CITY OF WEST HAVEN

REQUEST FOR
PROPOSALS

Workers Compensation
Administration

The City of West Haven

May 15th, 2007
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INTRODUCTION

The City of West Haven (West Haven) is interested in obtaining proposals for Workers Compensation Administration services, effective July 1\textsuperscript{st}, 2007.

The City expects the successful proposer to manage the Workers Compensation program in a comprehensive manner which results in a reduction of the City’s work-related accidents and illnesses, its claims, its specific claim costs and its total costs for plan administration. The City’s objective is to choose a vendor that demonstrates the ability to meet the City’s goals of 1) reduced claims frequency and severity, 2) responsive and effective claim and medical management for the benefit of injured City employees, 3) early return to work to minimize lost time and permanent disability, 4) vigorous investigation and defense of questionable claims, 5) most efficient use of City resources to accomplish these goals, and 6) lowest attainable cost.

Eligible respondents will be those companies that have a demonstrated track record in providing a complete menu of Workers’ Compensation claim administration services and can provide examples of their experience with other self insured employers.

Proposers are urged to review West Haven’s website at http://www.cityofwesthaven.com/, http://www.whpd.com/ and http://www.whschools.org/ for information about the City and it’s operations.

To facilitate this process, West Haven has appointed RMI Associates, LLC, an independent risk management and insurance consulting firm, to help manage this proposal process. Contact information:

Roy M. Ivins, CPCU, ARM, CIC
RMI Associates, LLC
172 Center Rd.
Woodbridge, CT 06525
(203) 397-3031
(203) 397-5050 (fax)
rivins@optonline.net

While we invite the submission of generalized company promotional literature, each respondent must provide original written narrative responses to the individual questions posed in Section III: “Proposal Requirements”. Failure to respond explicitly to the questions and referencing your responses to each of the sections may result in disqualification of your proposal.
GENERAL INFORMATION

1. Proposal Due Date and Delivery

Proposals must be received by **10:00 A.M., June 15th, 2007**, in sealed envelopes clearly marked “Workers Compensation Claims Administration”, at which time they will be publicly opened. Please include four original copies of your proposal.

Please allow ample time for receipt of proposals. Proposals received after the designated time will not be accepted or recognized. Postmarks do not determine actual receipt. Proposals must remain valid through the anticipated inception date of service. All proposals must be signed by an authorized representative of the proposer.

No unilateral changes or modifications of proposals will be allowed after they have been delivered to the City.

2. Requests for Clarification or Additional Information

Requests for clarification to this RFP, or for additional information, should be submitted, **in writing**, to Mr. Ivins by the deadline indicated in the proposal timetable. Reasonable requests will receive expeditious response. Information concerning questions which, in the opinion of the City, would be valuable to all proposers will be distributed accordingly.

It is the responsibility of each candidate to advise Mr. Ivins of the appropriate name and address for the mailing (or electronic or facsimile transmission) of any communication, interpretation, or addendum.

Every effort has been made to supply information necessary for proposers to respond expeditiously and accurately to this RFP. The data may come from multiple sources, and has not been audited or verified; we cannot and do not warrant the accuracy of all the information supplied herein.

3. Finalist Interviews

Finalists will be selected after review of all proposals received. A committee of interested parties within the City will conduct interviews and hear oral presentations from the selected finalists, after which a final selection of the successful proposer will be made.

Finalists thus selected should plan to have the team members who will handle day to day responsibility for West Haven’s account present at these interviews.
4. **Term of Engagement**

The successful proposer will be expected to begin work effective July 1\textsuperscript{st}, 2007. The term of the initial engagement will be for two years. The City requires the right to exercise three one year renewal options, for a potential total length of engagement of five years.

5. **Heart and Hypertension claims**

Administration of Heart and Hypertension claims is not included in this RFP. Proposers should nevertheless indicate in their proposals their qualifications and competence to handle these.

