REQUEST FOR PROPOSAL

BID #045-15

ELECTRONIC CHECK PROCESSING SOFTWARE AND RELATED EQUIPMENT

August 10, 2015

The City of Rome, Georgia is requesting proposals from qualified firms to provide Check Processing Software and all related necessary equipment. for the City of Rome Water Billing Department. This RFP must include operating software and any other components necessary for processing of checks as part of a water, sewer and solid waste payment operation. The City of Rome reserves the right to accept, reject, and/or negotiate any or all proposals as determined by them to be in the City's best interest.

Proposals will be received until **3:00 p.m. on Thursday, September 10, 2015** in the City of Rome Purchasing Department, City Hall, 601 Broad Street, Rome, Georgia 30161 at which time and place all proposals will be publicly opened and acknowledged.

Interested parties may obtain a copy of the Request for Proposal package by logging on to the City of Rome, Georgia website, www.romefloyd.com or by contacting the City of Rome Purchasing Department at 706-236-4410, Bill Gilliland (bgilliland@romega.us)

CITY OF ROME, GEORGIA

By: William P. Gilliland
Purchasing Director

Request for Proposal #045-15

Electronic Check Processing Software and Related Equipment RFP

Section 1 - Background

The City of Rome wishes to upgrade and make check processing more efficient by acquiring Electronic Check Processing Software and equipment. The City currently manually processes approximately 12,000 +- checks monthly and seeks to process checks in a quick, more accurate, cost efficient manner.

Section 2 - Scope of Services

2.1 General

The successful firm will provide a complete check processing solution designed for a monthly billing operation. The system should post and process all, mail in and, drop box checks. The department receives 12,000 +- pieces per month. The system should allow stacking of all customers remit stubs and checks and scan them for more efficient and faster posting them to the accounts receivable billing system. The system should be able to simultaneously deposit checks electronically to the bank through the Automatic Clearing House Network (ACH). The system should have the ability to process all non-eligible items, such as, business checks, money orders and bank checks by an alternative method.

The system software must be able to scan checks and a variety of associated documents up to a full page size. The system must extract the needed information, balance payments, deposits and build payment information into transaction files to be posted to the City's Munis Operating System.

In addition to providing cost for all necessary software and component items the vendor must provide a summary of any support service necessary for the system to operate. Provide warranty information for any product or service provided and include maintenance /support cost annually for a period of five years.

2.2 Project

The system proposed must provide all capabilities listed.
1. All necessary software
2. Customized interface with the City's Munis accounts receivable billing system and lock box formats for automatic posting.
3. Support scaleable checks image readers supported by "Silver Bullet" or other quality support firms.
4. Courtesy Amount Recognition (CAR)
5. Legal Amount Recognition (LAR)
6. Intelligent Character Recognition (ICR) for reading hand written amounts
7. Optical Character Recognition (OCR) for MICR reads
8. Barcode Recognition
9. Images remit stubs and checks

10. Research function to review images
11. Must have the ability to archive
12. Must have adjustment function to aide reconciliation
13. Must have the multiple sort patterns for single items, as well as, multiple exception items.
14. Must be able to convert to ACH or x9.37 Cash Letter
15. Provide an estimate of time needed for installation and testing.
16. Provide the total hours to be provided by the firm for operational training for the system

Section 3 – Submittal Requirements

Each firm must submit five (5) copies of their Proposal, enclosed in a sealed envelope or box, addressed to Mr. Bill Gilliland, Purchasing Director, P.O. Box 1433, Rome, Georgia, 30162-1433, and labeled "Electronic Check Processing Software (RFP No. 045-15)". Proposals shall be received until **2:00 p.m. on Thursday, September 10, 2015** in the City of Rome Purchasing Department, City Hall, 601 Broad Street, Rome, Georgia 30161.

Please organize your submittal in the following format:

3.1   Cover letter stating your firm's interest in the project, a brief statement about why your firm is uniquely qualified for this project, and contact information for the primary firm representative.

3.2   Firms Background: Provide general information about your firm's history, number of employees, number of quality technology specialist, etc. If your firm has multiple offices, define the primary office that will perform services for this project.

3.3   Workload: Identify the current workload of your firm (i.e. total cost of projects and status of active project by completion date).

3.4   References: Provide current contact information for three references from similar current or past projects.

3.5   Firm Experience: Include up to seven (7) similar projects completed within the past three years. For each project, provide summary information on the size, cost, scope of work, date of completion, owner contact information.

