.08**	**$18,281.03**
Change From Current	**---**	**---**	**$4,194.09 (5.02%)**	**$685.73 (5.02%)**	**$24,794.45 (29.66%)**	**$4,611.40 (33.73%)**
Monthly Premium Per Option	**$97,254.26**		**$102,134.08**		**$126,660.11**	
Change From Current	**---**		**$4,879.82 (5.02%)**		**$29,405.85 (30.24%)**	

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

DECLINING / NONCOMPETITIVE

Aetna-Noncompetitive 40%+

FloridaBlue-Noncompetitive 45%+

Cigna-Noncompetitive 50%+

151 Farmington Avenue,F265,
Hartford,CT 06165

Confirmation of Request for Group Health Coverage

Aetna has recently completed a review of CITY OF OPA LOCKA's request for a quote of group health coverage (the "Request"). We have determined that we are not currently positioned to provide a competitive proposal.

However, as an entity that offers health coverage and consistent with direction provided under Section 2702 of the Patient Protection and Affordable Care Act, we will provide a response to your Request and proceed with an insured quote should CITY OF OPA LOCKA continue to be interested in this information.

If it is still CITY OF OPA LOCKA's position to have us provide a quote for group health coverage, please
a) Furnish the information indicated below that has not already been provided (where available), and
b) Sign and return this notification to us as indicated below.

In order for us to provide you the quote, a signed request along with all requested data items is required no later than 30 days prior to the requested quote effective date.

REQUIRED DATA:

- Please provide a detailed summary of the plan design(s) requested.
- Please provide the contribution strategy for the current and proposed plans.
- Please provide the following historical information:
  - Monthly claims and corresponding enrollment counts for a recent 12 months minimum, up to a 24-month period.
    - Please identify the basis for the claim information (i.e., paid vs. incurred and if incurred whether a completion factor has been applied). Provide the information broken down for each unique plan offering.
    - Please identify if any of the plans are capitated. If so, indicate whether capitations are included/excluded from the claim information.
    - Large claim information for individual claims in excess of $25,000 based on the same time period as the claims data provided.
    - **For Hospital or Health Systems only:** Claims need to be split by domestic and non-domestic. Also please provide home/host/domestic payment arrangement (i.e. discount off billed charges, fee schedules, etc.)
    - **Individual Medical Questionnaires (IMQ)**) (Where allowed by state) – will be required if/when monthly claim data is not available
  - Plan designs: A description of the plans which were in place during the experience period along with a description of any plan changes that occurred during this period and the date the change went into effect
- Current and/or Renewal Rates
- Please provide a complete census file including the following for all eligible employees: Age/DOB, Gender, Dependent Tier Status, COBRA Participant indicator, Waiver indicator, Retiree indicator, Home Zip Code, and Current Medical Plan Election.

Additional Requested Data:

- Current Medical Management programs in place
- 5-year carrier history
- Large Claim Data: including diagnosis and claimant status information. Identify if amounts in excess of any pooling threshold have been included/excluded from the claim experience provided.
- Current commission level
- A recent utilization report from the current carrier. This should include historical achieved discount and trend information as well as utilization information relative to the use of inpatient hospital, outpatient hospital, and physician/other services. The report should also identify the top utilized facilities
- Please provide information/reason on any required data noted as not available

---

CITY OF OPA LOCKA Certification:

I understand Aetna position on its product offerings' alignment with our request, but CITY OF OPA LOCKA requests a quote from Aetna as allowed under Section 2702 of the Patient Protection and Affordable Care Act.

Signature Title Date

Please send this form back c/o Mercedes Del Castillo via email mmdelcastill@aetna.com

July 28th, 2023

Florida Blue
4800 Deerwood Campus Parkway
Jacksonville, FL 32246

Re: RFP for City of Opa Locka

To Whom It May Concern,

Please allow this letter to serve as confirmation that Florida Blue's rates are not competitive.

If you have any questions or concerns, please do not hesitate to contact me.

Thank you,

Adelisa Jimeno | *Mid-Market Account Executive - Sales*
☏ (w) 954-714-3611 | ☏ (c) 954-290-8280 | ✉ Adelisa.Jimeno@floridablue.com

From: Awilda Cutone
To: Jackie Moskos; Linda Jamen
Cc: Rick.Villena@CignaHealthcare.com
Subject: [EXTERNAL] Response To Your Inquiry - City of Opa-Locka
Date: Tuesday, July 25, 2023 10:13:17 AM

Ricardo Villena
NBM

Sunrise, FL 33323

July 25, 2023

Eugene Mintze
Sapoznik, a World Company
1100 NE 163RD St FL 2
North Miami Beach, FL33162-4525

RE: City of Opa-Locka

Dear Eugene Mintze,

Thank you for considering Cigna HealthCare for City of Opa-Locka.

Based upon our evaluation of the information provided with your request for proposal, we do not believe that we can offer a competitive proposal for health insurance coverage. Therefore, we respectfully decline to offer a quote for group health insurance coverage at this time.

The rules under the Affordable Care Act require issuers to offer all products approved for sale in the market. Accordingly, we will provide a proposal if you indicate in writing that you are still interested in receiving one, notwithstanding the fact that we do not believe that we can provide a competitive quote for health insurance coverage. In such case, we may request additional information from you in order to provide a quote for insurance coverage.

We appreciate being given the opportunity to review your request for a proposal and we look forward to working with you on future prospects. Please do not hesitate to contact me if you have any questions.

Sincerely,

Ricardo Villena
NBM
(954) 514-6895

Attention California Agents/Brokers: A copy of this letter must immediately be forwarded to the client in order to comply with California law, SB 1163 (2010).


GAP

City Of Opa-Locka

Effective Date: 10/1/2023		Current	Renewal
Plan Nickname		**1**	**1**
Carrier		**TransAmerica**	**TransAmerica**
Plan Name		**Inpatient: Up to $3000 Outpatient: Up to $1000 $300 ER Deductible**	**Inpatient: Up to $3000 Outpatient: Up to $1000 $300 ER Deductible**
Contribution		**Voluntary**	**Voluntary**
Monthly Premiums	**70**		**Rate Pass**
Employee	49	$41.25	$41.25
Employee/Spouse	4	$93.53	$93.53
Employee/Child(ren)	11	$70.38	$70.38
Employee/Family	6	$122.65	$122.65
Monthly Premium Per Plan		**$3,905.45**	**$3,905.45**
Change From Current		**---**	**$0.00 (0.00%)**

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance (51+ Eligibles)

City of Opa Locka

AMERICAN PUBLIC LIFE

Option 1 Summary of Benefits for Separate In-Hospital Benefit and Outpatient Benefit	
In-Hospital Benefit	
In-Hospital Benefit Maximum	Maximum of $3,000 per covered person per calendar year. Maximum of $9,000 per calendar year for all covered persons combined.
In-Hospital Benefit	Benefits include in-hospital confinement, ambulance and in-hospital treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year). All benefits are subject to the in-hospital benefit maximum.
Outpatient Benefit	
Outpatient Benefit Maximum	Maximum of $1,000 per covered person per calendar year for covered outpatient services. Maximum of $3,000 per calendar year for all covered persons combined.
Outpatient Benefits	Covered outpatient services include: • Hospital emergency room (subject to emergency room deductible) • Urgent care facility • Surgery in a hospital outpatient facility or freestanding outpatient surgery center • Diagnostic testing in a hospital outpatient facility or MRI facility • Physical therapy facility • Ambulance • Outpatient treatment for mental or emotional disorder (subject to a maximum of 30 days of mental or emotional disorder treatment per covered person per calendar year.) All benefits are subject to the outpatient benefit maximum.
Emergency Room Deductible	$300 per covered person per occurrence

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance (51+ Eligibles)

City of Opa Locka

Option 1 Premiums*

Total Monthly Premiums*				
Ages	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
18+	$41.25	$93.53	$70.38	$122.65

*Total premium includes the Plan selected and any applicable rider premium. The premium and amount of benefits vary dependent upon the Plan selected at time of application.

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance

In-Hospital Benefit

The covered person must be covered by the other medical plan at the time any In-Hospital covered charges are incurred.

The in-hospital benefit pays the out-of-pocket amount for inpatient covered charges incurred by a covered person for treatment while confined in a hospital as an inpatient. A hospital is not an institution, or part thereof, used as: a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward, or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

The ambulance benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person is confined as an inpatient. A licensed ambulance company must provide the ambulance service.

Outpatient Benefit

Pays the out-of-pocket amount for outpatient covered charges. The covered person must be covered by the other medical plan at the time any covered charges are incurred. The emergency room per occurrence deductible is required to be met with each emergency room visit. This deductible is separate and in addition to the outpatient deductible. The emergency room deductible is not applied to the outpatient deductible even if the visit is for the same or related condition.

The ambulance benefit pays the out-of-pocket amount for air or ground transportation of a covered person by ambulance to a hospital or from one medical facility to another where a covered person resides less than 18 hours. A Licensed ambulance company must provide the ambulance service.

Exclusions

No benefits will be payable for expenses incurred during any period the covered person does not have coverage under the other medical plan. If a claim is received after coverage under the other medical plan has terminated, APL's liability will be limited to a refund of any premium paid since coverage terminated.

No benefits are payable for expenses incurred resulting from or caused by, whether directly or indirectly, by: war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto, (APL will refund the pro-rata portion of any premium paid for any such covered person upon receipt of your written request.); outpatient routine newborn care (except newborn circumcision); rest care or rehabilitative care and treatment (this does not include rehabilitation for treatment of physical disability); voluntary abortion except, with respect to you or your covered eligible dependent: where you or your eligible dependent's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion; participating in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.); committing, or attempting to commit, an illegal act that is defined as a felony (Felony is as defined by the law of the jurisdiction in which the act takes place.); participation in a contest of speed in power driven vehicles, parachuting or hang gliding; air travel, except: as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member; being intoxicated or under the influence of any narcotic unless administered on the advice of a physician (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the loss occurred.); alcoholism or drug addiction; sex changes; experimental treatment, drugs or surgery (bone marrow transplants are not considered experimental); accident or sickness arising out of, and in the course of, any occupation for compensation, wage or profit for which benefits are paid by workers' compensation (This does not apply to those sole proprietors or partners not covered by workers' compensation.); dental or vision services, including treatment, surgery, extractions or x-rays, unless resulting from an accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such accident or due to congenital disease or anomaly of a covered newborn child; elective cosmetic surgery (except newborn circumcision); drugs (prescription and non-prescription for use outside of a covered facility as defined in this policy/certificate or any attached rider); sterilization and reversal of sterilization; an expense that does not meet the definition of inpatient covered charge or outpatient covered charges; an expense or service that exceeds any of the maximum benefits, as shown in the schedule of benefits in the policy/certificate; any expense for which benefits are not payable under the other medical plan ; or pregnancy of an eligible dependent child.

Non-Duplication of Benefits

Duplication of benefits is not allowed under the policy and/or any attached riders. If a covered charge is payable under more than one benefit, only one benefit, the largest, will be payable.

Premium Changes

The premium rates may be changed by APL at the first anniversary date of the policy or any premium due date thereafter.

Optionally Renewable

The policy is renewable at the option of APL. The policyholder or APL may terminate this policy on any premium due date after the first anniversary following the policy effective date, subject to 60 days notice.

MEDlink® Select Supplemental Limited Benefit Group Medical Expense Insurance

Termination of Certificate

Insurance coverage under the certificate, including any attached riders, will end on the earliest of these dates: the date the policy terminates; the end of the grace period if the premium remains unpaid; the date you no longer qualify as an insured; the date your coverage under the other medical plan ends; or the date of your death.

Termination of Coverage

Insurance coverage under the certificate and/or any attached riders for a covered person will end as follows: the date the policy terminates; the date the certificate terminates; the end of the grace period if the premium remains unpaid; the date in which we receive a written request from you to terminate the covered person's coverage; the date a covered person no longer qualifies as an insured or eligible dependent; or the date of the covered person's death. APL may end the coverage of any covered person who submits a fraudulent claim.

COBRA Continuation of Coverage

This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986.

