

**SOLICITATION FOR:**

RFP # 17-20 Injured in the Line of Duty; Workers Compensation Claims Administration



**CITY OF SOMERVILLE, MASSACHUSETTS**

**RELEASE DATE:** 08/29/2016

**QUESTIONS DUE:** 09/06/2016 by 12PM EST

**DUE DATE AND TIME:** 09/13/2016 by 11AM EST

|                                    |            |
|------------------------------------|------------|
| Anticipated Contract Award         | 09/21/2016 |
| Est. Contract Commencement Date    | 10/01/2016 |
| Est. Contract Completion Date      | 09/30/2019 |
| Est. Renewal Years (If Applicable) |            |

**DELIVER TO:**

**City of Somerville**

**Purchasing Department**

**Attn:** Orazio DeLuca

Construction Contract Manager

odeluca@somervillema.gov

**93 Highland Avenue**

**Somerville, MA 02143**

**CITY OF SOMERVILLE, MASSACHUSETTS**  
**Enclosed You Will Find a Request for Proposal For:**  
RFP # 17-20 Injured in the Line of Duty; Workers Compensation Claims Administration

**SECTION 1.0**  
**GENERAL INFORMATION ON PROPOSAL PROCESS**

**1.1 General Instructions**

Copies of the solicitation may be obtained from the Purchasing Department on and after 08/29/2016 per the below-noted City Hall hours of operation.

| <b>Hall Hours of Operation:</b> |                                |
|---------------------------------|--------------------------------|
| Monday – Wednesday              | 8:30 a.m. and 4:30 p.m.        |
| Thursday                        | 8:30 a.m. to <b>7:30</b> p.m.  |
| Friday                          | 8:30 a.m. to <b>12:30</b> p.m. |

| <b>All Responses Must be Sealed and Delivered To:</b>                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchasing Department<br>City of Somerville<br>93 Highland Avenue<br>Somerville, MA 02143                                                                                                                                                                                                                                                                                                                         |
| <b><i>It is the sole responsibility of the Offeror to ensure that the proposal arrives on time at the designated place. Late proposals will not be considered and will be rejected and returned.</i></b>                                                                                                                                                                                                          |
| <b>Proposal Format:</b>                                                                                                                                                                                                                                                                                                                                                                                           |
| Submit one (1) sealed proposal package (with two sealed envelopes, one for the price and one for the technical proposal); it must be marked with the solicitation title and number and must be original.                                                                                                                                                                                                          |
| In an effort to reduce waste, <b>please DO NOT USE 3-RING BINDERS.</b>                                                                                                                                                                                                                                                                                                                                            |
| Responses must be sealed and marked with the solicitation title and number.                                                                                                                                                                                                                                                                                                                                       |
| All proposals must include all forms listed in the Proposers Checklist (and all documents included or referenced in <b>Sections 2.0 - 4.0</b> ). <b>If all required documents are not present, the proposal may be deemed non-responsive and may result in disqualification of the proposal unless the City determines that such failure(s) constitute(s) a minor informality, as defined in Chapter MGL 30B.</b> |
| A complete Proposal must also include a cover letter signed by an official authorized to bind the Offeror contractually and contain a statement that the proposal is firm for ninety (90) days. <b>An unsigned letter, or one signed by an individual not authorized to bind the Offeror, may be disqualified.</b>                                                                                                |
| The Offeror's authorized official(s) must sign all required proposal forms.                                                                                                                                                                                                                                                                                                                                       |
| The Price Form in <b>Section 4.0</b> must be completed. No substitute form will be accepted. Pricing must remain firm for the entire contract period.                                                                                                                                                                                                                                                             |
| All information in the Offeror's response should be clear and concise. The successful response will be incorporated into a contract as an exhibit; therefore, Offerors should not make claims to which they are not prepared to commit themselves contractually.                                                                                                                                                  |
| The successful Offeror must be an Equal Opportunity Employer.                                                                                                                                                                                                                                                                                                                                                     |

## 1.2 Proposal Schedule

| Key dates for this Request for Proposals: |                               |
|-------------------------------------------|-------------------------------|
| RFP Issued                                | 08/29/2016                    |
| Deadline for Submitting Questions to RFP  | <b>09/06/2016 by 12PM EST</b> |
| Proposals Due                             | <b>09/13/2016 by 11AM EST</b> |
| Anticipated Contract Award                | 09/21/2016                    |
| Est. Contract Commencement Date           | 10/01/2016                    |
| Est. Contract Completion Date             | 09/30/2019                    |

|                                                                              |                                                                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Responses must<br/>be delivered by<br/>09/13/2016 by 11AM EST<br/>to:</b> | City of Somerville<br>Purchasing Department<br>Attn: Orazio DeLuca<br>93 Highland Avenue<br>Somerville, MA 02143 |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

## 1.3 Submission Instructions

Please submit *two sealed envelopes, all within one sealed proposal package*, with the following contents and marked in the following manner:

| Contents of Sealed Proposal Package                                                                                                                                                                                                                                            | Marked As                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Envelope 1 Non-Price Technical Proposal:</b> Shall Include (1) original and two (2) copies, and one (1) electronic copy. [Electronic copies are to be submitted on CD-ROM or thumb drives and are to be saved in Adobe Acrobat format. ("Read only" files are acceptable.)] | <b>To Be Marked:</b> Non-Price Proposal RFP # 17-20Injured in the Line of Duty; Workers Compensation Claims Administration                    |
| <b>Envelope 2 Price Proposal:</b> Shall Include one (1) original and one (1) copy.                                                                                                                                                                                             | <b>To Be Marked:</b> Price Proposal RFP # 17-20Injured in the Line of Duty; Workers Compensation Claims Administration                        |
| <b>Please send the complete sealed package to the attention of :</b>                                                                                                                                                                                                           | Orazio DeLuca<br>Construction Contract Manager<br>Purchasing Department<br>Somerville City Hall<br>93 Highland Avenue<br>Somerville, MA 02143 |

(Note: Massachusetts General Laws, Chapter 30B requires that price proposals must be separate from technical proposals. Therefore, **please make no reference to pricing in the non-price technical proposal.** Failure to adhere to this requirement will result in disqualification.

## Non-Price (Technical) Proposal Format

Responses must be submitted in accordance with the requirements set forth in this solicitation. Results of the proposal review process will be utilized to establish a preliminary ranking of the proposers. The City may interview the top ranked candidates as part of the evaluation process. All information in the technical proposal should be organized and presented as directed below. Your Non-Price Proposal response should contain all forms outlined in the Proposers Checklist (Section 5.0). Responses shall be prepared on standard 8.5 x 11 inch paper (charts may be landscaped but must be on 8.5 x 11 inch paper) and shall be in a legible font size (12). All pages of each response shall be appropriately numbered (and with consecutive page numbering across tabs).

***Elaborate format and binding are neither necessary nor desirable.*** Each proposal shall clearly identify the Offeror's name, solicitation number, formal solicitation title and copy number, (e.g., "Original", "copy 2 of 3"). All binders will allow for easy removal and replacement of pages.

## Cover Letter

Submit a cover letter that includes the official name of the firm submitting the proposal, mailing address, e-mail address, telephone number, fax number, and contact name. The letter must be signed by an official authorized to bind the proposer contractually and contain a statement that the proposal is firm for ninety (90) days. An unsigned letter, or one signed by an individual not authorized to bind the Offeror, may be disqualified.

## Qualifications & Experience

The Offeror shall include qualifications and experience of the firm (or sole proprietor). The Offeror shall identify the year the firm was established, the total number of employees currently employed, and the number of employees focused on this engagement. This section should also describe work that is similar in scope and complexity that the Offeror has undertaken in the past. A discussion of the challenges faced and solutions developed are highly recommended. The Offeror may include any additional literature and product brochures. The Quality Requirements Form (Section 2.0), or set of basic business standards, must be submitted in the sealed proposal.

## References

The Offeror shall list at least three relevant references, which the City can contact. The City of Somerville reserves the right to use ourselves as a reference. References shall include the following information:

|                                                                                      |                                    |
|--------------------------------------------------------------------------------------|------------------------------------|
| ●The name, address, telephone number, and email address of each client listed above. |                                    |
| ●A description of the work performed under each contract.                            | ●The amount of the contract.       |
| ●A description of the nature of the relationship between Offeror and the customer.   |                                    |
| ●The dates of performance.                                                           | ●The volume of the work performed. |

## **Price Proposal Format**

**Price Summary Page (see Section 4.0.)**

### **Proposal Prices to Remain Firm**

All proposal prices submitted in response to this solicitation must remain firm for 90 days following the proposal opening.

### **Price Submission**

All prices must contain the unit rate as requested on the proposal price form in this solicitation. All prices are to include delivery, the cost of fuel, the cost of labor, and all other charges related to the products or services listed. Prices are to remain fixed for the contract period of performance.

## **1.4 Questions**

**Questions are due: 09/06/2016 by 12PM EST**

**Questions concerning this solicitation must be delivered in writing to:**

Orazio DeLuca  
Construction Contract Manager  
Somerville City Hall  
Purchasing Department  
93 Highland Avenue  
Somerville, MA 02143

**Or emailed to:**  
odeluca@somervillema.gov

**Or faxed to:**

617-625-1344

Answers will be sent via an addendum to all Offerors who have registered as proposal holders. Proposers are encouraged to contact the Purchasing Department to register as a proposal document holder to automatically be alerted as to addenda as they are issued. It is the responsibility of the Offeror to also monitor the proposal portal on the City's website for any updates, addenda, etc. regarding that specific solicitation. The web address is: <http://www.somervillema.gov/departments/finance/purchasing/bids>.

