

MARCIA A. LECLERC
MAYOR

TOWN OF EAST HARTFORD

740 Main Street

East Hartford, Connecticut 06108

(860) 291-7270

FAX (860) 282-4857

PURCHASING DEPARTMENT

WWW.EASTHARTFORDCT.GOV

TOWN OF EAST HARTFORD, CT INVITATION TO BID

BID #16-07

RE: R.F.P. – Actuarial Services for the Completion of the OPEB Valuation and
Related Reporting and Disclosures

Proposals will be received at the Office of the Purchasing Agent, Town Hall,
740 Main Street, East Hartford, Connecticut, 06108 until Tuesday, September 15,
2015 at 11 a.m. at which time they will be publicly opened and recorded.

Information and Specifications are available at the above office or on the Town of
East Hartford bid's website at <http://www.easthartfordct.gov/bids>

The right is reserved to reject any or all bids when such action is deemed to be in the
best interest of the Town of East Hartford, Connecticut

Michelle A. Enman
Purchasing Agent
(860) 291-7271



TOWN OF EAST HARTFORD, CT.

STANDARD INSTRUCTIONS FOR PROPOSAL

1. Sealed proposals will be received by the Purchasing Agent until the date and time specified on the title sheet. Proposals received later than the date and time specified will not be considered and will be returned unopened. **Proposals will not be accepted via fax or e-mail.**
2. All proposals will be opened and recorded and are subject to public inspection. Firms may be present or be represented at all openings.
3. Municipalities are exempt from any sales, excise or federal taxes. Fees must be exclusive of taxes and will be so construed.
4. The Town of East Hartford reserves the right to reject any or all proposals or any part of any or all proposals and to waive any informality when such action is in the best interest of the town and also reserves the right to extend an awarded proposal by mutual consent and negotiate any terms, conditions and prices if it is in the best interest of the town.
5. Firms should familiarize themselves with the items and/or conditions set forth in the Request for Proposal specifications. Failure to be informed will not be accepted as an excuse from fulfillment of the requirements.
6. In case of an error in the extension or addition of prices, the unit price will govern. The Town will not be subject to any price increases after an award if not part of the original proposal terms.
7. For professional services - a selected town committee will evaluate all responses and make a recommendation to the Mayor. **If deemed necessary** by the committee, an interview may be required as part of the selection process.
8. Please include a corporate resolution with your submittal. Sample formats for Corporations and Professional Corporations, Limited Liability Company and Partnerships (including Limited Partnership and Limited Liability Partnership) are attached in this packet.
9. Per Town Ordinance Sec. 10-10 (d): The Town shall not award a bid to any bidder who owes a delinquent tax to the Town. Bidders certify by virtue of their signature on the bid sheet that neither the bidder nor any business or corporation in which the bidder owns and interest is delinquent in tax obligations to the town.
10. The bidding entity is required to provide evidence from the Connecticut Secretary of State that they are in good standing and qualified to conduct business in the State of Connecticut.

INSURANCE REQUIREMENTS

A CERTIFICATE OF INSURANCE WILL ONLY BE REQUIRED OF THE AWARDED BIDDER

INSURANCE INDEMNIFICATION CLAUSE

The Town of East Hartford, CT is to be named as an “**additional insured**” and an additional insured policy endorsement must be submitted with the certificate of insurance and the nature of the project is to be stated on the certificate.

INDEMNIFICATION

AGENCY agrees to indemnify and hold the Town of East Hartford, CT harmless against and from any and all claims by or on behalf of any person arising from or in connection with:

A: Any act, error, omission, negligence or fault of **AGENCY** or any of its agents, servants, employees and sub-contractors.

B: Any accident, injury or damage whatsoever caused to any person occurring during the performance of this contract.

Further, the **AGENCY** agrees to indemnify and hold harmless the Town of East Hartford, CT against and from all reasonable costs, counsel fees, expenses and liabilities incurred in or with respect to any such claim and any action or proceeding brought thereon; and in any case any action or proceeding shall be brought against the contractor by reason of any such claim, contractor upon notice from the Town of East Hartford, CT agrees to resist and defend such action proceeding, unless **AGENCY** causes the same to be discharged and satisfied.