APL
AMERICAN PUBLIC LIFE
Expanding the Benefits Horizon®
2305 Lakeland Drive | Flowood, MS 39232
ampublic.com | 800.256.8606

DENTAL

City Of Opa-Locka

Effective Date: 10/1/2023	Current		Renewal	
Plan Nickname	1	2	1	2
Carrier	MetLife	MetLife	MetLife	MetLife
Plan Name	MET290	PPO	MET290	PPO
Rate Guarantee	1 Years	1 Years	1 Years	1 Years
Participation Requirements	-	-	-	-
In Network				
Deductible: Single	No Ded $5 Office Visits	$50	No Ded $5 Office Visits	$50
Deductible: Family	No Ded $5 Office Visits	$150	No Ded $5 Office Visits	$150
Preventative / Basic / Major	Some procedures Covered 100%/Co Pays Apply/Co Pays Apply	100%/90%/60%	Some procedures Covered 100%/Co Pays Apply/Co Pays Apply	100%/90%/60%
Annual Maximum	None	In: $3,000 / Out: $1,500	None	In: $3,000 / Out: $1,500
Endodontic Oral Surgery	Co Pays Apply	Major/Basic	Co Pays Apply	Major/Basic
Periodontic Oral Surgery	Co Pays Apply	Major/Basic	Co Pays Apply	Major/Basic
Ortho Coinsurance	Co Pays Apply (Child & Adult)	50% (Child to age 19)	Co Pays Apply (Child & Adult)	50% (Child to age 19)
Ortho Lifetime Max	None	$1,000	None	$1,000
Out of Network				
Out of Network Reimbursement	-	MAC (Fee)	-	MAC (Fee)
Deductible: Single	-	$50	-	$50
Deductible: Family	-	$150	-	$150
Preventative / Basic / Major	-	90%/70%/40%	-	90%/70%/40%
Enrollment	**54**	**77**	**54**	**77**
Employee Only	41	54	41	54
Employee + Spouse	5	6	5	6
Employee + Child(ren)	4	10	4	10
Family	4	7	4	7
Monthly Premiums			**Rate Pass**	
Employee Only	$13.06	$38.40	$13.06	$36.48
Employee + Spouse	$22.85	$76.79	$22.85	$72.95
Employee + Child(ren)	$27.41	$92.61	$27.41	$87.98
Family	$38.52	$138.21	$38.52	$131.30
Monthly Premium Per Plan	**$913.43**	**$4,427.91**	**$913.43**	**$4,206.52**
Change From Current	**---**	**---**	**$0.00 (0.00%)**	**-$221.39 (-5.00%)**
Monthly Premium Per Option	**$5,341.34**		**$5,119.95**	
Change From Current	**---**		**-$221.39 (-4.14%)**	

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

VISION

City Of Opa-Locka

Effective Date: 10/1/2023	Current	Renewal
Plan Nickname	**1**	**1**
Carrier	**MetLife**	**MetLife**
Plan Name	**M130D 10/10**	**M130D 10/10**
Network	**-**	**-**
Rate Guarantee	**1 Years**	**1 Years**
Participation Requirements	**-**	**-**
In Network		
Exams Copay	$10	$10
Exams Frequency	Once Every 12 Months	Once Every 12 Months
Lenses Copay	$10	$10
Lenses Frequency	Once Every 12 Months	Once Every 12 Months
Frames Allowance	Up to $130 + 20% off Balance	Up to $130 + 20% off Balance
Frames Frequency	Once Every 24 Months	Once Every 24 Months
Contact Lenses Allowance	Up to $130	Up to $130
Contact Lenses Frequency	Once Every 12 Months	Once Every 12 Months
Out of Network		
Exams Copay	Up to $45	Up to $45
Lenses Copay	Up to $30	Up to $30
Frames Allowance	Up to $70	Up to $70
Contact Lenses Allowance	Up to $105	Up to $105
Enrollment	**106**	**106**
Employee Only	72	72
Employee + Spouse	11	11
Employee + Child(ren)	12	12
Family	11	11
Monthly Premiums		**Rate Pass**
Employee Only	$6.80	$6.80
Employee + Spouse	$13.62	$13.62
Employee + Child(ren)	$14.02	$14.02
Family	$21.79	$21.79
Monthly Premium Per Plan	**$1,047.35**	**$1,047.35**
Change From Current	**---**	**$0.00 (0.00%)**

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

LIFE & DISABILITY

City Of Opa-Locka

Effective Date: 10/1/2023	Current	Renewal	Negotiated
Plan Nickname	1	1	1
Carrier	Lincoln National Corporation	Lincoln National Corporation	Lincoln National Corporation
Plan Name	Life AD&D	Life AD&D (RG 2025)	Life AD&D (RG 2025)
Multi-class	No	No	No
Rate Guarantee	-	2 Years	2 Years
Participation Requirements	ER Paid 100%	ER Paid 100%	ER Paid 100%
Benefit			
Benefit Amount	$50,000	$50,000	$50,000
Maximum Benefit	$50,000	$50,000	$50,000
Benefit Reduction	35% At Age 70, 15% At Age 75	35% At Age 70, 15% At Age 75	35% At Age 70, 15% At Age 75
Guaranteed Issue	$50,000	$50,000	$50,000
Class Description	Class 1: All Active FT Non-Officials, Class 2: Chief of Police & All FT City Managers, Class 3: All FT Assistant City Manager & Assistant Chief of Police, Class 4: All FT Non-Salaried Officials, Mayor, Vice Mayor & Commissioners	Class 1: All Active FT Non-Officials, Class 2: Chief of Police & All FT City Managers, Class 3: All FT Assistant City Manager & Assistant Chief of Police, Class 4: All FT Non-Salaried Officials, Mayor, Vice Mayor & Commissioners	Class 1: All Active FT Non-Officials, Class 2: Chief of Police & All FT City Managers, Class 3: All FT Assistant City Manager & Assistant Chief of Police, Class 4: All FT Non-Salaried Officials, Mayor, Vice Mayor & Commissioners
Enrollment			
Employee	159	159	159
Monthly Premiums (Rates Per $1,000)			
Volume	$7,872,500.00	$7,872,500.00	$7,872,500.00
Basic Life	$0.344	$0.378	$0.361
AD & D	$0.022	$0.022	$0.022
Monthly Premium Per Plan	**$2,881.34**	**$3,149.00**	**$3,015.17**
Change From Current	**---**	**$267.67 (9.29%)**	**$133.83 (4.64%)**

Quotes are based on the census received. Rates could be adjusted based on final enrollment.
This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

City Of Opa-Locka

Effective Date: 10/1/2023	Current	Renewal	Negotiated
Plan Nickname	**1**	**1**	**1**
Carrier	**Lincoln National Corporation**	**Lincoln National Corporation**	**Lincoln National Corporation**
Contrib/Non-Contributory	**Contributory**	**Contributory**	**Contributory**
Plan Name	**Short Term Disability**	**Short Term Disability (RG 2025)**	**Short Term Disability (RG 2025)**
Multi-class	**No**	**No**	**No**
Rate Guarantee	**-**	**2 Years**	**2 Years**
Participation Requirements	**-**	**-**	**-**
Employer Contribution	**100.0000%**	**0.0000%**	**0.0000%**
Benefit			
Benefit Percentage	60%	60%	60%
Max Weekly Benefit	$1,000	$1,000	$1,000
Max Benefit Duration	11 weeks	11 weeks	11 weeks
Elimination Period - Accident	14 Days	14 Days	14 Days
Elimination Period - Sickness	14 Days	14 Days	14 Days
Class Description	Class 1: All FT Employees Excluding City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 2: All FT City Managers, City Clerks, Commissioner and Mayor of City of Opa Locka	Class 1: All FT Employees Excluding City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 2: All FT City Managers, City Clerks, Commissioner and Mayor of City of Opa Locka	Class 1: All FT Employees Excluding City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 2: All FT City Managers, City Clerks, Commissioner and Mayor of City of Opa Locka
Enrollment			
Employee	77	77	77
Monthly Premiums			
Rates Per $10	$0.369	$0.406	$0.387
Covered Weekly Benefit	$40,460.00	$40,460.00	$40,460.00
Monthly Premium Per Plan	**$1,492.97**	**$1,642.68**	**$1,565.80**
Change From Current	**---**	**$149.70 (10.03%)**	**-$76.87 (-4.68%)**

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

City Of Opa-Locka

Effective Date: 10/1/2023	Current	Renewal	Negotiated
Plan Nickname	**1**	**1**	**1**
Carrier	**Lincoln National Corporation**	**Lincoln National Corporation**	**Lincoln National Corporation**
Contrib/Non-Contributory	**Contributory**	**Contributory**	**Contributory**
Plan Name	**Long Term Disability**	**Long Term Disabitlity (RG 2025)**	**Long Term Disabitlity (RG 2025)**
Multi-class	**No**	**No**	**No**
Rate Guarantee	**-**	**2 Years**	**2 Years**
Participation Requirements	**-**	**-**	**-**
Employer Contribution	**0.0000%**	**0.0000%**	**0.0000%**
Benefit			
Benefit Percentage	60%	60%	60%
Max Monthly Benefit	Class 1 & 3: $10,000, Class 2 to $5000	Class 1 & 3: $10,000, Class 2 to $5000	Class 1 & 3: $10,000, Class 2 to $5000
Max Benefit Duration	Age 65 or SSNRA	Age 65 or SSNRA	Age 65 or SSNRA
Elimination Period	90 Days	90 Days	90 Days
Definition of Disability	24 Months	24 Months	24 Months
Pre-existing Conditions	3/12	3/12	3/12
Guaranteed Issue	Class 1 & 3: $10,000, Class 2 to $5000	Class 1 & 3: $10,000, Class 2 to $5000	Class 1 & 3: $10,000, Class 2 to $5000
Class Description	Class 1: Elected Officials of City of Opa Locka Class 2: All Other FT Employees except City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 3: All FT City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka	Class 1: Elected Officials of City of Opa Locka Class 2: All Other FT Employees except City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 3: All FT City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka	Class 1: Elected Officials of City of Opa Locka Class 2: All Other FT Employees except City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka Class 3: All FT City Managers, City Clerks, Commissioners and Mayor of City of Opa Locka
Enrollment			
Employee	46	46	46
Monthly Premiums			
Rates Per $100	**Age Banded**	**Age Banded**	**Age Banded**
Covered Monthly Payroll	$107,871.00	$107,871.00	$107,871.00
	0-29: $0.149	0-29: $0.164	0-29: $0.156
	30-34: $0.228	30-34: $0.251	30-34: $0.239
	35-39: $0.386	35-39: $0.425	35-39: $0.405
	40-44: $0.584	40-44: $0.642	40-44: $0.613
	45-49: $0.822	45-49: $0.904	45-49: $0.863
	50-54: $1.049	50-54: $1.154	50-54: $1.101
	55-59: $1.356	55-59: $1.492	55-59: $1.424
	60-64: $1.129	60-64: $1.242	60-64: $1.185
	65-69: $0.881	65-69: $0.969	65-69: $0.925
	70-74: $0.703	70-74: $0.773	70-74: $0.738
	75-99: $0.772	75-99: $0.849	75-99: $0.811
Monthly Premium Per Plan	**$1,410.87**	**$1,552.00**	**$1,481.41**
Change From Current	**---**	**$141.13 (10.00%)**	**$70.54 (5.00%)**

Quotes are based on the census received. Rates could be adjusted based on final enrollment.

This data is provided for information purposes only. It is not intended to represent a binding obligation. The governing document for this purpose would be the COC issued by the carrier. Please see detailed benefit summary.

Lincoln Financial Group®

Full-Time Employees of City Of Opa Locka

Benefits At-A-Glance

Supplemental Life and AD&D Insurance

The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Provides an additional cash benefit to your loved ones if you die — or to you if you lose a limb or your eyesight — in a covered accident
- Features group rates for City of Opa Locka employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*℠ services, which give you and your family access to emergency medical help when you're traveling

Employee	
Guaranteed coverage amount during initial offering or approved special enrollment period	$150,000
Newly hired employee guaranteed coverage amount	$150,000
Continuing employee guaranteed coverage annual increase amount	Choice of $10,000 or $20,000
Maximum coverage amount	5 times your annual salary ($300,000 maximum)
Minimum coverage amount	$10,000
AD&D coverage amount	Equal to the life insurance amount chosen
Spouse	
Guaranteed coverage amount during initial offering or approved special enrollment period	$30,000
Newly hired employee guaranteed coverage amount	$30,000
Continuing employee guaranteed coverage annual increase amount	Choice of $5,000 or $10,000
Maximum coverage amount	50% of the employee coverage amount ($150,000 maximum)
Minimum coverage amount	$5,000
AD&D coverage amount	Equal to the life insurance amount chosen
Dependent Children	
6 months to age 19 (to age 25 if full-time student) guaranteed coverage amount	$10,000
Age 14 days to 6 months guaranteed coverage amount	$250

What your benefits cover

Employee Coverage

Guaranteed Life and AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to $150,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by $10,000 or $20,000 without providing evidence of insurability . If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to $20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary ($300,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- The maximum coverage amount for employees 70 and older who are electing coverage for the first time is $50,000.
- Your coverage amount will reduce by 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; an additional 15% of the original amount when you reach age 75; and an additional 15% of the original amount when you reach age 80.