**If any proposer contacts City personnel outside of the Purchasing Department regarding this proposal/proposal, that proposer will be disqualified immediately.**

## 1.5 General Terms

### Estimated Quantities

The City of Somerville has provided estimated quantities, which will be ordered/purchased over the course of the contract period. These estimates are estimates only and not guaranteed.

### Proposal Signature

A response must be signed as follows: 1) if the Offeror is an individual, by her/him personally; 2) if the Offeror is a partnership, by the name of the partnership, followed by the signature of each general partner; and 3) if the Offeror is a corporation, by the authorized officer, whose signature must be attested to by the clerk/secretary of the corporation (& with corporate seal).

### Time for Proposal Acceptance and City Contract Requirements

The contract will be awarded within 90 days after the proposal opening. The time for award may be extended for up to 45 additional days by mutual agreement between the City of Somerville and the Offeror that is most advantageous and responsible. The Offeror's submission will remain in effect for a period of 90 days from the response deadline or until it is formally withdrawn, a contract is executed, or this solicitation is canceled, whichever occurs first. The Offeror will be required to sign a standard City contract per the City's general terms included herein as Appendix A.

### Holidays are as follows:

|                          |                        |                  |                     |
|--------------------------|------------------------|------------------|---------------------|
| New Year's Day           | Martin Luther King Day | Presidents' Day  | Patriots' Day       |
| Memorial Day             | Bunker Hill Day        | Independence Day | Labor Day           |
| Columbus Day             | Veterans' Day          | Thanksgiving Day | Thanksgiving Friday |
| Christmas Eve (half day) | Christmas Day          |                  |                     |

Please visit <http://www.somervillema.gov/> for the City's most recent calendar. \*Under State Law, all holidays falling on Sunday must be observed on Monday.

If the awarded Offeror for their convenience desires to perform work during other than normal working hours or on other than normal work days, or if the Offeror is required to perform work at such times, the Offeror shall reimburse the City for any additional expense occasioned the City, thereby, such as, but not limited to, overtime pay for City employees, utilities service, etc. UNLESS otherwise specified in these provisions, services will be performed during normal work hours. When required services occur on holidays, work will be performed on either the previous or following work day, unless specified otherwise.

### Unforeseen Office Closure

If, at the time of the scheduled proposal opening, the Purchasing Department is closed due to uncontrolled events such as fire, snow, ice, wind, or building evacuation, the proposal due date will be postponed until 2:00 p.m. on the next normal business day. Proposals will be accepted until that date and time. In the event of inclement weather, the Offeror is responsible for listening to the media to determine if the City has been closed due to weather.

### Changes & Addenda

If any changes are made to this solicitation, an addendum will be issued. All proposers on record as having picked up the solicitation will be alerted via email as to the posting of all addenda. The City will also post

addenda on its website (<http://www.somervillema.gov/departments/finance/purchasing/bids>). No changes may be made to the solicitation documents by the Offerors without written authorization and/or an addendum from the Purchasing Department.

### **Modification or Withdrawal of Proposals, Mistakes, and Minor Informalities**

An Offeror may correct, modify, or withdraw a proposal by written notice received by the City of Somerville prior to the time and date set for the proposal opening. Proposal modifications must be submitted in a sealed envelope clearly labeled "Modification No. \_\_\_" to the address listed in Section 1. Each modification must be numbered in sequence and must reference the original solicitation. After the proposal opening, an Offeror may not change any provision of the proposal in a manner prejudicial to the interests of the City or fair competition. Minor informalities will be waived or the proposer will be allowed to correct them. If a mistake and the intended proposal are clearly evident on the face of the proposal document, the mistake will be corrected to reflect the intended correct proposal, and the proposer will be notified in writing; the proposer may not withdraw the proposal. A proposer may withdraw a proposal if a mistake is clearly evident on the face of the proposal document, but the intended correct proposal is not similarly evident.

### **Right to Cancel/Reject Proposals**

The City of Somerville may cancel this solicitation, or reject in whole or in part any and all proposals, if the City determines that cancellation or rejection serves the best interests of the City.

### **Unbalanced Proposals**

The City reserves the right to reject unbalanced, front-loaded, and conditional proposals.

### **Brand Name "or Equal"**

Any references to any brand name or proprietary product in the specifications shall require the acceptance of an equal or better brand. The City has the right to make the final determination as to whether an alternate brand is equal to the brand specified.

### **Electronic Funds Transfer (EFT)**

For EFT payment, the following shall be included with invoices to the point of contact:

- Contract/Order number; Contractor's name & address as stated in the contract;
- The signature (manual or electronic, as appropriate) title, and telephone number of the Offeror's representative authorized to provide sensitive information;
- Name of financial institution; Financial institution nine (9) digit routing transit number;
- Offeror's account number; Type of account, i.e., checking or saving.

## **1.6 Evaluation Methodology**

### **Comparative Evaluation Criteria**

The Comparative Evaluation Criteria set forth in Section 2 of this RFP shall be used to evaluate responsible and responsive proposals.

All proposals will be reviewed by an evaluation committee composed of employees of the City. Final selection will be based upon the evaluators' analysis of the information and materials required under the RFP and provided by the proposing vendors in their submissions. The City reserves the right to involve an outside consultant in the selection process. Proposals that meet the minimum quality requirements will be reviewed for responses to the comparative

evaluation criteria. The evaluation committee will assign a rating of Highly Advantageous, Advantageous, Not Advantageous, or Unacceptable to the comparative evaluation criteria.

The City will only award a contract to a responsive and responsible Proposer. Before awarding the contract(s), the City may request additional information from the Proposer to ensure that the Proposer has the resources necessary to perform the required services. The City reserves the right to reject any and all proposals if it determines that the criteria set forth have not been met.

### **Selection Process**

Qualified proposals will be reviewed and rated by the Evaluation Committee ("the Committee") on the basis of the comparative evaluation criteria and minimum quality requirements included in Section 2.0.

The City may request additional information from the Offerors to ensure that the Offeror has the necessary resources to perform the required services. The Committee may choose to select a set of finalists to be interviewed ("the short list"). The short-listed applicants will be notified, either by e-mail or telephone, of the date, time, and place for their interviews and any other pertinent information related thereto. The Mayor may, at the Mayor's sole discretion, interview the applicants on the short list. The Committee will rank all candidates and make a recommendation to the Mayor to enter into a contract with the most highly advantageous Offeror.

The City will award the contract to the most responsive and responsible Offeror whose entire proposal (technical and price) is deemed to be the most highly advantageous. The City reserves the right to reject any and all proposals if it determines that the criteria set forth have not been met.

**RFP # 17-20**  
**SECTION 2.0**  
**RULE FOR AWARD /**  
**SPECIFICATIONS/SCOPE OF SERVICES**

**Rule For Award**

The contract shall be awarded to the responsible and responsive proposer submitting the most advantageous proposal response, taking into consideration all evaluation criteria as well as price. The contract will be awarded within ninety (90) days after the proposal opening. The time for award may be extended for up to 45 additional days by mutual agreement between the City and the most highly advantageous and responsible offeror.

**Background**

The City of Somerville is soliciting proposals from qualified vendors to provide Injured in the Line of Duty Claims Administration. The contract shall be for three years. The objective of this request for proposals is to secure third-party administration, case management, and claims monitoring for injured on duty claims.

**Scope of Work**

These services shall include: receipt, processing, filing and maintenance of all claims-related forms, reports and notices as required and as needed for controlling losses; verification of all medical billings and determination of State authorized rates for payment; preparation and submission of checks for medical providers for review and issuance by the City; timely follow-up with physicians and claimants and investigation of cases, when necessary, to reduce exposure and costs; recommendations of appropriate salary payments for final decision by the City.

**Specifications / Requirements**

Administration shall consist of third-party administration, case management, and claims monitoring.

**Comparative Evaluation Criteria**

The Comparative Evaluation Criteria set forth in this section of the RFP shall be used to evaluate responsible and responsive proposals. The Comparative Evaluation Criteria are:

All proposals will be reviewed by an evaluation committee composed of employees of the City. Final selection will be based upon the evaluators' analysis of the information and materials required under the RFP and provided by the proposing vendors in their submissions. The City reserves the right to involve an outside consultant in the selection process. Proposals that meet the minimum quality requirements will be reviewed for responses to the comparative evaluation criteria. The evaluation committee will assign a rating of Highly Advantageous, Advantageous, Not Advantageous, or Unacceptable to the comparative evaluation criteria.

The City will only award a contract to a responsive and responsible Proposer. Before awarding the contract(s), the City may request additional information from the Proposer to ensure that the Proposer has the resources necessary to perform the required services. The City reserves the right to reject any and all proposals if it determines that the criteria set forth have not been met.

## **Introduction**

The introductory portion of the proposal must include a Letter of Transmittal signed by an individual authorized to bind the Proposer contractually. The letter must include: the name of the individual(s) who is authorized to negotiate and sign a contract on the Proposer's behalf; the name, title, address and telephone number of the individual(s) who can supply additional information; and a brief description of the overall services proposed.