A. GENERAL REQUIREMENTS

The **AGENCY** shall be responsible for maintaining insurance coverage in force for the life of this contract of the kinds and adequate amounts to secure all of the **AGENCY** obligations under this contract with an insurance company(ies) with an AM Best Rating of A-VII or better licensed to write such insurance in the State of Connecticut and acceptable to the Town of East Hartford, CT

The insurer shall provide the Town of East Hartford, CT with **Certificates of Insurance signed by an authorized representative of the insurance AGENCY(ies)** prior to the performance of this contract describing the coverage and providing that the insurer shall give the Town of East Hartford, CT written notice at least thirty (30) days in advance of any termination, expiration, or any and all changes in coverage. Such insurance or renewals or replacements thereof shall remain in force during the **AGENCY** responsibility under this contracts.

The **AGENCY** at the **AGENCY’S** own cost and expense, shall procure and maintain all insurance required and shall name the Town of East Hartford, CT as Additional Insured on all contracts, except Workers’ Compensation and Professional Errors & Omissions coverage’s.

B. SPECIFIC REQUIREMENTS:

1) Workers' Compensation Insurance

The **AGENCY** shall provide Statutory Workers' Compensation Insurance, including Employer's Liability with Limits of:

\$100,000 Each Accident
\$500,000 Disease, Policy Limit
\$100,000 Disease, Each Employee

2) Commercial General Liability Insurance

The **AGENCY** shall carry Commercial General Liability Insurance (Insurance Services Officer Incorporated Form CG-0001 or equivalent). As per occurrence limit \$1,000,000 is required. The Aggregate Limit will be not less than \$2,000,000. Any deviations from the standard unendorsed form will be noted on the Certificate of Insurance.

3) Business Automobile Liability Insurance

The **AGENCY** shall carry Business Automobile Liability Insurance (Insurance Services Office Incorporated Form CA-00001 or equivalent). A per occurrence limit of \$1,000,000 is required. "Auto Auto" (symbol 1 or equivalent) is required. Any deviations from the standard unendorsed form will be noted on the Certificate of Insurance.

C. **OTHERS: PROFESSIONAL SERVICES – ARCHITECTS, ENGINEERS, ET AL.**

The **AGENCY** shall carry Errors & Omissions coverage in the amount \$1,000,000 per occurrence for all professional services contracts only. If the insurance coverage is written on a claims made basis, an extended reporting period of at least 3 years after substantial completion of the project is required.

The Town reserves the right to amend amounts of coverage required and type of coverage provided based on work or service to be performed.

D. SUBCONTRACTOR'S REQUIREMENTS:

The **AGENCY** shall require its subcontractors and independent contractors to carry the coverages set forth in section B and C above and will obtain appropriate Certificates of Insurance before the subcontractors and independent contractors are permitted to begin work.

The **AGENCY** shall require that the Town of East Hartford, CT be named as Additional Insured on all subcontractors and independent contractors insurance before permitted to begin work.

The **AGENCY** and all subcontractors and independent contractors and their insurers shall waive all rights of subrogation against the Town of East Hartford, CT, and its officers, agents, servants and employees for losses arising from work performed by each on this contract.

RESOLUTION FOR CORPORATIONS AND PROFESSIONAL CORPORATIONS
(required)

(TO BE TYPED ON CORPORATION LETTERHEAD PAPER)

I _____, Secretary of _____
(Name of Corporation's Secretary) (Legal name of Corporation)
a Corporation duly organized and operating under the laws of _____ and
(State)

Qualified and authorized to do business in the State of Connecticut, DO
HEREBY CERTIFY that the following is a true, correct and accurate copy of a
Resolution duly adopted at a meeting of the Board of Directors of such
Corporation, duly convened and held on _____, at which meeting
a duly constituted quorum of the Board of Directors was present and voted in
favor of such Resolution. I further CERTIFY that such Resolution has not been
modified, rescinded or revoked since the date on which it was enacted, and it is
at present in full force and effect:

RESOLVED: That the following Officers of this Corporation, or any one
them: _____

(Name and title of Officer or Officers)
is empowered to execute and deliver in the name and on behalf of this
Corporation contracts, bids and other documents to the Town of East Hartford, State of
Connecticut, and are further authorized to affix the Corporate Seal to such documents and to
bind the Corporation to such contracts, bids and other documents.

IN WITNESS WHEREFORE, the undersigned has affixed his/her signature and the
Corporate Seal of the Corporation, this _____ day of _____.