6. **Subcontractors**

If proposals provide for more than one party as part of a team or package of services, one entity must have primary overall responsibility and accountability for management of the entire program. All relationships and responsibilities must be identified in your proposal.
CITY OF WEST HAVEN
GENERAL INFORMATION TO BIDDERS

PROPOSAL:

Proposals must be made on the blank forms provided and be enclosed in a sealed envelope. The envelope shall be addressed to the Comptroller’s Office, City of West Haven, 355 Main Street, West Haven, CT. 06516 with the particular bid referenced. The name and address of the bidder should appear in the upper left-hand corner of the envelope. Failure to have this information on the envelope or bid in an envelope will result in disqualification from bidding. Failure to enclose a Bid Surety if required with your proposal and failure to sign proposal sheet and fill out proposal sheet, vendor background or any form enclosed in the bid or acknowledgement of addendum will result in disqualification from bidding.

Bidders are cautioned that it is the responsibility of each individual bidder to assure that his/her bid is in the possession of the responsible official (City of West Haven, Comptroller’s Office) prior to the stated time and place of bid opening.

Owner (city) is not responsible for bids delayed by MAIL or DELIVERY SERVICES of any nature.

ACCEPTANCE OF CHARTER REQUIREMENTS:

The submission of a bid proposal by a supplier, vendor or contractor for the whole or any part of these specifications shall constitute an acceptance by such persons of Conditions as set forth in the Charter and Ordinances of the City of West Haven in relation to bid proposal, and the award of the contract.

PREFERENCE FOR LOCAL VENDORS:

An ordinance effective on 6/22/95 regarding “PREFERENCE FOR LOCAL VENDORS” If any Local Bidder whose quote is within 10% of the Low Bidder, the Local Bidder may accept the award of the low bid.

TAX EXEMPT:

The City of West Haven is exempt from payment of Federal and State Taxes including Transportation tax.

TIME OF DELIVERY:

Any materials or services contracted for under said bid shall be delivered at such times and to such places as may be ordered by the Comptroller's Office for the City of West Haven or an authorized representative (s); provided, however, that the contractor shall in no case, make deliveries exceeding in value the amount of the purchase orders issued for such deliveries.
**INTENT:**

Name of makes, models, brand names mentioned herewith are intended to be descriptive only and not restrictive. They are intended to indicate to the bidders the type of equipment desired. The City of West Haven reserves the right to select the materials or services best suited for its needs.

The bidder is to clearly state in his bid exactly what he intends to supply, and he is to furnish with his bid a cut or illustration or other descriptive matter which will clearly indicate what, he proposes to supply.

The City of West Haven reserves the right to accept or reject any or all the options, bids or proposals; to waive any technicality in a bid or part thereof submitted, and to accept the bid deemed to be in the best interest of the City of West Haven.

Bid forms that are illegible or that contain omissions, alterations, additions, or items not called for in the bidding documents may be rejected. In the event any bidder modifies, limits, or restricts all or any part of his bid form in a manner other than that expressly provided for in the bid documents; its bid form may be rejected.

**EQUAL EMPLOYMENT OPPORTUNITY CLAUSE:**

The supplier, vendor, contractor, and/or bidder agrees: To incorporate Equal Opportunity Employment as described by State and Federal Statute

A. He will not discriminate against any employee or applicant for employment because of race, color, sex, creed, national origin or ancestry. He will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to race, color, sex, creed, national origin or ancestry. Such action shall include, but not be limited to the following:

B. Employment, upgrading, demotion or transfer, recruitment or recurrent advertising; layoff or termination; rates of pay or other forms of compensation, and selection for training, including apprenticeship. He further agrees to post in conspicuous places available to employees and applicants for employment, notices to be provided by the City setting forth the provisions of this non-discrimination clause.

C. The supplier, vendor, contractor and/or bidder will, in it solicitations for employees, agrees that all qualified applicants will receive consideration for employment without regard to race, color, sex, creed, national origin or ancestry.

D. The supplier, vendor, contractor and/or bidder agrees to cooperate fully with the City of West Haven and/or any of its agencies to insure that the purposes of the non-discrimination clause are being carried out.
PROPOSAL REQUIREMENTS

Each submission in response to the RFP must contain the following information, presented in the following format. All materials submitted will become the property of the City of West Haven.

I. Executive Summary (to be typed upon proposer’s stationary and submitted with the proposal).

Preface the proposal with a brief overview of the entire proposal emphasizing the highlights.

II. Identification of Firm

Provide a full description of the principal firm and team members making the submission in a narrative form that is clear and comprehensive.