## **Quality Requirements Form**

The Quality Requirements must be addressed by each proposer.

## **Responses to Comparative Evaluation Criteria**

This portion of the proposal is intended to present a description of the Proposer's qualifications. The Proposer should respond briefly to each item listed in Section VII Comparative Evaluation Criteria, and included all requested documentation. When preparing this portion of the proposal, the Proposer should clearly identify and respond to each comparative evaluation criteria.

## **Standard Reports**

Please include samples of the proposer's standard reports. At minimum, the following should be provided:

Bidders shall include sample reports, such as loss runs and other reports showing frequency of accidents, severity of accidents, accidents by department, accidents by type, etc.

Submittal must include sample forms that the company may provide to the City of Somerville for submitting claims, obtaining information from medical providers, etc.

## **Price Summary Forms**

The Price Summary Forms must be completed. No substitute form will be accepted. Pricing must remain the same throughout the contract. The Price Summary Forms **must be submitted under separate cover in a separate sealed envelope to the Purchasing Department**. The Proposer should make no reference to pricing in its non-price proposal. Failure to adhere to this will result in disqualification of proposal.

## **SCOPE OF SERVICES/SPECIFICATIONS**

The City of Somerville is soliciting proposals from qualified vendors to provide Injured in the Line of Duty Claims Administration. The contract shall be for three years. The objective of this request for proposals is to secure third-party administration, case management, and claims monitoring for injured on duty claims. These services shall include: receipt, processing, filing and maintenance of all claims-related forms, reports and notices as required and as needed for controlling losses; verification of all medical billings and determination of State authorized rates for payment; preparation and submission of checks for medical providers for review and issuance by the City; timely follow-up with physicians and claimants and investigation of cases, when necessary, to reduce exposure and costs; recommendations of appropriate salary payments for final decision by the City.

### **Injured on Duty Administration**

- The service provider serves at the sole discretion of the Mayor, of the City of Somerville, and will report directly to the Personnel Director.
- The service provider will meet with the Personnel Director, Department Head and Clerk, at a minimum, on a Quarterly Basis for the purpose of a summary review.

Administration shall consist of third-party administration, case management, and claims monitoring. These services include: receipt, processing, filing, and maintenance of all claims-related forms, reports, and notices needed for controlling loss; verification of all medical billings and determination of State authorized rates for payments; timely follow-up with physicians and claimants and investigation of cases, when necessary, to reduce exposure and cost. Administration may also include incorporation of nursing or other professional medical services to provide advice and assist in communications.

Loss reports will be issued on an as requested basis. The loss report will include information such as claimant's name and date, location and nature of incident. The report will also include payments for medical, expense costs. Analysis of open claims and loss activity shall be conducted by the service provider with findings presented to the Personnel Director, quarterly.

### **Legal Services**

The service provider may be asked to offer education and training on interpretation and application of related legislation, various procedures, and case law. The service provider will assist in the representation of the City of Somerville in administrative or legal proceedings relating to injured on duty claims. The service provider will identify claims with subrogation potential, will assist in placing notice of lien, and will monitor status of such claims. These services shall be included as part of the proposer's monthly fee. If these services will not be included as part of the monthly fee, please itemize additional fees in your price proposal.

## Samples

Bidders shall include sample reports, such as loss runs and other reports showing frequency of accidents, severity of accidents, accidents by department, accidents by type, etc.

Submittal must include sample forms that the company may provide to the City of Somerville for submitting claims, obtaining information from medical providers, etc.

## Information Required by Proposer

Bidders must explain what information will be required from the City of Somerville in order to implement the services to be provided.

## Specified Services

1. Service Provider shall review each claim and determine or provide written recommendations to the City, concerning indemnification or compensability under Chapter 41, Section 100 and Chapter 41 Section 111f. **With regard to acceptance of compensability of police officer and firefighter injured in the line of duty claims, the provisions of M.G.L. Chapter 41, Section 100 shall be applied.** Based on Service Provider's recommendation and the City's subsequent decision, Service Provider shall move forward with applicable claims handling procedures through and to a finalization or resolution of the claim(s) involved.
2. Service provider shall review all claimant medical bills. Said review shall include the examination of each bill for causation, appropriateness and medical necessity. Each bill shall be set to the state rate setting standard utilizing the appropriate Commonwealth CMR. Service Provider shall generate and submit accepted medical and expense provider disbursements/vouchers to the City for payment; and return non-approved bills to the provider for processing through the claimant's group health insurance benefit.
3. All communications and claims management procedures for Chapter 41, Section 100, and 41,111f purposes will be handled with the appropriate chief and designated personnel. Documented support shall be provided through all phases of the injured on duty claims management process. Collective bargaining agreements shall be reviewed for labor relations issues and will be recognized, adhered to and/or resolved where necessary. This service shall be provided on a support basis, under the guidance of the Personnel Director. Documentation of approvals for MRI's and Physical Therapy appointments must be submitted by the vendor, to the City.

4. All claims management services shall be provided within state time limitations. Medical bill review involving complex bills shall be completed within two (2) weeks, from the point of receipt. Simple bills shall be completed within one (1) week. These time frames must be met. In either case, no review shall be considered complete until such time as the appropriate medical documentation has been obtained. The City recognizes that the obtaining of appropriate medical documentation is reliant upon cooperation by the medical providers. Should medical providers not cooperate, Service Provider shall recommend withholding payment for services until such time as appropriate documentation is provided.
5. Service provider shall process and report loss data to the Personnel Director on a quarterly basis. Loss run content and format shall be in compliance with re-insurer requirements if applicable. Chapter 41, Section 100 and 41, 111f reports, shall be provided on a quarterly basis.
6. Service provider shall have a demonstrated ability to resolve claims to and through a resolution. Said resolution shall incorporate a return to work/ work hardening program, where applicable. Should a return to work not be appropriate due to the medical circumstances involved, the Service Provider shall assist the Personnel Director and the Department Head in the preparation and processing of an appropriate retirement application utilizing the Department Head's rights in accordance with the provisions of M.G.L. Chapter 32, Section 16. Service Provider shall be responsible for the preparation of all required retirement applications unless instructed otherwise by the City. Service Provider shall attend all hearings, appeals and other administrative actions relative to retirement applications. Said attendance shall be a part of the core services of the Agreement. Local Counsel may be used, and in such cases, the Service Provider shall act in a support role. In the event that the City wishes the Service Provider to provide such legal services, the Service Provider must be prepared to provide the necessary legal advice and consultation to see the case to and through a resolution, on an appropriate fee for service basis.
7. Service provider's shall have a demonstrated record of preparing, filing and representing Cities/Towns in retirement matters and shall have the necessary staffing and experience to provide advice and consultation relating to litigation and collective bargaining issues as same pertains to Chapter 41, Section 100 and 41, 111f injured on duty claims and Chapter 32 retirement issues.

8. Service provider's shall meet with the City and/or its Committees, Sub-Committees, etc., on an as needed basis, for the purpose of discussing any and all open areas of concern. Service providers shall report to the City's Personnel Director, all issues of safety, and provide recommendations on loss reduction matters as deemed appropriate.
9. Service providers shall have an established network of complementary service providers including, but not limited to Independent Physicians; Physical Therapists; Pharmaceutical Drug Consultants; Rehabilitative Firms, etc. Service providers shall not utilize the services of any complementary or supplementary service provider without the express consent of the City. Said additional services shall be borne by the City on a "fee for service" basis.
10. Service provider's shall provide a complete and thorough case management service in connection with Chapter 41 111f injured on duty claims, including but not limited to the following:
  - a. Review of all collective bargaining unit contracts
  - b. Obtain current medical information from treating physicians and/or physicians designated by the Appointing Authority to assess an employee's ability to perform temporary modified duty assignments or regular duties.
  - c. Assess each claim for causation utilizing the principles set forth in M.G.L. Chapter 41, Section 100.
  - d. Identify causal connection issues, taking into consideration the appropriate statute and recommend the appropriate means with which to deal with the issue(s). In instances where causal connection issues arise, the service provider shall draft all appropriate correspondence to the injured individual setting forth the basis of the issue(s), the intended course of action in order to resolve, and an appraisal of the individuals statutory rights should the claim be denied.
  - e. Maintain communications necessary to ensure that required parties are informed
  - f. Coordinate medical care/rehabilitation services
  - g. Obtain and assess medical reports
  - h. Process applicable medical bills in accordance with appropriate rate setting standards as set forth by the Commonwealth CMR's, and as provided for under M.G.L. Chapter 41 Section 100.
  - i. Assist with work return possibilities and issues or case finalizing process in

accordance with applicable case law and collective bargaining requirements.

- j. Assist in developing “case by case”, case management strategy to provide the most positive outcome, relative to closure by means of a return to work or appropriate finalization to and including assistance in finalizing a proper retirement and/or employment termination scenario. Any recommended employment terminations shall take into consideration the appropriate sections of M.G.L. Chapter 41.
- k. Prepare cases for, and assist with the retirement process, as dictated by the circumstances of the case.
- l. Assist the City in connection with matters going before the Civil Service Commission; Retirement Board, and/or any other administrative forum that may become involved.
- m. Assist the City in connection with matters which may be grieved by the Collective Bargaining Units.