(Affix Corporate Seal Below)

(Typed name of Corporation's Secretary)

SIGNATURE OF SECRETARY

Resolution for Limited Liability Company (required)
(TO BE TYPED ON LIMITED LIABILITY COMPANY LETTERHEAD PAPER)

The undersigned, all of the members [or, if applicable, the managing member] of _____
(legal name of LLC)
A Limited Liability Company duly organized and operating under the laws of _____ and _____ (State)
qualified and authorized to do business in the State of Connecticut, DO

HEREBY CERTIFY that the following is a true, correct and accurate copy of a Resolution duly adopted at a meeting of the Members of such Limited Liability Company, duly convened and held on _____, at which meeting a duly constituted quorum of the voting Members was present and voted in favor of such Resolution. We further CERTIFY that such Resolution has not been modified, rescinded or revoked since the date on which it was enacted, and it is at present in full force and effect:

RESOLVED: That the following Members of this Limited Liability Company, or any one them: _____

_____,
(Name and title of Members)
is empowered to execute and deliver in the name and on behalf of this Limited Liability Company, contracts bids and other documents to the Town of East Hartford, State of Connecticut, and are further authorized to seal to such documents and to bind the Limited Liability Company to such contracts, bids and other documents.

IN WITNESS WHEREFORE, the undersigned have executed this resolution, this _____ day of _____.

Have all necessary parties sign and indicate their name and title, such as member, managing member etc..

Resolution for Partnership (including Limited Partnership and Limited Liability Partnership)
(required)

(TO BE TYPED ON PARTNERSHIP LETTERHEAD PAPER)

The undersigned, all of the partners (or, if a Limited Partnership, all of the general partners, or if a Limited Liability Partnership, all of the partners) of _____, a partnership (or, if applicable, a Limited Partnership or Limited Liability Partnership) duly organized and operating under the laws of _____ and qualified and authorized to do business in the State of Connecticut, DO HEREBY CERTIFY that the following is a true, correct and accurate copy of a Resolution duly adopted at a meeting of the voting partners of such partnership duly convened and held on _____, at which meeting a duly constituted quorum of the voting partners was present and voted in favor of such Resolution. We further CERTIFY that such Resolution has not been modified, rescinded or revoked since the date on which it was enacted, and it is at present in full force and effect:

RESOLVED: That the following partners, or any one of them: _____

(Name and title of Partners)

is empowered to execute and deliver in the name and on behalf of this partnership, contracts, bids and other documents to the Town of East Hartford, State of Connecticut, and are further authorized to seal to such documents and to bind the partnership to such contracts, bids and other documents.

IN WITNESS WHEREFORE, the undersigned have signed this resolution on, this _____ day of _____.
(day) (month and year)

Have all necessary partners sign and indicate their name and title, such as partner, general partner, etc.

**TOWN OF EAST HARTFORD,
CONNECTICUT
REQUEST FOR PROPOSAL (RFP)**

**ACTUARIAL SERVICES FOR THE COMPLETION OF THE OPEB
VALUATION AND RELATED REPORTING AND DISCLOSURES**

PURPOSE:

The purpose of this Request for Proposal is to afford qualified firms the opportunity to perform the analysis and related work to compile an actuarial valuation for the Town of East Hartford's Other Post Employment Benefit (OPEB) Liability including Board of Education employees and to complete the necessary reporting and disclosures for the period July 1, 2015 and for the 2017, 2019, 2021, and 2023 periods.

OPEB Valuation reports for the 2007, 2009, 2011, and 2013 periods can be found at the following website:

<http://www.easthartfordct.gov/finance/pages/other-post-employment-benefits-valuation>

INQUIRIES:

Questions concerning this RFP shall be directed to:

Michael Walsh, Director of Finance
Town of East Hartford
740 Main Street
East Hartford, CT 06108
Phone – 860.291.7240 Fax – 860.289.0831
Email – Mwalsh@easthartfordct.gov

SUBMISSION REQUIREMENTS:

One original and four copies shall be received no later than:

Tuesday, September 15, 2015 @ 11 A.M.