Description of the proposer must include:

a. Name of Proposer and permanent main office address

b. Name, title, address and telephone number of the individual to whom all inquiries about this proposal should be addressed.

c. Description of Firm/Entity (include when organized, legal form of ownership. If a corporation, where incorporated?)

d. Resumes and Credentials of Principals and Key Personnel

e. Description, Resume and Proposed Roles of all Team Members.

f. Illustrate the proposed organizational structure for handling the City’s Workers Compensation program.

g. Review the insurance requirements outlined in Appendix A, and indicate if you will be able to comply with them if awarded the engagement.

h. Describe any pending litigation or other factors, which could affect your organization’s ability to perform this contract. Have you ever defaulted on a contract? If so, where and why? Have you ever failed to complete any work awarded to you? If so, where and why?
III. Experience and Technical Competence

Describe the proposer’s experience in the implementation and management of similar Workers’ Compensation Management Programs. Each proposer shall provide a detailed statement regarding the firm’s experience including:

a. A description of the proposer’s Connecticut resources and the specific availability of these resources to the City.

b. A discussion of your experience with work similar to that being proposed. Indicate the length of time you have been engaged in the business of providing services similar to those proposed under your present name.

c. List at least five clients of a similar nature and provide the name of a contact person (reference), phone numbers, their current claim volume and their claim volume in Connecticut. A description of your experience working with municipal clients should be included with your references.

d. Identify and describe the number of and level of experience of the personnel that would be assigned to the City program, and there specific roles and responsibilities. Also include professional designations of team members. Note that proposers will be evaluated based upon the experience and qualifications of the entire team. Therefore, once established, no changes in team compositions will be allowed without prior written approval by the City.

e. Provide a description of your established Quality Assurance Programs, which you will use to assure the City that all of your professionals and support resources are operating at optimum levels. Also provide specific examples of how these quality assurance initiatives have operated, been monitored and resulted in improved service or cost savings.

f. Summarize your plan to interface with the City’s Insurance Coordinator and representatives from the local medical community.

g. Describe how your firm will proactively address all applicable state and federal laws, ordinances, regulations and requirements applicable to this program.
IV. Partnerships and Subcontractors

For all services described in your response, indicate if they are being provided by your employees, by subcontractors, or by other firms partnering with you in this proposal.

For subcontractors, include a description of their specific role or responsibility, their experience in that role, the length of time you have used them in that role, and your reasons for using that firm.

Partner firms should be prepared to answer the questions in sections II, and III. above.

V. Implementation

Include as an exhibit a proposed timetable and work plan for implementation of your services should you be selected as the successful proposer.
SCOPES OF SERVICES

Proposals should clearly describe the services that the Proposer intends to provide if awarded the Workers’ Compensation Administration contract.

Proposers should offer the broadest level of service available, and describe how your services will successfully return injured employees to work while minimizing overall costs to the City.

For the service areas listed below, please categorize specific services which you would provide. Describe the resources you would dedicate to each area. Include the complete scope of service, from inception to conclusion. Provide your standards of accountability and how these are measured/audited.

While these service areas should be addressed in your proposal, they are not intended to limit or constrain the services offered by the successful proposer. Any additional information, suggestions, or recommendations you can offer regarding your own unique strengths, programs, expertise or resources that might contribute to better attaining the City’s objectives are invited and encouraged.

1. Claims Management

Describe:

- Recommended reporting procedures
- Procedure for determining compensability
- Standards for fraud prevention; use of surveillance
- Bill payment practices
- Reserving practices
- Staff responsibilities and supervision protocols
- How you will coordinate with West Haven’s Return to Work program
2. **Medical Management**

Describe:

- Connecticut Managed Care and how it will be incorporated in your TPA services.
- How you will coordinate with West Haven’s Return to Work program
- Medical case management resources and programs, including the roles of clinical and non-clinical staff

3. **Medical Cost Management**

Describe your resources for managing medical costs.

<table>
<thead>
<tr>
<th>Cost Containment Service</th>
<th>Offered? (Yes/No)</th>
<th>First Year Offered</th>
<th>Leased or Subcontracted? (Yes/No. If Yes, specify provider)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Medical Bill Review (MBR)</td>
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<td>b) Preferred Provider Organization (PPO)</td>
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<td>c) Telephonic Case Management (TCM)</td>
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<td>d) Field Case Management (FCM)</td>
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<td>e) Utilization Review (UR)</td>
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<tr>
<td>f) Peer Review</td>
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</table>

- **Medical Bill Review**: Describe your company’s scope of service in this area, including management and staff qualifications, current number of medical bill review staff at your company, and where they are located. Describe in detail all costs associated with this service. Identify reports available that measure the savings from the bill review process.

- **Describe your company’s preferred provider organization offering**, including management and staff qualifications. Please indicate the current number of staff at your company dedicated to managing and operating preferred provider organizations/medical plan networks. Please describe any unique elements/features of your network(s) relative to your competitors. Describe all fee options and how fees and costs are calculated.
• Case Management: Describe your company’s resources and scope of service in case management, including management and staff qualifications. For each specific case management service you provide, please provide your suggested referral criteria for service utilization. What medical guideline systems do your case managers use? Describe all fee options and how fees and costs are calculated.

• Utilization Review: Describe your company’s scope of service in this area, including management and staff qualifications, current number of utilization review staff at your company, and where they are located. Describe in detail all costs associated with this service. Identify reports available that measure the savings from the utilization review process.

4. Litigation Management

Identify the law firms you work with. Describe your procedures, including:

• File preparation

• Litigation management

• Follow up investigation

5. Subrogation Management

Describe:

• Your procedures to identify and manage subrogation opportunities.

• Your recommended subrogation procedures from date of incident through recovery

• Any different procedure for subrogation recovery activities for claims not in suit and claims in suit.

6. Heart and Hypertension Claims

Heart and Hypertension claims administration is not included in this RFP, but the City is interested in learning of possible options. Describe:

• Your experience, capabilities, and resources for handling the City’s Heart and Hypertension claims.

• Your procedures for handling Heart and Hypertension claims, to the extent that they differ from standard workers compensation claims procedures.
7. **Management Information System**

Describe:

a) The capabilities and advantages of your system.
b) Remote access capabilities.
c) Support offered for client users.
d) How you ensure data security.
e) Steps you have taken, if any, to ensure compliance with HIPAA.
f) Describe all standard reports available to the City through your system. Include samples.
g) Does your system allow users to design and run their own custom reports? If not, can you produce custom reports? On average, how long does it take to deliver custom reports? Are there additional costs for these reports?

8. **Safety and Loss Prevention Services (If available)**

Describe:

- Available programs and number of qualified staff. How many training hours can you offer and at what cost per hour?
- Any industrial hygiene, hazardous material, environmental testing or other specialized facilities or services available.
- Your experience in providing safety and loss prevention services to cities and school boards; any special expertise or programs you may have for municipal exposures.
- What would be your recommended Safety and Loss Prevention service program for West Haven?
**TIMETABLE FOR RFP**

All proposals for the City of West Haven’s Workers Compensation Administration must be in the possession of the City no later than the designated date and time.

The following represents the timeline for the RFP and the final selection of a vendor for the City of West Haven’s Workers Compensation Administration.

**Tentative RFP and Selection Timeline**
*All dates are subject to change*

<table>
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<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>RFP Formally Announced</td>
<td>May 18\textsuperscript{th}, 2007</td>
</tr>
<tr>
<td>Deadline for Requests for Clarification from Candidates</td>
<td>May 31\textsuperscript{st}, 2007</td>
</tr>
<tr>
<td>Proposals due at the City</td>
<td>June 15\textsuperscript{th}, 2007</td>
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<tr>
<td>Selection of Finalists</td>
<td>June 19\textsuperscript{th}, 2007</td>
</tr>
<tr>
<td>Finalist Presentations</td>
<td>June 21\textsuperscript{st}, 2007</td>
</tr>
<tr>
<td>Successful Proposer Announced</td>
<td>June 25\textsuperscript{th}, 2007</td>
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<tr>
<td>Engagement Commences</td>
<td>July 1\textsuperscript{st}, 2007</td>
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**AWARD & REQUIREMENTS FOR SUCCESSFUL PROPOSER**

1. **Award**

Awards will be made on the basis of scope of service, the experience and service capability of the proposer, overall costs, and such other factors as West Haven in its sole judgment considers relevant.

West Haven reserves the right alter or revoke this RFP at any time. It further reserves the right to accept or reject any or all proposals, in whole and in part, to waive any informalities in the proposals received, and to accept only those proposals deemed by the City to be in the best interests of the City. It is expected that there may be some further negotiation relative to modification or customization of terms or services after a particular proposal has been accepted based on its general merit.