Police & Fire Chapter 41 sections 100 & 111F Injured on Duty Claims Philosophy

With regard to Public Safety, injured on duty claims, which fall under M.G.L. Chapter 41, Section 100, and M.G.L. Chapter 41, Section 111F; a significant and overriding factor which adversely affects public safety departments for claims management purposes across the Commonwealth stems from the very real fact that Police and Fire Chiefs do not traditionally have claims "management and administration" services available to them to assist in pro-active management of claims to and through a resolution. We emphasize "claims management and administration" because there are several companies who "administer" claims by setting medical bills to rate setting rates, paying bills, monitoring treatment and providing detailed reports on the type of injuries incurred, including the duration of claims as well as when and where the claims occurred. Independent Medical Evaluations are often a part of their strategy, as opposed to communicating directly with the treating physician as a part of the employer/employee relationship. Those factors, however, are only the "administrative" aspects of dealing with injured on duty claims. The "claims management" aspect of public safety injured on duty claims to and through a successful conclusion or resolution of a return to duty, or, in the alternative, an Accidental Disability Retirement, (unlike Workers Compensation claims), requires Labor Relations and Collective Bargaining expertise, experience and knowledge. This is an often unrecognized but real fact because, the lost time provisions of Chapter 41 section 111F are, unlike chapter 152, subject to Collective Bargaining, grievances, arbitration cases, past practice issues, and unfair labor practice charges. These claims are do not fall under the auspices of the Industrial Accident Board as to traditional workers' compensation claims. Accordingly, managing or controlling public safety injured on duty claims and costs necessitates much more than administering and monitoring claims and providing statistical data. Managing injured on duty claims requires Labor Relations and Collective Bargaining expertise, experience and knowledge. For example, "light duty provisions" are a statutory management right in our workers' compensation law and the workers' compensation laws of various other states. However, with Police and Fire claims, "light duty" is a matter that "can" be and has, more often than not, been subjected to successor contract Collective Bargaining. In this regard, "light duty" is normally restricted or fought against by public sector, public safety unions. One has to know how to deal with such matters effectively in order to properly manage and control injured on duty claims and costs as opposed to merely administering and reporting on them. Strangely enough, for the most part, Public Safety Department Heads are often left to try to manage the morass of Collective Bargaining and related issues that can come up, on their own, or they are provided solely with Administrative as opposed to Administrative and Case Management services. Most, if not all, services that we are aware of do not manage the claims and collective bargaining issues that are prevalent when a community chooses to truly manage M.G.L. Chapter 41, Section 100, and M.G.L. Chapter 41, Section 111F issues. In this regard, we submit that if your community has chosen to manage as well as administer to Police and Fire claims, then your Chiefs would be well served by having a knowledgeable and experienced resource at their disposal relative to the Collective Bargaining issues that can and will come up.

| Factor 1: Proposer's years of experience in providing ILD claims administration services |                                                                                                                                                 |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Highly Advantageous</b>                                                               | Proposer has at least ten (10) years providing ILD claims administration services for similarly sized municipalities.                           |
| <b>Advantageous</b>                                                                      | Proposer has at least five (5), but less than ten (10) years of providing ILD claims administration services for similarly sized municipalities |
| <b>Not Advantageous</b>                                                                  | Proposer has at less than five (5) years of providing ILD claims administration services for similarly sized municipalities.                    |

| Factor 2: Proposer's municipal experience |                                                                                                                                                                                                 |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Highly Advantageous</b>                | Proposer has successfully provided ILD claims administration services to at least twenty (20) similarly sized municipalities within the past five (5) years.                                    |
| <b>Advantageous</b>                       | <u>Proposer has successfully provided ILD claims administration services to at least fifteen (15), but less than twenty (20) similarly sized municipalities within the past five (5) years.</u> |
| <b>Not Advantageous</b>                   | <u>Proposer has provided ILD claims administration services to less than fifteen (15) similarly sized municipalities within the past five (5) years.</u>                                        |

| Factor 3: Proposer's References |                                                                                               |
|---------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Highly Advantageous</b>      | Positive response from municipal references and municipalities are of uniformly high quality. |
| <b>Advantageous</b>             | Positive response from municipal references that are generally good                           |
| <b>Not Advantageous</b>         | Negative responses from municipal references                                                  |

| Factor 4: Proposer's Representative |                                                                                                                                                                                                                                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Highly Advantageous</b>          | Proposer will provide a claims management representative who shall be assigned to the City of Somerville's injured on duty cases and who has at least seven (7) or more years of experience in providing injured on duty claims management to police and fire departments.                                 |
| <b>Advantageous</b>                 | <u>Proposer will provide a claims management representative who shall be assigned to the City of Somerville's injured on duty cases and who has at least five (5) or more, but less than seven (7) years, of experience in providing injured on duty claims management to police and fire departments.</u> |
| <b>Not Advantageous</b>             | <u>Proposer will provide a claims management representative who shall be assigned to the City of Somerville's injured on duty cases and who has at least three (3) or more, but less than five (5) years, of experience in providing injured on duty claims management to police and fire departments.</u> |

| Factor 5: Sample Reports   |                                                                                                                  |
|----------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Highly Advantageous</b> | Proposer's reports provide all necessary information and are easy for Police and Fire staff to read.             |
| <b>Advantageous</b>        | <u>Proposer's reports provide all necessary information and are easy for Police and Fire staff to interpret.</u> |
| <b>Not Advantageous</b>    | <u>Proposer's reports provide are not easy for Police and Fire staff to interpret..</u>                          |

## Quality Requirements

Quality requirements, or basic business requirements, are the minimum set of standards that an entity must meet and certify to be considered responsible and responsive. **Please complete the Quality Requirements form, below, and submit it with your completed proposal.** The City of Somerville will disqualify any response that does not meet the minimum quality requirements. A "No Response" to items 1, 2, or 3, or a failure to respond to any of the following minimum standards may result in disqualification of your proposal.

| QUALITY REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                       | YES | NO |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1.                   | The Vendor has five (5) years or more of experience in administering and finalizing Chapter 41, Section 111F injured on duty claims?                                                                                                                                                                                                  |     |    |
| 2.                   | The vendor has no documented record of non-performance or significant unsatisfactory performance in the administration of injured on duty claims programs?                                                                                                                                                                            |     |    |
| 3.                   | The vendor is able to develop and provide a computerized file system and established procedures to monitor and ensure that injured on duty claims, medical bills, and reports are reviewed and processed in a timely, accurate, and thorough manner?                                                                                  |     |    |
| 4.                   | The vendor has the capability of providing claims management representatives who shall be assigned to the City of Somerville's injured on duty cases and who have at least three (3) or more years of experience in providing injured on duty claims management to police and fire departments?                                       |     |    |
| 5.                   | The City of Somerville may opt to utilize the services of an attorney not affiliated with the service provider?                                                                                                                                                                                                                       |     |    |
| 6.                   | The Vendor can provide descriptions of service provider's management information reporting system and samples of reports including but not limited to:<br>a. Listing of standard reports and delivery dates<br>b. Check registers (if required)<br>c. Special reports that may be required<br>d. All other reports that are available |     |    |
| 7.                   | The Vendor has furnished names, addresses, and phone numbers of all client municipalities, along with appropriate contact information for injured in the line of duty claims administration services performed within the past two (2) years?                                                                                         |     |    |

|     |                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|     |                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| 8.  | The Vendor has included a description of fee schedules?<br>(Note: This will <b><u>only</u></b> be included in the separate price proposal.)                                                                                                                                                                                                                         |  |  |
| 9.  | The Vendor has identified the earliest possible start date?                                                                                                                                                                                                                                                                                                         |  |  |
| 10. | Service providers must possess the necessary staffing and experience to provide advice and consultation relating to litigation and collective bargaining issues as same pertains to Chapter 41, Section 111F injured on duty claims. The Vendor has provided qualification information on all staff that will be handling these matters for the City of Somerville? |  |  |
| 11. | Optional:<br>Are you a Mass. Supplier Diversity Office MBE/WBE certified minority or woman owned business? Additional minority designations may be submitted by attaching supporting documentation.                                                                                                                                                                 |  |  |

In order to provide verification of affirmative responses to items 1, 2, and 3 under the quality requirements listed in the Quality Requirements Form, Offeror must submit written information that details the general background, experience, and qualifications of the organization. Subcontractors, if applicable, must be also included.

**Period of Performance**

The period of performance for this contract begins on or about 10/01/2016 and ends on or about 09/30/2019. If applicable, optional renewal years may be exercised by the sole discretion of the City (see cover page for anticipated contract term).

**Place of Performance**

All services, delivery, and other required support shall be conducted in Somerville and other locations designated by the Department point of contact. Meetings between the Vendor and City personnel shall be held at the City of Somerville, Massachusetts, unless otherwise specified.

**Vendor Conduct**

The Vendor's employees shall comply with all City regulations, policies, and procedures. The Vendor shall ensure that their employees present professional work attire at all times. The authorized contracting body of the City may, at his/her sole discretion, direct the Vendor to remove any Vendor employee from City facilities for misconduct or safety reasons. Such rule does not relieve the Vendor of their responsibility to provide sufficient and timely service. The City will provide the Vendor with immediate written notice for the removal of the employee. Vendors must be knowledgeable of the conflict of interest law found on the Commonwealth's website <http://www.mass.gov/ethics/laws-and-regulations-/conflict-of-interest-information/conflict-of-interest-law.html>. Vendors may be required to take the Conflict of Interest exam.