Spouse Coverage - You can secure term life and AD&D insurance for your spouse if you select coverage for yourself.

Guaranteed Life and AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount ($30,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by $5,000 or $10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to $10,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount ($150,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: $10,000

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included
Seat Belt & Airbag	Included with AD&D
Common Carrier	Included with AD&D

Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated (with a blood alcohol level of .08 grams or more per 100 milliliters of blood)

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

A complete list of benefit exclusions is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: CTYOPALOCK.

Semi-Monthly Supplemental Life and AD&D Insurance Premium
Here's how little you pay with group rates.

Employee Age Range	Life & AD&D Premium Rate
0 - 24	0.0000560
25 - 29	0.0000560
30 - 34	0.0000610
35 - 39	0.0000710
40 - 44	0.0001060
45 - 49	0.0001610
50 - 54	0.0002860
55 - 59	0.0004460
60 - 64	0.0005210
65 - 69	0.0009260
70 - 74	0.0017910
75 - 79	0.0048010
80 - 99	0.0109310

Group Rates for You

The estimated semi-monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of $10,000) by the employee age-range premium rate.

$_____ X _____ = $_____

coverage amount | premium rate | semi-monthly premium

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life & AD&D Premium Rate
0 - 24	0.0000560
25 - 29	0.0000560
30 - 34	0.0000610
35 - 39	0.0000710
40 - 44	0.0001060
45 - 49	0.0001610
50 - 54	0.0002860
55 - 59	0.0004460
60 - 64	0.0005210
65 - 69	0.0009260

Group Rates for Your Spouse

The estimated semi-monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of $5,000) by the employee age-range premium rate.

$_____ X _____ = $_____

coverage amount | premium rate | semi-monthly premium

Note: Rates are subject to change and can vary over time.

Dependent Children Semi-Monthly Premium for Life Insurance Coverage

Coverage Amount	Semi-Monthly Premium
$10,000	$1.00

Group Rates for Your Dependent Children

One affordable semi-monthly premium covers all of your eligible dependent children.

Note: You must be an active City of Opa Locka employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company

Please see prior page for product information.

Supplemental Life and AD&D Insurance Premium Calculation

LFE-ENRO-BRC001-FL

ADDTIONAL PRODUCTS

SUPPLEMENTAL WORKSITE BENEFITS

Deductions per year: 24 | These rates were prepared on 9/11/2015 and are valid for 90 days.

Critical Illness 1.0 for FL

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$10,000	17-24	$1.53	$2.30	$1.58	$2.40
	25-29	$1.78	$2.70	$1.83	$2.75
	30-34	$2.18	$3.30	$2.23	$3.35
	35-39	$2.83	$4.20	$2.88	$4.30
	40-44	$3.68	$5.50	$3.73	$5.55
	45-49	$4.78	$7.20	$4.83	$7.25
	50-54	$6.08	$9.30	$6.13	$9.35
	55-59	$7.43	$11.45	$7.48	$11.50
	60-64	$9.08	$14.10	$9.13	$14.20
	65-70	$10.93	$16.45	$10.98	$16.55
$25,000	17-24	$2.21	$3.28	$2.33	$3.53
	25-29	$2.83	$4.28	$2.96	$4.40
	30-34	$3.83	$5.78	$3.96	$5.90
	35-39	$5.46	$8.03	$5.58	$8.28
	40-44	$7.58	$11.28	$7.71	$11.40
	45-49	$10.33	$15.53	$10.46	$15.65
	50-54	$13.58	$20.78	$13.71	$20.90
	55-59	$16.96	$26.15	$17.08	$26.28
	60-64	$21.08	$32.78	$21.21	$33.03
	65-70	$25.71	$38.65	$25.83	$38.90
$50,000	17-24	$3.33	$4.90	$3.58	$5.40
	25-29	$4.58	$6.90	$4.83	$7.15
	30-34	$6.58	$9.90	$6.83	$10.15
	35-39	$9.83	$14.40	$10.08	$14.90
	40-44	$14.08	$20.90	$14.33	$21.15
	45-49	$19.58	$29.40	$19.83	$29.65
	50-54	$26.08	$39.90	$26.33	$40.15
	55-59	$32.83	$50.65	$33.08	$50.90
	60-64	$41.08	$63.90	$41.33	$64.40
	65-70	$50.33	$75.65	$50.58	$76.15

Group Medical Bridge for FL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: $1000, Health Screening: $50, Outpatient Surgery: Tier 1=$500, Tier 2=$1000, CY Max=$1500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	$8.52	$15.26	$12.61	$19.35
50-59	$11.30	$21.85	$15.40	$25.95
60-64	$14.86	$29.97	$18.95	$34.05
65-99	$19.33	$39.55	$23.41	$43.64

(Continued...)

Group Medical Bridge for FL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: $1500, Health Screening: $50, Outpatient Surgery: Tier 1=$750, Tier 2=$1500, CY Max=$2500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	$12.23	$22.06	$18.37	$28.20
50-59	$16.41	$31.96	$22.54	$38.09
60-64	$21.74	$44.11	$27.89	$50.25
65-99	$28.44	$58.49	$34.58	$64.62

Cancer 1000 for FL

Applicable to policy form C1000

- with Progressive Payment Benefit, $5,000 Initial Diagnosis Benefit

	ISSUE AGE	NAMED INSURED	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-69	$15.05	$16.75	$25.00
Level 3	17-69	$18.05	$20.75	$30.50

Accident 1.0 for FL

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

- On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred with health screening	17-80	$8.62	$13.83	$15.80	$20.95

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Colonial Life

Gunshot Wound
Rate Sheet for Florida

Monthly premium per $1,000 of lump-sum benefit in Florida

Plan Code	**PS03** *Note: the "0" is a zero*
Issue Ages 17- 69	**$0.20**

Coverage	Employee only
Plan Structure	On/off-job
Benefit Amount	$1,000 to $5,000 lump sum, offered in $1000 increments
Benefit Features	• Non-fatal gunshot wound from a conventional firearm. • One benefit per 24-hour period, regardless of the number of gunshot wounds. • Requires treatment by a physician, including overnight care in a hospital, within 24 hours after the accident.
Eligibility	• Offered to all permanent, benefit-eligible employees ages 17-69 in Florida who work at least 15 hours per week on a regular basis. • The employee must be actively at work at the time of application. • Seasonal and temporary employees are not eligible. Spouse and children are not eligible.
Policy Form	• GSW-FL only

For states other than Florida, see the regular gunshot wound rate sheet, 101717.

Important: The information contained in this rate sheet is confidential and intended for the training and education of Colonial Life & Accident Insurance Company employees and benefit counselors only. Colonial Life has not authorized any other use of this information. Do not give or show it to prospective insureds, employers of prospective insureds, other insurance carrier representatives, work site marketing competitors, or anyone else not employed by or contracted with Colonial Life or other Unum Group business units. This sheet contains highlights of the actual product benefits. Please see the policy for your state for complete details.

PREMIUM PRODUCTS AND SERVICES

PROTECT YOUR PEOPLE AND YOUR BUSINESS

Employee Benefits: eb.worldinsurance.com
Other Products & Services: worldinsurance.com

World Insurance Associates LLC is a leading insurance and financial services organization offering premium products and services from major providers, combined with personal service from local advisors. Never compromise again when it comes to managing and protecting your most important assets—your people and your business.

Get the best of both worlds, with World.

EXPERIENCED INSURANCE & RISK MANAGEMENT ADVISORS

World Insurance Associates LLC (World) is a unique insurance and financial services organization offering top products and services from more than 174 major carriers, combined with personal service from local advisors. Serving more than 250,000 clients, World has 260+ offices around the country, so you get attentive service from a local advisor who personally knows you and your business and who will work with you to solve your insurance, risk, and HR management challenges.

EXCEPTIONAL SERVICE YOU CAN COUNT ON

World prides itself on providing its clients with a superior service experience from seasoned professionals that have expertise in your specific industry. World's advisors take the time to get to know you and your needs and will tailor a risk management program to ensure your people and your business are adequately protected.

Now you can enjoy large-scale resources via a personal relationship with your local World professional.

DEDICATED CLAIMS TEAM

No 800 number, no prompts to bounce around.

The most critical service your insurance partner will provide is claims support. When you need help due to a loss, you can count on our dedicated claims representative who will personally take your call and manage your claim from the beginning until it is closed. And when needed, you can consult with our in-house attorney who specializes in policy contract review and interpretation.

PROACTIVE CLAIMS MANAGEMENT

Your dedicated advisor will regularly conduct loss history and trend analyses across your portfolio. Together, you will identify strategies for reducing your risks, claims, and ultimately, your costs.

2022 INDUSTRY RANKINGS

World has experienced 107 percent average year-over-year growth since 2018 and continues to climb the industry rankings' charts.

Fastest Growing Brokers
By Business Insurance

100 Largest Brokers of U.S. Business
By Business Insurance

Top 100 Independent P&C Agencies
By Insurance Journal

Top 50 Personal Lines Agencies
By Insurance Journal

$235MM revenue 2021

$80B+ assets supported*

107% avg. YOY revenue growth

174 carriers

260+ U.S. offices

300,000+ clients

FULL-SERVICE OFFERING

BUSINESS INSURANCE

World's business insurance offering spans all risk protection products including exclusive coverages for niche industries. We tailor programs specifically to protect your unique risks with the best carriers in the industry across liability, property & casualty, and surety and bonding.

EMPLOYEE & EXECUTIVE BENEFITS

World's comprehensive employee and executive benefits suite spans group products and employee wellness programs, including group health, group life, group disability, ancillary products, voluntary options, consumer-directed benefits, employee 401(k) plans, and PEO solutions.

PAYROLL & HR SOLUTIONS

Our suite of HR and payroll solutions is your one-stop shop for taking care of your people. Our in-house team has more than 20 years of experience with HR outsourcing, payroll and tax administration, time and labor management, and HR technology.

RETIREMENT PLAN SERVICES

If you want to engage your employees, promote retirement readiness, reduce your workload, or mitigate cost and risks, we can help. Our advisors provide hands-on strategic retirement and financial wellness planning focused on your unique needs.

FINANCIAL PLANNING

Our advisors can help you manage business continuation and succession planning risks including executive compensation and bonus plans. We can also help you with personal financial planning designed to assist you in growing and preserving your wealth.

PERSONAL INSURANCE

In addition to coverages for your home, vehicle, and valuables, we can discuss strategies for protecting your income and your family's future, wealth conservation and distribution, planned giving, and the income-to-wealth transition process. We also specialize in high-net-worth portfolios.

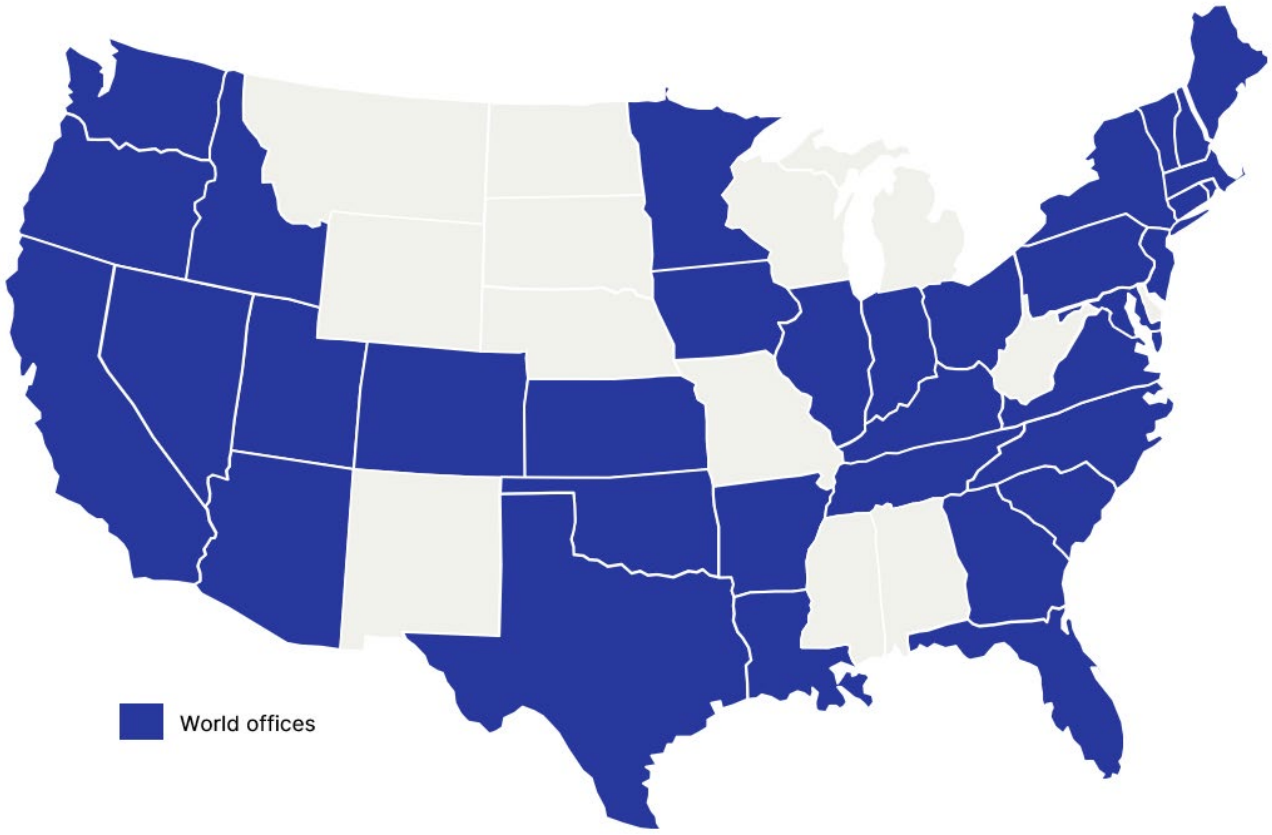
AREAS OF EXPERTISE

- Aviation
- Auto services
- Cannabis
- Contractors/surety
- Entertainment
- Financial firms
- Fitness clubs
- Food and beverage
- Hospitality / Hotels
- Law firms
- Manufacturing
- Marine
- Medical/Healthcare
- Municipalities
- Nonprofit and education
- Real estate/property mgmt.
- Restaurants
- Retail stores
- Self-storage facilities
- Sport recreation
- Startups
- Technology firms
- Transportation
- Travel agents