Please mail or deliver to:

Michelle Enman, Purchasing Agent
Town of East Hartford
740 Main Street – Town Hall
East Hartford, CT 06108
(860) 291-7270

**TOWN OF EAST HARTFORD,
CONNECTICUT
REQUEST FOR PROPOSAL (RFP)**

**ACTUARIAL SERVICES FOR THE COMPLETION OF THE OPEB
VALUATION AND RELATED REPORTING AND DISCLOSURES**

SPECIFICATIONS OF REPORT:

The selected vendor is to provide the Town of East Hartford with an actuarial valuation of OPEB liabilities split between the Town and Board of Education with an effective valuation date of July 1, 2015 and every two years thereafter for a total of five (5) valuation reports prepared over eight years. This agreement may be extended by mutual consent for up to three (3) more reports and prices negotiated if deemed to be in the best interest of the Town.

Included in the report will be at least the following:

1. Establish reasonable actuarial assumptions for OPEB liabilities.
2. Provide the Finance Director with the required employer contribution, stated in dollar amount and/or percentages.
3. Determine the funded position of the system and assess the necessity to adopt any refinements to its funding program.
4. Prepare, on an annual basis, any necessary and related disclosures.

Vendors may be asked to meet with Town officials for a final report, at which time the actuary will be asked to fully explain, in language intended to be understood by the knowledgeable layman, the principal findings, results and recommendations for future funding.

RESPONSIBILITIES OF THE FINANCE DEPARTMENT:

Acquisition of supporting information may be obtained from the Finance Director, Town of East Hartford, 740 Main Street, East Hartford, CT 06108, (860) 291-7240.

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REQUEST FOR PROPOSAL (RFP)**

**ACTUARIAL SERVICES FOR THE COMPLETION OF THE OPEB
VALUATION AND RELATED REPORTING AND DISCLOSURES**

INSTRUCTIONS FOR PROPOSAL PREPARATION

GENERAL INFORMATION:

These instructions are intended to ensure the submission of all data essential to the understanding and comprehensive evaluation of the vendor's proposal. They are neither intended to limit the content of the proposal nor to prevent or inhibit a representation other than in the vendor's favor. The vendor may include such additional data or information as may be appropriate, but may not exclude any portion requested by this document.

LETTER OF TRANSMITTAL:

Proposals should be accompanied by a letter of transmittal signed by an individual(s) having the authority in the vendor's organization to sign proposals and contracts.

PROPOSAL FORMAT:

Each proposal should be submitted in the following format:

1. Table of Contents – Identify major elements of the proposal.

Section 1: Name of firm, home office address, address of the office providing services under the proposal, telephone and fax number.

Section 2:

General description of the firm, including size, number of employees, primary business (consulting, pension planning, etc.) other business or services, type of organization (franchise, corporation, partnership, etc.) and other descriptive material.

Section 3:

Identification of the actuary(ies) available for assignment to this proposal.
Identification of other personnel who shall perform work under the contract.

**TOWN OF EAST HARTFORD,
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REQUEST FOR PROPOSAL (RFP)**

**ACTUARIAL SERVICES FOR THE COMPLETION OF THE OPEB
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Section 4:

Summaries of the professional and experience qualifications of those actuaries who shall work on this proposal.

Section 5:

A statement as to the availability of staff for performing all services, and providing deliveries within indicated time frames.

Section 6:

Statement as to experience in performing actuarial valuations of liabilities and costs for public OPEB plans. A copy of at least one (1) sample Municipal OPEB Actuarial Valuation Report should be included with the submissions.

Section 7:

A list of municipalities for whom your firm has provided such service. On the list, provide the address, telephone number, name and title of person(s) responsible for the administration of the system

Section 8:

A description of the vendor's understanding of the work to be performed.

2. Offer's addendum – Inclusion of any information deemed necessary and appropriate.
3. Fee proposal(s) – This must include a **lump sum fee** (one fee for each of the five (5) reports covered by the RFP), for total contract work to be performed, but may include additional, itemized alternative proposal scenarios that may be deemed advantageous.

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**ACTUARIAL SERVICES FOR THE COMPLETION OF THE OPEB
VALUATION AND RELATED REPORTING AND DISCLOSURES**

QUESTIONNAIRE

SECTION I: COMPANY BACKGROUND

1. How long have you been providing OPEB Valuation services for municipalities?
2. Briefly describe the OPEB services you provide.
3. How often do your representatives meet with clients?
4. Has your firm been involved in any litigation during the past 5 years?
5. Please provide a listing of the clients you now provide OPEB valuation services.
6. Please list five similarly sized municipalities which we may contact for references.

SECTION II: INSTALLATION AND TRANSITION

Describe the process, which would be followed to switch record keeping and OPEB actuarial services to your company. Include time frames and information required to become fully operational with your company.

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