**Vendor Personnel**

The Vendor shall clearly state the name of the proposed project manager. All proposed staff must demonstrate the ability to carry out the specified requirements.

**Confidentiality**

The Vendor agrees that it will ensure that its employees and others performing services under this contract will not use or disclose any non-public information unless authorized by the City. That includes confidential reports, information, discussions, procedures, and any other data that are collected, generated or resulting from the performance of this scope of work. All documents, photocopies, computer data, and any other information of any kind collected or received by the Vendor in connection with the contract work shall be provided to the City upon request at the termination of the contract (i.e., the date on which final payment is made on the contract or at such other time as may be requested by the City or as otherwise agreed by City and the Vendor). The Vendor may not discuss the contract work in progress with any outside party, including responding to media and press inquiries, without the prior written permission of the City. In addition, the Vendor may not issue news releases or similar items regarding contract award, any subsequent contract modifications, or any other contract-related matter without the prior written approval of the City. Requests to make such disclosures should be addressed in writing to the Vendor's point of contact.

**Deliverables**

Vendor shall provide for all day-to-day supervision, inspection, and monitoring of all work performed to ensure compliance with the contract requirements. The contractor is responsible for remedying all defects and or omissions to the supplies or services provided to ensure that said deliverables meet the requirements as detailed in the contract specifications.

**RFP # 17-20**

## **SECTION 3.0**

**Injured in the Line of Duty; Workers Compensation Claims Administration  
PROPOSERS' CHECKLIST**

**Please ensure all documents listed on this checklist are included with your proposal. Failure to do so may subject the proposer to disqualification.**

### **Non-Price Proposal**

#### **Required with Sealed Proposals**

- ☐ Cover Letter
- ☐ Acknowledgement of Addenda (if applicable and non-price related)
- ☐ Quality Requirements (See Section 2.0)
- ☐ Somerville Living Wage Form
- ☐ Certificate of Non-Collusion and Tax Compliance
- ☐ Certificate of Signature Authority
- ☐ Reference Form (or equivalent may be attached)
- ☐ W9

#### **Required with Contract, *Post Award***

- ☐ Certificate of Good Standing (will be required of awarded Vendor; please furnish with proposal if available)
- ☐ Insurance Specifications (will be required of awarded Vendor; furnish sample certificate with bid, if possible)

### **Price Proposal**

- ☐ Acknowledgement of Addenda (if applicable and price related)
- ☐ Price Form

## **CERTIFICATE OF GOOD STANDING**

TO: Vendor

FROM: Purchasing Department

RE: **CERTIFICATE OF GOOD STANDING**

The **Awarded Vendor** must comply with our request for a **CURRENT “Certificate of Good Standing”**.

If you require information on how to obtain the “Certificate of Good Standing” or Certificate of Registration (Foreign Corporations) from the Commonwealth of Massachusetts, please call the Secretary of State’s Office at (617) 727-2850 (Press #1) located at One (1) Ashburton Place, 17<sup>th</sup> Floor, Boston, MA 02133 or you may access their web site at:  
<http://corp.sec.state.ma.us/CorpWeb/Certificates/CertificateOrderForm.aspx>

If your company is incorporated outside of Massachusetts and therefore is a “foreign corporation”, but is registered to do business in Massachusetts, please comply with our request for the Certificate of Registration from the Commonwealth of Massachusetts. If your company is a foreign corporation, but is not registered to do business in Massachusetts, please provide the Certificate of Good Standing from your state of incorporation.

Please note that without the above certificate (s), the City of Somerville cannot execute your contract.

### **IMPORTANT NOTICE**

Requests for Certificates of Good Standing by mail may take a substantial amount of time. A certificate may be obtained immediately in person at the Secretary’s Office at the address above. Also, at this time, the Secretary of State’s Office may not have your current annual report recorded. If this is the case, and you are therefore unable to obtain the Certificate of Good Standing, please forward a copy of your annual report filing fee check with your signed contracts. Please forward your original Certificate of Good Standing to the Purchasing Department upon receipt.

Thank You,

Purchasing Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|             |                               |                |        |
|-------------|-------------------------------|----------------|--------|
| PRODUCER    | CONTACT NAME:                 |                |        |
|             | PHONE (A/C, No, Ext):         | FAX (A/C, No): |        |
| INSURED     | E-MAIL ADDRESS:               |                |        |
|             | INSURER(S) AFFORDING COVERAGE |                | NAIC # |
|             | INSURER A :                   |                |        |
|             | INSURER B :                   |                |        |
|             | INSURER C :                   |                |        |
|             | INSURER D :                   |                |        |
| INSURER E : |                               |                |        |
| INSURER F : |                               |                |        |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                    | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                         |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                          |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                 |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                         |           | N / A    |               |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DESCRIPTION OF PROJECT, SOLICITATION NUMBER AND THAT THE CITY OF SOMERVILLE IS A CERTIFICATE HOLDER AND ADDITIONAL INSURED

**CERTIFICATE HOLDER**

CERTIFICATES SHOULD BE MADE OUT TO:

CITY OF SOMERVILLE  
c/o PURCHASING DEPARTMENT  
93 HIGHLAND AVE  
SOMERVILLE, MA 02143

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## **Certificate of Authority (Corporations Only)**

**Instructions:** Complete this form and sign and date where indicated below.

1. I hereby certify that I, the undersigned, am the duly elected Clerk/Secretary of

\_\_\_\_\_  
**(Insert Full Name of Corporation)**

2. I hereby certify that the following individual \_\_\_\_\_  
**(Insert the Name of Officer who Signed the Contract and Bonds)**

is the duly elected \_\_\_\_\_ of said Corporation.  
**(Insert the Title of the Officer in Line 2)**

3. I hereby certify that on \_\_\_\_\_  
**(Insert Date: Must be on or before Date Officer Signed Contract/Bonds)**

at a duly authorized meeting of the Board of Directors of said corporation, at which a quorum was present, it was voted that

\_\_\_\_\_  
**(Insert Name of Officer from Line 2) (Insert Title of Officer from Line 2)**

of this corporation be and hereby is authorized to make, enter into, execute, and deliver contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

4. **ATTEST:**

**Signature:** \_\_\_\_\_  
**(Clerk or Secretary)**

**AFFIX CORPORATE SEAL HERE**

**Printed Name:** \_\_\_\_\_

**Printed Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Date Must Be on or after Date Officer Signed Contract/Bonds)**



## **Non-Collusion Form and Tax Compliance Certification**

**Instructions:** Complete each part of this two-part form and sign and date where indicated below.

### **A. NON-COLLUSION FORM**

I, the undersigned, hereby certify under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person.

As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

**Signature:** \_\_\_\_\_  
**(Individual Submitted Bid or Proposal)**  
**Duly Authorized**

**Name of Business or Entity:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **B. TAX COMPLIANCE CERTIFICATION**

Pursuant to M.G.L. c. 62C, §49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support, as well as paid all contributions and payments in lieu of contributions pursuant to MGL 151A, §19A(b).

**Signature:** \_\_\_\_\_  
**(Duly Authorized Representative of Vendor)**

**Name of Business or Entity:** \_\_\_\_\_

**Social Security Number or Federal Tax ID#:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                       | Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                       | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶<br><br><input type="checkbox"/> Other (see instructions) ▶ |  |
|                                                       | <input type="checkbox"/> Exempt payee                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                       | Address (number, street, and apt. or suite no.)<br>City, state, and ZIP code<br>List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                       |  |
| Requester's name and address (optional)               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                                |  |  |  |   |  |  |  |  |
|--------------------------------|--|--|--|---|--|--|--|--|
| Social security number         |  |  |  |   |  |  |  |  |
|                                |  |  |  | - |  |  |  |  |
| Employer identification number |  |  |  |   |  |  |  |  |
|                                |  |  |  | - |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

|              |                               |        |
|--------------|-------------------------------|--------|
| Sign<br>Here | Signature of<br>U.S. person ▶ | Date ▶ |
|--------------|-------------------------------|--------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

## INSURANCE SPECIFICATIONS

### INSURANCE REQUIREMENTS FOR AWARDED VENDOR ONLY:

Prior to commencing performance of any work or supplying materials or equipment covered by these specifications, the contractor shall furnish to the Office of the Purchasing Director a Certificate of Insurance evidencing the following:

#### A. GENERAL LIABILITY - Comprehensive Form

Bodily Injury Liability.....\$ 500,000.00

Property Damage Liability.....\$ 500,000.00

#### B. COVERAGE FOR PAYMENT OF WORKER'S COMPENSATION BENEFIT PURSUANT TO CHAPTER 152 OF THE MASSACHUSETTS GENERAL LAWS IN THE AMOUNT AS LISTED BELOW:

WORKER'S COMPENSATION.....\$ Statutory

EMPLOYERS' LIABILITY.....\$ Statutory

#### C. AUTOMOBILE LIABILITY INSURANCE AS LISTED BELOW:

BODILY INJURY LIABILITY.....\$ STATUTORY

1. A contract will not be executed unless a certificate (s) of insurance evidencing above-described coverage is attached.
2. Failure to have the above-described coverage in effect during the entire period of the contract shall be deemed to be a breach of the contract.
3. All applicable insurance policies shall read:  
**"CITY OF SOMERVILLE" as a certificate holder and as an additional insured** for general liability only along with a description of operation in the space provided on the certificate.
4. Please comply with our requirement of a **thirty (30) day** notice of cancellation and note on certificate.