*As of 12/31/2021, the Pensionmark network of advisors and firms provides support to more than $80.7B in assets across a variety of channels including investment management and retirement plan consulting services, which includes regulatory assets under management of more than $24.2B.

NATIONAL REACH

World has 260+ offices across the United States and continues to add quality partners through its acquisition growth strategy.



Arizona	Indiana	Nevada	Rhode Island
Arkansas	Iowa	New Hampshire	South Carolina
California	Kansas	New Jersey	Tennessee
Colorado	Kentucky	New York	Texas
Connecticut	Louisiana	North Carolina	Utah
Florida	Maine	Ohio	Vermont
Georgia	Maryland	Oklahoma	Virginia
Idaho	Massachusetts	Oregon	Washington
Illinois	Minnesota	Pennsylvania	Washington, D.C.

We help our clients protect their people and their business with the best products in the industry and the personal touch of a local advisor.

Get the best of both worlds, with World.

HEADQUARTERS
World Insurance Associates
100 Wood Avenue South, 4th Floor
Iselin, NJ 08830
732-380-0900 | yourteam@worldinsurance.com

Visit us online at
worldinsurance.com

Connect with us at:

Sponsored by: Commissioner Kelley

RESOLUTION NO. 23-XXXX

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA APPROVING EXPENDITURES RELATED TO SPECIAL EVENTS HOSTED BY CITY COMMISSIONER JOSEPH L. KELLEY FOR THE REMAINDER OF FISCAL YEAR 2022-2023; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City of Opa-Locka budgets for each Commissioner to receive a set amount for the purpose of hosting special events each fiscal year; and

WHEREAS, special events enhance the quality of life for residents, visitors, and fosters good relations throughout the community; and

WHEREAS, City Commissioner Joseph L. Kelley desires to have the City Commission approve all expenditures for special events up to the City Commission approved budgeted amount for commissioners for the remainder of the 2022-2023 fiscal year, as set forth in Exhibit "A"; and

WHEREAS, expenses presented for approval include: Five Hundred Sixty Seven Dollars and Seventy-Five Cents ($567.75) to Happy Endings of Miami, Inc. and Ninety Three Dollars and Thirty-Eight Cents ($93.38) to Commissioner Kelley for reimbursement of funds for the purchase of refreshments, for a Community Clean-Up held on August 5, 2023; Six Hundred Twenty Dollars ($620.00) to Adams Catering, Inc. for a Clergy Luncheon held on August 29, 2023; Four Thousand Dollars ($4,000.00) for an Ingram Park Community Fun Day to be held on September 16, 2023 and One Thousand, Five Hundred Dollars ($1,500.00) for a Fishing Tournament to be held on September 30, 2023 and One Thousand, One Hundred Eighty Dollars ($1,180.00) for a Bookbag Giveaway; and

WHEREAS, the City Commission has determined that it is in the best interest of the City and its residents to approve expenditures related to Commissioner Kelley's hosted events, as provided in Exhibit "A."

.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF OPA LOCKA, FLORIDA:

SECTION 1. RECITALS ADOPTED.

The recitals to the preamble herein are incorporated by reference.

SECTION 2. AUTHORIZATION

The City Commission of the City of Opa-Locka hereby authorizes and approves expenditures related to special events hosted by Commissioner Joseph L. Kelley for the remainder of Fiscal Year 2022-2023, as set forth in Exhibit "A" hereto.

SECTION 3. SCRIVENER'S ERRORS.

Sections of this Resolution may be renumbered or re-lettered and corrections of typographical errors, which do not affect the intent of this Resolution as may be authorized by the Interim City Manager, following review by the City Attorney, without need of public hearing, by filing a corrected copy of same with the City Clerk.

SECTION 4. EFFECTIVE DATE

This Resolution shall take effect upon the adoption and is subject to the approval of the Governor or Governor's Designee.

PASSED and **ADOPTED** this _____ day of _____, 2023.

_____
John Taylor, Mayor

ATTEST:

_____
Joanna Flores, City Clerk

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:

_____
Burnadette Norris-Weeks, P.A.
City Attorney

Moved by: _____

Seconded by: _____

VOTE:

Commissioner Bass	_____ (Yes)	_____ (No)
Commissioner Kelley	_____ (Yes)	_____ (No)
Commissioner Williams	_____ (Yes)	_____ (No)
Vice Mayor Ervin	_____ (Yes)	_____ (No)
Mayor Taylor	_____ (Yes)	_____ (No)

COMPOSITE

EXHIBIT A


THE CITY OF OPA-LOCKA MAYOR & COMMISSION INVITE YOU TO
VOLUNTEER FOR OUR COMMUNITY
BRIGHTEN UP
OPA-LOCKA
PAINT • PLANT • PRESERVE
CITY OF OPA-LOCKA FLORIDA
EST. 1926
COMMUNITY CLEANUP
SATURDAY, AUGUST 5, 2023 | 9 AM - 12 PM
COACHMAN GARDENS & SURROUNDING AREAS
BURLINGTON ST & NW 24TH AVE
QUESTIONS? CALL 305.953.2800
HOSTED BY
HOSTED BY
COMMISSIONER Joseph L. Kelley
COMMISSIONER Dr. Sherelean Bass
MAYOR John H. Taylor, Jr.
VICE MAYOR Natasha L. Ervin
COMMISSIONER Veronica J. Williams

Happy Endings of Miami, Inc
651 NW 106TH ST
MIAMI, FL 33150 US
3057594467
orders@happyendingstshirts.com
www.happyendingstshirts.com

BILL TO
CITY OF OPA LOCKA
JOANNA FLORES
305-953-2868

INVOICE 53923

DATE 07/31/2023

PRODUCT	DESCRIPTION	QTY	RATE	AMOUNT
T-SHIRT	29M ADULT ROYAL BLUE 5 M, 20 L, 36 XL	61	6.49	395.89T
T-SHIRT	XXL	7	9.49	66.43T
T-SHIRT	XXXL	6	10.49	62.94T
T-SHIRT	XXXXXL	1	12.49	12.49T
SET UP	GOLD SCREEN ON THE FRONT	1	30.00	30.00T

SUBTOTAL	567.75
TAX	0.00
TOTAL	567.75
TOTAL DUE	$567.75


BRIGHTEN UP
OPA-LOCKA
PAINT • PLANT • PRESERVE
BEAUTIFICATION
CLEAN-UP
8 5 2023
Hosted by Commissioner Joseph L. Kelley

Welcome to Dunkin'
Store #: 355278
6710 Main St
Miami Lakes, FL 33014
(305) 602-0388
123262 susanna

CHK 4752
8/5/2023 8:15 AM

Eat In

2 Box Hot Orig Cof	39.98
Visa	$42.78
**********4529	

Tran Type : Purchase
Entry Mode : INSERTED
Auth Code : 071503
VISA DEBIT
AID: A0000000031010
No Signature Required
I agree to pay the above total amount according to the card issuer
(merchant agreement if credit voucher)

Subtotal	$39.98
FL State Tax	$2.40
Local Tax	$0.40
Payment	$42.78
Change Due	**$0.00**

---------- Check Closed ----------
8/5/2023 8:15 AM

****
Donut forget to tell us about today's visit! Talk to us at www.DunkinRunsOnYou.com within 3 days and receive a FREE CLASSIC DONUT on your next visit when you purchase a Medium or Larger Beverage
See restrictions on dunkindonuts.com

Survey Code: 75201-55278-0808-0536
****
Additional Discounts Will Not Be Applied to Promotional Offers
****
Thank You. Come Back Again.

DOLLAR TREE

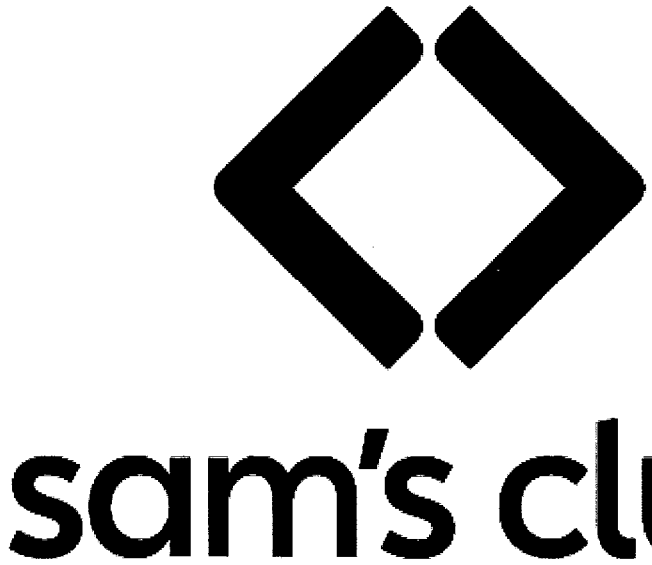
Store# 7536 (786) 654-5827
16351 NW 57th Ave
Miami Gardens FL 33014-6116

DESCRIPTION	QTY	PRICE	TOTAL
SOFT TOUCH SS W/ NYLON TONG12N	1	1.25	1.25T
TABLECOVER ROYAL BLUE 54X108 P	1	1.25	1.25T
FOAM SNACK PLATE 6IN 40CT	1	1.25	1.25T
PREMIUM NAPKIN 2PLY 50CT	1	1.25	1.25T
PREMIUM NAPKIN 2PLY 50CT	1	1.25	1.25T
TINTED PLASTIC CUPS 16Z 16CT	1	1.25	1.25T
TINTED PLASTIC CUPS 16Z 16CT	1	1.25	1.25T
TINTED PLASTIC CUPS 16Z 16CT	1	1.25	1.25T

Sub Total	$10.00
SALES TAX	$0.70
Total	$10.70
Debit Card	$10.70
**********8102	Approved
Purchase	Cntctless
Auth/Trace Number:	043708/037582

NOW SHOP ON-LINE AT DOLLARTREE.COM
****
* We will gladly exchange any unopened item *
* with original receipt. We do not offer refunds. *
****
07536 03 023 27147370 8/05/23 8:37
Associate:Hilary

Coachman Gardens
Community Clean-up
August 5, 2023



sam's club™

CLUB MANAGER

MIAMI, FL
08/04/23 19:12 1358 6217 83

0000826851	BB MUFFINS	4.98 O
0980280450	BRKFSTTRAY	20.98 O
0980095246	SIMPLYOJ 2P	
	2 AT 1 FOR 6.97	13.94 O
	SUBTOTAL	39.90
TAX 12	0 %	0.00
	TOTAL	39.90
VISA CREDIT TEND		39.90
VISA	**** **** **** 4529	
	CHANGE DUE	0.00

ITEMS SOLD 4

TC# 3068 8276 8731 6975 6058

3

City of Opa-locka Mayor & Commission
invites all local Pastors to a

CLERGY LUNCHEON MEETING

TUESDAY - AUG 29 - 11:30AM
HELEN L. MILLER CENTER
2331 N.W. 143RD ST
OPA-LOCKA, FL 33054

For more information or to confirm your attendance please call 305-953-2868 Ext 1104

Hosted By Commissioner Joseph L. Kelley

Adams Catering Incorporation
14080 NW 22 Avenue
Opa Locka, Florida
33054
305-335-8398
adams19@bellsouth.net

INV6192 (Rev)
DATE
July 28, 2023
DUE
On Receipt
BALANCE DUE
USD $ 620.00

BILL TO:
CITY OF OPA-LOCKA, FLORIDA
Commissioner Joseph L. Kelley
215 N. Perviz Avenue
Opa-Locka, FL 33054

ATTN: Myia

DELIVER TO:
HELEN L. MILLER CENTER
2331 NW 143rd Street
Opa-Locka, FL 33054

ATTN: Myia

DESCRIPTION	RATE	QTY	AMOUNT
MENU			
Baked Chicken Yellow Rice String Beans Cornbread Lemonade	$12.50	40	$ 500.00
Servers	$60.00	2	$ 120.00

Cups, Plates, Napkins, Cutlery, etc.

DELIVERY DATE AND TIME:
Catering Services for Tuesday, August 29, 2023
5:00 PM

SUBTOTAL	$	620.00
TAX (0%)	$	-
TOTAL	**$**	**620.00**
BALANCE DUE	**USD $**	**620.00**

BAGS IN BULK

INVOICE 120617

ISSUE DATE
JULY 28, 2023

SUPPLIER
BAGSINBULK
10 West 33rd Street
Suite 1100
New York, NY 10001

SHIPPING ADDRESS
JAY BERGEL
780 Fisherman Street,
4th Floor
Opa-locka, FL 33054
Email: jbergel@opalockafl.gov
Phone: (786) 514-4518

PURCHASER
JAY BERGEL
780 Fisherman Street,
4th Floor
Opa-locka, FL 33054
Email: jbergel@opalockafl.gov
Phone: (786) 514-4518

PAYMENT METHOD **QUOTE**

WEB ORDER # **#120617**

ITEM	DESCRIPTION	QUANTITY	UNIT PRICE	TAX AMOUNT	TOTAL
45 Piece School Supply Kit	SKU: SS7671	**8**	111.00	$0.00	**$888.00**
Wholesale Trailmaker Classic 17 Inch Backpack	SKU: 8604	**4**	73.20	$0.00	**$292.80**
			Total		**$1,180.80**
			AMOUNT DUE		**$1,180.80**

Joanna Thorn
07/31/2023

CITY OF OPA-LOCKA MAYOR & COMMISSION INVITES YOU TO

FISHING TOURNAMENT

September 30, 2023

Ingram Park Lakefront
2100 Burlington Street

9AM-12PM

Age 55& Up

Age 9-17

Age 5-8

Age 18-54

1ST & 2ND PRIZE TROPHIES AWARDED FOR EACH AGE GROUP. TROPHIES AWARDED TO THE BIGGEST AND MOST FISH CAUGHT OVERALL.

HOSTED BY
COMMISSIONER KELLEY

For more information or to sign up please contact the office at 305-953-2868 Ext 1104

Sponsored by: Vice-Mayor Ervin

RESOLUTION NO. 23-XXXX

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, AUTHORIZING A PROCUREMENT PROCESS FOR AN INDEPENDENT PROFESSIONAL BACKGROUND SCREENER TO CONDUCT A LEVEL 2 BACKGROUND SCREENING AND ALL OTHER BACKGROUND CHECKS NECESSARY TO COMPORT WITH THE CITY'S ESTABLISHED PROCEDURES FOR THE SELECTION OF A CITY MANAGER; REQUIRING BACKGROUND CHECKS ONLY FOR SHORTLISTED CANDIDATES FOR THE POSITION OF CITY MANAGER; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR CONFLICT; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, pursuant to Resolution 23-002, the City of Opa-Locka ("City") established a search committee for the selection of a permanent City Manager, which consisted of the City Commission of the City of Opa-Locka; and

WHEREAS, due to the recent departure of the City's Human Resources Director, it has become necessary for the City Commission to secure an Independent Professional Background Screener to assist the Human Resources Department in the completion of an ongoing search for a permanent City Manager; and

WHEREAS, Section 2-3.1 of the City of Opa-Locka's Code of Ordinances requires, among other things, that the City conduct a state and national criminal history background check for the position of City Manager; and

WHEREAS, further, the City Commission is required to adhere to existing Policies and Procedures requiring a Level 2 background check for City Manager candidates (See, Background Screening, Finding 47 with Effective Date January 2020 as Exhibit A); and

WHEREAS, the City is in need of an independent professional background screener to conduct a Level 2 background screenings for shortlisted candidates and adhere to all other background checks necessary to comport with established City procedures for the selection of a City Manager; and

WHEREAS, the City Commission desires that a Request for Qualifications ("RFQ") be released substantially in the form attached hereto as Exhibit "B"; and

WHEREAS, the City Commission desires to discard, rescind and reperform any prior criminal background checks that may have previously been conducted on behalf of the City; and

WHEREAS, the City's Background Screening process specifically states: "an acceptable background screening will verify that an individual is who they claim to be; check and confirm the validity of the person's criminal record, education, employment history, and other activities from their past. An employee background check reviews a person's criminal records, driving records, and whether they are on a terror watch list or sex offender registry and may include a credit and credential check"; and

WHEREAS, as contemplated by the City's Policy and Procedures for Background Screening and the City's definition of "Professional Background Screener," the City Commission desires to authorize that a Professional Background Screener be procured through a Request for Qualifications to assist the Human Resources Department; and

WHEREAS, as set forth within the City's Policies and Procedures for Background Screening, it shall be disqualifying for any candidate to interfere with the background process and a candidate shall only engage with the Human Resources Department or other authorized entity (Professional Background Screener) to the extent required to complete the City's employment application, provide driver's license information, and complete authorization forms necessary for the state and nation criminal background check and other background screening contemplated by the City's Policies and Procedures for Background Screening, relevant City ordinances and this Resolution; and

WHEREAS, the Professional Background Screener shall be completely independent and shall not have performed services for the City of Opa-Locka in the past or have any relationship, personal or professional with shortlisted applicants; and

WHEREAS, the Professional Background Screener shall provide to the Human Resources Director other information referenced within the City's Policy and Procedures for Background Screening to include reference checks, employment and educational verification, license verification, social security verification, motor vehicle records checks, credit history and other specialized checks as deemed necessary by the screener. The Professional Background Screener may also provide newspaper checks and any other information that may be relevant for consideration of character and overall fitness for the job of City Manager; and

WHEREAS, the City's Policies and Procedures for Background Screening provides that "the Human Resources Department will commission background screening, upon receiving signed authorization" and "failure to submit a signed authorization form shall forfeit consideration for employment." Should an applicant fail to comply following written notice from the Human Resources Director or Professional

Background Screener for more than a forty-eight hour period, said applicant shall be considered disqualified from the process; and

WHEREAS, the opening of information to be received by the Professional Background Screener shall be in the presence of the Human Resources Director, City of Clerk and Police Chief; and

WHEREAS, the City Commission desires to conduct background screenings only on shortlisted candidates for the permanent position of City Manager; and

WHEREAS, the City Commission of the City of Opa-Locka, Florida hereby authorizes a procurement process for an Independent Professional Background Screener to assist the Human Resources Department in conducting a Level 2 Background Screening and all other background checks necessary to comport with the City's established procedures for the selection of a City Manager.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF OPA LOCKA, FLORIDA:

SECTION 1. RECITALS ADOPTED.

The recitals to the preamble herein are incorporated by reference.

SECTION 2. AUTHORIZATION

The City Commission of the City of Opa-Locka, Florida hereby authorizes and mandates strict adherence to this Resolution. The City Commission further authorizes a procurement process for an Independent Professional Background Screener to assist the Human Resources Department in conducting a Level 2 Background Screening and all other background checks necessary to comport with the City's established procedures for the selection of a City Manager only for shortlisted candidates.

SECTION 3. SCRIVENER'S ERRORS.

Sections of this Resolution may be renumbered or re-lettered and corrections of typographical errors, which do not affect the intent of this Resolution may be authorized by the City Attorney without need of public hearing, by filing a corrected copy of same with the City Clerk.

SECTION 4. CONFLICT

To the extent that there is conflict with this Resolution and any prior Resolution or policy of the City, this Resolution shall control.

SECTION 5. EFFECTIVE DATE

This Resolution shall take effect upon the adoption and shall be provided to

Governor or Governor's Designee.

PASSED and **ADOPTED** this _____ day of _____, 2023.

_____
John Taylor, Mayor

ATTEST:

_____
Joanna Flores, City Clerk

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:

_____
Burnadette Norris-Weeks, P.A.
City Attorney

Moved by: _____

Seconded by: _____

VOTE:

Commissioner Bass	_____ (Yes)	_____ (No)
Commissioner Kelley	_____ (Yes)	_____ (No)
Commissioner Williams	_____ (Yes)	_____ (No)
Vice Mayor Ervin	_____ (Yes)	_____ (No)
Mayor Taylor	_____ (Yes)	_____ (No)

EXHIBIT “A”

The Great City of Opa-Locka Policies and Procedures	
Subject: Background Screening Finding 47	**Effective Date**: January 2020
Department: Human Resources	**Revised Date:**
Policy Number:	**Page 1 of 6**

Purpose

To provide a safe and secure environment, appropriate background screening will be conducted for all individuals recommended for employment and/or services consistent with the process for employment background screening.

An acceptable background screening will verify that an individual is who they claim to be; check and confirm the validity of the person's criminal record, education, employment history, and other activities from their past. An employee background check reviews a person's criminal records, driving records, and whether they are on a terror watch list or sex offender registry and may include a credit and credential check.

Background Screening Definitions

Level 1 – generally refers to a name-based background check. It is commonly used to check a person's identity and employment history.

Level 2 – per the Florida Department of Law Enforcement (FDLE), a state and national fingerprint-based check and consideration of disqualifying offenses, and applies to those employees designated by law as holding positions of responsibility or trust and is completed by the City of Opa-locka Police Department.

Procedures

- The Human Resources Department (HR) shall facilitate all background screening requests. The City of Opa-locka Police Department facilitates Level 2 background screenings.

- All prospective hires, interns, volunteers, contractors, and contractual temporary personnel shall go through a pre-screening Florida Department of Law Enforcement (FDLE) criminal background check (Level 1 or Level 2). Level 1 screening (without FBI fingerprints) is for ***all*** prospective hires, interns, volunteers, contractors, and contractual temporary personnel. Level 2 screening (with FBI fingerprints) is for those that are required by any State of Florida Statutes, other applicable laws and/or federal, state and local grant funding requirements and those that maintain continuous contact with the "Protected Class"(i.e. children, disabled and elderly). Those subjected to a Level 2 background check include those working within the Police and Parks & Recreation departments and the City Manager position **[Ordinance 2-3.1]**.

- Background screening will, also, include reference checks, employment and educational verification, license verification, social security verification and motor vehicle records checks (where applicable). For positions with special responsibilities, credit history and specialized checks may, also, be required.

- Due to the sensitivity of information contained in the criminal history background checks and the potential liability of maintaining and/or misusing such information, the Human Resources Department will consult with FDLE, City of Opa-locka Police Department and the City Attorney's Office to maintain appropriate guidelines on the interpretation, utilization and safeguarding of criminal history information.

- The Human Resources Department will commission background screening, upon receiving the signed authorization. Failure to submit a signed authorization form shall forfeit consideration for employment/services with the City. Human Resources personnel will conduct the screening, through FDLE. Screening results will be provided to the Human Resources Director and department head. If background screening is "clean," which means no negative or incomplete information, the individual shall be deemed as "passing". If negative or incomplete information is revealed, the Human Resources Director, City Manager and other appropriate persons will assess the potential risks and liabilities.

- Negative information that is received through background screening is not an automatic bar to employment and/or services to the City. The individual will be provided with an opportunity to explain or refute the information obtained. A decision about suitability for employment and/or services will be made by the Human Resources Director and City Manager, based on relevant job-related considerations and the nature of the information. The City will comply with federal laws under the provisions of the Florida Statue, Title XXXI, Labor, Chapter 435 Employment Screening. As per Florida Statutes Section 112.011, "if an applicant has been convicted (found guilty) of a crime, several factors are taken into consideration such as the nature of the offense, the date of the conviction, and the department and/or position for which he/she is applying or providing services".

- Level 1 background screening shall be periodically obtained for City employees in executive-level positions and positions of special trust every three (3) years to include Department Directors; City Manager's Office staff, Finance Department staff, Human Resources Department staff and Information Technology Department staff.

- Level 2 background screening required for City Manager, Parks & Recreation Department staff, child event workers, park vendors, and programming partner or community-based organization employees and volunteers.

Terms and Meanings

a. *Community-based Organization (CBO)* shall refer to any not-for-profit agency, group, organization, society, association, partnership, or individual whose primary purpose is to provide a community service to improve or enhance the well-being of the community of the City a at large or to improve or enhance the well-being of certain individuals within this community who have special needs.
b. *Child Event Worker* shall refer to any full-time or part-time employee, agent, volunteer, independent contractor, or employee or volunteer of an independent contractor of a carnival or fair that hosts amusement rides in a park owned or operated by the City. The following persons shall be exempted from this definition:

1. Law enforcement personnel;
2. Emergency or fire rescue personnel;
3. Persons conducting deliveries; and
4. Military recruitment personnel.

c. *Conviction* shall refer to a determination of guilt of a criminal charge which is the result of a trial or the entry of a plea of guilty or nolo contendere,

d. *Park vendor* shall refer to any full-time or part-time employee, agent, volunteer, independent contractor, or employee or volunteer of an independent contractor that has a contract with, or permit from the City to rent or sell food, beverages, sporting equipment, or any other goods or services in a park owned or operated by the City. The following persons and events shall be exempted from this definition:
   1. Law enforcement personnel;
   2. Emergency or fire rescue personnel;
   3. Persons conducting deliveries;
   4. International or national sporting events;
   5. One-day events; and
   6. Carnivals, festivals, trade shows, and fairs that do not host amusement rides.

e. *Professional Background Screener* shall refer to any person, company, organization or agency which, for monetary fees, dues, or on a not-for-profit basis, regularly engages in whole or in part in the practice of researching and assembling criminal history information on specific persons for the purpose of furnishing criminal history reports to third parties.

f. *Programming Partner* shall refer to any Not-For-Profit Program Service Provider that is selected by the Department to provide programs in the City Park and Recreation Facilities.

g. *Sexual Offenders* shall include any individual who meets the criteria of a "sexual predator" as defined in Section 775.21 (4) of the Florida Statutes, or a "sexual offender" as defined in Section 943.0435 of the Florida Statutes, or who is listed on the Department of Justice (DOJ) National Sex Offender Public Website owned or operated by the United States.

h. *Violent felony* shall refer to the following felonies: arson; sexual battery; robbery; kidnapping; aggravated child abuse; aggravated abuse of an elderly person or disabled adult; aggravated assault with a deadly weapon; murder; manslaughter; aggravated manslaughter of an elderly person or disabled adult; aggravated manslaughter of a child; unlawful throwing, placing, or discharging of a destructive device or bomb; armed burglary; aggravated battery; or aggravated stalking.

i. *Volunteer* shall refer to any individual performing volunteer duties for a CBO, for a Programming Partner, for the City Park and Recreation Department as a child event worker, or as a park vendor for more than three (3) days in any six (6) month period. Students volunteering in order to fulfill high school graduation requirements shall be exempted from this definition.

Specific Guidelines

- Employers of child event workers, employers of park vendors, and Programming Partners and CBOs shall secure a nationwide criminal background check of all existing child event workers, park vendors, employees, and volunteers whose duties require physical

presence on park property owned or operated by the City. In addition, prior to employing or allowing to volunteer a person whose duties would require physical presence on park property owned or operated by the City, employers of child event workers, employers of park vendors, and Programming Partners and CBOs shall secure a nationwide criminal background check of all such prospective child event workers, park vendors, employees or volunteers.

- The nationwide criminal background checks shall be conducted by a Professional Background Screener and shall include a report as to whether each child event worker, park vendor, staff member or volunteer is listed on the National Sex Offender Public Registry, and a comprehensive report and analysis, on the nationwide criminal history of such child event worker, park vendor, staff member or volunteer.
- Every three (3) years thereafter, employers of park vendors, and Programming Partners and CBOs shall secure nationwide criminal background checks for existing park vendors, staff members, and volunteers whose duties require physical presence on park property owned or operated by the City. However, employers of child event workers shall secure nationwide criminal background checks for existing child event workers whose duties require physical presence on park property owned or operated by City every year thereafter.
- Any child event worker, park vendor, or staff member or volunteer of a Programming Partner or CBO convicted of the standardized criteria shall be prohibited from working or volunteering on park property owned or operated by the City.
- *Level II Background checks required for the City of Opa-locka Park and Recreation Department employees and volunteers*
- The City of Opa-locka shall secure a nationwide a Level II criminal background check prior to employing, or allowing to volunteer, a person whose primary duties would require physical presence on park property owned or operated by the City. Every three (3) years thereafter, the City shall secure Level II background checks for existing employees and volunteers whose primary duties require physical presence on park property owned or operated by the City.
- Any employee or volunteer of the Park and Recreation Department convicted of the standardized criteria shall be prohibited from working or volunteering on park property owned or operated by City.

Criteria

The City, hereby, adopts the following as the criteria. Any prospective hires, interns, volunteers, contractors, and contractual temporary personnel shall be disqualified from consideration if the person has been found **guilty** of any one of the crimes set forth below and that these convictions must have a nexus to the City position being filled. **"Guilty,"** for the purposes of this policy, means that a person was found guilty of a criminal offense following a trial, entered a guilty plea, entered a no contest plea accompanied by a finding of guilt regardless of whether there was an adjudication of guilt or a withholding of adjudication, or entered a pretrial diversion or intervention program relating to a criminal offense.

a. All sex offenses regardless of the amount of time since the offense (examples include child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure or similar offenses).
b. All felony offenses involving violence regardless of the amount of time since the offense (examples include murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary).
c. All felony offenses other than violence or sex offenses within the past seven years (examples include drug offenses, theft, embezzlement, fraud, child endangerment).

Any prospective hires, interns, volunteers, contractors, and contractual temporary personnel ***may*** be disqualified from employment if the person has been found guilty of any one of the crimes set forth below. This determination will be made after an individualized assessment, which will include but not limited to the nature of the crime and the connection to the position; the passage of time since the crime; the frequency of conviction; and whether the potential for an unreasonable risk to the City, its employees and residents.

a. All misdemeanor violence offenses (examples include simple assault, battery, domestic violence, hit and run).
b. Two misdemeanor drug or alcohol offenses (examples include driving under the influence, simple drug possession, drunk and disorderly conduct, public intoxication, possession of drug paraphernalia).
c. Any other misdemeanor that would be considered a potential danger to children or is directly to the functions of that employee (examples include contributing to the delinquency of a minor, providing alcohol to a minor, theft—if the employee is to handle money).

Any prospective hires, interns, volunteers, contractors, and contractual temporary personnel that has been charged with any of the disqualifying offenses above with cases pending court shall not be eligible for hire until official adjudication of the case. If the timing of the adjudication does not coincide with the City's needs to fill the position, another individual will be selected to fill the position.

Should new or additional information concerning a person subject to background check screening who has successfully passed a background check be discovered by or disclosed to the City after a background check has been conducted, and such information was known to or available to the person and not made known or disclosed to the City, such person may be disqualified from employment/services.

Confidentiality of Records

HR shall ensure all information obtained in response to background screenings are kept confidential to the extent permitted by law.

If negative or incomplete information is revealed on an initial background screening, the HR Director will review the contents of the screening with the City Manager for a determination on an offer of employment.

For background screenings completed on current employees that reveal negative or incomplete information, the HR Director will review the contents with the City Manager. The employee will be afforded an opportunity to discuss findings with the City Manager and the HR Director. The City Manager will make the final decision on whether to retain the employee.

The City, its officers, employees and/or agents are not responsible for errors or omissions that may or may not have been reported on background checks.

Approved By: _____ **Date:** _____
City Manager

EXHIBIT “B”

City of Opa-locka

RFQ NO: 23 - TBA

REQUEST FOR QUALIFICATIONS (RFQ)

INDEPENDENT PROFESSIONAL BACKGROUND SCREENER

CITY OF OPA-LOCKA
RFQ NO. 23-TBA

INDEPENDENT PROFESSIONAL BACKGROUND SCREENER

TABLE OF CONTENTS

CITY OF OPA-LOCKA REQUEST FOR QUALIFICATIONS
RFQ NO: 23-TBA
Independent Professional Background Screener

Sealed proposal for Independent Professional Background Screener Services for the City of Opa-locka will be received by the City's Clerk Office, 780 Fisherman St, 4th Floor, Opa-locka, Florida 33054, **TBA by 2:00pm.** Any RFQ Package received after the designated closing time will be returned unopened. The City will be accepting proposals by mail, however it is your responsibility to submit your proposal by the due date. In addition, proposal may be submitted via www.demandstar.com (e-bid) by 2:00pm.

The address to submit sealed proposal is listed below:

CITY OF OPA-LOCKA
Office of the City Clerk
780 Fisherman Street, 4th Floor
Opa-locka, Florida 33054

An original and six (6) copies for a total of seven (7) plus 1 copy of the Proposal package on USB Flash Drive in PDF format shall be submitted in sealed envelopes/packages addressed to the City Clerk, City of Opa-locka, Florida, and marked **RFQ for Independent Professional Background Screener.**

Proposers desiring information for use in preparing proposals may obtain a set of such documents by visiting the City's website at www.opalockafl.gov or www.demandstar.com.

The City reserves the right to accept or reject any and all proposals and to waive any technicalities or irregularities therein. The City further reserves the right to award the contract to that proposer whose proposal best complies with the **RFQ NO: 23-TBA** requirements. Proposers may not withdraw their proposal for a period of ninety (90) days from the date set for the opening thereof.

A pre-bid meeting will be held on **TBA, 2023 at 10:00 a.m.** at 780 Fisherman Street, 4th Floor, Opa-locka, FL 33054 and via Microsoft Teams.

Joanna Flores, CMC
City Clerk

CITY OF OPA-LOCKA REQUEST FOR QUALIFICATIONS
RFQ NO: 23-TBA
Independent Professional Background Screener
PART I

PROPOSAL GUIDELINES

1-1. Introduction: The City of Opa-locka seeks proposals for Independent Professional Background Screener Services. The City is soliciting bids on behalf of the City Manager's Office under the laws of the State of Florida. These services must be efficient and economical, adhere to industry standards and best practices, and utilize the latest nonproprietary technology. The Contract will be awarded to the highest ranked Proposer, as described in the Evaluation Procedures Section below.

1-2. Proposal Submission and Withdrawal: The City of Opa-locka will be accepting proposals by mail, however it is Proposer's responsibility to submit Proposer's proposal by the due date. In addition, proposals may be submitted via www.demandstar.com (e-bid). The City must receive all proposals by 2:00 p.m. on tba, 2023. The address to submit sealed proposals is listed below:

CITY OF OPA-LOCKA
Office of the City Clerk
780 Fisherman Street, 4th Floor
Opa-locka, Florida 33054

To facilitate processing, please clearly mark the outside of the proposal package as follows: **RFQ NO. 23-TBA – Independent Professional Background Screener Services.** This package shall also include the Proposer's return address.

Proposers may withdraw their proposals by notifying the City in writing at any time prior to the deadline for proposal submittal. After the deadline, the proposal will constitute an irrevocable offer, for a period of 90 days. Once opened, proposals become a record of the City and will not be returned to the Proposer.

The City cautions Proposers to assure actual delivery of mailed or hand-delivered proposals directly to the City Clerk's Office at 780 Fisherman Street, 4th Floor, Opa-locka, Florida 33054 prior to the deadline set for receiving proposals. Telephone confirmation of timely receipt of the proposal may be made by calling (305) 688-4611 before proposal closing time. Any proposal received after the established deadline **will not** be considered and will be returned unopened to the Proposer(s).

1-3. Number of Copies: Proposers shall submit an **original and six (6) copies (a total of 7) plus one copy on USB flash drive in PDF format** of the proposal in a sealed, opaque package marked as noted above. The Proposer will be responsible for timely delivery, whether by personal delivery, US Mail or any other delivery medium.

1-4. Development Costs: Neither the City nor its representatives shall be liable for any expenses

incurred in connection with preparation of a response to this Request for Proposal. Proposers should prepare their proposals simply and economically, providing a straightforward and concise description of the Proposer's ability to meet the requirements of the RFQ.

1-5. Inquiries: The City Clerk will receive written requests for clarification concerning the meaning or interpretations of the RFQ, until eight (8) days prior to the submittal date. City personnel are authorized only to direct the attention of prospective Proposers to various portions of the RFQ so that they may read and interpret such for themselves. No employee of the City is authorized to interpret any portion of this RFQ or give information as to the requirements of the RFQ in addition to what is contained in the written RFQ document.

1-6. Addendum: The City may record its response to inquiries and any supplemental instructions in the form of written addenda. The City may mail written addenda up to three (3) calendar days before the date fixed for receiving the proposals. Proposers shall contact the City to ascertain whether any addenda have been issued. Failure to do so could result in an unresponsive proposal. Any oral explanation given before the RFQ opening will not be binding.

All Proposers are expected to carefully examine the proposal documents. Any ambiguities or inconsistencies should be brought to the attention of the City's Purchasing Agent through written communication prior to the opening of the proposals.

1-7. Contract Awards: The City anticipates entering into an Agreement with the Proposer who submits the proposal judged by the City to be most advantageous.

The Proposer understands that this RFQ does not constitute an offer or an Agreement with the Proposer. An offer or Agreement shall not be deemed to exist and is not binding until proposals are reviewed, accepted by appointed staff, the best proposal has been identified, approved by the appropriate level of authority within the City and executed by all parties. The City anticipates that the final Agreement will be in substantial conformance with this sample Agreement; nevertheless, Proposers are advised that any Agreement may result from the RFQ may deviate from the Sample Agreement.

The City reserves the right to reject all proposals, to abandon the project and/or to solicit and re-advertise for other proposals.

1-8. Contractual Agreement: This RFQ and Consultant/Contractor proposal shall be included and incorporated in the final award. The order of contractual precedence will be the Contract or Agreement document, original Terms and Conditions, and Proposer response. Any and all legal action necessary to enforce the award will be held in Miami-Dade County and the contractual obligations will be interpreted according to the laws of Florida. **Any additional contract or agreement requested for consideration by the Proposer must be attached and enclosed as part of the proposal.**

1-9. Selection Process: The proposals will be evaluated and assigned points. The firm with the highest number of points will be ranked first; however, nothing herein will prevent the City from assigning work to any firm deemed responsive and responsible.

The City reserves the right to further negotiate any proposal, including price, with the highest rated Proposer. If an agreement cannot be reached with the highest rated Proposer, the City reserves the right to negotiate and recommend award to the next highest Proposer or subsequent Proposers until an agreement is reached.

1-10. Public Records: Upon award recommendation or ten (10) days after opening, whichever occurs first, proposals become "public records" and shall be subject to public disclosure consistent with Chapter 119 Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law in the response to the RFQ and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary. Document files may be examined, during normal working hours.

1-11. News Releases: The Proposer shall obtain the prior approval of the City Manager's Office for all news releases or other publicity pertaining to this RFQ or the service, study or project to which it relates.

1-12. Insurance: The awarded Proposer(s) shall maintain insurance coverage reflecting at least the minimum amounts and conditions specified herein. In the event the Proposer is a governmental entity or a self-insured organization, different insurance requirements may apply. Misrepresentation of any material fact, whether intentional or not, regarding the Proposers' insurance coverage, policies or capabilities may be grounds for rejection of the proposal and rescission of any ensuing Agreement.

1. Evidence of General Liability coverage with limits not less than $1,000,000 per Occurrence/ $2,000,000 Aggregate (Including Policy Number and Policy Period);

2. Evidence of Auto Liability coverage with limits not less than $1,000,000 per Occurrence/$1,000,000 Aggregate (Including Policy Number and Policy Period);

3. Evidence of Workers' Compensation coverage with statutory limits and Employer's Liability coverage with limits not less than $100,000 (Including Policy Number and Policy Period);

4. The City listed as an additional insured (this may be specifically limited to the specific job(s) the contractor will be performing);

5. Minimum 30-day written notice of cancellation.

1-13. Licenses: Proposers, both corporate and individual, must be fully licensed and certified in the State of Florida at the time of RFQ submittal. The proposal of any Proposer who is not fully licensed and certified shall be rejected.

1-14. Public Entity Crimes: Award will not be made to any person or affiliate identified on the Department of Management Services' "Convicted Vendor List". This list is defined as consisting of persons and affiliates who are disqualified from public contracting and purchasing processes because they have been found guilty of a public entity crime. No public entity shall award any contract to, or transact any business in excess of the threshold amount provided in Section

287.017 Florida Statutes for Category Two (currently $25,000) with any person or affiliated on the "Convicted Vendor List" for a period of thirty-six (36) months from the date that person or affiliate was placed on the "Convicted Vendor List" unless that person or affiliate has been removed from the list. By signing and submitting the RFQ proposal forms, Proposer attests that they have not been placed on the "Convicted Vendor List".

1-15. Code Of Ethics: If any Proposer violates or is a party to a violation of the code of ethics of the City of Opa-locka or the State of Florida with respect to this proposal, such Proposer may be disqualified from performing the work described in this proposal or from furnishing the goods or services for which the proposal is submitted and shall be further disqualified from submitting any future proposals for work, goods or services for the City of Opa-locka.

1-16. Drug-Free Workplace: Preference shall be given to businesses with Drug-Free Workplace (DFW) programs. Whenever two or more proposals which are equal with respect to price, quality, and service are received by the City for the procurement of commodities or contractual services, a proposal received from a business that completes the attached DFW form certifying that it is a DFW shall be given preference in the award process.

1-17. Permits and Taxes: The Proposer shall procure all permits, pay all charges, fees, and taxes, and give all notices necessary and incidental to the due and lawful execution of the work.

1-18. Protests: Protests of the plans, specifications, and other requirements of the request for proposal and bids must be received in writing by the City Clerk's Office at least ten (10) working days prior to the scheduled bid opening. A detailed explanation of the reason for the protest must be included. Protests of the award or intended award of the bid or contract must be in writing and received in the City Clerk's Office within seven (7) working days of the notice of award. A detailed explanation of the protest must be included.

1-19. Termination for Convenience: A contract may be terminated in whole or in part by the City at any time and for any reason in accordance with this clause whenever the City shall determine that such termination is in the best interest of the City. Any such termination shall be affected by the delivery to the contractor at least five (5) working days before the effective date of a Notice of Termination specifying the extent to which performance shall be terminated and the date upon which termination becomes effective. An equitable adjustment in the contract price shall be made for the completed service, but no amount shall be allowed for anticipated profit on unperformed services.

PART II

NATURE OF SERVICES REQUIRED

2-1 PURPOSE AND SCOPE OF WORK

Purpose

The City of Opa-Locka seeks proposals for an Independent Professional Background Screener, individual or firm experienced in conducting background checks for governmental entities and/or companies engaged in the hiring of high-level professionals for employment positions. The screener will be responsible for screening three (3) shortlisted candidates for the position of City Manager for the City of Opa-Locka, Florida.

The professional background screener shall be independent not having ever been employed or worked in any capacity for the City previously. The Independent Professional Background Screener shall facilitate professional background screenings to comport with Section 2-3.1 of the City of Opa-Locka's Code of Ordinances and existing Procedures of the City of Opa-Locka relating to state and national criminal history background Level 2 checks for the position of City Manager.

Pursuant to the City's Background Screening process "an acceptable background screening will verify that an individual is who they claim to be; check and confirm the validity of the person's criminal record, education, employment history, and other activities from their past. An employee background check reviews a person's criminal records, driving records, and whether they are on a terror watch list or sex offender registry and may include a credit and credential check.

Background Screening shall include reference checks, employment and educational verification, license verification, social security verification, motor vehicle records checks, credit history and other specialized checks deemed appropriate by the screener. The Independent Professional Background screener is contemplated in the City's Policy and Procedures for Background Screening and the City's definition of "Professional Background Screener", See Exhibit "A" attached hereto. The City's Human Resources Department shall receive all information once collected and analyzed by the Professional Background Screener.

Scope of Work

SCOPE:

a) This solicitation is a request for proposal to provide services for criminal background checks, motor vehicle checks, financial checks, and miscellaneous background screenings for the City of Opa-Locka on an as needed basis.

b) If a proposal is selected, it will be the most advantageous regarding price, quality of service, and the Vendor's qualifications and capabilities to provide the specified service which may include modifications, and other factors which the City may consider.

Required checks for this RFQ should include a State of Florida and federal criminal history background check, to be inclusive of all the categories listed below:

a. SSN Verification
b. Complete address history
c. Criminal history
d. National sex offender registry
e. Motor vehicle report
f. Employment verification
g. Educational background verification
h. Terrorist database

2-2 PROPOSER QUALIFICATIONS

Adequate information and documentation must be provided in the Proposal to support or confirm satisfaction of the required qualifications below:

- The Proposer shall have extensive experience, expertise, and reliability in background screening services; established reputation, particularly with governmental clients; Proposer must have a minimum of five (5) years of consecutive and successful experience in the aforementioned areas.
- Proposer's track record in Background screening services to governmental agencies as well as private entities (Please provide a list of current and relevant projects, including client names, titles, phone numbers and email address. Please ensure that contact information is current.)
- Demonstrate an overall combination of skills, prior work experience, business reputation, and commitment to diversity.

2-3 TERM OF CONTRACT

The term of the contract is anticipated to be one fiscal year.

PART III

PROPOSAL REQUIREMENTS

3-1 RULES FOR PROPOSALS

In order to maintain comparability and enhance the review process, proposals shall be organized in the manner specified below and include all information required herein. The proposal must name all persons or entities interested in the proposal as principals. The proposal must declare that it is made without collusion with any other person or entity submitting a proposal pursuant to this RFQ.

3-2 SUBMISSION OF PROPOSALS

The proposal shall be submitted on 8 ½ "x 11" paper, portrait orientation, with headings and sections numbered appropriately. Ensure that all information is written legibly or typed. The following should be submitted for a proposing firm to be considered:

3.2.1 Cover Page - Show the name of Proposer's agency/firm, address, telephone number, name of contact person, date, and the proposal number and description.

3.2.2 Tab 1 - Table of Contents
Include a clear identification of the material by section and by page number.

3.2.3 Tab 2 - Letter of Transmittal

3.2.3.1 Limit to one or two pages.
3.2.3.2 Briefly state the Proposer's understanding of the work to be done and make a positive commitment to perform the work.
3.2.3.3 Give the names of the persons who will be authorized to make representations for the Proposer, their titles, addresses and telephone numbers.
3.2.3.4 Provide an official signature of a Corporate Officer certifying the contents of the Proposer's responses to the City's Request for Proposal.

3.2.4 Tab 3 - General Information

3.2.4.1 Name of Business.
3.2.4.2 Mailing Address and Phone Number.
3.2.4.3 Names and contact information of persons to be contacted for information or services if different from name of person in charge.
3.2.4.4 Normal business hours.
3.2.4.5 State if business is local, national, or international and indicate the business legal status (corporation, partnership, etc.).
3.2.4.6 Give the date business was organized and/or incorporated, and where.
3.2.4.7 Give the location of the office from which the work is to be done and the number of professional staff employees at that office.
3.2.4.8 Indicate whether the business is a parent or subsidiary in a group of firms/agencies. If it is, please state the name of the parent company.
3.2.4.9 State if the business is licensed, permitted and/or certified to do business in the State of Florida and attach copies of all such licenses issued to the business entity.

3.2.5 Tab 4 – Project Approach
Describe in detail the proposal to fulfill the requirements of the scope of services listed in section 2.2 of this RFQ.

3.2.6 Tab 5 – Experience and Qualifications

3.2.6.1 Specify the number of years the Proposer has been in business.

3.2.6.2 Identify the Proposer's qualifications to perform the services identified in this RFQ as listed in section 2-2 of the Scope of Services.

Include resumes, not exceeding one page each, of all key personnel who will be assigned to the City for this project.

3.2.7 Tab 6 – Schedule

3.2.7.1 Include a timetable that identifies the amount of time required to complete each component of the Program.

3.2.7.2 Indicate the earliest available start date for Proposer's project team.

3.2.7.3 Indicate the project completion date based on the date provided in 3.2.7.1.

3.2.8 Tab 7 – Pricing of Services

3.2.8.1 Fee basis should be an all-inclusive, base fee.

3.2.9 Tab 8 – References

3.2.9.1 List a minimum of three (3) references in Florida for which the Proposer has provided Grant Writing Services. Include the name of the organization, brief description of the project, name of contact person telephone number and email address.

3.2.10 Tab 9 – Additional Forms

Proposers must complete and submit as part of its Proposal all of the following forms and/or documents

- Proposer Qualifications
- Certification regarding debarment and suspension
- Drug Free workplace certification
- E-Verification

FAILURE TO SUBMIT ALL OF THE ABOVE REQUIRED DOCUMENTATION MAY DISQUALIFY PROPOSER.

PART IV

EVALUATION OF PROPOSALS

4-1 SELECTION COMMITTEE

A Selection Committee, consisting of City personnel, will convene, review and discuss all proposals submitted.

The Selection Committee will use a point formula during the review process to score proposals and assign points in the evaluation process in accordance with the evaluation criteria. The Proposer shall satisfy and explicitly respond to all the requirements of the RFQ, including a detailed explanation of how the services shall be performed.

Each proposal will be reviewed to determine if the Proposal is responsive to the submission requirements outlined in the Solicitation. A responsive Proposal is one which follows the requirements of this Solicitation that includes all documents submitted in the format outlined in this Solicitation, is of timely submission, and has the appropriate signatures as required on each document. Failure to comply with these requirements may result in the Proposal being deemed non-responsive. The Contract (s) will be awarded to the most responsive Proposer whose Proposal best serves the interest of and represents the best value to the City of Opa-locka.

4-2 EVALUATION CRITERIA

The Committee may select and choose to invite any and/or or all firms to make presentations and be interviewed by the Committee as part of the evaluation process for this Solicitation. The Committee's decision will be communicated by staff to all Proposers. The Proposer's presentation may clarify but may not modify their submitted Proposal. Any discussion between the presenter (s) and Evaluation Committee during presentations are intended only for purposes of providing clarification in response to questions from the Committee.

Category	Points
Experience and Qualifications. 1. The technical expertise and professional competence in areas directly related to this RFQ; required number of years of experience in performing similar work demonstrated.	40
References 1. Provide a minimum of three (3) references of recent demonstrated experience in providing consulting services similar in nature and size to the Scope of Work and include any government references. Provide a short description of the work performed, dates of service, names, addresses, telephone numbers, fax numbers, locations, remedies, and contract amount.	20
Resources and approach 1. The methodology and systems reflecting the ability to provide the requested services; thorough discussion of objectives; sensitive approach to public and regulatory concerns; management, coordination of services and quality controls; attention to detail and creativity.	30
Price Proposal **1.** Workload	10
TOTAL	100

4-3 ORAL PRESENTATIONS

Proposers may be required to make individual presentations to the City Selection Committee to clarify their proposals. Only those firms with the highest rated scores in accordance with the stated criteria and their weights will be invited to give oral presentations. However, the City has the right to accept the best proposal as submitted, without discussion or negotiation.

If the City determines that such presentations are needed, a time and place will be scheduled for oral presentations. Each Proposer shall be prepared to discuss and substantiate any of the areas of the proposal submitted, and its qualifications to perform the specified services. During the oral presentations, the Proposers should relate their discussion to the evaluation criteria, which will include (but not be limited to) their approach to the project. The proposed Project Manager must be in attendance.

The Evaluation Criteria may be changed for the oral presentation evaluation phase. References and site visits (if completed) shall be included in the final evaluation criteria, along with other criteria and weights as determined by the Selection Committee. Finalists will be informed as to the revised criteria, if any, prior to their oral presentation.

Additionally, prior to award of an Agreement pursuant to this RFQ, the City may require Proposers to submit such additional information bearing upon the Proposer's ability to perform the services in the Agreement as the City deems appropriate.

4-4 FINAL SELECTION

The City of Opa-locka will select the firm that meets the best interests of the City. The City shall be the sole judge of its own best interests, the proposals, and the resulting negotiated Agreement. The City's decisions will be final. Following the selection of firm, the expectation is that an Agreement will be executed between both parties. City staff will recommend award to the responsible Proposer whose Proposal is determined to provide overall best value to the City, considering the evaluation factors in this RFQ.

4-5 AWARD AND CONTRACT EXECUTION

After review by the Selection Committee of the proposals and oral presentations a recommendation will be made to the City Manager for submission to the City Commission for final approval. Upon Commission authorization, contract negotiations will be initiated with the first ranked firm. If those negotiations are unsuccessful, the City will formally terminate negotiations with the first ranked firm and will commence contract negotiations with the next ranked firm, etc. Upon successful contract negotiations with the prevailing firm, the remaining firms will be notified that the process has been completed and that they were not selected.

CALENDAR EVENTS

EVENT	DATE/LOCATION	
Release Date	TBA	
Pre-Bid Meeting	TBA	
Written Questions Due	TBA @ 5:00pm Email questions to jbergel@opalockafl.gov With Subject line "RFQ No: Bid Questions"	
Response to Questions	TBA @ 5:00pm	
Due Date/Bid Opening	TBA @ 2:00 pm	at: City of Opa-locka Clerk Office 780 Fisherman Street, 4th Floor Opa-locka, Florida 33054 OR Electronic Bid on www.Demandstar.com
PHASE 1: 1st Evaluation Committee Meeting (Open to the Public).	TBA	
PHASE 2: (Only if necessary) Shortlist Presentations	TBA	
Committee Ranking (Open Meeting)	TBA	
Contract Negotiations (Closed Meeting)	TBA	
Award Letter Recommendation	TBA	
Post Award	TBA	

RFQ NO. 23-TBA
Independent Professional Background Screener

The Proposer, as a result of this proposal, MUST hold a County and/or Municipal Contractor's Occupational License in the area of their fixed business location. The following information MUST be completed and submitted with the proposal to be considered:

1. Legal Name and Address:

   Name: _____

   Address: _____

   City, State, Zip:_____Phone/Fax: _____

2. Check One: Corporation ( ) Partnership ( ) Individual ( )

3. If Corporation, indicate:
   Date of Incorporation: _____ State in which Incorporated: _____

4. If an out-of-state Corporation, currently authorized to do business in Florida, give date of such authorization:_____

5. Name and Title of Principal Officers **Date Elected:**

_____ _____

_____ _____

_____ _____

_____ _____

6. The length of time in business:_____years

7. The length of time (continuous) in business as a service organization in Florida:
   _____years

8. Provide a list of at least three commercial or government references that the bidder has supplied service/commodities meeting the requirements of the City of Opa-locka RFQ during the last twenty-four months.

9. A copy of County and/or Municipal Occupational License(s)

Note: *Information requested herein and submitted by the Proposers will be analyzed by the City of Opa-locka and will be a factor considered in awarding any resulting contract. The purpose is to insure that the Contractors, in the sole opinion of the City of Opa-locka, can sufficiently and efficiently perform all the required services in a timely and satisfactory manner as will be required by the subject contract. If there are any terms and/or conditions that are in conflict, the most stringent requirement shall apply.*

SUBMITTED THIS _____ DAY OF _____ 2023.

BID SUBMITTED BY:

Company	Telephone Number
Name of Person Authorized to Submit Bid	Title
Signature	

CITY OF OPA-LOCKA

CERTIFICATION REGARDING DEBARMENT, SUSPENSION PROPOSED DEBARMENT AND OTHER MATTERS OF RESPONSIBILITY

1. The Proposer certifies, to the best of its knowledge and belief, that the Proposer and/or any of its Principals:

A. Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency.

B. Have not, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

C. Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph 1-B of this provision.

2. The Proposer has not, within a three-year period preceding this offer, had one or more contracts terminated for default by any City, State or Federal agency.

A. "Principals," for the purposes of this certification, means officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions). This Certification Concerns a Matter Within the Jurisdiction of an Agency of the United States and the Making of a False, Fictitious, or Fraudulent Certification May Render the Maker Subject to Prosecution Under Section 1001, Title 18, United States Code.

B. The Proposer shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

C. A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Proposer's responsibility. Failure of the Proposer to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Proposer non-responsive.

D. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of a Proposer is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

E. The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Proposer knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.

Signature_____

Printed Name _____

CITY OF OPA-LOCKA
RFQ NO. 23-TBA

DRUG-FREE WORKPLACE CERTIFICATION FORM

Whenever two (2) or more bids/proposals, which are equal with respect to price, quality, and service, are received by the CITY OF OPA-LOCKA for the procurement of commodities or contractual services, a bid/proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of controlled substances 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 number (1).

4. In the statement specified in number (1), notify the employees that as a condition for 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 on or plea of guilty or no contest to any violation of Chapter 893, Florida Statutes or of any controlled substance law of the United States or any singular 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 Section 287.087, Florida Statutes.

This Certification is submitted by_____ the
(Name)
_____ of _____
(Title/Position) (Company)

who does hereby certify that said Company has implemented a drug-free workplace program, which meets the requirements of Section 287.087, Florida Statutes, which are identified in numbers (1) through (6) above.

_____ _____
Date Signature

CITY OF OPA-LOCKA NON-COLLUSION AFFIDAVIT

STATE OF FLORIDA - COUNTY OF MIAMI DADE

_____ being first duly sworn, deposes and says that:

(1) He/She/They is/are the _____ (Owner, Partner, Officer, Representative or Agent) of _____ the PROPOSER that has submitted the attached proposal;

(2) He/She/They is/are fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

(3) Such Proposal is genuine and is not a collusive or sham Proposal;

(4) Neither the said PROPOSER nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other PROPOSER, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from Proposing in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any PROPOSER, firm, or person to fix any overhead, profit, or cost elements of the Proposal or of any other PROPOSER, or to fix any overhead, profit, or cost elements of the Proposed Price or the Proposed Price of any other PROPOSER, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

(5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the PROPOSER or any other of its agents, representatives, owners, employees or parties of interest, including this affiant.

Signed, sealed and delivered in the presence of:

_____ By: _____

Witness Signature

_____ _____

Witness Print Name and Title

NON-DISCRIMINATION AFFIDAVIT

I, the undersigned, hereby duly sworn, depose and say that the organization, business or entity represented herein shall not discriminate against any person in its operations, activities or delivery of services under any agreement it enters into with the City of Opa-locka. The same shall affirmatively comply with all applicable provisions of federal, state and local equal employment laws and shall not engage in or commit any discriminatory practice against any person based on race, age, religion, color, gender, sexual orientation, national origin, marital status, physical or mental disability, political affiliation or any other factor which cannot be lawfully used as a basis for service delivery.

By:_____

Title:_____

Sworn and subscribed before this

____day of_____, 20___

_____
Notary Public, State of Florida

_____
(Printed Name)

My commission expires:_____

E-VERIFY

Effective January 1, 2021, public and private employers, contractors and subcontractors will be required to register with, and use of the E-Verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

a) All persons employed by Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and

b) All persons (including sub-vendors/sub-consultants/sub-contractors) assigned by Vendor /Consultant/ Contractor to perform work pursuant to the contract with the Department. The Vendor /Consultant/ Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City; and

By entering into a Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. If t contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination. The Contractor acknowledges it is liable to the City for any additional costs as a result of termination of the contract due to Contractor's failure to comply with the provisions herein.

E-VERIFY FORM

Definitions:

"Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration.

"Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

Effective January 1, 2021, public and private employers, contractors and subcontractors will begin required registration with, and use of the E-Verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

a) All persons employed by Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and

b) All persons (including sub-vendors/subconsultants/subcontractors) assigned by Vendor/Consultant/Contractor to perform work pursuant to the contract with the Department. The Vendor/Consultant/Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Opa-locka; and

Should vendor become successful Contractor awarded for the above-named project, by entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

Company Name: _____

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Sponsored by: City Attorney

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF OPA-LOCKA, FLORIDA, APPROVING SUBMITTED LEGAL INVOICES FROM BURNADETTE NORRIS-WEEKS, P.A.; PROVIDING FOR INCORPORATION OF RECITALS; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City Commission of the City of Opa-Locka, Florida ("City Commission") finds that certain litigation bills have been submitted by Burnadette Norris-Weeks, P.A. ("Law Firm") to the City Commission for payment; and

WHEREAS, the City of Opa-Locka ("City") has benefited from legal services rendered by the law firm Burnadette Norris-Weeks, P.A.; and

WHEREAS, the City Commission finds it fitting and appropriate that the Law Firm be paid for past work performed and desires to approve legal invoices submitted.

NOW THEREFORE, BE IT RESOLVED THAT THE CITY COMMISSION OF THE CITY OF OPA LOCKA, FLORIDA:

Section 1. Recitals. The recitals to the preamble herein are incorporated by reference.

Section 2. Approving Legal Invoices Submitted and Authorizing Payment. The City Commission hereby approves legal invoices submitted and authorizes and directs that appropriate payment to law firm Burnadette Norris-Weeks, P.A. for legal services provided for the fiscal year 2022-2023.

Section 3. Effective Date. This Resolution shall be effective immediately and shall be forwarded to the Governor's Designee.

.

Resolution No. _____

PASSED AND ADOPTED this _____ day of _____, 2023.

_____
Veronica Williams, Mayor

ATTEST:

_____
Joanna Flores, City Clerk

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

_____
Burnadette Norris-Weeks, P.A.
City Attorney

Moved by: _____

Seconded by: _____

VOTE:

Commissioner Bass	_____ (Yes)	_____ (No)
Commissioner Kelley	_____ (Yes)	_____ (No)
Commissioner Williams	_____ (Yes)	_____ (No)
Vice Mayor Ervin	_____ (Yes)	_____ (No)
Mayor Taylor	_____ (Yes)	_____ (No)