3.6   Project Team: Provide an organization chart showing the prime and supporting staffs. Provide a chart listing all key project team members and the approximate percentage of time each key team member will be dedicated to this project.   Provide resumes of each key team member, highlighting similar project experience.

3.7   Approach:

How will your team work with City Representatives to completely define the project and the steps necessary to install and implement the system.

3.8   Legal and Financial Information:
- Please provide evidence of professional liability insurance coverage adequate for this project (refer to minimum insurance requirements below).
- Is your firm involved in any pending claims or lawsuits? If so, please describe.
- Provide evidence of your firm's financial stability including certification that your firm or its officers or any predecessor companies are not under any part of the Bankruptcy Act, nor have filed under the Bankruptcy Act within the previous seven years.

3.9   Affirmative Initiative: It is the policy of the City of Rome to prohibit discrimination against any person or business in pursuit of business opportunities on the basis of race, color, sex, religion, national origin or geographic location. The City of Rome encourages the participation of disadvantaged, minority-owned, and woman-owned business enterprises in the project if the opportunity is present. Please describe opportunities that your firm sees to involve such enterprises. Proposed team members must be the actual persons who will serve the City on this project.

3.10 Additional Information: Please provide any other information, unique firm attributes or approaches, comments, or clarifications that you think would be of interest to the City of Rome in consideration of your firm.

3.11 Supporting Documents: (blank copies are provided as attachments to this RFP):
- Firm's Declaration
- Certificate of Non-Discrimination
- Non-Collusion Affidavit
- Tax Identification and Certification
- Drug Free Work-Place Certification
- E-Verify Affidavit
- SAVE Affidavit
- On your firm's letterhead, provide the statement: "The firm acknowledges the receipt of Addenda (list each number)."

Section 4 - Cost Proposal

The Proposal must include a cost proposal in a separate envelope that identifies the allocation for services for each of the major task or activity individually: delineation, permitting, and mitigation. The cost proposal should also include a summary of cost for the project in aggregate which shall be the 'not to exceed' basis for the Contract. The cost proposal should include an hourly billing rate schedule for all staff positions that are anticipated to be involved in the project. Finally, the cost proposal shall include a 'not to exceed' cost or any subcontracted services not provided by the bidder but necessary to fulfill the responsibilities of the firm's proposal for services.

Section 5 - Insurance

The successful firm shall not commence work under this contract until all insurance described below has been obtained and certificates of such insurance has been furnished to and approved by the City of Rome. All of the certificates of insurance shall contain a provision that coverage under the policies will not be cancelled or allowed to expire until at least 30 days prior written notice has been given to the City of Rome.

5.1 Successful firm shall procure and maintain Workmen's Compensation Insurance for all of his employees to be engaged in work on the project under this contract, and in case any such work is sublet, the firm shall require the subcontractor similarly to provide Workmen's Compensation insurance for all the latter's employees to be engaged in such work unless such employees are covered by the protection afforded by the firm's Workmen's Compensation insurance. Workmen's Compensation insurance shall satisfy statutory limits of liability.

5.2 Successful firm shall procure and shall maintain during the life of the Contract Agreement, such Comprehensive General Liability insurance as shall protect him and any subcontractor performing work covered by this contract from claims for damages for bodily injury, including accidental death, as well as from claims for property damages, which may arise from operations under the Contract Agreement, whether such operations are by himself or by any subcontractor or by anyone directly or indirectly employed by either of them. The amount of insurance shall not be less than the following:

> $2,000,000 Bodily Injury, including death, each occurrence.
>
> $250,000 Property Damage, each occurrence.
> $2,000,000 Property Damage, in the aggregate.

5.3 Successful firm shall procure and maintain during the life of the Contract Agreement, Comprehensive Automobile Liability insurance in amounts not less than the following:

> $2,000,000 Bodily Injury or death to any one person.
> $2,000,000 Bodily Injury, each occurrence.
> $250,000 Property Damage, each occurrence.

Section 6 - Questions and Interpretations

6.1 Interpretations

No inquiries or interpretation of meaning concerning this Request for Proposal will be made to any firm representative orally. Every inquiry or request for interpretation should be submitted simultaneously via e-mail to Bill Gilliland, bgilliland@romega.us and Lisa Mcclain,lmcclain@romega.us.