2. **Loss Information**

Please note that itemized loss reports must be furnished monthly with monthly updates of previous policy years for five years or until all cases are closed, whichever is longer.

3. **Claim Reviews**

The successful proposer should be prepared to conduct quarterly on-site claim reviews with West Haven.

4. **Annual reports**

The successful proposer will be required to furnish one annual IBNR report no later than September 1st of each year for the City’s auditors.
All proposers should provide a detailed cost proposal for all services proposed. The proposal should cover the initial contract period, and the additional option years.

All services you propose will be assumed to be included in the basic fees you propose; any services that would involve an additional charge must be identified.

At minimum, the following costs should be identified:

a. Indemnity Claims
b. Medical Only Claims
c. Record Only Claims
d. Heart and Hypertension Claims (Optional)
e. Managed Care and Medical Case Management Services
f. Medical Cost Management Services: Bill Review, Utilization Review, etc.
g. Risk Management Information Systems
h. Loss Control Services (Optional)

Describe how you propose to bill the City for services. Provide details of any other fees, charges or costs that are not included above.

Include with your cost proposal a sample of any service contract you propose for the City.
Appendix A

Proposer’s Insurance Requirements

The successful proposer must provide acceptable evidence of compliance with the following insurance requirements:

Commercial General Liability:
- General Aggregate (other than Products/Completed Operations) $2 million
- Products and Completed Operations $2 million
- Personal and Advertising Injury $1 million
- Each Occurrence Limit $1 million
- Fire Damage Legal Liability $300,000
- Medical Payments, any one person $10,000

Automobile Liability $1 million

Professional Liability Insurance (per incident or per occurrence) $5 million

Workers’ Compensation & Employer’s Liability Statutory $1 million

The City shall be a certificate holder and an Additional Insured on the Commercial General Liability Policy, and if applicable the Automobile Liability policy. The selected firm will be required, for the length of the engagement, to furnish the City with a current certificate of insurance and a copy of the endorsement or policy wording adding the City as Additional Insured, as evidence that it has complied with the obligations under this section of the Agreement. In addition, the selected firm shall require its subcontractors, if any, to meet the same insurance requirements and to furnish the City with similar evidence of compliance with this obligation.

30-days Notice of Cancellation or change in limits is required. The Proposer/Contractor is responsible for the payment of all insurance premiums.
Appendix B
PROPOSAL SHEET

Pursuant to and in compliance with your advertisement for bids and the information to bidders related thereto, the undersigned hereby offers to furnish all labor, materials, supplies, equipment and other facilities and things necessary to proper for, or incidental to furnishings and installing as required by and in strict accordance with the specifications and all addenda issued by the City of West Haven, for sum(s) set forth on the proposal sheets immediately following. The undersigned further agrees to make good any damages incident to delivery and/or installation.

The specifications for these items, including installation where required, and hereby recognized and considered a part of this contract. Any deviations from attached specifications are to be noted in detail.

___________________________________________________________________________
___________________________________________________________________________

ADDENDUM RECEIPT: Receipt of addenda acknowledged

ADDENDUM DATE
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

TOTAL AMOUNT OF BID

$ ___________________________ FIGURES

TOTAL AMOUNT OF BID

$ ___________________________ WORDS

COMPANY
__________________________________________________________________________

ADDRESS
__________________________________________________________________________

AUTHORIZED SIGNATURE ________________________________________________ FOR ABOVE PROPOSAL

TITLE ____________________________________________

DATE ____________________________________________
Appendix C

NOTICE TO LOCAL VENDORS


THE ORDINANCE IS “BID PREFERENCE FOR LOCAL VENDORS”
(copy attached)

ANY VENDOR MEETING THE REQUIREMENTS OF THIS ORDINANCE MUST FILL OUT AND SIGN A LOCAL VENDOR FORM. FAILURE TO FILL OUT AND SIGN THIS FORM, WILL RESULT IN DISQUALIFICATION AS A LOCAL VENDOR AND THE VENDOR WILL BE INELIGIBLE TO BE AWARDED A CONTRACT WITH THE CITY OF WEST HAVEN.

THE VENDOR MUST HAVE A BONA FIDE ADDRESS, P.O. BOXES WILL NOT BE ACCEPTABLE.
An ordinance Amending Chapter 42, Section 42-8
Of the Code of the City of West Haven

BE IT ORDAINED BY THE CITY COUNCIL, OF THE CITY OF WEST HAVEN THAT Chapter 42, Purchasing procedures, Section 42-8 Award of Contract, is hereby amended as follows:

Sec. 42-8 B(2) of the Code of the City is hereby repealed and replaced by the following Sec. 42-8B(2) Bid preference for Local Vendors.

Sec. 42-8 B(2) BID PREFERENCE FOR LOCAL VENDORS

A. For the purpose of this section “city-based business” shall mean a business with a principal place of business located within the City of West Haven. A business shall not be considered a “city-based business” unless evidence satisfactory to the purchasing agent has been submitted with each bid submitted by said business to establish that said business has a bona fide principal place of business in West Haven. Such evidence may include evidence of ownership of or a long term lease of the real estate from which the principal place of business is operated, or payment of property taxes on the personal property of the business to be used in performance of the bid.

b. For the purpose of this “project” shall mean all bids, and all quotes solicited for purchases exempted from bidding pursuant to Chapter 42 of the Code of the City of West Haven, as amended, except Request for Proposal.

c. On any project the lowest responsible bidder shall be determined in the following order:

1. a. On projects the cost of which are one million dollars total contract price or less, any city-based bidder which has submitted a bid not more than ten (10) percent higher than the low bid provided such city-based bidder agrees to accept the award of the bid at the amount of the low bid. If more than one city-based bidder has submitted bids not more than ten (10) percent higher than the low bid and has agreed to accept the award of the bid at the amount of the low bid, the lowest responsible bidder shall be that one of such city-based bidders which submitted the lowest bid.

b. On projects the cost of which are over one million dollars but less than five million dollars total contract price, any city-based bidder which has submitted a bid not more than five (5) percent higher than the low bid provided such city-based bidder agrees to accept the award of the bid at the amount of the low bid. If more than one city-based bidder has submitted bids not more than five (5) percent higher than the low bid and has agreed to accept the award of the bid at the amount of the low bid, the lowest responsible bidder shall be that one of such city-based bidders which submitted the lowest bid.

c. On projects the cost of which are over five million dollars total contract price, any city-based bidder which has submitted a bid not more than three (3) percent higher than the low bid provided such city-based bidder agrees to accept the award of the bid at the amount of the low bid. If more than one city-based bidder has submitted bids not more than three (3) percent higher than the low bid and has agreed to accept the award of the bid at the amount of the low bid, the lowest responsible bidder shall be that one of such city-based bidders which submitted the lowest bid.

2. The Low Bidder

a. Any local vendor meeting the requirements of a local vendor as defined in the above ordinance responding to a solicitation shall be required to submit a signed Local Bidder Affidavit form with their bid submittal. Failure to submit this affidavit form may result in disqualification as a local vendor and ineligibility for contract award.

b. Any local vendor submitted the second lowest bid meeting the above requirements will be given the opportunity to match the low bid. The local vendor shall be required to submit a written acknowledgement of their acceptance of the low bid to be eligible for contract award.

Enacted by the City Council: Monday May 22, 1995

Approved by the Mayor ___________________________ Date ____________

Operative and in Effect: Thirty (30) days from above date of Mayor’s approval
LOCAL VENDOR FORM

COMPANY NAME____________________________________________________________________

COMPANY ADDRESS________________________________________________________________

PHONE NO ___________________ FAX NO.______________________

YEARS IN BUSINESS _______ TYPE OF BUSINESS ____________________________

YEARS BUSINESS LOCATED IN WEST HAVEN __________

AWARDED CITY OF WEST HAVEN CONTRACTS

<table>
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<tr>
<th>BID NO.</th>
<th>DESCRIPTION</th>
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HAS YOUR COMPANY EVER FAILED TO COMPLETE A CITY OF WEST HAVEN CONTRACT? YES_____ NO___
IF YES TO THE ABOVE QUESTION PLEASE EXPLAIN:______________________________________

I_______________________________________PRINCIPAL_______________________

(NAME, TITLE)

OF________________________________________________________________________

(COMPANY)

CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND MY COMPANY ______________________ IS LOCATED IN THE CITY OF WEST HAVEN AT THE ABOVE ADDRESS.

DATE:___________________ SIGNED:__________________________________________