#### Certificate Should Be Made Out To:

City Of Somerville  
Purchasing Department  
93 Highland Avenue  
Somerville, Ma. 02143

**Note: If your insurance expires during the life of this contract, you shall be responsible to submit a new certificate(s) covering the period of the contract. No payment will be made on a contract with an expired insurance certificate.**



**SOMERVILLE LIVING WAGE ORDINANCE CERTIFICATION FORM**  
**CITY OF SOMERVILLE CODE OF ORDINANCES SECTION 2-397 et seq.\***

**Instructions:** This form shall be included in all Invitations for Bids and Requests for Proposals which involve the furnishing of labor, time or effort (with no end product other than reports) by vendors contracting or subcontracting with the City of Somerville, where the contract price meets or exceeds the following dollar threshold: **\$10,000**. If the undersigned is selected, this form will be attached to the contract or subcontract and the certifications made herein shall be incorporated as part of such contract or subcontract. **Complete this form and sign and date where indicated below on page 2.**

**Purpose:** The purpose of this form is to ensure that such vendors pay a “Living Wage” (defined below) to all covered employees (i.e., all employees except individuals in a city, state or federally funded youth program). In the case of bids, the City will award the contract to the lowest responsive and responsible bidder paying a Living Wage. In the case of RFP’s, the City will select the most advantageous proposal from a responsive and responsible offeror paying a Living Wage. In neither case, however, shall the City be under any obligation to select a bid or proposal that exceeds the funds available for the contract.

**Definition of “Living Wage”:** For this contract or subcontract, as of 7/1/2016 “Living Wage” shall be deemed to be an hourly wage of no less than **\$12.31** per hour. From time to time, the Living Wage may be upwardly adjusted and amendments, if any, to the contract or subcontract may require the payment of a higher hourly rate if a higher rate is then in effect.

**CERTIFICATIONS**

1. The undersigned shall pay no less than the Living Wage to all covered employees who directly expend their time on the contract or subcontract with the City of Somerville.
2. The undersigned shall post a notice, (copy enclosed), to be furnished by the contracting City Department, informing covered employees of the protections and obligations provided for in the Somerville Living Wage Ordinance, and that for assistance and information, including copies of the Ordinance, employees should contact the contracting City Department. Such notice shall be posted in each location where services are performed by covered employees, in a conspicuous place where notices to employees are customarily posted.
3. The undersigned shall maintain payrolls for all covered employees and basic records relating hereto and shall preserve them for a period of three years. The records shall contain the name and address of each employee, the number of hours worked, the gross wages, a copy of the social

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\* Copies of the Ordinance are available upon request to the Purchasing Department.

Form:\_\_\_\_  
Contract Number:\_\_\_\_\_

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security returns, and evidence of payment thereof and such other data as may be required by the contracting City Department from time to time.

4. The undersigned shall submit payroll records to the City upon request and, if the City receives information of possible noncompliance with the provisions the Somerville Living Wage Ordinance, the undersigned shall permit City representatives to observe work being performed at the work site, to interview employees, and to examine the books and records relating to the payrolls being investigated to determine payment of wages.

5. The undersigned shall not fund wage increases required by the Somerville Living Wage Ordinance by reducing the health insurance benefits of any of its employees.

6. The undersigned agrees that the penalties and relief set forth in the Somerville Living Wage Ordinance shall be in addition to the rights and remedies set forth in the contract and/or subcontract.

**CERTIFIED BY:**

**Signature:** \_\_\_\_\_  
**(Duly Authorized Representative of Vendor)**

**Title:** \_\_\_\_\_

**Name of Vendor:**\_\_\_\_\_

**Date:** \_\_\_\_\_

**INSTRUCTIONS: PLEASE POST**

**NOTICE TO ALL EMPLOYEES  
REGARDING PAYMENT OF LIVING WAGE**

Under the Somerville, Massachusetts' Living Wage Ordinance (Ordinance No. 1999-1), any person or entity who has entered into a contract with the City of Somerville is required to pay its employees who are involved in providing services to the City of Somerville no less than a "Living Wage".

The Living Wage as of 7/1/2016 is **\$12.31** per hour. The only employees who are not covered by the Living Wage Ordinance are individuals in a Youth Program. "Youth Program" as defined in the Ordinance, "means any city, state or federally funded program which employs youth, as defined by city, state or federal guidelines, during the summer, or as part of a school to work program, or in any other related seasonal or part-time program."

For assistance and information regarding the protections and obligations provided for in the Living Wage Ordinance and/or a copy of the Living Wage Ordinance, all employees should contact the City of Somerville's Purchasing Department directly.



## **Certificate of Authority (Limited Liability Companies Only)**

**Instructions:** Complete this form and sign and date where indicated below.

1. I, the undersigned, being a member or manager of

\_\_\_\_\_,  
**(Complete Name of Limited Liability Company)**

a limited liability company (LLC) hereby certify as to the contents of this form for the purpose of contracting with the City of Somerville.

2. The LLC is organized under the laws of the state of: \_\_\_\_\_.
3. The LLC is managed by **(check one)** a     Manager or by its     Members.
4. I hereby certify that each of the following individual(s) is:
- a member/manager of the LLC;
  - duly authorized to execute and deliver this contract, agreement, and/or other legally binding documents relating to any contract and/or agreement on behalf of the LLC;
  - duly authorized to do and perform all acts and things necessary or appropriate to carry out the terms of this contract or agreement on behalf of the LLC; and
  - that no resolution, vote, or other document or action is necessary to establish such authority.

| <u>Name</u> | <u>Title</u> |
|-------------|--------------|
|             |              |
|             |              |
|             |              |

5. **Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Printed Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## RFP # 17-20 **SECTION 4.0** **PRICING**

By signing this Price Form, the Proposer certifies the following bulleted statements and offers to supply and deliver the materials and services specified below in full accordance with the Contract Documents supplied by the City of Somerville entitled: Injured in the Line of Duty; Workers Compensation Claims Administration

- The proposals will be received at the office of the Purchasing Director, Somerville City Hall, 93 Highland Avenue, Somerville, MA 02143 no later than **09/13/2016 by 11AM EST**
- If the **awarded** vendor is a Corporation a "Certificate of Good Standing" (produced by the Mass. Sec. of State) must be furnished with the resulting contract (see Section 3.0.)
- **Awarded Vendor** must comply with Living Wage requirements (see Section 3.0; only for services)
- **Awarded Vendor** must comply with insurance requirements as stated in Section 3.0.
- The Purchasing Director reserves the right to accept or reject any or all proposals and/or to waive any informalities if in her/his sole judgment it is deemed to be in the best interest of the City of Somerville.
- The following prices shall include delivery, the cost of fuel, the cost of labor, and all other charges.
- This form to be enclosed in sealed proposal package.

**Please provide Unit Price for the following and include any additional fees not listed:**

|                                                                                                                                                                                                     |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b><u>10/01/2016 - 09/30/2019 Total Fixed Fee</u></b>                                                                                                                                               |                                |
| <b><u>Total Fixed Fee</u></b>                                                                                                                                                                       |                                |
| <b>Monthly charge for W/C claims<br/>administration</b>                                                                                                                                             | \$                             |
|                                                                                                                                                                                                     | <b>PER MONTH FOR 36 MONTHS</b> |
|                                                                                                                                                                                                     |                                |
| <b>Name of Company/Individual:</b>                                                                                                                                                                  |                                |
| <b>Address, City, State, Zip:</b>                                                                                                                                                                   |                                |
| <b>Tel #</b>                                                                                                                                                                                        | <b>Email:</b>                  |
| <b>Signature of Authorized Individual</b>                                                                                                                                                           |                                |
| Please acknowledge receipt of any and all Addenda (if applicable) by signing below and including this form in your proposal package. Failure to do so may subject the proposer to disqualification. |                                |
| <b>ACKNOWLEDGEMENT OF ADDENDA:</b>                                                                                                                                                                  |                                |
| Addendum #1 ____ #2 ____ #3 ____ #4 ____ #5 ____ #6 ____ #7 ____ #8 ____ #9 ____ #10 ____                                                                                                           |                                |

**APPENDIX A**  
**City's General Terms and Conditions**

# CITY OF SOMERVILLE STANDARD CONTRACT GENERAL CONDITIONS

## 1. Definitions

"City" shall mean the City of Somerville, Massachusetts.

"Contract" and "Contract Documents" shall include the following documents, as applicable: City's Standard Contract Form; these Standard Contract General Conditions; Supplemental Conditions (if applicable); City's Invitation for Bids, Request for Proposals, Request for Quotation, or other solicitation; the Vendor's response to the City's solicitation document including certifications but excluding any language stricken by City as unacceptable. Appendices are made an integral part of this Contract. The Contract documents are to be read collectively and complementary to one another; any requirement under one shall be as binding as if required by all. In the event of any conflict or inconsistency between the City's Standard Contract General Conditions and the Supplemental Conditions, the Supplemental Conditions shall prevail. In the event of any conflict or inconsistency between the provisions of the City's Standard Contract Form or these Standard Contract General Conditions and any other Contract Documents or appendices, the provisions of the City's Standard Contract Form and/or these Standard Contract General Conditions shall prevail. In the event of any conflict or inconsistency between the Contract Documents and any applicable state law, the applicable state law shall prevail.

"Certify" or "Certifies" shall mean that the Vendor certifies under pains and penalties of perjury to the statement referenced.

"Vendor" shall mean the individual, corporation, partnership, or other entity which is a party to this Contract.

## 2. Performance; Time

The Vendor shall perform in accordance with all provisions of this Contract in a manner satisfactory to the City. The Vendor's performance shall be timely and meet or exceed industry standards for the performance required. It is understood and agreed that all specified times or periods of performance are of the essence of this Contract.

## 3. Acceptance of Goods or Services

Performance under this Contract shall include services rendered, obligations due, costs incurred, goods and deliverables provided and accepted by the City. The City shall have a reasonable opportunity to inspect all goods and deliverables, services performed by, and work product of the Vendor, and accept or reject same.

## 4. Compensation

The City shall pay in full and complete compensation for goods received and accepted and services performed and accepted under this Contract in an amount not to exceed the amount stated on the face of this Contract paid in accordance with the rate indicated or in accordance with a prescribed payment schedule.

The Vendor shall periodically submit invoices to the City, for which compensation is due under this Contract and requesting payment for goods received or services rendered by the Vendor during the period covered by the invoice. The invoice must agree to the rates/payment schedule as indicated in this contract. The invoice shall include the following information: vendor name, vendor remit address, invoice date, invoice number, itemized listing of goods, services, labor, and expenses and indicating the total amount due. The City shall review the invoice and determine the value of goods or services accepted by the City in accordance with the Contract Documents. Payments due to the Vendor will be made within sixty (60) days from receipt and approval of an invoice. Final invoices from the Vendor are due no later than ninety (90) days from the Completion Date. Any invoice received past the ninety (90) day date will not be paid. If this Contract is extended, invoices related to the extension period are due no later than ninety (90) days from the Extended Completion Date.

The Vendor shall furnish such information relating to the goods or services or to documentation of labor or expenses as may be requested by the City. Acceptance by the Vendor of any payment or partial payment, without any written objection by the Vendor, shall in each instance operate as a release and discharge of the City from all claims, liabilities, or other obligations relating to the performance of this Contract.

In case of an error in extension prices quoted herein, the unit price will govern (Applicable To Goods Only).

## 5. Release of City on Final Payment

Acceptance by the Vendor of payment from the City for final delivery of goods or rendering of services under this Contract shall be deemed to release forever the City from all claims and liabilities, except those which the Vendor notifies the City in writing within three (3) months after such payment.

## 6. Risk of Loss

The Vendor shall bear the risk of loss, for any cause, for any Vendor materials used for this Contract and for all goods, deliverables, and work in process, until possession, ownership, and full legal title to the goods and deliverables are transferred to and accepted by the City.

The Vendor shall pay and be exclusively responsible for all debts for labor and material contracted for by the Vendor for the rental of any appliance or equipment hired by Vendor and/or for any expense incurred on account of services to be performed or goods delivered under this Contract.

The City shall not be liable for any personal injury or death of the Vendor, its officers, employees, or agents.

## 7. Indemnification

The Vendor shall indemnify, defend (with counsel acceptable to City, which acceptance shall not be unreasonably withheld), and hold harmless the City of Somerville, its officers, employees, agents and representatives from and against any and all claims, suits, liabilities, losses, damages, costs or expenses (including judgments, costs, interest, attorney's fees and expert's fees) arising from or in connection with any act or omission relating in any way to the performance of this Contract by the Vendor, its agents, officers, employees, or subcontractors.

The extent of this indemnification shall not be limited by any obligation or any term or condition of any insurance policy. The obligations set forth in this paragraph shall survive the expiration or termination of this Agreement.

## **8. Default; Termination; Remedies**

### **A. Events of Default**

The following shall constitute events of default under this Contract: (1) The Vendor has made any material misrepresentation to the City; or (2) a judgment or decree is entered against the Vendor approving a petition for an arrangement, liquidation, dissolution or similar relief relating to bankruptcy or insolvency; or (3) the Vendor files a voluntary petition in bankruptcy or any petition or answer seeking any arrangement, liquidation or dissolution relating to bankruptcy, insolvency or other relief for debtors; or (4) the Vendor seeks or consents or acquiesces in the appointment of any trustee or receiver, or is the subject of any other proceeding under which a court assumes custody or control over the Vendor or of any of the Vendor's property; or (5) the Vendor becomes the defendant in a levy of an attachment or execution, or a debtor in an assignment for the benefit of creditors; or (6) the Vendor is involved in a winding up or dissolution of its corporate structure; or (7) any failure by the Vendor to perform any of its obligations under this Contract, including, but not limited to, the following: (i) failure to commence performance of this Contract at the time specified in this Contract due to a reason or circumstance within the Vendor's reasonable control, (ii) failure to perform this Contract with sufficient personnel and equipment or with sufficient material to ensure the completion of this Contract within the specified time due to a reason or circumstance within the Vendor's reasonable control, (iii) failure to perform this Contract in a manner reasonably satisfactory to the City, (iv) failure to promptly re-perform within reasonable time the Services or Supplies that were properly rejected by the City as erroneous or unsatisfactory, (v) discontinuance of the Services or Supplies for reasons not beyond the Vendor's reasonable control, (vi) failure to comply with a material term of this Contract, including, but not limited to, the provision of insurance and nondiscrimination; or (8) any other acts specifically and expressly stated in this Contract as constituting a basis for termination of this Contract.

### **B. Termination Upon Default.**

In the event of a default by the Vendor, the City, acting through its Chief Procurement Officer, may, at its option, terminate this Contract immediately by written notice of termination specifying the termination date.

Notwithstanding the above, in the event of a default by the Vendor, the City, acting through its Chief Procurement Officer, may give notice in writing of a default, which notice shall set forth the nature of the default and shall set a date, by which the Vendor shall cure the default, subject to approval of the City.

If the Vendor fails to cure the default, the City, in the alternative, may make any reasonable purchase or contract to acquire goods or services in substitution for those due from Vendor. The City may deduct the cost of any substitute contract or nonperformance together with incidental and consequential damages from the Contract price and shall withhold such damages from sums due or to become due to the Vendor. If the damages sustained by the City exceeds sums due or to become due, the Vendor shall pay the difference to the City upon demand.

Upon immediate notification to the other party, neither the City nor the Vendor shall be deemed to be in default for failure or delay in performance due to Acts of God or other causes factually beyond their control and without their fault or negligence. Subcontractor failure to perform or price increases due to market fluctuations or product availability will not be deemed factually beyond the Contractor's control. The City retains all rights and remedies at law or in equity.

If the Vendor fails to cure the default within the time as may be required by the notice, the City, acting through its Chief Procurement Officer, may, at its option terminate the Contract.

The parties agree that if City erroneously or unjustifiably terminates this Contract for cause, such termination shall be deemed a termination for convenience, which shall be effective thirty (30) days after such notice of termination for cause is provided.

### **C. Termination For Convenience.**

Notwithstanding any language to the contrary within this Contract, the City, acting through its Chief Procurement Officer, may terminate this Contract, without cause at any time, effective upon the termination date stated in the notice of termination. In the event of termination for convenience, the Vendor shall be entitled to be paid for goods delivered and accepted and services rendered and accepted prior to notice of termination at the prices stated in the Contract, subject to offset of sums due the Vendor against sums owed by the Vendor to the City. Any goods or services delivered after notification of termination but prior to the effective termination date must be approved in writing in advance by the City in order to be eligible for payment. In no event shall the Vendor be entitled to be paid for any goods or services delivered after the effective date of termination. The Vendor shall be entitled to no other compensation of any type. In no case shall a Vendor be entitled to lost profits.

### **D. Obligations Upon Termination.**

Upon termination of this Contract with or without cause, the Vendor shall immediately, unless otherwise directed by the City: 1. cease performance upon the stated termination date; 2. surrender to the City the Vendor's work product, which is deliverable under the Contract, whatever its state of completion; and 3. return all tools, equipment, finished or unfinished documents, data, studies, reports, correspondence, drawings, plans, models, or any other items whatsoever prepared by the Vendor pursuant to this Contract, which shall become property of the City, or belonging to or supplied by the City.

### **E. Rights and Remedies.**

The City shall have the right to: a) disallow all or any part of the Vendor's invoices not in material compliance with this Contract; b) temporarily withhold payment pending correction by the Vendor of any deficiency; c) sue for specific performance or money damages or both, including reasonable attorneys' fees and costs incurred in enforcing any Vendor obligations hereunder; d) pursue remedies under any bond provided; and e) pursue such other local, state and federal actions and remedies as may be available to the City.

Any termination shall not effect or terminate any of the rights or remedies of the City as against the Vendor then existing, or which may accrue because of any default. No remedy referred to in this subsection is intended to be exclusive, but shall be cumulative, and in addition to any other remedy referred to above or otherwise available to the City or Vendor at law or in equity. The Vendor shall not gain nor assert any right, title or interest in any product produced by the Vendor under this Contract.

## **9. Insurance**

The Vendor shall comply with all insurance requirements set out in the Contract Documents. The Vendor shall deliver to the City new certificates of insurance at least ten (10) calendar days prior to expiration of the prior insurance and shall furnish the City with the name, business address and telephone number of the insurance agent. Vendor certifies compliance with applicable state and federal employment laws or regulations including but not limited to G.L. c. 152 (Workers' Compensation), as applicable, and Vendor shall provide City with acceptable evidence of compliance with the insurance requirements of this chapter.

## **10. Governing Law; Forum**

This Contract shall be governed by the laws of the Commonwealth of Massachusetts. Any action arising out of this Contract shall be brought and maintained in a state or federal court in Massachusetts which shall have exclusive jurisdiction thereof.

#### **11. Complete Agreement**

This Contract supersedes all prior agreements and understandings between the parties and may not be changed unless mutually agreed upon in writing by both parties.

#### **12. Amendment**

No amendment to this Contract shall be effective unless it is signed by the authorized representatives of all parties and complies with all requirements of the law. All alterations or additions, material or otherwise, to the terms and conditions of this Contract must be in writing and signed by the City, as set forth in the below section, and the Vendor.

#### **13. Conditions of Enforceability Against the City**

This Contract is only binding upon, and enforceable against, the City if: (1) the Contract is signed by the Mayor; (2) endorsed with approval by the City Auditor as to appropriation or availability of funds; (3) endorsed with approval by the City Solicitor as to form; and (4) funding is appropriated for this Contract or otherwise made available to the City.

This Contract and payments hereunder are subject to the availability of an appropriation therefor. Any oral or written representations, commitments, or assurances made by any City representatives are not binding. Vendors should verify funding and contract execution prior to beginning performance.

When the amount of the City Auditor's certification of available funds is less than the face amount of the Contract, the City shall not be liable for any claims or requests for payment by Vendor which would cause total claims or payments under this Contract to exceed the amount so certified.

The City's Standard Contract Form and Standard Contract General Conditions shall supersede any conflicting verbal or written agreements or forms relating to the performance of this Contract, including contract forms, purchase orders, or invoices of the Vendor.

The City shall have no legal obligation to compensate a Vendor for performance that is outside the scope of this Contract. The City shall make no payment prior to the execution of a Contract.

#### **14. Taxes**

Purchases incurred by the City are exempt from Federal Excise Taxes and Massachusetts Sales Tax, and prices must exclude any such taxes. Tax Exemption Certificates will be furnished upon request. The City of Somerville's Massachusetts Tax Exempt Number is: **MO46 001 414**.

#### **15. Independent Contractor**

The Vendor is an independent contractor and is not an employee, agent or representative of the City. The City shall not be obligated under any contract, subcontract, or commitment made by the Vendor.

#### **16. Assignment; Sub-Contract**

The Vendor shall not assign, delegate, subcontract, or transfer this Contract or any interest herein, without the prior written consent of the City.

#### **17. Discrimination**

The Vendor agrees to comply with all applicable laws prohibiting discrimination in employment. The Vendor agrees that it shall be a material breach of this Contract for the Vendor to engage in any practice which shall violate any provision of G.L. c. 151B, relative to discrimination in hiring, discharge, compensation or terms, conditions or privileges of employment because of race, color, religious creed, national origin, sex, sexual orientation, age, or ancestry.

#### **18. Waiver**

All duties and obligations contained in this Contract can only be waived by written agreement. Forbearance or indulgence in any form or manner by a party shall not be construed as a waiver, nor in any way limit the legal or equitable remedies available to said party.

#### **19. Severability**

In the event that any provision of this Contract shall be held to be illegal, unenforceable or void, such provision shall be severed from this Contract and the entire Contract shall not fail on account thereof, but otherwise remain in full force and effect and shall be enforced to the fullest extent permitted by law.

#### **20. Notice**

The parties shall give notice in writing by one of the following methods: (i) hand-delivery; (ii) facsimile; (iii) certified mail, return receipt requested; or (iv) or overnight delivery service, to the Vendor at the contact information specified on the face of this Contract; to the City addressed to: Purchasing Director, Somerville City Hall, 93 Highland Avenue, Somerville, MA 02143, Fax # 617-625-1344 with a copy to: City Solicitor, City Hall, 93 Highland Avenue, Somerville, MA 02143. Notice shall be effective on the earlier of (i) the day of actual receipt, or (ii) one day after tender of delivery.

#### **21. Captions**

The captions of the sections in this Contract are for convenience and reference only and in no way define, limit or affect the scope or substance of any section of this Contract.

#### **22. Non-Collusion**

This Contract was made without collusion or fraud with any other person and was in all respects bona fide and fair. As used in this paragraph, the word, "person," shall mean any natural person, joint venture, partnership, corporation, or other business or legal entity. The Vendor certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

### **23. Tax and Contributions Compliance**

The Vendor certifies, under pains and penalties of perjury, in accordance with MGL c. 62C, s. 49A, that the Vendor is in full compliance with all laws of the Commonwealth of Massachusetts relating to taxes, is in good standing with respect to all returns due and taxes payable to the Commonwealth, reporting of employees and contractors, and withholding and remitting of child support and to contributions and payments in lieu of taxes. In the event that the City is notified by the IRS that the TIN provided by the vendor and the vendor name as recognized by the IRS do not match their records, the vendor is responsible for all penalties.

### **24. Municipal Taxes, Charges and Liens**

The Vendor certifies that it has paid all accounts receivable owed to the City of Somerville, including but not limited to real estate, personal property or excise tax, parking fines, water/sewer charges, license/permit fees, fines and/or any other municipal lien charges due to the City of Somerville. Pursuant to MGL c. 60, s. 93, the Vendor agrees that the Collector/Treasurer of the City may withhold from amounts owing and payable to the Vendor under this Contract any sums owed to any department or agency of the City which remain wholly or partially unpaid. This shall include but not be limited to unpaid taxes and assessments, police details, and any other fees and charges until such sums owed have been fully paid, and the Collector/Treasurer may apply any amount owing and payable to the Vendor to satisfy any monies owed to the City.

### **25. Compliance with Applicable Laws**

The Vendor shall comply with all applicable federal and state laws, and city ordinances and regulations, which in any manner affect performance of this Contract. The Vendor shall defend, indemnify, and hold harmless the City, its officers, agents and employees against any claim or liability arising from or based on the violations of such ordinances, regulations or laws, caused by the negligent actions of the Vendor, its agents, employees or subcontractors.

### **26. Conflict of Interest**

The Vendor certifies that no official or employee of the City has a financial interest in this Contract or in the expected profits to arise therefrom, unless there has been compliance with the provisions of G. L. c. 43, § 27 (Interest in Public Contracts by Public Employees), and G. L. c. 268A (Conflict of Interest). The Vendor certifies that it has reviewed the Massachusetts Conflict of Interest Law, MGL c. 268A and at any time during the term of this Contract, the Vendor is required to affirmatively disclose in writing to the City the details of any potential conflicts of interest of which the Vendor has knowledge or learns of during the Contract term.

### **27. Licenses and Permits**

The Vendor certifies that it is qualified to perform the Contract and shall obtain and possess at its sole expense, all necessary licenses, permits, or other authorizations required by the City, the Commonwealth of Massachusetts or any other governmental agency, for any activity under this Contract. The Vendor shall submit copies of such licenses and/or permits to the City upon request. If a business, the Vendor certifies that it is a duly organized and validly existing entity, licensed to do business in Massachusetts, in good standing in the Commonwealth of Massachusetts, with full power and authority to consummate the Contract, and listed under the Commonwealth of Massachusetts Secretary of State's website as required by law.

**28. Recordkeeping, Audit, and Inspection of Records** All records, work papers, reports, questionnaires, work product, regardless of its medium, prepared or collected by the Vendor in the course of completing the work to be performed under this Contract shall at all times be the exclusive property of the City. In the event of termination or upon expiration of the Contract, the Contractor shall promptly deliver to the City all documents, work papers, calculations, data, drawings, plans, and other tangible work product or materials pertaining to the services performed under this Contract, in both a physical format and electronic format. The electronic format shall be either Comma Separated Values (CSV) files along with the mapping information for each field, or Microsoft SQL (2005/2008) database with all associated Database Schemas, or such other electronic format(s) acceptable to the city. At no additional cost to the City, the Contractor shall store and preserve such records while in their possession in accordance with the requirements of the Massachusetts Public Records Law, the Commonwealth of Massachusetts record retention schedule and City of Somerville record retention schedule. The City shall have the right to at reasonable times and upon reasonable notice to examine and copy, at its reasonable expense, the books, records, and other compilations of data of the Vendor which relates to the provision of services under this Contract. Such access shall include on-site audits, review, and copying of said records.

### **29. Debarment or Suspension**

The Vendor certifies that it has not been and currently is not debarred or suspended by any federal, state, or municipal governmental agency under G. L. c. 29, § 29F or other applicable law, nor will it contract with a debarred or suspended subcontractor on any public contract.

### **30. Warranties (Applicable to Goods Only)**

The Vendor warrants that (1) the goods sold are merchantable, (2) that they are fit for the purpose for which they are being purchased, (3) that they are absent any latent defects and (4) that they are in conformity with any sample which may have been presented to the City. The Vendor guarantees that upon inspection, any defective or inferior goods shall be replaced without additional cost to the City. The Vendor will assume any additional cost accrued by the City due to the defective or inferior goods. The Vendor guarantees all goods for a period of no less than one (1) year, unless a greater period of time is specified in the Contract Documents.