Addenda / Questions and Answers

Responses to inquiries and requests for interpretations, or any supplemental instructions, will be provided in an Addendum and posted on the City of Rome Georgia website. www.romefloyd.com. It is the responsibility of all interested parties to visit the stated

website frequently during the open proposal period to insure receipt of any new information or questions and answers that may be posted. Questions received within (5) days of the proposal due date will not be answered. Oral responses provided by any City of Rome staff member will not be considered as an official response.

Section 7 - Evaluation and Selection Process

Proposal will be evaluated by a team consisting of City of Rome representatives. Evaluation team members will review the proposals individually and collectively to determine total points and rank them accordingly (50 points maximum). Following the initial round of scoring, a short list of firms will be established and may be invited for interviews. Additional points will be awarded based on the verbal presentations (50 points maximum). From the evaluation of proposals and interviews, a total of 100 points is available.

All submittals will be evaluated on their technical merits prior to examining the cost proposal. The evaluation will consider the following factors:

1. Experience as evidenced by projects of a similar nature that the project team has completed in the last 7 years (maximum 10 points for firm experience and maximum 10 points for individual project team member experience).

2. Firm stability as evidenced by history, financial stability, and adequate insurance coverage (maximum 5 points).

3. Approach to delivering the highest quality check processing software, and working in a project team environment to deliver a successful project that meets the Owner's budget, schedule, and quality requirements (maximum 10 points).

4. Information from references included with the proposal (maximum 5 points).

5. Cost proposal (maximum 10 points). To be awarded after all other elements of the proposal are scored.

CITY OF ROME
SUBMITTING FIRM'S DECLARATION

The submitting firm understands, agrees and warrants:

That the firm representative has carefully read and fully understands the full scope of the project requirements.

That the firm has the capability to successfully undertake and complete the responsibilities and obligations in said project requirements.

That the firm has liability insurance and a declaration of insurance form will be provided before the commencement of any work.

That this proposal may be withdrawn by requesting such withdrawal in writing at any time prior to opening of proposals, but may not be withdrawn after such date and time.

That the City of Rome reserves the right to reject any or all proposals and to accept that proposal which will, in its opinion, best serve the public interest. The City of Rome reserves the right to waive any technicalities and formalities in the proposal evaluation process.

That by submission of this proposal the firm representative acknowledges that the City of Rome has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the submitting firm.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

Submitting Firm: _____

_____   _____
Name   Title

_____   _____
Name   Title

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the City of Rome. The bidders may be declared, by the City of Rome, ineligible for further contracts with the City of Rome until satisfactory proof of intent to comply shall be made by the vendor.

The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

_____
BIDDER

_____
SIGNATURE

_____
TITLE

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF

COUNTY OF

Owner, Partner or Officer of Firm

Company Name, Address, City and State

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of the City of Rome or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of the City of Rome or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME _____

SIGNATURE _____

TITLE   _____

Subscribed and sworn to before me this_____ day of _____ 20_____

_____

NOTARY PUBLIC

Form **W-9** (Rev. December 2014) Department of the Treasury Internal Revenue Service	**Request for Taxpayer** **Identification Number and Certification**	**Give Form to the requester. Do not send to the IRS.**

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Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

Requester's name and address (optional)

7 List account number(s) here (optional)

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Part I   **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

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); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here | Signature of U.S. person ▶ | Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? *on page 2.*

By signing the filled-out form, you:

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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CITY OF ROME

<u>DRUG-FREE WORKPLACE CERTIFICATE</u>

By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the "Drug-Free Workplace Act" will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder's employees during the performance of the contract; and

2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with (contractor's name), (subcontractor's name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7)."

By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Bidder: _____

By: _____

Name Printed: _____

Title: _____

Date: _____

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CITY OF ROME, GEORGIA
E-VERIFY COMPLIANCE AFFADAVIT

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By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Rome, Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A, § 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification number
(Not Required if Less than 10 Employees)

_____
Signature (if less than 10 employees)

_____
Date of Authorization

_____
Name of Contractor

_____
Name of Project

_____
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20_____ in _____(city) _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____

_____
NOTARY PUBLIC
My Commission Expires:

CITY OF ROME, GEORGIA

SAVE COMPLIANCE AFFADAVIT

O.C.G.A § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) Contract or Services, as referenced O.C.G.A. C. § 50-36-1, from the City of Rome, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United State citizen.

2) _____ I am a legal permanent resident of the United States

3) _____ I am a qualified alien or non-immigrant under the Federal
    Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
    My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

_____
Signature of Applicant

_____ Printed
Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____DAY OF _____, 20_____

_____
NOTARY PUBLIC
My Commission Expires: