

Solicitation GEN2118504P1

Master Banking Services

Bid Designation: Public



Broward County Board of County Commissioners

Bid GEN2118504P1 Master Banking Services

Bid Number GEN2118504P1
Bid Title Master Banking Services

Bid Start Date In Held
Bid End Date Jul 12, 2019 5:00:00 PM EDT
Question &
Answer End Date Jun 24, 2019 5:00:00 PM EDT

Bid Contact Danae Cohen-Ebanks
Purchasing
dcohen@broward.org

Bid Contact Lluís Gorgoy
Purchasing Manager
Purchasing Division
lgorgoy@broward.org

Contract Duration 3 years
Contract Renewal 2 annual renewals
Prices Good for Not Applicable

Bid Comments **Scope:** Broward County Finance and Administrative Services Department is seeking a banking relationship with one or more Qualified Public Depositories to provide a wide range of banking services included in three areas, Treasury Services, Lockbox Services, Safekeeping Services and the option to utilize Purchasing Card Services. Broward County, at its discretion, reserves the right to award each service area (Treasury, Lockbox, Safekeeping and Purchasing Card) to one proposer or to multiple proposers.

Pricing: Price will be considered in final evaluation and ranking of qualified firms. Failure to completely fill out and submit price on the Proforma Pricing Schedule and the Item Response Form will deem vendor non-responsive.

Goal Participation: This solicitation is open to the general marketplace. Refer to **Office of Economic and Small Business Development Procurement Preferences** for Broward County Small Business Enterprises and County Business Enterprises.

Questions and Answers: The County provides a specified time for vendors to ask questions and seek clarification regarding the requirements of the solicitation. All questions or clarification inquiries must be submitted through BidSync by the date and time referenced in the solicitation document (including any addenda). The County will respond to all questions via BidSync.

Submittals: Vendor must submit its solicitation response electronically and must confirm its submittal in BidSync in order for the County to receive a valid response through BidSync. It is the Vendor's sole responsibility to assure its response is submitted and received through BidSync by the date and time specified in the solicitation. The County will not consider solicitation responses received by other means. Refer to the Purchasing Division's website or contact BidSync for submittal instructions. **Vendors are encouraged to submit their responses in advance of the date and time specified in the solicitation. In the event a vendor is having difficulty submitting its response through BidSync, immediately notify the assigned Purchasing Agent and then contact BidSync for technical assistance.**

Evaluation Criteria Response Form (Instructions for Uploading): Download document, save as the pdf fillable document (do not save as any other type of document), complete form and upload form as the fillable pdf file . DO NOT APPLY ANY TYPE OF SECURITY, ALTER OR OTHERWISE MANIPULATE THE DOCUMENT. DO NOT PRINT TO PDF OR SCAN DOCUMENT BEFORE UPLOADING TO BIDS SYNC.

Vendor must check the box "Check here to indicate that Vendor agrees it has read and will comply with the submission instructions above" to activate the fillable fields for Vendor Evaluation Criteria Responses.

Item Response Form

Item GEN2118504P1--01-01 - TREASURY SERVICES: BALANCE & COMPENSATION INFORMATION
Lot Description TREASURY SERVICES
Quantity 1 lump sum
Unit Price
Delivery Location Broward County Board of County Commissioners
[Refer to Specifications and Requirements](#)
N/A
N/A FL 33301
Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

Price will be considered in final evaluation and ranking of qualified firms. Failure to completely fill out and submit price on the Item Response Form and the Pricing Sheet/Proforma Pricing Schedule for the appropriate section that the vendor is responding to will deem vendor non-responsive. No changes to the excel format or the inclusion of additional items will be accepted. Altered Proforma Pricing Schedule Sheets will receive zero points.

Item GEN2118504P1--01-02 - TREASURY SERVICES: GENERAL ACCOUNT SERVICES
Lot Description TREASURY SERVICES
Quantity 1 lump sum
Unit Price
Delivery Location Broward County Board of County Commissioners
[Refer to Specifications and Requirements](#)
N/A
N/A FL 33301
Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

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Item GEN2118504P1--01-03 - TREASURY SERVICES: E-BOX SERVICES
Lot Description TREASURY SERVICES
Quantity 1 lump sum
Unit Price
Delivery Location Broward County Board of County Commissioners
[Refer to Specifications and Requirements](#)
N/A
N/A FL 33301
Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

Broward County Board of
County Commissioners

Bid GEN2118504P1

Price will be considered in final evaluation and ranking of qualified firms. Failure to completely fill out and submit price on the Item Response Form and the Pricing Sheet/Proforma Pricing Schedule for the appropriate section that the vendor is responding to will deem vendor non-responsive. **No changes to the excel format or the inclusion of additional items will be accepted. Altered Proforma Pricing Schedule Sheets will receive zero points.**

Item GEN2118504P1--01-04 - TREASURY SERVICES: DEPOSITORY SERVICES

Lot Description TREASURY SERVICES

Quantity 1 lump sum

Unit Price

Delivery Location **Broward County Board of County Commissioners**

Refer to Specifications and Requirements

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

Price will be considered in final evaluation and ranking of qualified firms. Failure to completely fill out and submit price on the Item Response Form and the Pricing Sheet/Proforma Pricing Schedule for the appropriate section that the vendor is responding to will deem vendor non-responsive. **No changes to the excel format or the inclusion of additional items will be accepted. Altered Proforma Pricing Schedule Sheets will receive zero points.**

Item GEN2118504P1--01-05 - TREASURY SERVICES: PAPER DISBURSEMENT SERVICES

Lot Description TREASURY SERVICES

Quantity 1 lump sum

Unit Price

Delivery Location **Broward County Board of County Commissioners**

Refer to Specifications and Requirements

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

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Item GEN2118504P1--01-06 - TREASURY SERVICES: PAPER DISBURSEMENT RECON SERVICES

Lot Description TREASURY SERVICES

Quantity 1 lump sum

Unit Price

Delivery Location **Broward County Board of County Commissioners**

Refer to Specifications and Requirements

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

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Item GEN2118504P1--01-07 - TREASURY SERVICES: GENERAL ACH SERVICES

Lot Description TREASURY SERVICES

Quantity 1 lump sum

Unit Price

Delivery Location **Broward County Board of County Commissioners**

[Refer to Specifications and Requirements](#)

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

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Item GEN2118504P1--01-08 - TREASURY SERVICES: EDI PAYMENT SERVICES

Lot Description TREASURY SERVICES

Quantity 1 lump sum

Unit Price

Delivery Location **Broward County Board of County Commissioners**

[Refer to Specifications and Requirements](#)

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

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Item GEN2118504P1--01-09 - TREASURY SERVICES: WIRE & OTHER FUNDS TRANSFER SERVICE

Lot Description TREASURY SERVICES

Quantity 1 lump sum

Unit Price

Delivery Location **Broward County Board of County Commissioners**

Broward County Board of
County Commissioners

Bid GEN2118504P1

Refer to Specifications and Requirements

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

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Item GEN2118504P1--01-10 - TREASURY SERVICES: INFORMATION SERVICES

Lot Description TREASURY SERVICES

Quantity 1 lump sum

Unit Price

Delivery Location **Broward County Board of County Commissioners**

Refer to Specifications and Requirements

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

*Price will be considered in final evaluation and ranking of qualified firms. Failure to completely fill out and submit price on the Item Response Form and the Pricing Sheet/Proforma Pricing Schedule for the appropriate section that the vendor is responding to will deem vendor non-responsive. **No changes to the excel format or the inclusion of additional items will be accepted. Altered Proforma Pricing Schedule Sheets will receive zero points.***

Item GEN2118504P1--01-11 - TREASURY SERVICES: INTERNATIONAL SERVICES

Lot Description TREASURY SERVICES

Quantity 1 lump sum

Unit Price

Delivery Location **Broward County Board of County Commissioners**

Refer to Specifications and Requirements

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Treasury)

*Price will be considered in final evaluation and ranking of qualified firms. Failure to completely fill out and submit price on the Item Response Form and the Pricing Sheet/Proforma Pricing Schedule for the appropriate section that the vendor is responding to will deem vendor non-responsive. **No changes to the excel format or the inclusion of additional items will be accepted. Altered Proforma Pricing Schedule Sheets will receive zero points.***

Item GEN2118504P1--02-01 - LOCKBOX SERVICES: LOCKBOX SERVICES

Lot Description LOCKBOX SERVICES

Quantity 1 lump sum

Broward County Board of
County Commissioners

Bid GEN2118504P1

Unit Price

Delivery Location

Broward County Board of County Commissioners

Refer to Specifications and Requirements

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Lockbox)

Price will be considered in final evaluation and ranking of qualified firms. Failure to completely fill out and submit price on the Item Response Form and the Pricing Sheet/Proforma Pricing Schedule for the appropriate section that the vendor is responding to will deem vendor non-responsive. No changes to the excel format or the inclusion of additional items will be accepted. Altered Proforma Pricing Schedule Sheets will receive zero points.

Item

GEN2118504P1--03-01 - SAFEKEEPING SERVICES: INVESTMENT/CUSTODY SERVICES

Lot Description

SAFEKEEPING SERVICES

Quantity

1 lump sum

Unit Price

Delivery Location

Broward County Board of County Commissioners

Refer to Specifications and Requirements

N/A

N/A FL 33301

Qty 1

Description

Refer to Proforma Pricing Schedule Fillable Excel Form (Tab: Proforma Pricing - Safekeeping)

Price will be considered in final evaluation and ranking of qualified firms. Failure to completely fill out and submit price on the Item Response Form and the Pricing Sheet/Proforma Pricing Schedule for the appropriate section that the vendor is responding to will deem vendor non-responsive. No changes to the excel format or the inclusion of additional items will be accepted. Altered Proforma Pricing Schedule Sheets will receive zero points.

**Standard Instructions to Vendors
Request for Proposals, Request for Qualifications, or Request for Letters of Interest**

Vendors are instructed to read and follow the instructions carefully, as any misinterpretation or failure to comply with instructions may lead to a Vendor's submittal being rejected.

Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through BidSync. Refer to the [Purchasing Division website](#) or contact BidSync for submittal instructions.

A. Responsiveness Criteria:

In accordance with Broward County Procurement Code Section 21.8.b.65, a Responsive Bidder [Vendor] means a person who has submitted a proposal which conforms in all material respects to a solicitation. The solicitation submittal of a responsive Vendor must be submitted on the required forms, which contain all required information, signatures, notarizations, insurance, bonding, security, or other mandated requirements required by the solicitation documents to be submitted at the time of proposal opening.

Failure to provide the information required below at the time of submittal opening may result in a recommendation Vendor is non-responsive by the Director of Purchasing. The Selection or Evaluation Committee will determine whether the firm is responsive to the requirements specified herein. The County reserves the right to waive minor technicalities or irregularities as is in the best interest of the County in accordance with Section 21.30.f.1(c) of the Broward County Procurement Code.

Below are standard responsiveness criteria; refer to **Special Instructions to Vendors**, for Additional Responsiveness Criteria requirement(s).

1. Lobbyist Registration Requirement Certification

Refer to **Lobbyist Registration Requirement Certification**. The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

2. Addenda

The County reserves the right to amend this solicitation prior to the due date. Any change(s) to this solicitation will be conveyed through the written addenda process. Only written addenda will be binding. If a "must" addendum is issued, Vendor must follow instructions and submit required information, forms, or acknowledge addendum, as instructed therein. It is the responsibility of all potential Vendors to monitor the solicitation for any changing information, prior to submitting their response.

B. Responsibility Criteria:

Definition of a Responsible Vendor: In accordance with Section 21.8.b.64 of the Broward County Procurement Code, a Responsible Vendor means a Vendor who has the capability in all respects to perform the contract requirements, and the integrity and reliability which will assure good faith performance.

The Selection or Evaluation Committee will recommend to the awarding authority a determination of a Vendor's responsibility. At any time prior to award, the awarding authority may find that a Vendor is

not responsible to receive a particular award.

Failure to provide any of this required information and in the manner required may result in a recommendation by the Director of Purchasing that the Vendor is non-responsive.

Below are standard responsibility criteria; refer to **Special Instructions to Vendors**, for Additional Responsibility Criteria requirement(s).

1. Litigation History

- a. All Vendors are required to disclose to the County all "material" cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the Vendor, any parent or subsidiary of the Vendor, or any predecessor organization. Additionally, all Vendors are required to disclose to the County all "material" cases filed, pending, or resolved against any principal of Vendor, regardless of whether the principal was associated with Vendor at the time of the "material" cases against the principal, during the last three (3) years prior to the solicitation response. A case is considered to be "material" if it relates, in whole or in part, to any of the following:
 - i. A similar type of work that the vendor is seeking to perform for the County under the current solicitation;
 - ii. An allegation of fraud, negligence, error or omissions, or malpractice against the vendor or any of its principals or agents who would be performing work under the current solicitation;
 - iii. A vendor's default, termination, suspension, failure to perform, or improper performance in connection with any contract;
 - iv. The financial condition of the vendor, including any bankruptcy petition (voluntary and involuntary) or receivership; or
 - v. A criminal proceeding or hearing concerning business-related offenses in which the vendor or its principals (including officers) were/are defendants.
- b. For each material case, the Vendor is required to provide all information identified in the **Litigation History Form**. Additionally, the Vendor shall provide a copy of any judgment or settlement of any material case during the last three (3) years prior to the solicitation response. Redactions of any confidential portions of the settlement agreement are only permitted upon a certification by Vendor that all redactions are required under the express terms of a pre-existing confidentiality agreement or provision.
- c. The County will consider a Vendor's litigation history information in its review and determination of responsibility.
- d. If the Vendor is a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture.
- e. A vendor is required to disclose to the County any and all cases(s) that exist between the County and any of the Vendor's subcontractors/subconsultants proposed to work on this project during the last five (5) years prior to the solicitation response.
- f. Failure to disclose any material case, including all requested information in connection with each such case, as well as failure to disclose the Vendor's subcontractors/subconsultants litigation history against the County, may result in the Vendor being deemed non-responsive.

2. Financial Information

- a. All Vendors are required to provide the Vendor's financial statements at the time of submittal in order to demonstrate the Vendor's financial capabilities.

- b. Each Vendor shall submit its most recent two years of financial statements for review. The financial statements are not required to be audited financial statements. The annual financial statements will be in the form of:
- i. Balance sheets, income statements and annual reports; or
 - ii. Tax returns; or
 - iii. SEC filings.

If tax returns are submitted, ensure it does not include any personal information (as defined under Florida Statutes Section 501.171, Florida Statutes), such as social security numbers, bank account or credit card numbers, or any personal pin numbers. If any personal information data is part of financial statements, redact information prior to submitting a response the County.

- c. If a Vendor has been in business for less than the number of years of required financial statements, then the Vendor must disclose all years that the Vendor has been in business, including any partial year-to-date financial statements.
- d. The County may consider the unavailability of the most recent year's financial statements and whether the Vendor acted in good faith in disclosing the financial documents in its evaluation.
- e. Any claim of confidentiality on financial statements should be asserted at the time of submittal. Refer to **Standard Instructions to Vendors**, Confidential Material/ Public Records and Exemptions for instructions on submitting confidential financial statements. The Vendor's failure to provide the information as instructed may lead to the information becoming public.
- f. Although the review of a Vendor's financial information is an issue of responsibility, the failure to either provide the financial documentation or correctly assert a confidentiality claim pursuant the Florida Public Records Law and the solicitation requirements (Confidential Material/ Public Records and Exemptions section) may result in a recommendation of non-responsiveness by the Director of Purchasing.

3. Authority to Conduct Business in Florida

- a. A Vendor must have the authority to transact business in the State of Florida and be in good standing with the Florida Secretary of State. For further information, contact the Florida Department of State, Division of Corporations.
- b. The County will review the Vendor's business status based on the information provided in response to this solicitation.
- c. It is the Vendor's responsibility to comply with all state and local business requirements.
- d. Vendor should list its active Florida Department of State Division of Corporations Document Number (or Registration No. for fictitious names) in the **Vendor Questionnaire**, Question No. 10.
- e. If a Vendor is an out-of-state or foreign corporation or partnership, the Vendor must obtain the authority to transact business in the State of Florida or show evidence of application for the authority to transact business in the State of Florida, upon request of the County.
- f. A Vendor that is not in good standing with the Florida Secretary of State at the time of a submission to this solicitation may be deemed non-responsible.

- g. If successful in obtaining a contract award under this solicitation, the Vendor must remain in good standing throughout the contractual period of performance.

4. **Affiliated Entities of the Principal(s)**

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County. The Vendor is required to provide all information required on the **Affiliated Entities of the Principal(s) Certification Form**.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Program, including CBE, DBE and SBE goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

5. **Insurance Requirements**

The **Insurance Requirement Form** reflects the insurance requirements deemed necessary for this project. It is not necessary to have this level of insurance in effect at the time of submittal, but it is necessary to submit certificates indicating that the Vendor currently carries the insurance or to submit a letter from the carrier indicating it can provide insurance coverages.

C. **Additional Information and Certifications**

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

1. **Vendor Questionnaire**

Vendor is required to submit detailed information on their firm. Refer to the **Vendor Questionnaire** and submit as instructed.

2. **Standard Certifications**

Vendor is required to certify to the below requirements. Refer to the **Standard Certifications** and submit as instructed.

- a. **Cone of Silence Requirement Certification**
- b. **Drug-Free Workplace Certification**
- c. **Non-Collusion Certification**
- d. **Public Entities Crimes Certification**
- e. **Scrutinized Companies List Certification**

3. **Subcontractors/Subconsultants/Suppliers Requirement**

The Vendor shall submit a listing of all subcontractors, subconsultants, and major material suppliers, if any, and the portion of the contract they will perform. Vendors must follow the instructions included on the **Subcontractors/Subconsultants/Suppliers Information Form** and submit as instructed.

D. **Standard Agreement Language Requirements**

1. The acceptance of or any exceptions taken to the terms and conditions of the County's Agreement shall be considered a part of a Vendor's submittal and will be considered by the Selection or Evaluation Committee.
2. The applicable Agreement terms and conditions for this solicitation are indicated in the **Special Instructions to Vendors**.
3. Vendors are required to review the applicable terms and conditions and submit the **Agreement Exception Form**. If the **Agreement Exception Form** is not provided with the submittal, it shall be deemed an affirmation by the Vendor that it accepts the Agreement terms and conditions as disclosed in the solicitation.
4. If exceptions are taken, the Vendor must specifically identify each term and condition with which it is taking an exception. Any exception not specifically listed is deemed waived. Simply identifying a section or article number is not sufficient to state an exception. Provide either a redlined version of the specific change(s) or specific proposed alternative language. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.
5. Submission of any exceptions to the Agreement does not denote acceptance by the County. Furthermore, taking exceptions to the County's terms and conditions may be viewed unfavorably by the Selection or Evaluation Committee and ultimately may impact the overall evaluation of a Vendor's submittal.

E. Evaluation Criteria

1. The Selection or Evaluation Committee will evaluate Vendors as per the **Evaluation Criteria**. The County reserves the right to obtain additional information from a Vendor.
2. Vendor has a continuing obligation to inform the County in writing of any material changes to the information it has previously submitted. The County reserves the right to request additional information from Vendor at any time.
3. For Request for Proposals, the following shall apply:
 - a. The Director of Purchasing may recommend to the Evaluation Committee to short list the most qualified firms prior to the Final Evaluation.
 - b. The Evaluation Criteria identifies points available; a total of 100 points is available.
 - c. If the Evaluation Criteria includes a request for pricing, the total points awarded for price is determined by applying the following formula:
$$\frac{(\text{Lowest Proposed Price}/\text{Vendor's Price}) \times (\text{Maximum Number of Points for Price})}{\text{Price Score}}$$
 - d. After completion of scoring, the County may negotiate pricing as in its best interest.
4. For Requests for Letters of Interest or Request for Qualifications, the following shall apply:
 - a. The Selection or Evaluation Committee will create a short list of the most qualified firms.
 - b. The Selection or Evaluation Committee will either:
 - i. Rank shortlisted firms; or

- ii. If the solicitation is part of a two-step procurement, shortlisted firms will be requested to submit a response to the Step Two procurement.

F. Demonstrations

If applicable, as indicated in Special Instructions to Vendors, Vendors will be required to demonstrate the nature of their offered solution. After receipt of submittals, all Vendors will receive a description of, and arrangements for, the desired demonstration. In accordance with Section 286.0113 of the Florida Statutes and pursuant to the direction of the Broward County Board of Commissioners, demonstrations are closed to only the vendor team and County staff.

G. Presentations

Vendors that are found to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) will have an opportunity to make an oral presentation to the Selection or Evaluation Committee on the Vendor's approach to this project and the Vendor's ability to perform. The committee may provide a list of subject matter for the discussion. All Vendor's will have equal time to present but the question-and-answer time may vary. In accordance with Section 286.0113 of the Florida Statutes and the direction of the Broward County Board of Commissioners, presentations during Selection or Evaluation Committee Meetings are closed. Only the Selection or Evaluation Committee members, County staff and the vendor and their team scheduled for that presentation will be present in the Meeting Room during the presentation and subsequent question and answer period.

H. Public Art and Design Program

If indicated in **Special Instructions to Vendors**, Public Art and Design Program, Section 1-88, Broward County Code of Ordinances, applies to this project. It is the intent of the County to functionally integrate art, when applicable, into capital projects and integrate artists' design concepts into this improvement project. The Vendor may be required to collaborate with the artist(s) on design development within the scope of this request. Artist(s) shall be selected by Broward County through an independent process. For additional information, contact the Broward County Cultural Division.

I. Committee Appointment

The Cone of Silence shall be in effect for County staff at the time of the Selection or Evaluation Committee appointment and for County Commissioners and Commission staff at the time of the Shortlist Meeting of the Selection Committee or the Initial Evaluation Meeting of the Evaluation Committee. The committee members appointed for this solicitation are available on the Purchasing Division's website under [Committee Appointment](#).

J. Committee Questions, Request for Clarifications, Additional Information

At any committee meeting, the Selection or Evaluation Committee members may ask questions, request clarification, or require additional information of any Vendor's submittal or proposal. It is highly recommended Vendors attend to answer any committee questions (if requested), including a Vendor representative that has the authority to bind.

Vendor's answers may impact evaluation (and scoring, if applicable). Upon written request to the Purchasing Agent prior to the meeting, a conference call number will be made available for Vendor participation via teleconference. Only Vendors that are found to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) are requested to participate in a final (or presentation) Selection or Evaluation committee meeting.

K. Vendor Questions

The County provides a specified time for Vendors to ask questions and seek clarification regarding solicitation requirements. All questions or clarification inquiries must be submitted through BidSync by the date and time referenced in the solicitation document (including any addenda). The County will respond to questions via Bid Sync.

L. Confidential Material/ Public Records and Exemptions

1. Broward County is a public agency subject to Chapter 119, Florida Statutes. Upon receipt, all submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Submittals may be posted on the County's public website or included in a public records request response, unless there is a declaration of "confidentiality" pursuant to the public records law and in accordance with the procedures in this section.
2. Any confidential material(s) the Vendor asserts is exempt from public disclosure under Florida Statutes must be labeled as "Confidential", and marked with the specific statute and subsection asserting exemption from Public Records.
3. To submit confidential material, three hardcopies must be submitted in a sealed envelope, labeled with the solicitation number, title, date and the time of solicitation opening to:

Broward County Purchasing Division
115 South Andrews Avenue, Room 212
Fort Lauderdale, FL 33301

4. Material will not be treated as confidential if the Vendor does not cite the applicable Florida Statute (s) allowing the document to be treated as confidential.
5. Any materials that the Vendor claims to be confidential and exempt from public records must be marked and separated from the submittal. If the Vendor does not comply with these instructions, the Vendor's claim for confidentiality will be deemed as waived.
6. Submitting confidential material may impact full discussion of your submittal by the Selection or Evaluation Committee because the Committee will be unable to discuss the details contained in the documents cloaked as confidential at the publicly noticed Committee meeting.

M. Copyrighted Materials

Copyrighted material is not exempt from the Public Records Law, Chapter 119, Florida Statutes. Submission of copyrighted material in response to any solicitation will constitute a license and permission for the County to make copies (including electronic copies) as reasonably necessary for the use by County staff and agents, as well as to make the materials available for inspection or production pursuant to Public Records Law, Chapter 119, Florida Statutes.

N. State and Local Preferences

If the solicitation involves a federally funded project where the fund requirements prohibit the use of state and/or local preferences, such preferences contained in the Local Preference Ordinance and Broward County Procurement Code will not be applied in the procurement process.

O. Local Preference

Except where otherwise prohibited by federal or state law or other funding source restrictions, a local Vendor whose submittal is within 5% of the highest total ranked Vendor outside of the preference area will become the Vendor with whom the County will proceed with negotiations for a final contract. Refer to **Local Vendor Certification Form (Preference and Tiebreaker)** for further information.

P. Tiebreaker Criteria

In accordance with Section 21.31.d of the Broward County Procurement Code, the tiebreaker criteria shall be applied based upon the information provided in the Vendor's response to the solicitation. In order to receive credit for any tiebreaker criterion, complete and accurate information must be contained in the Vendor's submittal.

1. **Local Vendor Certification Form (Preference and Tiebreaker);**
2. **Domestic Partnership Act Certification (Requirement and Tiebreaker);**
3. **Tiebreaker Criteria Form: Volume of Work Over Five Years**

Q. Posting of Solicitation Results and Recommendations

The Broward County Purchasing Division's [website](#) is the location for the County's posting of all solicitations and contract award results. It is the obligation of each Vendor to monitor the website in order to obtain complete and timely information.

R. Review and Evaluation of Responses

A Selection or Evaluation Committee is responsible for recommending the most qualified Vendor(s). The process for this procurement may proceed in the following manner:

1. The Purchasing Division delivers the solicitation submittals to agency staff for summarization for the committee members. Agency staff prepares a report, including a matrix of responses submitted by the Vendors. This may include a technical review, if applicable.
2. Staff identifies any incomplete responses. The Director of Purchasing reviews the information and makes a recommendation to the Selection or Evaluation Committee as to each Vendor's responsiveness to the requirements of the solicitation. The final determination of responsiveness rests solely on the decision of the committee.
3. At any time prior to award, the awarding authority may find that a Vendor is not responsible to receive a particular award. The awarding authority may consider the following factors, without limitation: debarment or removal from the authorized Vendors list or a final decree, declaration or order by a court or administrative hearing officer or tribunal of competent jurisdiction that the Vendor has breached or failed to perform a contract, claims history of the Vendor, performance history on a County contract(s), an unresolved concern, or any other cause under this code and Florida law for evaluating the responsibility of a Vendor.

S. Vendor Protest

Sections 21.118 and 21.120 of the Broward County Procurement Code set forth procedural requirements that apply if a Vendor intends to protest a solicitation or proposed award of a contract and state in part the following:

1. Any protest concerning the solicitation or other solicitation specifications or requirements must be made and received by the County within seven business days from the posting of the solicitation or addendum on the Purchasing Division's website. Such protest must be made in writing to the Director of Purchasing. Failure to timely protest solicitation specifications or requirements is a waiver of the ability to protest the specifications or requirements.
2. Any protest concerning a solicitation or proposed award above the award authority of the

Director of Purchasing, after the RLI or RFP opening, shall be submitted in writing and received by the Director of Purchasing within five business days from the posting of the recommendation of award for Invitation to Bids or the final recommendation of ranking for Request for Letters of Interest and Request for Proposals on the Purchasing Division's website.

3. Any actual or prospective Vendor who has a substantial interest in and is aggrieved in connection with the proposed award of a contract that does not exceed the amount of the award authority of the Director of Purchasing, may protest to the Director of Purchasing. The protest shall be submitted in writing and received within three (3) business days from the posting of the recommendation of award for Invitation to Bids or the final recommendation of ranking for Request for Letters of Interest and Request for Proposals on the Purchasing Division's website.
4. For purposes of this section, a business day is defined as Monday through Friday between 8:30 a.m. and 5:00 p.m. Failure to timely file a protest within the time prescribed for a proposed contract award shall be a waiver of the Vendor's right to protest.
5. As a condition of initiating any protest, the protestor shall present the Director of Purchasing a nonrefundable filing fee in accordance with the table below.

<u>Estimated Contract Amount</u>	<u>Filing Fee</u>
\$30,000 - \$250,000	\$ 500
\$250,001 - \$500,000	\$1,000
\$500,001 - \$5 million	\$3,000
Over \$5 million	5,000

If no contract proposal amount was submitted, the estimated contract amount shall be the County's estimated contract price for the project. The County may accept cash, money order, certified check, or cashier's check, payable to Broward County Board of Commissioners.

T. Right of Appeal

Pursuant to Section 21.83.d of the Broward County Procurement Code, any Vendor that has a substantial interest in the matter and is dissatisfied or aggrieved in connection with the Selection or Evaluation Committee's determination of responsiveness may appeal the determination pursuant to Section 21.120 of the Broward County Procurement Code.

1. The appeal must be in writing and sent to the Director of Purchasing within ten (10) calendar days of the determination by the Selection or Evaluation Committee to be deemed timely.
2. As required by Section 21.120, the appeal must be accompanied by an appeal bond by a Vendor having standing to protest and must comply with all other requirements of this section.
3. The institution and filing of an appeal is an administrative remedy to be employed prior to the institution and filing of any civil action against the County concerning the subject matter of the appeal.

U. Rejection of Responses

The Selection or Evaluation Committee may recommend rejecting all submittals as in the best interests of the County. The rejection shall be made by the Director of Purchasing, except when a

solicitation was approved by the Board, in which case the rejection shall be made by the Board.

V. Negotiations

The County intends to conduct the first negotiation meeting no later than two weeks after approval of the final ranking as recommended by the Selection or Evaluation Committee. At least one of the representatives for the Vendor participating in negotiations with the County must be authorized to bind the Vendor. In the event that the negotiations are not successful within a reasonable timeframe (notification will be provided to the Vendor) an impasse will be declared and negotiations with the first-ranked Vendor will cease. Negotiations will begin with the next ranked Vendor, etc. until such time that all requirements of Broward County Procurement Code have been met. In accordance with Section 286.0113 of the Florida Statutes and the direction of the Broward County Board of Commissioners, negotiations resulting from Selection or Evaluation Committee Meetings are closed. Only County staff and the selected vendor and their team will be present during negotiations.

W. Submittal Instructions:

1. Broward County does not require any personal information (as defined under Section 501.171, Florida Statutes), such as social security numbers, driver license numbers, passport, military ID, bank account or credit card numbers, or any personal pin numbers, in order to submit a response for ANY Broward County solicitation. DO NOT INCLUDE any personal information data in any document submitted to the County. If any personal information data is part of a submittal, this information must be redacted prior to submitting a response to the County.
2. **Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through BidSync.** It is the Vendor's sole responsibility to assure its response is submitted and received through BidSync by the date and time specified in the solicitation.
3. The County will not consider solicitation responses received by other means. Vendors are encouraged to submit their responses in advance of the due date and time specified in the solicitation document. In the event that the Vendor is having difficulty submitting the solicitation document through Bid Sync, immediately notify the Purchasing Agent and then contact BidSync for technical assistance.
4. Vendor must view, submit, and/or accept each of the documents in BidSync. Web-fillable forms can be filled out and submitted through BidSync.
5. After all documents are viewed, submitted, and/or accepted in BidSync, the Vendor must upload additional information requested by the solicitation (i.e. Evaluation Criteria and Financials Statements) in the Item Response Form in BidSync, under line one (regardless if pricing requested).
6. Vendor should upload responses to Evaluation Criteria in Microsoft Word or Excel format.
7. If the Vendor is declaring any material confidential and exempt from Public Records, refer to Confidential Material/ Public Records and Exemptions for instructions on submitting confidential material.
8. After all files are uploaded, Vendor must submit and **CONFIRM** its offer (by entering password) for offer to be received through BidSync.
9. If a solicitation requires an original Proposal Bond (per Special Instructions to Vendors), Vendor must submit in a sealed envelope, labeled with the solicitation number, title, date and

Broward County Board of
County Commissioners

Bid GEN2118504P1

the time of solicitation opening to:

Broward County Purchasing Division
115 South Andrews Avenue, Room 212
Fort Lauderdale, FL 33301

A copy of the Proposal Bond should also be uploaded into Bid Sync; this does not replace the requirement to have an original proposal bond. Vendors must submit the original Proposal Bond, by the solicitation due date and time.

**Special Instructions to Vendors
(In Addition To Standard Instructions)
Master Banking Services**

Vendors are instructed to read and follow the instructions carefully, as any misinterpretation or failure to comply with instructions may lead to a Vendor's submittal being rejected.

A. Additional Responsiveness Criteria:

In addition to the requirements set forth in the **Standard Instructions to Vendors**, the following criteria shall also be evaluated in making a determination of responsiveness:

1. Pricing: BidSync Item Response Form and Pricing Sheet/Proforma Pricing Schedule

Proposers pricing must be submitted on the Item Response Form and Pricing Sheet/Proforma Pricing Schedule electronically through Bid Sync. It is the Firm's sole responsibility to assure its response is submitted and received through BidSync by the date and time specified in the solicitation. The County will not consider solicitation responses received by other means. Pricing submitted electronically is a matter of **RESPONSIVENESS**. Failure of the proposer to complete and electronically submit pricing on the Item Response and Pricing Sheet/Proforma Pricing Schedule shall determine the proposer to be nonresponsive to the solicitation. In submitting the BidSync Item Response Form and Pricing Sheet/Proforma Pricing Schedule, the proposal must be completed in the following manner:

- i. For services not provided by firm- N/A must be indicated.
- ii. For services provided at no cost - \$0.00 must be indicated.
- iii. No fields shall be left blank.
- iv. No condition, Caveat or Exception on price(s) shall be submitted.
- v. Prices shall not be bundled or included in another line item/services
- vi. No tier pricing shall be submitted. Vendor must propose on County estimates in Pricing Sheet

Non-adherence to the above circumstances shall be cause for the County to deem your proposal non-responsive.

Note: Please be advised proposer should provide its best competitive pricing for all three areas of Treasury Services, Lockbox Services and Safekeeping Services, if applicable, for consideration by the Evaluation on its award recommendation.

Indicate area Vendor will be submitting a Response:

A checked box for a section below requires for proposer to fill out the appropriate section of the BidSync Item Response Form and Pricing Sheet/Proforma Pricing Schedule.

- Treasury Services Lockbox Services Safekeeping Services

2. Domestic Partnership Act Requirement

This solicitation requires that the Vendor comply with Domestic Partnership Act unless it is exempt from the requirement per Ordinance. Vendors must follow the instructions included in the **Domestic Partnership Act Certification Form (Requirement and Tiebreaker)** and submit as instructed. |

B. Additional Responsibility Criteria:

In addition to the requirements set forth in the **Standard Instructions to Vendors**, the following criteria shall also be evaluated in making a determination of responsibility:

1. Office of Economic and Small Business Development Program

Not applicable to this solicitation.

Refer to **Office of Economic and Small Business Development Procurement Preferences** for Broward County Small Business Enterprises and County Business Enterprises.

2. Well Capitalized Questionnaire

The **Well Capitalized Questionnaire** form is enclosed in the solicitation documents. Bank must be considered "Well Capitalized" according to the risk-based capital group description guidelines used by the Federal Deposit Insurance Corporation (FDIC). Vendors must review and provide a response to all questions(s) and provide explanations, if required, based on your answer(s). Vendor must sign and submit the form by the solicitation due date in order to be considered a responsible vendor.

A non-bank financial institution vendor responding only to the **LockBox Services** portion of this Request for Proposals is required to have its banking financial institution partner complete and comply with the above mentioned Well Capitalized Questionnaire instructions and requirements.

3. Qualified Public Depository and Local Presence

The **Qualified Public Depository Questionnaire** form is enclosed in the solicitation documents. Vendors must review and provide a response to all questions(s) and provide explanations, if required, based on your answer(s). Vendor must sign and submit the form by the solicitation due date in order to be considered a responsible vendor.

A non-bank financial institution vendor responding only to the **LockBox Services** portion of this Request for Proposals is required to have its banking financial institution partner complete and comply with the above mentioned Qualified Public Depository Questionnaire instructions and requirements.

The second requirement in the Qualified Public Depository and Local Preference Questionnaire stating that a Vendor's local banking office/institution requirement must have an established full-service retail branch within Broward County, Florida only applies to Treasury Services.

4. Treasury Services Questionnaire

The **Treasury Services Questionnaire** form is enclosed in the solicitation documents. Vendors responding to the Treasury Section must review and provide a response to all questions(s) and provide explanations, if required, based on your answer(s). Vendor must sign and submit the form by the solicitation due date in order to be considered a responsible vendor.

5. Lockbox Services Questionnaire

The **Lockbox Services Questionnaire** form is enclosed in the solicitation documents. Vendors responding to the Lockbox section must review and provide a response to all questions(s) and provide explanations, if required, based on your answer(s). Vendor must sign and submit the form by the solicitation due date in order to be considered a responsible vendor. |

A non-bank financial institution vendor responding only to the LockBox Services portion of this Request for Proposals is required to have its banking financial institution partner complete and comply with the previously mentioned Well Capitalized and Qualified Public Depository Questionnaire instructions and requirements.

C. Optional Services:

The County reserves the right to seek additional (optional) financial services not detailed in the Scope of Services from the successful awarded firm(s). Below is a list of services that the County may opt to seek from the successful awarded firm(s). This is not an all-inclusive list. Therefore, financial services not listed herein may still be considered as optional services.

- Purchasing Card Solution
- Advanced safe technologies for cash deposit/dispensing
- Armored Car Services
- Automatic Teller Machines at Government Center East & West
- Health Savings Accounts
- Other Financial Services

D. Standard Agreement Language Requirements:

The applicable Agreement terms and conditions for this solicitation can be located at:

<http://www.broward.org/Purchasing/Documents/bcf101.pdf> |

Refer to **Standard Instructions for Vendors** and the requirements to review the applicable terms and conditions (and submission of the **Agreement Exception Form**).

E. Demonstrations:

Not applicable to this solicitation.

F. Presentations:

Applies to this solicitation. Refer to Standard Instructions to Vendors for additional information and requirements.

G. Public Art and Design Program:

Not applicable to this solicitation.

H. Procurement Authority:

[Pursuant to Section 21.32, Competitive Sealed Proposals, of the Broward County Procurement Code.]

I. Project Funding Source - this project is funded in whole or in part by:

[County Funds]

J. Projected Schedule:

Initial Shortlisting or Evaluation Meeting (Sunshine Meeting): **To Be Determined**

Final Evaluation Meeting (Sunshine Meeting): **To Be Determined**

Check this website for any changes to the above tentative schedule for Sunshine Meetings:

<http://www.broward.org/Commission/Pages/SunshineMeetings.aspx>.

K. Project Manager(s) Information:

Project Manager: Stephen Farmer, Finance Manager
Email: sfarmer@broward.org

Section Project Managers:

Treasury Services: Lori Fortenberry, Investment & Finance Coordinator
Email: lfortenberry@broward.org

Safekeeping Services: Darren Portner, Investment & Finance Coordinator
Email: dportner@broward.org

Wholesale Lockbox Services: Gary Mehringer, Assistant Director
Email: gmehringer@broward.org

Retail Lockbox Services: Jonathan Allen, Director
Email: jkallen@broward.org

Vendors are requested to submit questions regarding this solicitation through the "Q&A" section on BidSync; answers are posted through BidSync.

L. Standard Instructions for Vendors:

The following are changes (~~strike through~~ removed; underlined bolded is added):

Section C.1. Vendor Questionnaire

Vendor is required to submit detailed information on their firm. Refer to the **Vendor Questionnaire Form** and submit as instructed. **The completed Vendor Questionnaire Form should be returned with Vendor's submittal as a pdf fillable document (do not save as any other type of document), complete form and upload form as the fillable pdf file.**

Section E. Evaluation Criteria

The Selection or Evaluation Committee will evaluate Vendors as per the **Evaluation Criteria Response Form**. The County reserves the right to obtain additional information from a Vendor.

Section W.6. Submittal Instructions:

Vendor should upload responses to Evaluation Criteria in ~~Microsoft Word or Excel format~~ **as a pdf fillable document (do not save as any other type of document), complete form and upload form as the fillable pdf file. DO NOT APPLY ANY TYPE OF SECURITY, ALTER OR OTHERWISE MANIPULATE THE DOCUMENT. DO NOT PRINT TO PDF OR SCAN DOCUMENT BEFORE UPLOADING TO BIDS SYNC.**

Vendor must check the box "Check here to indicate that Vendor agrees it has read and will comply with the submission instructions above" to activate the fillable fields for Vendor Evaluation Criteria Responses.

Scope of Service Treasury Services

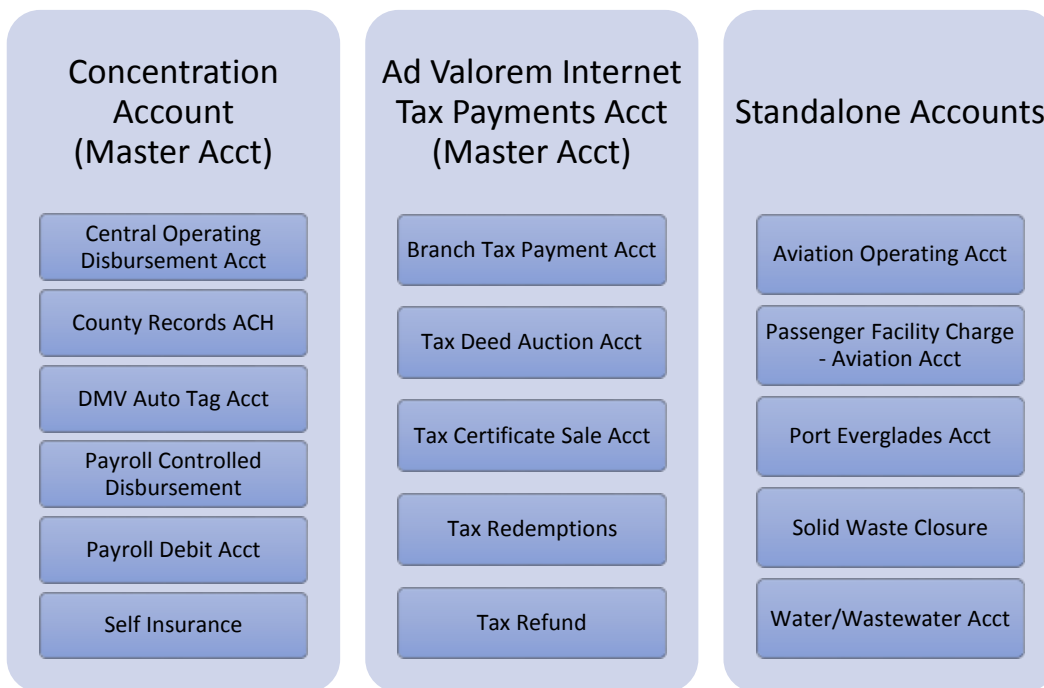
Broward County, Florida ("County") is a political subdivision of the State of Florida. It is guided by an elected Board of County Commissioners, which is governed by the Florida State Statutes and a local County Charter and provides a broad range of services to the community. For the fiscal year ending September 30, 2018, County revenues totaled approximately \$2.8 billion. Consolidated cash balances held in The County's bank accounts are generally cyclical in nature, ranging from \$125 million (October) to \$1.4 billion (November) over the previous fiscal year.

The County is soliciting proposals for a primary banking relationship with a financial institution to provide a wide range of services including:

- Bank accounts: Demand Deposit Accounts (DDA) at the bank that can have the characteristics of a Master account with direct funding to/from various Subsidiary bank accounts or a Stand-Alone bank account that has no direct relationship with the other bank accounts under the same entity. Bank account services the County is procuring includes, but is not limited to, the following operating account functions:
 - Deposit by Location
 - Electronic Deposit/Remote Deposit Capture/Image Cash Letter
 - Cash Vault Services
 - Controlled Disbursement Accts
 - Online Reports/Search/Images
 - Online Positive Pay Decisioning
 - Online ACH Debit Decisioning
 - Online Stop Payments
 - Change Orders (Standing & Ad Hoc)
 - Account Reconciliation (Partial & Full)
 - Manual Additions/Deletions to Positive Pay File
 - Paid Check Image File
 - ACH Origination – Debits and Credits
- Fraud Protection: Protection from fraud and loss is extremely important in the setup of bank accounts. Minimum fraud protection the County requires includes, but is not limited to, the following:
 - Payee Match Positive Pay
 - ACH Filter/Block
 - Payment Authorization (limiting dollar amount of checks that can clear against the account)
 - Dual Authorization for electronic payments

- Acceptance of Tax Payments at the teller window: This would allow taxpayers to pay taxes in local bank branches instead of paying online or in-person at the Governmental Center.
- Electronic Payments (outgoing):
 - Treasury Operations: Through the County's PeopleSoft ERP system, the County will transfer funds for treasury operational purposes to financial institutions via wire transfer
 - Vendors: In addition to checks, the County can pay its vendors electronically with an ACH or wire payment. These payments are initiated as follows:
 - Through the bank portal ACH or wire module. Most payments going through the bank portal are for wire transfers.
 - Through the County's ERP system, PeopleSoft. Vendors can choose to receive electronic payments for submitted invoices. All the electronic payments initiated through PeopleSoft are ACH or Electronic Data Interchange Payments.
 - Through a Payables Rebate Program (e.g. ePayables or Payment Manager)
 - Internal transfers:
 - The County will transfer funds between its own accounts by sending a file, via its PeopleSoft ERP, to the bank to execute as a book transfer
- Electronic Payments (incoming): Not only does the County collect tax payments from Broward County residents, but the County also offers a wide variety of services to the community and offers customers several ways of making electronic payments through its websites:
 - E-Checks – Customers can input bank account information in order to have the payment directly debited as an ACH from their bank account.
 - Wire Payments – Customers can wire funds to the County
 - Electronic Lockbox – Customers can pay their water utility or property taxes through bank bill-pay service
- Transmission files: The County has a number of transmissions that occur at regular intervals or on an Ad-hoc basis. The transmissions are initiated by the bank or the County (through its ERP provider, PeopleSoft) and include, but are not limited to, the following:
 - Direct Deposit
 - Positive Pay
 - Electronic Check Deposits
 - Month End Reconciliation Files
 - Daily Previous Day BAI2 file
 - Daily Current Day BAI2 file(s)
 - Month End 822 Account Analysis File
 - File Acknowledgements e.g. EDI 997/827

- PeopleSoft: The County's ERP provider is PeopleSoft and the County requires the bank have the demonstrable ability to integrate with PeopleSoft.
- Dedicated Customer Service Contact: As the 18th largest County in the United States, the County has a large and complex banking arrangement and requires a dedicated service contact or a dedicated team to address any issues that may arise during the normal course of business.
- Line of Credit or Term Loan capacity: The County may need short-term financing from time to time and may look to its banking partner to help meet that need.
- Letters of Credit: The County has need for Letters of Credit, primarily related to its self-insurance programs.
- Benefit/Perk Programs available to County Employees



Evaluation Criteria																																								
Treasury Services RFP																																								
Ability of Professional Personnel		(Maximum Points 5)																																						
1	Describe the qualifications and relevant experience of the Relationship Manager and all key staff that are intended to be assigned to this project. Include resumes for all key staff described.	5																																						
Bank Strength		(Maximum Points 6)																																						
2	<p>Provide your most recent long-term credit rating and outlook for your firm from any TWO of the "Big Three" nationally recognized statistical rating organizations (S&P, Moody's & Fitch). Points will be awarded based upon the following tiers:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Moody's</th> <th>Standard & Poor's</th> <th>Fitch</th> <th>Tiers</th> </tr> </thead> <tbody> <tr> <td>Aaa</td> <td>AAA</td> <td>AAA</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Tier 1 – 3 points</td> </tr> <tr> <td>Aa1</td> <td>AA+</td> <td>AA+</td> </tr> <tr> <td>Aa2</td> <td>AA</td> <td>AA</td> </tr> <tr> <td>Aa3</td> <td>AA-</td> <td>AA-</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Tier 2 – 2 points</td> </tr> <tr> <td>A1</td> <td>A+</td> <td>A+</td> </tr> <tr> <td>A2</td> <td>A</td> <td>A</td> </tr> <tr> <td>A3</td> <td>A-</td> <td>A-</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Tier 3 – 1 point</td> </tr> <tr> <td>Baa1</td> <td>BBB+</td> <td>BBB+</td> </tr> <tr> <td>Baa2</td> <td>BBB</td> <td>BBB</td> </tr> <tr> <td>Baa3</td> <td>BBB-</td> <td>BBB-</td> <td></td> </tr> </tbody> </table>	Moody's	Standard & Poor's	Fitch	Tiers	Aaa	AAA	AAA	Tier 1 – 3 points	Aa1	AA+	AA+	Aa2	AA	AA	Aa3	AA-	AA-	Tier 2 – 2 points	A1	A+	A+	A2	A	A	A3	A-	A-	Tier 3 – 1 point	Baa1	BBB+	BBB+	Baa2	BBB	BBB	Baa3	BBB-	BBB-		6
Moody's	Standard & Poor's	Fitch	Tiers																																					
Aaa	AAA	AAA	Tier 1 – 3 points																																					
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A2	A	A																																						
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Baa1	BBB+	BBB+																																						
Baa2	BBB	BBB																																						
Baa3	BBB-	BBB-																																						
Firm's Approach		(Maximum Points 40)																																						
3	Describe your commercial banking services in detail, including confirmation that your firm provides the banking services listed in Treasury Services Scope of Services . Provide service descriptions for all services and list any exceptions.	10																																						
4	Describe your implementation plan for the requested services in Treasury Services Scope of Services including implementation timetables, testing requirements, file specifications, and integration strategy with the ERP System.	6																																						
5	Provide samples of the following reports: <ul style="list-style-type: none"> i. Most recent/favorable Availability Schedule ii. Screen shot/example of the main page of your online banking platform showing available functions iii. Sample copy of monthly statement & account analysis 	2																																						
6	Provide a list of services that your firm can provide to prevent fraudulent activity.	5																																						
7	Provide the number of branches and a list of locations in Broward County. Points are determined as follows: 1 to 19 branches = 1 point; 20 to 49 branches = 3 points; 50 or more = 5 points.	5																																						
8	Describe your proposal for accepting current year Ad Valorem tax payments by individuals on behalf of the County at the teller level at bank branches located within Broward County. Can this information be provided to the County via daily electronic data feed? Describe additional services your firm can partner with Broward County to provide.	7																																						
9	Provide a list of new services or features the provider is planning to offer along with the time frame for availability.	3																																						
10	Provide employee perk program details.	2																																						

Evaluation Criteria		
Treasury Services RFP		
Past Performance		(Maximum Points 10)
11	<p>List public entities of a similar size to Broward County that you have done business with over the last five (5) years, that currently are utilizing PeopleSoft as its Enterprise Resource Planning (ERP) platform, and describe your experience providing cash management services to them.</p> <p>Vendor should provide three (3) references for similar work performed to show evidence of qualifications and previous experience. Refer to Vendor Reference Verification Form and submit as instructed. Only provide references for non-Broward County Board of County Commissioners contracts. For Broward County contracts, the County will review performance evaluations in its database for vendors with previous or current contracts with the County. The County considers references and performance evaluations in the evaluation of Vendor's past performance.</p>	10
Social Responsibility		(Maximum Points 9)
13	<p>Provide details of your firm's commitments to the local Broward County Community over the past five years. Include in your response volunteering in the community, community reinvestment, and social and/or economic involvement.</p> <p>Provide an overview of your financial institution's annual CRA goals for Broward County and statistics related to small business loans, home mortgages, home improvement loans, and community loans for low and moderate income communities within Broward County.</p>	4
14	<p>Provide your firm's overall CRA Rating. Points will be assigned as follows: Outstanding = 5 points; Satisfactory = 3 points; Needs to Improve = 1 point; Substantial Noncompliance = 0 points</p>	5
Other Cost Factors		(Maximum Points 5)
15	<p>Provide proposed Earnings Credit Rate (ECR) and interest earnings rate. Discuss how these rates would be applied.</p>	5
Location		(Maximum Points 5)
12	<p>Refer to Vendor's Business Location Attestation Form and submit as instructed.</p> <p>A Vendor with a principal place of business location (also known as the nerve center) within Broward County for the last six months, prior to the solicitation submittal, will receive five points; a Vendor not meeting all of the local business requirements will receive zero points. The following applies for a Vendor responding as a Joint Venture (JV): if a member of the JV has 51% or more of the equity and meets all of the local business requirements, the JV will receive three points; if a member of the JV has 30 to 50% of the equity and meets all of the local business requirements, the JV will receive two points; and if a member of the JV has 10% to 29% of the equity and meets all of the local business requirements, the JV will receive one point.</p>	5
Pricing		(Maximum Points 20)
16	<p>Submit your pricing in the Item Response Form in BidSync</p> <p><i>Total points awarded for price will be determined by applying the following formula: (Lowest Proposed Price/Proposer's Price) x Points for Price = Price Score</i></p> <p><i>Prices may be negotiated in the best interest of the County after the scoring is completed.</i></p>	20
Total Maximum Points		100

Scope of Services

Third-Party Custodian/Safekeeping Services

Broward County is seeking the services of a qualified firm to provide Third-Party Custodian/Safekeeping Services for the County’s fixed-income securities purchased in accordance with the County’s Investment Policy and settled on a Delivery-versus-Payment (DVP) basis. Services shall include the receipt and holding of securities, collection and distribution of investment income and sales/maturity proceeds of investments, wiring funds to the account on a same-day basis, and reporting.

The County currently keeps six (6) safekeeping accounts, five active, with a total market value of approximately \$2.0 billion. Each account settles into a different DDA account. The purchasing activity ranges between 10 and 30 per month. The table below shows the actual number of securities held per account by month.

WELLS FARGO INVESTMENT SAFEKEEPING - Number of Securities Held Per Account												
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Concentration	114	110	112	105	100	99	94	93	96	105	101	109
Port Everglades	10	11	10	6	7	5	3	4	3	3	3	3
Water & Wastewater	5	5	5	5	4	5	3	4	4	5	6	7
Ad Valorem	9	4	7	5	2	2	1	3	14	2	1	2
Passenger Facility Charge	11	12	11	11	13	11	10	10	10	11	10	9
Total	149	142	145	132	126	122	111	114	127	126	121	130

The security types that the County currently holds are US Treasuries, Government Sponsored Enterprises (e.g. FNMA, FHLMC, FHLB, FFCB, IBRD, Farmer Mac), Israel Bonds, and Commercial Paper. The complete list of acceptable securities can be found in the Broward County Investment Policy, Section 22.84-Eligible Securities.

At the time of submission of the qualifications, the Firm must certify that it can perform all tasks and activities associated with the requirements of this RFP.

Mandatory Requirements

1. Safekeeping of securities, which includes the receipt and holding of securities purchased by the County.
2. Processing of security purchases, sales, calls, and maturities
3. Keep the County’s assets legally separate from the assets of the financial institution and held in the name of the buyer.
4. Currently be and remain a member of or have access to the Federal Reserve System with full wire transfer capabilities to send requests to the United States Government, receive funds, transfer funds to other banks as directed and process the receipt, transfer and payment of booked securities, verify and remit funds immediately. Settle trades, collect income, disburse interest and maturity proceeds.

5. Currently be and remain a member of or have access to the Depository Trust and Clearing Corporation to provide clearance, settlement and information services for corporate and municipal bonds and government securities. In conjunction with the receipt, transfer and payment of book entry securities, the financial institution must have the capability to verify and remit funds immediately.
6. Mark the portfolio to market at least monthly and more often if requested.
7. Provide reports and monthly statements. The statements shall include the following information on each security: CUSIP number, par value, cost, book value, and market value.
8. Stay updated with GASB requirements and provide reports/data compliant with GASB requirements.
9. Provide electronic access to the safekeeping accounts for monitoring and reporting.
10. Currently have and maintain Professional Liability, along with Errors and Omissions Insurance coverage for all offices.
11. Third-Party Custodian/Safekeeping Service provider must be a listed Qualified Public Depository authorized to hold public funds as described under Florida Statute Chapter 280.
12. Provide a dedicated service representative.
13. Provide report of the review of safekeeping and custodial procedures annually with independent auditor.
14. The financial institution must have been in operation for a minimum of five years prior to the contract period.
15. Currently provide safekeeping and custodial services to public fund clients, preferably within the State of Florida.
16. The County's ERP provider is PeopleSoft and the County requires the bank have the ability to interface with PeopleSoft.

Evaluation Criteria		
Third-Party Custodian/Safekeeping Services		
Institutional Strength, Stability and Security		(Maximum Points 15)
1	List your depository memberships (e.g. Depository Trust Corp, Federal Reserve Board, etc).	5
2	List all insurance coverage relevant to the custody and safekeeping of securities, including Errors & Omissions; indicate type and amount.	5
3	Briefly describe the procedures and controls used to ensure that physical securities are properly registered, transferred and in general, held, delivered and/or received in good deliverable form.	5
Processing and Handling of Securities		(Maximum Points 25)
4	Describe your system for the registration and custody of assets.	5
5	Are there any restrictions on the types of securities that may be held for safekeeping? If so, what are they?	3
6	Does the bank hold securities in the name of the client?	5
7	Briefly describe the process for receipt of trade instructions, including same-day (cash) trades.	2
8	Describe the notification process for failed trades.	3
9	How are price or trade discrepancies identified and communicated?	2
10	Do you mark the portfolio to market? If so, how frequently is it done and describe the method used.	5
Past Performance		(Maximum Points 10)
11	Have any securities been misplaced or lost during the last three years? If so, describe the circumstances and what was done to correct the problem.	5
12	List public entities of a similar size to Broward County that you have done business with, over the last five (5) years, that currently are utilizing PeopleSoft as its Enterprise Resource Planning (ERP) platform, and describe your experience providing safekeeping services to them. Vendor should provide three (3) references for similar work performed to show evidence of qualifications and previous experience. Refer to Vendor Reference Verification Form and submit as instructed. Only provide references for non-Broward County Board of County Commissioners contracts. For Broward County contracts, the County will review performance evaluations in its database for vendors with previous or current contracts with the County. The County considers references and performance evaluations in the evaluation of Vendor's past performance.	5
Reporting and Access Tools		(Maximum Points 15)
13	Do you provide online account access to statements and reports for custody accounts?	5
14	Describe your securities position reporting, including frequency, detail provided, etc.	5
15	Describe how the monthly statements are provided. Is the information available as a file transmission to the County's ERP system (PeopleSoft)? Please describe the formats available.	5
Transition Planning		(Maximum Points 10)
16	Describe the planned and prescribed transition plan and processes. Describe the steps, requirements, and expected completion time required.	10
Location		(Maximum Points 5)
17	Refer to Vendor's Business Location Attestation Form and submit as instructed. A Vendor with a principal place of business location (also known as the nerve center) within Broward County for the last six months, prior to the solicitation submittal, will receive five points; a Vendor not meeting all of the local business requirements will receive zero points. The following applies for a Vendor responding as a Joint Venture (JV): if a member of the JV has 51% or more of the equity and meets all of the local business requirements, the JV will receive three points; if a member of the JV has 30 to 50% of the equity and meets all of the local business requirements, the JV will receive two points; and if a member of the JV has 10% to 29% of the equity and meets all of the local business requirements, the JV will receive one point.	5
Pricing		(Maximum Points 20)

Evaluation Criteria		
Third-Party Custodian/Safekeeping Services		
18	<p>Submit your pricing in the Item Response Form in BidSync</p> <p><i>Total points awarded for price will be determined by applying the following formula: (Lowest Proposed Price/Proposer's Price) x Points for Price = Price Score</i></p> <p><i>Prices may be negotiated in the best interest of the County after the scoring is completed.</i></p>	20
Total Maximum Points		100

Scope of Service

Lockbox Services

Broward County is seeking responses from qualified firms to provide lockbox payment processing services for various departments within the County organization. These mission-critical services include, at a minimum, retail lockbox services for the Water and Wastewater Services Division (WWS), and whole-tail lockbox services for the Records, Taxes and Treasury Division (RTT). WWS receives water utility payments for approximately 60,000 customers in the County on a year-round, monthly-recurring basis. RTT receives property tax payments for over 830,000 property owners within the County on an annual basis, in the November through April timeframe. Additional agencies and transaction types may be added as required by changing business needs. Specifications, past quantities and business rule information are included below for each type of service requested.

Records, Taxes and Treasury Division:

Transaction type: Property Taxes

Billing Frequency: Annually and quarterly

Annual Payment Volume: 175,000 payments

Annual Dollar Volume: \$725M

The Records, Taxes and Treasury Division (RTT) accepts mailed-in payments to a lockbox provider for real and personal property tax payments. Payments are accepted in the lockbox from November – April each year. Payment discounts apply, as follows. If paid in:

November: 4% discount

December: 3% discount

January: 2% discount

February: 1% discount

March: No discount

April/May*: Real Estate Taxes: 3% penalty

Personal Property Taxes: 1.5% penalty applies in April and 3% in May.

*Additional advertising, tax collector and delinquent tax fees may also apply

Positive payment files are sent from RTT to the lockbox provider each day with updates of items on which to accept payments. Real Time Lookup of amounts due is also available as an option, and specifications can be provided upon request.

At the end of each processing day a payment file is sent to RTT for processing into the tax collection and billing system. These payments are posted to the system the next business morning. One payment file is sent per day. Along with each payment file, a corresponding image is sent as well. Front and back images of all bills and checks in the payment file are contained in the corresponding image file. Links to the images are contained in the payment files, which reference the corresponding images. The link information and images are uploaded by RTT for storage and reference in the tax collection and billing application.

RTT General Specifications:

- a. RTT lockbox is considered a “wholesale” lockbox setup.
- b. A Broward County or Tri-County area (Broward, Miami-Dade, Palm Beach) address for Lockbox payments is preferred.
- c. Must process exact payments only (no underpayments can be accepted)
- d. Customer must have payment coupon
- e. Payment must be in US funds drawn on/through a U.S. bank, and cannot be postdated.
- f. All payments must be date/time stamped upon receipt by Lockbox facility and must be processed and available to County within 24 hours
- g. Cannot process previously paid items; a paid file (“hot file”, “stop file”) will be sent periodically and must be uploaded to facility’s system
- h. Payments being returned must have envelope and/or capability of imaging all envelopes
- i. All items not able to be processed must be returned via overnight mail on a daily basis
- j. All customer correspondence must be returned with envelope but check and coupon(s) should be processed
- k. Must process single coupons with single check, multiple coupons with single check, multiple checks with single coupon and multiple checks with multiple coupons
- l. Amount due is based on postmark date and algorithm to calculate from scan line; if no postmark date or postmark date is ineligible, use check date
- m. Must transmit payments nightly to Broward County via secure file transfer mechanism
- n. Must have ability to export and upload images and metadata to County’s systems
- o. Must have ability to capture name/address information from scanned documents; i.e. customer’s check and billing coupon
- p. Facility must have ability to count each piece of mail received daily and create statistical reports
- q. Transmission files must adhere to format/layout provided by County. Specifics included in this document and additional details available upon request

- r. Return Item details available upon request
- s. Must be able to scan and image bills and checks in TIFF format, with image links passed in payment data files. Image files are transmitted to County separately from payment files.
- t. Must image front and back of all documents.
- u. File, scanline and real time lookup specification and layouts available upon request.
- v. Full business rules available upon request.
- w. RTT's Tax Collection and Billing System is TaxSys, by Grant Street Group.

Water and Wastewater Services Division:

Transaction type: Water Utility Billings

Billing Frequency: Monthly

Annual Payment Volume: 135,000 payments

Annual Dollar Volume: \$33M

Broward County Water and Wastewater Services (WWS) accepts mailed-in payments to a lockbox provider for water, wastewater, septic and other utility related services. Payments are accepted in the lockbox daily.

Positive payment files are sent from WWS to the lockbox provider each day with updates of items on which to accept payments. Real Time Lookup of amounts due is also available as an option, and specifications can be provided upon request.

At the end of each processing day, a payment file is sent to WWS for processing into the billing system. These payments are posted to the system the next business day. One payment file is sent per day. Front and back images of all bills and checks in the payment file are to be maintained by the provider and lookup services available upon request. The link information and images are housed on the website of the provider.

WWS General Specifications:

- a. WWS lockbox is considered a "retail" lockbox setup. Provider to provide transportation services from WWS's PO Box in Pompano Beach Florida 33066
- b. Tri-County area (Broward, Miami-Dade, Palm Beach) or State of Florida mailing address for lockbox payment preferred.

- c. Lockbox Processor will provide transportation services from the existing WWS PO Box in Pompano Beach Florida to the Lockbox Processing Facility.
- d. All customer correspondence must be imaged and available on the provider's platform for access.
- e. Must process balanced transactions meaning multiple coupons with single check or multiple checks with single coupon must match. Any unbalanced transactions must be sent a secure online decision-platform for verification.
- f. Process all single checks and coupons, amounts do not have to agree.
- g. Process check without coupons as long as customer account number is provided
- h. All customers correspondence must be available in a file that can be accessed on the provider's online platform, but checks and coupons must be processed.
- i. Payments must be in US funds drawn on/through a U.S bank and cannot be postdated.
- j. All payments must be processed within 24 hours of receipt at the Lockbox Processing Facility
- k. Must transmit payments file nightly to Broward County's FTP site by 4:00pm EST via secure file transfer mechanism. Vendor must provide IP for security purposes.
- l. Must accept a positive file of customer numbers to use as a lookup. File to be available on our FTP site by 5:00pm and accessible via secure file transfer.
- m. Must accept a negative file of customers numbers. File to be available on our FTP site by 5:00pm and accessible via secure file transfer. This file represents listing of customers that are cash only and their payments should be marked as exceptions.
- n. Ability to export and upload images and metadata to County's systems.
- o. Ability to capture name/address information from scanned documents; i.e. customer's check and billing coupon.
- p. Must be able to capture change of address denoted by a check box on the front of the coupon and return in a separate electronic file to WWS for processing.
- q. Lockbox Processing Facility must have ability to count each piece of mail received daily and create statistical reports.
- r. Transmission files must adhere to format/layout provided by the Broward County. Specifics included in this document and additional details available upon request.
- s. Return Item details available upon request
- t. File, scanline and real time look up specification and layout available upon request.

Evaluation Criteria		
Lockbox Services RFP		
Ability of Professional Personnel		(Maximum Points 5)
1	Describe the qualifications and relevant experience of the Lockbox Provider and all key staff that are intended to be assigned to this project. Include resumes for all key staff described.	5
Firm's Approach		(Maximum Points 50)
2	Describe your lockbox services in detail, including confirmation that your firm can provide the services listed in Scope of Services Lockbox Payment Services . Provide descriptions for all services including each lockbox type (i.e., whole-tail and retail) and list any exceptions taken to the Scope of Services.	10
4	Describe your implementation plan for all of the requested services, including each lockbox type (i.e., whole-tail and retail) in the Scope of Services Lockbox Payment Services including implementation timetables, testing requirements, file specifications, and integration strategy with agency collection systems. Include any availability and details for integration with available real time lookup (RTL) connectivity to backoffice collection systems.	10
5	Provide samples of the following: i. Examples of document images; coupons, checks and other scanned documents. ii. Screen shot/example of online decisioning system and other online lockbox tools used iii. Sample copy of any reports available	5
6	Provide sample workflow diagrams and descriptions for each lockbox type provided (i.e., whole-tail, retail).	5
7	Provide a detailed listing of equipment used in your facilities, including equipment make/model/age and the capacities of each.	5
8	Describe your approach to providing a local (Broward County) remittance address for payment acceptance. Include the workflow of the remittance process and any float times in the payment process.	5
9	Describe your proposal for accepting current year Ad Valorem tax payments (whole-tail service), as well as your proposal for accepting utility service payments (retail service).	5
10	Provide information on system and operational backup and disaster recovery plans as well as the Recovery Time Objective (RTO) for your operations.	5
Past Performance		(Maximum Points 20)
11	List and describe experience in providing lockbox services to public entities of similar size to Broward County that you have done business with over the last five (5) years which are currently utilizing whole-tail and retail lockbox services. Describe the backoffice billing, collection and/or financial systems used and integrated with in these implementations. Vendor should provide three (3) references for similar work performed to show evidence of qualifications and previous experience. Refer to Vendor Reference Verification Form and submit as instructed. Only provide references for non-Broward County Board of County Commissioners contracts. For Broward County contracts, the County will review performance evaluations in its database for vendors with previous or current contracts with the County. The County considers references and performance evaluations in the evaluation of Vendor's past performance.	5

Evaluation Criteria		
Lockbox Services RFP		
12	<p>Lockbox Processing Facility Location: List the address(es) of and describe the location(s) and capabilities of your Lockbox Processing Facilities.</p> <p>A Vendor with a Lockbox Processing Facility in Broward County will receive ten points; a Vendor who does not have a Lockbox Processing Facility in Broward County, but has a facility within the Tri-County (Miami-Dade or Palm Beach) area will receive eight points; a Vendor who does not have a Lockbox Processing Facility in Broward County or the Tri-County (Miami-Dade or Palm Beach) area, but has a facility within the State of Florida will receive five points; a Vendor who does not have a Lockbox Processing Facility in Broward County, the Tri-County (Miami-Dade or Palm Beach) or within the State of Florida area will receive zero points.</p>	15
Location (Maximum Points 5)		
13	<p>Refer to Vendor's Business Location Attestation Form and submit as instructed.</p> <p>A Vendor with a principal place of business location (also known as the nerve center) within Broward County for the last six months, prior to the solicitation submittal, will receive five points; a Vendor not meeting all of the local business requirements will receive zero points. The following applies for a Vendor responding as a Joint Venture (JV): if a member of the JV has 51% or more of the equity and meets all of the local business requirements, the JV will receive three points; if a member of the JV has 30 to 50% of the equity and meets all of the local business requirements, the JV will receive two points; and if a member of the JV has 10% to 29% of the equity and meets all of the local business requirements, the JV will receive one point.</p>	5
Pricing (Maximum Points 20)		
14	<p>Submit your pricing in the Item Response Form in BidSync</p> <p><i>Total points awarded for price will be determined by applying the following formula: (Lowest Proposed Price/Proposer's Price) x Points for Price = Price Score</i></p> <p><i>Prices may be negotiated in the best interest of the County after the scoring is completed.</i></p>	20
Total Maximum Points		100

Proposer's Name:	
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All Proposers should complete, sign and submit the Well Capitalized Questionnaire with the solicitation response in order to be considered a Responsible vendor. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation and Vendor may be deemed non-responsible.

A non-bank financial institution vendor responding only to the LockBox Services portion of this Request for Proposals is required to have its banking financial institution partner complete and comply with this Well Capitalized Questionnaire instructions and requirements.

		Comply: Yes/No
	Well-Capitalized Requirement	
1	<p>Bank must be considered "Well Capitalized" according to the risk-based capital group description guidelines used by the Federal Deposit Insurance Corporation (FDIC).</p> <p>To be determined "Well Capitalized" an institution must meet the following criteria:</p> <ul style="list-style-type: none"> a. CET1 Capital Ratio \geq 4.5% b. Tier 1 Capital Ratio \geq 6.0% c. Total Capital Ratio (Tier 1 and Tier 2) \geq 8.0% 	

By signing this form, proposer agrees that they meet the requirement of being a well-capitalized firm as described above.

Proposer's Signature: _____

Please provide documentation for your firm for the most recent two quarters showing you meet the above requirements.

Proposer's Name:	
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All Proposers should complete, sign and submit the Qualified Public Depository and Local Presence Questionnaire with the solicitation response in order to be considered a Responsible vendor. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation and Vendor may be deemed non-responsible.

A non-bank financial institution vendor responding only to the LockBox Services portion of this Request for Proposals is required to have its banking financial institution partner complete and comply with this Qualified Public Depository Questionnaire instructions and requirements.

The second requirement in the Qualified Public Depository and Local Preference Questionnaire stating that a Vendor's local banking office/institution requirement must have an established full-service retail branch within Broward County, Florida only applies to Treasury Services.

		Comply: Yes/No
	Qualified Public Depository and Local Presence	
1	Financial Institution and Qualified Public Depository (QPD) as defined in Chapter 280, Florida Statutes, at time of submittal	
2	Local banking office. Institution must have an established full-service retail branch within Broward County, Florida.	

By signing this form, proposer agrees that they meet the requirement of being a Qualified Public Depository and have a full-service retail branch within Broward County, Florida.

Proposer's Signature: _____

Please provide the Certificate of QPD from the State of Florida providing evidence of participation in the QPD program and a copy of the Broward County Local Business Tax Receipt.

Proposer's Name:	
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All Proposers should complete, sign and submit the Treasury Services Questionnaire with the solicitation response in order to be considered a Responsible vendor. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation and Vendor may be deemed non-responsible.

		Respond Yes/No	If No, BRIEFLY explain why.
	GENERAL		
1	Does your bank offer interest-bearing government accounts?		
2	Does your bank offer Master & Sub-Accounts and/or Zero Balance Accounts (See Scope of Services)?		
3	Does your firm offer daily sweep options? If yes, please describe.		
4	Does the bank offer full and partial reconciliation services (ARP)?		
5	Does your firm offer a dedicated customer service contact for resolution of account issues?		
6	Does your firm impose sales goals on its employees? If yes, please describe.		
	FRAUD PROTECTION SERVICES		
7	Does your bank offer ACH Debit Block/Filter?		
8	Does your bank offer Payee Match Positive Pay for Controlled Disbursement?		
9	Does your bank offer a way to prevent checks clearing on non-disbursement accounts?		
	DEPOSITORY SERVICES		
10	Can the bank provide deposit transaction records with unique numbers of deposit tickets representing different deposit locations?		
11	Are deposit transaction records reported with unique location codes in the addenda of a Previous Day BAI report?		

		Respond Yes/No	If No, BRIEFLY explain why.
12	Can deposit tickets be ordered through your bank with charges passed thru to monthly account analysis?		
13	Does your firm accept mixed deposits with checks, currency and coins all placed in one deposit with deposit slip?		
14	Does your bank accept coin only deposits?		
15	Does the bank have an automated coin/currency ordering service?		
16	Does the bank offer standing change orders?		
17	Is there a requirement to order in standard sizes (e.g., standard straps of currency and full boxes of coin)? If yes, please explain.		
18	Can the bank automatically redeposit return items?		
19	Is your firm's Cash Vault located in Broward County? If no, please provide location.		
20	Does your firm offer Electronic Lockbox?		
21	Does your firm offer electronic deposit options such as Remote Deposit Capture & Image Cash Letter?		
22	For Cash Management reporting, is remote deposit information available real-time on a current day BAI report?		
23	If your firm offers Remote Deposit Capture & Image Cash Letter, can the bank provide the equipment and software?		
24	Will you assign the most favorable Availability Schedule to the County?		
	PAYMENTS		
25	Does your bank offer Controlled Disbursement services?		
26	Can your bank provide a six year stop payment duration?		
27	The County currently can view check images for a period of seven (7) years, before they are archived. Can your bank meet or exceed that mark?		

		Respond Yes/No	If No, BRIEFLY explain why.
28	For ACH Payments, can your bank report by individual ACH payment transactions in detail on the Previous Day BAI file?		
	FILE TRANSMISSIONS		
29	Can your banking platform interface with PeopleSoft?		
30	Is your firm able to send and receive transmissions using the ISO 20022 protocol?		
31	Included in the solicitation is a list of secure transmission types currently used by the County (See Transmission Types). Can your firm meet or exceed those standards?		
32	Is your firm able to accept Direct Deposit files via secure transmission?		
33	Is your firm able to accept Positive Pay files via secure transmission?		
34	Is your firm able to accept stop payment and/or voids via secure file transmission from an ERP PeopleSoft platform without having to manually reenter into your bank proprietary website?		
35	Is your firm able to accept EDI files via secure transmission?		
36	Is your firm able to accept E-Check file via secure transmission?		
37	Is your firm able to send paid check files via secure transmission?		
38	Is your firm able to send a BAI file on a daily and intra-day basis?		
	ON-LINE BANKING		
39	Does the bank have two-step authentication procedures in place for accessing wire transfer/ACH payment modules?		
40	Does the bank provide dual authorization for all outgoing wire and ACH transfers?		
41	Can limits by single transaction and daily aggregate amounts be set per user, per account for Fed Wire and ACH transfers?		

		Respond Yes/No	If No, BRIEFLY explain why.
42	Are detailed reports for returned ACH and Fed Wire Transactions available through the online banking system?		
43	Are detailed reports for returned ACH and Check payments available through the online banking system?		
44	Are detailed reports for current day and prior day activity available through the online banking system?		
45	Does the bank's online platform provide a way to manually add checks to the positive pay file?		
	Does your bank's online platform offer access to the following services:		
46	(a) cash management/balance reporting		
47	(b) payments (i.e. ACH, wires, etc.)		
48	(c) reconciliation		
49	(d) positive pay decisions		
50	(e) stop payments		
51	(g) check & deposit images		
52	Does your on-line platform provide proactive notifications of select key events e.g. low balance, wire transfers (both debit and credit), statements or pending approvals?		

Proposer's Signature: _____

Proposer's Name:	
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All Proposers should complete, sign and submit the Lockbox Services Questionnaire with the solicitation response in order to be considered a Responsible vendor. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation and Vendor may be deemed non-responsible.

A non-bank financial institution vendor responding only to the LockBox Services portion of this Request for Proposals is required to have its banking financial institution partner complete and comply with the enclosed Well Capitalized and Qualified Public Depository Questionnaire instructions and requirements.

		Respond Yes/No	If No, BRIEFLY explain why.
	Scope, General Information, & Specifications		
	GENERAL		
1.	The County requires the setup of a post office box for daily payment collections. Will you provide the setup of this post office box?		
2.	Do you currently have a Lockbox Processing Facility in Broward County?		
3.	Do you provide deposits and scanned image availability on a same-day basis?		
4.	Can your operations accommodate payments for multiple bill types, such a real estate, tangible personal property, installment payments?		
5.	Do you support multiple lockbox types (i.e., Retail, Wholetail) in one facility or location?		
6.	Can payments be sorted and processed by envelope postmark dates?		
7.	Is there a limit on the number of remittance accounts from which payments can be accepted?		
8.	Is there a limit on the number of coupons which can be processed for one or more payment(s)?		
9.	Are images of payment attachments, enclosures and envelopes included in payment image transmissions?		
10.	If additional equipment or staffing is required to meet the needs of the County's lockbox operations, will you be amenable to acquiring the necessary additional resources?		
11.	Do you outsource any of your lockbox operations or processes?		
12.	Do you have a backup facility, or available hotsite?		
13.	Can real time lookup (RTL) be used by your systems, to provide online/real time payment amount information?		

		Respond Yes/No	If No, BRIEFLY explain why.
14.	Do you provide online services in conjunction with your lockbox services? Such as: Exception handling / online decisioning Processed / Rejected / Exception Item Image lookups and downloads Automated / Manual File transfer tools		

Proposer's Signature: _____

Vendor Reference Verification Form

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for:

Organization/Firm Name providing reference:

Contact Name:

Title:

Reference date:

Contact Email:

Contact Phone:

Name of Referenced Project:

Contract No.

Date Services Provided:

Project Amount:

to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

1. Vendor's Quality of Service
 - a. Responsive
 - b. Accuracy
 - c. Deliverables
2. Vendor's Organization:
 - a. Staff expertise
 - b. Professionalism
 - c. Turnover
3. Timeliness of:
 - a. Project
 - b. Deliverables
4. Project completed within budget
5. Cooperation with:
 - a. Your Firm
 - b. Subcontractor(s)/Subconsultant(s)
 - c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____

Vendor Reference Verification Form

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for:

Organization/Firm Name providing reference:

Contact Name: Title: Reference date:

Contact Email: Contact Phone:

Name of Referenced Project:

Contract No. Date Services Provided: Project Amount:
to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive				
b. Accuracy				
c. Deliverables				
2. Vendor's Organization:				
a. Staff expertise				
b. Professionalism				
c. Turnover				
3. Timeliness of:				
a. Project				
b. Deliverables				
4. Project completed within budget				
5. Cooperation with:				
a. Your Firm				
b. Subcontractor(s)/Subconsultant(s)				
c. Regulatory Agency(ies)				

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____

Vendor Reference Verification Form

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for:

Organization/Firm Name providing reference:

Contact Name:

Title:

Reference date:

Contact Email:

Contact Phone:

Name of Referenced Project:

Contract No.

Date Services Provided:

Project Amount:

to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

1. Vendor's Quality of Service
 - a. Responsive
 - b. Accuracy
 - c. Deliverables
2. Vendor's Organization:
 - a. Staff expertise
 - b. Professionalism
 - c. Turnover
3. Timeliness of:
 - a. Project
 - b. Deliverables
4. Project completed within budget
5. Cooperation with:
 - a. Your Firm
 - b. Subcontractor(s)/Subconsultant(s)
 - c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____

Vendor Reference Verification Form

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

Reference for:

Organization/Firm Name providing reference:

Contact Name: Title: Reference date:

Contact Email: Contact Phone:

Name of Referenced Project:

Contract No. Date Services Provided: Project Amount:
to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive				
b. Accuracy				
c. Deliverables				
2. Vendor's Organization:				
a. Staff expertise				
b. Professionalism				
c. Turnover				
3. Timeliness of:				
a. Project				
b. Deliverables				
4. Project completed within budget				
5. Cooperation with:				
a. Your Firm				
b. Subcontractor(s)/Subconsultant(s)				
c. Regulatory Agency(ies)				

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____

VENDOR QUESTIONNAIRE AND STANDARD CERTIFICATIONS
Request for Proposals, Request for Qualifications, or Request for Letters of Interest

Vendor should complete questionnaire and complete and acknowledge the standard certifications and submit with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

If a response requires additional information, the Vendor should upload a written detailed response with submittal; each response should be numbered to match the question number. The completed questionnaire and attached responses will become part of the procurement record. It is imperative that the person completing the Vendor Questionnaire be knowledgeable about the proposing Vendor's business and operations.

1. Legal business name:
2. Doing Business As/ Fictitious Name (if applicable):
3. Federal Employer I.D. no. (FEIN):
4. Dun and Bradstreet No.:
5. Website address (if applicable):
6. Principal place of business address:
7. Office location responsible for this project:
8. Telephone no.: Fax no.:
9. Type of business (check appropriate box):
 - Corporation (specify the state of incorporation):
 - Sole Proprietor
 - Limited Liability Company (LLC)
 - Limited Partnership
 - General Partnership (State and County Filed In)
 - Other - Specify
10. List Florida Department of State, Division of Corporations document number (or registration number if fictitious name):
11. List name and title of each principal, owner, officer, and major shareholder:
 - a)
 - b)
 - c)
 - d)

12. AUTHORIZED CONTACT(S) FOR YOUR FIRM:

Name:
Title:
E-mail:
Telephone No.:

Name:
Title:
E-mail:
Telephone No.:

13. Has your firm, its principals, officers or predecessor organization(s) been debarred or suspended by any government entity within the last three years? If yes, specify details in an attached written response. Yes No
14. Has your firm, its principals, officers or predecessor organization(s) ever been debarred or suspended by any government entity? If yes, specify details in an attached written response, including the reinstatement date, if granted. Yes No
15. Has your firm ever failed to complete any services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response. Yes No
16. Is your firm or any of its principals or officers currently principals or officers of another organization? If yes, specify details in an attached written response. Yes No
17. Have any voluntary or involuntary bankruptcy petitions been filed by or against your firm, its parent or subsidiaries or predecessor organizations during the last three years? If yes, specify details in an attached written response. Yes No
18. Has your firm's surety ever intervened to assist in the completion of a contract or have Performance and/or Payment Bond claims been made to your firm or its predecessor's sureties during the last three years? If yes, specify details in an attached written response, including contact information for owner and surety. Yes No
19. Has your firm ever failed to complete any work awarded to you, services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response. Yes No
20. Has your firm ever been terminated from a contract within the last three years? If yes, specify details in an attached written response. Yes No
21. Living Wage solicitations only: In determining what, if any, fiscal impacts(s) are a result of the Ordinance for this solicitation, provide the following for informational purposes only. Response is not considered in determining the award of this contract.
Living Wage had an effect on the pricing. Yes No
 N/A
- If yes, Living Wage increased the pricing by % or decreased the pricing by %.

Cone of Silence Requirement Certification:

The Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances prohibits certain communications among Vendors, Commissioners, County staff, and Selection or Evaluation Committee members. Identify on a separate sheet any violations of this Ordinance by any members of the responding firm or its joint ventures. After the application of the Cone of Silence, inquiries regarding this solicitation should be directed to the Director of Purchasing or designee. The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation.

The Vendor hereby certifies that: (check each box)

- The Vendor has read Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances; and
- The Vendor understands that the Cone of Silence for this competitive solicitation shall be in effect beginning upon the appointment of the Selection or Evaluation Committee, for communication regarding this solicitation with the County Administrator, Deputy County Administrator, Assistant County Administrators, and Assistants to the County Administrator and their respective support staff or any person, including Evaluation or Selection Committee members, appointed to evaluate or recommend selection in this RFP/RLI process. For Communication with County Commissioners and Commission staff, the Cone of Silence allows communication until the initial Evaluation or Selection Committee Meeting.
- The Vendor agrees to comply with the requirements of the Cone of Silence Ordinance.

Drug-Free Workplace Requirements Certification:

Section 21.31.a. of the Broward County Procurement Code requires awards of all competitive solicitations requiring Board award be made only to firms certifying the establishment of a drug free workplace program. The program must consist of:

1. Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
2. Establishing a continuing drug-free awareness program to inform its employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The offeror's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph 1;
4. Notifying all employees, in writing, of the statement required by subparagraph 1, that as a condition of employment on a covered contract, the employee shall:
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five days after such conviction.
5. Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision 4.b above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
6. Within 30 calendar days after receiving notice under subparagraph 4 of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
 - a. Taking appropriate personnel action against such employee, up to and including termination; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
7. Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs 1 through 6.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that it has established a drug free workplace program in accordance with the above

requirements.

Non-Collusion Certification:

Vendor shall disclose, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Florida Statutes, who is an officer or director of, or has a material interest in, the Vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. Failure of a Vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.

The Vendor hereby certifies that: (select one)

- The Vendor certifies that this offer is made independently and free from collusion; or
- The Vendor is disclosing names of officers or employees who have a material interest in this procurement and is in a position to influence this procurement. Vendor must include a list of name(s), and relationship(s) with its submittal.

Public Entities Crimes Certification:

In accordance with Public Entity Crimes, Section 287.133, Florida Statutes, a person or affiliate placed on the convicted vendor list following a conviction for a public entity crime may not submit on a contract: to provide any goods or services; for construction or repair of a public building or public work; for leases of real property to a public entity; and may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for Category Two for a period of 36 months following the date of being placed on the convicted vendor list.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that no person or affiliates of the Vendor are currently on the convicted vendor list and/or has not been found to commit a public entity crime, as described in the statutes.

Scrutinized Companies List Certification:

Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List is prohibited from submitting a response to a solicitation for goods or services in an amount equal to or greater than \$1 million.

The Vendor hereby certifies that: (check each box)

- The Vendor, owners, or principals are aware of the requirements of Sections 287.135, 215.473, and 215.4275, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- The Vendor, owners, or principals, are eligible to participate in this solicitation and are not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- If awarded the Contract, the Vendor, owners, or principals will immediately notify the County in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List.

I hereby certify the information provided in the Vendor Questionnaire and Standard Certifications:

<input type="text"/>	<input type="text"/>	<input type="text"/>
*AUTHORIZED SIGNATURE/NAME	TITLE	DATE

Vendor Name:

* I certify that I am authorized to sign this solicitation response on behalf of the Vendor as indicated in Certificate as to Corporate Principal, designation letter by Director/Corporate Officer, or other business authorization to bind on behalf of the Vendor. As the Vendor's authorized representative, I attest that any and all statements, oral, written or otherwise, made in support of the Vendor's response, are accurate, true and correct. I also acknowledge that inaccurate, untruthful, or incorrect statements made in support of the Vendor's response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code. I certify that the Vendor's response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same items/services, and is in all respects fair and without collusion or fraud. I also certify that the Vendor agrees to abide by all terms and conditions of this solicitation, acknowledge and accept all of the solicitation pages as well as any special instructions sheet(s).

**Procurement Preferences for
Broward County Small Business Enterprises and County Business Enterprises**

This form should be returned with the Vendor's submittal and will be used for informational purposes.

In accordance with Broward County Ordinance, Section 1.81, non-reserved solicitations (for SBE's or CBE's) and solicitations without any assigned CBE goals, a responding Broward County certified SBE or CBE may be eligible for a procurement preference, in accordance with below:

For Invitations to Bid and Quotation Requests:

If a responsive, responsible bid is received from a certified CBE or SBE that is within ten percent (10%) of the lowest responsive, responsible bid received from a non-certified (SBE or CBE) firm, the SBE or CBE (as applicable) shall be offered the opportunity to match the lowest responsive, responsible bid. If the SBE or CBE firm (as applicable) is responsive and responsible, and matches the lowest responsive, responsible bid, the CBE or SBE firm shall be recommended for award.

For Request for Proposals:

If upon the completion of final rankings by the Evaluation Committee, a non-certified proposer is the highest-ranked proposer, and a responsive, responsible SBE or CBE proposer receives a score that is within five percent (5%) of the score obtained by the non-certified proposer, the highest-ranked responsive, responsible SBE or CBE proposer shall be considered the highest-ranked proposer and shall have the opportunity to proceed to negotiations with the County for award of the contract.

Vendor should indicate below if the firm is a currently certified Broward County SBE and/or CBE firm. If the firm does not indicate it is an SBE or CBE, preference may not be applied based on information received but certification will be verified in the Broward County OESBD [Certified Firm Directory](#). Vendor must be certified at time of solicitation opening (due date).

This form does not substitute for certification or application for certification.

- Firm is a Broward County certified Small Business Enterprise (SBE)
- Firm is a Broward County certified County Business Enterprise (CBE)
- Firm is not a Broward County certified Small Business Enterprise (SBE) or County Business Enterprise (CBE).

Vendor Name

For questions regarding the Broward County SBE and CBE certifications, please contact Office of Economic and Small Business Development at 954-357-6400.

LOBBYIST REGISTRATION REQUIREMENT CERTIFICATION FORM

The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

The Vendor certifies that it understands if it has retained a lobbyist(s) to lobby in connection with a competitive solicitation, it shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances; and it understands that if, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis, exercise any contractual right to terminate the contract for convenience.

The Vendor hereby certifies that: (select one)

- It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if retained after the solicitation, the County will be notified.

- It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances.

It is a requirement of this solicitation that the names of any and all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Authorized Signature/Name: Date:

Title:

Vendor Name:

LITIGATION HISTORY FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- There are no material cases for this Vendor; or
- Material Case(s) are disclosed below:

Is this for a: (check type) <input type="checkbox"/> Parent, <input type="checkbox"/> Subsidiary, or <input type="checkbox"/> Predecessor Firm?	If Yes, name of Parent/Subsidiary/Predecessor: <input type="text"/>
	Or No <input type="checkbox"/>
Party	
Case Number, Name, and Date Filed	<input type="text"/>
Name of Court or other tribunal	<input type="text"/>
Type of Case	Bankruptcy <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	<input type="text"/>
Brief description of the Subject Matter and Project Involved	<input type="text"/>
Disposition of Case (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment Vendor's Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/> If Judgment Against, is Judgment Satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Opposing Counsel	Name: <input type="text"/> Email: <input type="text"/> Telephone Number: <input type="text"/>

Vendor Name:

DOMESTIC PARTNERSHIP ACT CERTIFICATION FORM (REQUIREMENT AND TIEBREAKER)

Refer to Special Instructions to identify if Domestic Partnership Act is a requirement of the solicitation or acts only as a tiebreaker. If Domestic Partnership is a requirement of the solicitation, the completed and signed form should be returned with the Vendor's submittal. If the form is not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. To qualify for the Domestic Partnership tiebreaker criterion, the Vendor must currently offer the Domestic Partnership benefit and the completed and signed form must be returned at time of solicitation submittal.

The Domestic Partnership Act, Section 16 ½ -157, Broward County Code of Ordinances, requires all Vendors contracting with the County, in an amount over \$100,000 provide benefits to Domestic Partners of its employees, on the same basis as it provides benefits to employees' spouses, with certain exceptions as provided by the Ordinance.

For all submittals over \$100,000.00, the Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County's Domestic Partnership Act, Section 16-½ -157, Broward County Code of Ordinances; and certifies the following: (check only one below).

- 1. The Vendor currently complies with the requirements of the County's Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses
- 2. The Vendor will comply with the requirements of the County's Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses.
- 3. The Vendor will not comply with the requirements of the County's Domestic Partnership Act at time of award.
- 4. The Vendor does not need to comply with the requirements of the County's Domestic Partnership Act at time of award because the following exception(s) applies: **(check only one below)**.
 - The Vendor is a governmental entity, not-for-profit corporation, or charitable organization.
 - The Vendor is a religious organization, association, society, or non-profit charitable or educational institution.
 - The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent).
 - The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation (State the law, statute or regulation and attach explanation of its applicability).

Authorized
Signature/Name

Title

Vendor Name

Date

Broward County Board of
County Commissioners

Bid GEN2118504P1

|

AFFILIATED ENTITIES OF THE PRINCIPAL(S) CERTIFICATION FORM

The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Program, including CBE, DBE and SBE goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

The Vendor hereby certifies that: (select one)

- No principal of the proposing Vendor has prior affiliations that meet the criteria defined as "Affiliated entities"
- Principal(s) listed below have prior affiliations that meet the criteria defined as "Affiliated entities"

Principal's Name:

Names of Affiliated Entities: 5
6

Principal's Name:

Names of Affiliated Entities: 5
6

Principal's Name:

Names of Affiliated Entities: 5
6

Authorized Signature Name:

Title:

Vendor Name:

Date:

AGREEMENT EXCEPTION FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, it shall be deemed an affirmation by the Vendor that it accepts the terms and conditions of the County's Agreement as disclosed in the solicitation.

The Vendor must either provide specific proposed alternative language on the form below. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.

- There are no exceptions to the terms and conditions of the County Agreement as referenced in the solicitation; or
- The following exceptions are disclosed below: (use additional forms as needed; separate each Article/ Section number)

Term or Condition Article / Section	Insert version of exception or specific proposed alternative language	Provide brief justification for change
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vendor Name:

VOLUME OF PREVIOUS WORK ATTESTATION FORM

The completed and signed form should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to provide timely may affect the Vendor's evaluation. This completed form must be included with the Vendor's submittal at the time of the opening deadline to be considered for a Tie Breaker criterion (if applicable).

The calculation for Volume of Previous Work is all amounts paid to the prime Vendor by Broward County Board of County Commissioners at the time of the solicitation opening date within a five-year timeframe. The calculation of Volume of Previous Work for a prime Vendor previously awarded a contract as a member of a Joint Venture firm is based on the actual equity ownership of the Joint Venture firm.

In accordance with Section 21.31.d. of the Broward County Procurement Code, the Vendor with the lowest dollar volume of work previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

Vendor must list all projects it received payment from Broward County Board of County Commissioners during the past five years. If the Vendor is submitting as a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture. The Vendor attests to the following:

Item No.	Project Title	Solicitation/ Contract Number:	Department or Division	Date Awarded	Paid to Date Dollar Amount
1					
2					
3					
4					
5					
Grand Total					

Has the Vendor been a member/partner of a Joint Venture firm that was awarded a contract by the County?
Yes No

If Yes, Vendor must submit a **Joint Vendor Volume of Work Attestation Form**.

Vendor Name:

Authorized Signature/ Name

Title

Date

VOLUME OF PREVIOUS WORK ATTESTATION JOINT VENTURE FORM

If applicable, this form and additional required documentation should be submitted with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting documentation may affect the Vendor's evaluation.

The calculation of Volume of Previous Work for a prime Vendor previously awarded a contract as a member of a Joint Venture firm is based on the actual equity ownership of the Joint Venture firm. Volume of Previous Work is not based on the total payments to the Joint Venture firm.

Vendor must list all projects it received payment from Broward County Board of County Commissioners during the past five years as a member of a Joint Venture. The Vendor attests to the following:

Item No.	Project Title	Solicitation/ Contract Number:	Department or Division	Date Awarded	JV Equity %	Paid to Date Dollar Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total					<input type="text"/>	<input type="text"/>

Vendor is required to submit an executed Joint Venture agreement(s) and any amendments for each project listed above. Each agreement must be executed prior to the opening date of this solicitation.

Vendor Name:

Authorized Signature/ Name

Title

Date

RFP-RFQ-RLI LOCATION ATTESTATION FORM (EVALUATION CRITERIA)

The completed and signed form and supporting information (if applicable, for Joint Ventures) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting information may affect the Vendor's evaluation. Provided information is subject to verification by the County.

A Vendor's principal place of business location (also known as the nerve center) within Broward County is considered in accordance with Evaluation Criteria. The County's definition of a principal place of business is:

1. As defined by the Broward County Local Preference Ordinance, "Principal place of business means the nerve center or center of overall direction, control and coordination of the activities of the bidder [Vendor]. If the bidder has only one (1) business location, such business location shall be considered its principal place of business."
2. A principal place of business refers to the place where a corporation's officers direct, control, and coordinate the corporation's day-to-day activities. It is the corporation's 'nerve center' and in practice it should normally be the place where the corporation maintains its headquarters; provided that the headquarters is the actual center of direction, control, and coordination, i.e., the 'nerve center', and not simply an office where the corporation holds its board meetings (for example, attended by directors and officers who have traveled there for the occasion).

The Vendor's principal place of business in Broward County shall be the Vendor's "Principal Address" indicated with the Florida Department of State Division of Corporations, for at least six months prior to the solicitation's due date.

Check one of the following:

- The Vendor certifies that it has a principal place of business location (also known as the nerve center) within Broward County, as documented in Florida Department of State Division of Corporations (Sunbiz), and attests to the following statements:

1. Vendor's address listed in its submittal is its principal place of business as defined by Broward County;
2. Vendor's "Principal Address" listed with the Florida Department of State Division of Corporations is the same as the address listed in its submittal and the address was listed for at least six months prior to the solicitation's opening date. A copy of Florida Department of State Division of Corporations (Sunbiz) is attached as verification.
3. Vendor must be located at the listed "nerve center" address ("Principal Address") for at least six (6) months prior to the solicitation's opening date;
4. Vendor has not merged with another firm within the last six months that is not headquartered in Broward County and is not a wholly owned subsidiary or a holding company of another firm that is not headquartered in Broward County;
5. If awarded a contract, it is the intent of the Vendor to remain at the referenced address for the duration of the contract term, including any renewals, extensions or any approved interim contracts for the services provided under this contract; and
6. The Vendor understands that if after contract award, the County learns that the attestation was erroneous, and upon investigation determines that the error was willful or intentional on

the part of the Vendor, the County may, on that basis exercise any contractual right to terminate the contract. Further any misleading, inaccurate, false information or documentation submitted by any party affiliated with this procurement may lead to suspension and/or debarment from doing business with Broward County as outlined in the Procurement Code, Section 21.119.

If the Vendor is submitting a response as a Joint Venture, the following information is required to be submitted:

- a. Name of the Joint Venture Partnership
- b. Percentage of Equity for all Joint Venture Partners
- c. A copy of the executed Agreement(s) between the Joint Venture Partners

Vendor does not have a principal place of business location (also known as the nerve center) within Broward County.

Vendor Information:

Vendor Name:

Vendor's address listed in its submittal is:

	5
	6

The signature below must be by an individual authorized to bind the Vendor. The signature below is an attestation that all information listed above and provided to Broward County is true and accurate.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signature/Name	Title	Vendor Name	Date

3	4
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RFP-RLI-RFQ LOCAL PREFERENCE AND TIE BREAKER CERTIFICATION FORM

The completed and signed form should be returned with the Vendor's submittal to determine Local Preference eligibility, however it must be returned at time of solicitation submittal to qualify for the Tie Break criteria. If not provided with submittal, the Vendor must submit within three business days of County's request for evaluation of Local Preference. Proof of a local business tax should be submitted with this form. Failure to timely submit this form or local business tax receipt may render the business ineligible for application of the Local Preference or Tie Break Criteria.

In accordance with Section 21.31.d. of the Broward County Procurement Code, to qualify for the Tie Break Criteria, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward County and:
 - a. has a valid Broward County local business tax receipt;
 - b. has been in existence for at least six-months prior to the solicitation opening;
 - c. at a business address physically located within Broward County;
 - d. in an area zoned for such business;
 - e. provides services from this location on a day-to-day basis, and
 - f. services provided from this location are a substantial component of the services offered in the Vendor's proposal.

In accordance with Local Preference, Section 1-74, et. seq., Broward County Code of Ordinances, a local business meeting the below requirements is eligible for Local Preference. To qualify for the Local Preference, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward and:
 - a. has a valid Broward County local business tax receipt issued at least one year prior to solicitation opening;
 - b. has been in existence for at least one-year prior to the solicitation opening;
 - c. provides services on a day-to-day basis, at a business address physically located within the Broward County limits in an area zoned for such business; and
 - d. the services provided from this location are a substantial component of the services offered in the Vendor's proposal.

Local Business Address:

Vendor does not qualify for Tie Break Criteria or Local Preference, in accordance with the above requirements. The undersigned Vendor hereby certifies that (check box if applicable): The Vendor is not a local Vendor in Broward County.

AUTHORIZED SIGNATURE/NAME	TITLE	COMPANY	DATE

SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS REQUIREMENT FORM
Request for Proposals, Request for Qualifications, or Request for Letters of Interest

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

- A. The Vendor shall submit a listing of all subcontractors, subconsultants and major material suppliers (firms), if any, and the portion of the contract they will perform. A major material supplier is considered any firm that provides construction material for construction contracts, or commodities for service contracts in excess of \$50,000, to the Vendor.
- B. If participation goals apply to the contract, only non-certified firms shall be identified on the form. A non-certified firm is a firm that is not listed as a firm for attainment of participation goals (ex. County Business Enterprise or Disadvantaged Business Enterprise), if applicable to the solicitation.
- C. This list shall be kept up-to-date for the duration of the contract. If subcontractors, subconsultants or suppliers are stated, this does not relieve the Vendor from the prime responsibility of full and complete satisfactory performance under any awarded contract.
- D. After completion of the contract/final payment, the Vendor shall certify the final list of non-certified subcontractors, subconsultants, and suppliers that performed or provided services to the County for the referenced contract.
- E. The Vendor has confirmed that none of the recommended subcontractors, subconsultants, or suppliers' principal(s), officer(s), affiliate(s) or any other related companies have been debarred from doing business with Broward County or any other governmental agency.

If none, state "none" on this form. Use additional sheets as needed. Vendor should scan and upload any additional form(s) in BidSync.

1. Subcontracted Firm's Name:

Subcontracted Firm's Address:

Subcontracted Firm's Telephone Number:

Contact Person's Name and Position:

Contact Person's E-Mail Address:

Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided:

2. Subcontracted Firm's Name:

Subcontracted Firm's Address:

Subcontracted Firm's Telephone Number:

Broward County Board of
INSURANCE REQUIREMENTS

Bid GEN2118504P1

Project: **Master Banking Services**
Agency: **Finance and Administrative Services Department**

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	MINIMUM LIABILITY LIMITS		
				Each Occurrence	Aggregate
GENERAL LIABILITY - Broad form <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> XCU Explosion/Collapse/Underground <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal Injury Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made Gen'l Aggregate Limit Applies per: <input type="checkbox"/> Project <input type="checkbox"/> Policy <input type="checkbox"/> Loc. <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$1,000,000	\$2,000,000
			Personal Injury		
			Products & Completed Operations		
AUTO LIABILITY <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Any Auto, If applicable <i>Note: May be waived if no driving will be done in performance of services/project.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury (each person)		
			Bodily Injury (each accident)		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$500,000	
<input type="checkbox"/> EXCESS LIABILITY / UMBRELLA Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made <i>Note: May be used to supplement minimum liability coverage requirements.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> WORKER'S COMPENSATION <i>Note: U.S. Longshoremen & Harbor Workers' Act & Jones Act is required for any activities on or about navigable water.</i>	N/A	<input checked="" type="checkbox"/>	Each Accident	STATUTORY LIMITS	
<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY			Each Accident	\$100,000	
<input type="checkbox"/> CYBER LIABILITY	N/A	<input checked="" type="checkbox"/>	If claims-made form:	\$	
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)	N/A	<input checked="" type="checkbox"/>	If claims-made form:	\$1,000,000	
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<input checked="" type="checkbox"/> CRIME AND EMPLOYEE DISHONESTY	<input checked="" type="checkbox"/>		Each Occurrence	\$5,000,000	
Description of Operations: "Broward County" shall be listed as Certificate Holder and endorsed as an additional insured for liability, except as to Professional Liability. County shall be provided 30 days written notice of cancellation, 10 days' notice of cancellation for non-payment. Contractors insurance shall provide primary coverage and shall not require contribution from the County, self-insurance or otherwise. Any self-insured retention (SIR) higher than the amount permitted in this Agreement must be declared to and approved by County and may require proof of financial ability to meet losses. Contractor is responsible for all coverage deductibles unless otherwise specified in the agreement.					

CERTIFICATE HOLDER:
Broward County
115 South Andrews Avenue
Fort Lauderdale, Florida 33301

Council
cpounall@broward.org
cn=cpounall@broward.org
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Risk Management Division

Broward County Board of
INSURANCE REQUIREMENTS

Bid GEN2118504P1

Project: Lockbox Payment Processing Services
Agency: Records, Taxes and Treasury

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	MINIMUM LIABILITY LIMITS		
				Each Occurrence	Aggregate
GENERAL LIABILITY - Broad form <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> XCU Explosion/Collapse/Underground <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal Injury Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made Gen'l Aggregate Limit Applies per: <input type="checkbox"/> Project <input type="checkbox"/> Policy <input type="checkbox"/> Loc. <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$1,000,000	\$2,000,000
			Personal Injury		
			Products & Completed Operations		
AUTO LIABILITY <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Any Auto, If applicable <i>Note: May be waived if no driving will be done in performance of services/project.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury (each person)		
			Bodily Injury (each accident)		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$500,000	
<input type="checkbox"/> EXCESS LIABILITY / UMBRELLA Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made <i>Note: May be used to supplement minimum liability coverage requirements.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> WORKER'S COMPENSATION <i>Note: U.S. Longshoremen & Harbor Workers' Act & Jones Act is required for any activities on or about navigable water.</i>	N/A	<input checked="" type="checkbox"/>	Each Accident	STATUTORY LIMITS	
<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY			Each Accident	\$100,000	
<input checked="" type="checkbox"/> CYBER LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If claims-made form:	\$3,000,000	
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<input type="checkbox"/> PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)	N/A	<input checked="" type="checkbox"/>	If claims-made form:	\$	
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<input checked="" type="checkbox"/> CRIME AND EMPLOYEE DISHONESTY Broward County must be a Loss Payee A.T.I.M.A.			Each Claim	\$1,000,000	
Description of Operations: "Broward County" shall be listed as Certificate Holder and endorsed as an additional insured for liability, except as to Professional Liability. County shall be provided 30 days written notice of cancellation, 10 days' notice of cancellation for non-payment. Contractors insurance shall provide primary coverage and shall not require contribution from the County, self-insurance or otherwise. Any self-insured retention (SIR) higher than the amount permitted in this Agreement must be declared to and approved by County and may require proof of financial ability to meet losses. Contractor is responsible for all coverage deductibles unless otherwise specified in the agreement.					

CERTIFICATE HOLDER:

 Broward County
 115 South Andrews Avenue
 Fort Lauderdale, Florida 33301

Journal
cpounall@broward.org
 cm-cpounall@broward.org
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Risk Management Division

Broward County Board of
INSURANCE REQUIREMENTS


Bid GEN2118504P1

Project: **Third-Party Custodian/Safekeeping Services**
Agency: **Finance and Administrative Services Department**

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	MINIMUM LIABILITY LIMITS		
				Each Occurrence	Aggregate
GENERAL LIABILITY - Broad form <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> XCU Explosion/Collapse/Underground <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal Injury Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made Gen'l Aggregate Limit Applies per: <input type="checkbox"/> Project <input type="checkbox"/> Policy <input type="checkbox"/> Loc. <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$1,000,000	\$2,000,000
			Personal Injury		
			Products & Completed Operations		
AUTO LIABILITY <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Any Auto, If applicable <i>Note: May be waived if no driving will be done in performance of services/project.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury (each person)		
			Bodily Injury (each accident)		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$500,000	
<input type="checkbox"/> EXCESS LIABILITY / UMBRELLA Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made <i>Note: May be used to supplement minimum liability coverage requirements.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> WORKER'S COMPENSATION <i>Note: U.S. Longshoremen & Harbor Workers' Act & Jones Act is required for any activities on or about navigable water.</i>	N/A	<input checked="" type="checkbox"/>	Each Accident	STATUTORY LIMITS	
<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY			Each Accident	\$100,000	
<input checked="" type="checkbox"/> CYBER LIABILITY	N/A	<input checked="" type="checkbox"/>	If claims-made form:	\$1,000,000	
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)	N/A	<input checked="" type="checkbox"/>	If claims-made form:	\$3,000,000	
			Extended Reporting Period of:	3 years	
			*Maximum Deductible:	\$100,000	
<input checked="" type="checkbox"/> Crime and Fidelity Broward County must be named as an additional insured.	<input checked="" type="checkbox"/>		Each Occurrence	\$3,000,000	
Description of Operations: "Broward County" shall be listed as Certificate Holder and endorsed as an additional insured for liability, except as to Professional Liability. County shall be provided 30 days written notice of cancellation, 10 days' notice of cancellation for non-payment. Contractors insurance shall provide primary coverage and shall not require contribution from the County, self-insurance or otherwise. Any self-insured retention (SIR) higher than the amount permitted in this Agreement must be declared to and approved by County and may require proof of financial ability to meet losses. Contractor is responsible for all coverage deductibles unless otherwise specified in the agreement.					

CERTIFICATE HOLDER:

 Broward County
 115 South Andrews Avenue
 Fort Lauderdale, Florida 33301

cpounall@broward.org
 cn=cpounall@broward.org
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 Risk Management Division

PRICING PRO-FORMA - TREASURY

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
BALANCE & COMPENSATION INFORMATION						
RECOMPMENT MONTHLY IB/\$1000	Fee to partially recover insurance premiums the Bank pays to the FDIC for deposit insurance	IAMB	00 0230	3,399,703		-
GENERAL ACCOUNT SERVICES						
CONTRIB CREDITS POSTED	Input in BidSync 01-01 - Balance & Compensation					
DESKTOP DEPOSIT-DEPOSIT CREDITED	Per item charge for paper and electronic credits posted to Controlled Disbursement account	14110	01 0101	415		-
ZERO BALANCE MASTER ACCOUNT MAINT	For each deposit submitted through the Desktop Deposit service, either through the CEO Portal or mobile, a charge of one will be assessed	15007	01 0101	569		-
ACCT MAINTENANCE	Monthly account maintenance fee for ZBA Master accounts	DS510	01 0020	24		-
ZERO BALANCE MONTHLY BASE	Monthly maintenance charge for DDA with non return of checks	22051	01 0000	195		-
DEBITS POSTED	Per account charge for Zero and Target Balance accounts	DS001	01 0021	108		-
DDA STATEMENT - PAPER	Per item charge for debit items, other than checks or drafts, posted to an account	CK021	01 0100	8,203		-
	Charge for paper bank statement	CK049	01 0310	120		-
E-BOX SERVICES						
E-BOX PAYMENT	Input in BidSync 01-02 - General Account Services					
E-BOX MONTHLY MAINT (W/GROSS REF)	Per item charge for each E-box payment received from Bill Service Providers and originators	ED470	05 9999	100,541		-
E-BOX REPORTING PACKAGE MTHLY BASE	A monthly fee assessed for each E-box setup	ED500	05 0030	24		-
E-BOX REVERSAL REPORTING MTHLY BASE	A monthly charge for E-box concentration reporting package	ED521	05 0030	12		-
E-BOX POSITIVE FILE MONTHLY BASE	A monthly fee assessed to receive the E-box Reversal reporting package	ED524	05 0030	24		-
E-BOX SUSPENDED PAYMENT PER ITEM	A monthly fee charged for E-box Positive File maintenance	28042	05 0030	12		-
	Per item charge for each E-box payment that is suspended and available for decisioning in E-box Decisioning	28047	05 0530	547		-
E-BOX PAYMENT RETURN	A per item charged for each E-box item returned on behalf of Broward County	ED515	05 9999	440		-
E-BOX PAYMENT REVERSED	Transaction fee for reversing a previously processed payment	ED516	05 9999	31		-
DEPOSITORY SERVICES						
CEO RETN ITEM SUBSCRIPTION PER ACCT	Input in BidSync 01-03 - E-Box Services					
CEO RETN ITEM SUBSCRIPTION PER ITEM	Monthly maintenance charge per account for return item reporting in the return item subscription	34235	10 0416	217		-
CEO RETN ITEM SUBSCRIPTION OPT DETL	Per item fee for returned items accessed via CEO Returned Item Subscription	34237	10 0416	954		-
NON-VERIFIED ENVELOPE PROCESSING	Fee per field for customer requested optional keyed data	34239	10 0430	2,398		-
VAULT DEPOSITED COIN - ROLLED	Per envelope fee for deposits containing envelopes but don't require sub-balancing	08007	10 0110	11,962		-
MISCELLANEOUS CREDITS POSTED	Per roll de-wrapping fee for deposits containing coin rolls wrapped in paper or plastic	08008	10 0110	3,682		-
BRANCH DEPOSIT	Charge for miscellaneous deposits not made through the Cash Vault or Branch	08025	10 0015	4,974		-
CASH DEP\$1 VERIFY IN CASH VAULT T1	Per deposit fee for deposit in Wells Fargo Branch balanced and verified by Teller at the time of deposit	08052	10 0006	13,723		-
CASH DEP\$1 VERIFY IN CASH VAULT T3	Cash deposited in WF Branches that is prepared in a dual pouch deposit bag. Cash is post verified in a Cash Vault. Deposit ranging up to \$1,499.99.	08062	10 0015	21,714		-
CASH VAULT COIN DEPOSIT-STD BAG	Cash deposited in WF Branches that is prepared in a dual pouch deposit bag. Cash is post verified in a Cash Vault. Deposit ranging up to \$4,999.99.	08064	10 0015	70,946		-
CASH VAULT COIN DEP-PARTIAL/MIX BAG	Per bag charge for a loose coin deposit containing a specific number of coins of one denomination - the number of coins in a standard bag is set by the Federal Reserve Reserve's specifications for a loose coin deposit that does not conform to the Federal Reserve's specifications for a standard bag	08067	10 0113	314		-
CASH VAULT COIN FURNISHED - ROLLED	Per roll charge for individual rolls of coin furnished by a vault	08071	10 0111	384		-
CASH VAULT MONTHLY BASE	Per box charge for a half box of coin which contains 25 rolls of one denomination.	08110	10 0144	3,517		-
CASH VAULT DEPOSIT ADJUSTMENT	Cash Vault base fee per profile active in the billing month	08116	10 0145	2		-
	Per adjustment charge for each adjustment made to depository account when verified cash total does not equal the declared total on deposit ticket	08132	10 0100	377		-
		08160	10 0501	62		-

PRICING PRO-FORMA - TREASURY

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
CASH VAULT CASH ORDER-STANDING INST	Per order charge for a pre-defined currency/coin order with a set delivery schedule	08188	10.0142	263		-
CASH VAULT CASH ORDER-TOUCHTONE	Per order charge for custom currency/coin order made via touch-tone telephone	08189	10.0141	210		-
CASH VAULT CASH ORDER-CALL IN	Charge for a custom coin/currency order placed by speaking with a vault representative.	08190	10.0140	1		-
CASH VAULT CURRENCY/COIN DEPOSITED	Processing and verification charge for currency and/or coin deposited in a cash vault	08290	10.0199	62,240,789		-
CASH VAULT CURRENCY FURN-NONSTD	Currency furnished in straps of less than 100 bills of the same denomination	08400	10.0148	32,963		-
CASH VAULT CURRENCY FURNISHED	Currency furnished in straps of 100 bills of the same denomination	08416	10.0199	251,500		-
CVLT ACTIVITY SUMMARY RPT - US MAIL	Subscription charge for cash vault activity summary report delivered via US mail	08501	10.0701	12		-
BRANCH DEPOSIT POST VERIFY	Per deposit fee for Wells Fargo branch deposit made in tamper evident dual pouch bag	22723	10.001A	1,112		-
DEPOSIT LOCATION REPORTING - ITEM	Per item charge for the reporting of deposits and deposit related transactions from multiple locations to a single account	12707	10.0610	36,741		-
DEPOSITED CHECKS - ON US	Deposited paper checks drawn on Wells Fargo	001	10.0220	70,910		-
DEPOSITED CHECK	Deposited paper checks not drawn on Wells Fargo	002	10.0225	272,918		-
DESKTOP DEPOSIT-DEPOSITED ITEM ONUS	Charge per item deposited via Desktop Deposit for checks drawn on Wells Fargo	701	10.0220	17,971		-
DESKTOP DEPOSIT-DEPOSITED ITEM	Charge per item deposited via Desktop Deposit for checks not drawn on Wells Fargo	706	10.0224	92,359		-
WF ELEC DEPOSIT-DEPOSITED ITEM ONUS	Charge per item for electronically deposited checks drawn on Wells Fargo	741	10.0220	22,819		-
WF ELEC DEPOSIT-DEPOSITED ITEM	Charge per item for electronically deposited checks not drawn on Wells Fargo	746	10.0224	86,239		-
ELECTRONIC DEPOSIT - DEP ADJUSTMENT	Charge for adjustment to file total of electronically deposited items.	790	10.0230	42		-
WHOLESALE LOCKBOX - DEPOSITED CHECK	Deposited checks drawn on U.S. banks, including Wells Fargo.	311	10.0225	198,316		-
CASH DEPOSITED IN WF BRANCH	Cash deposited in Wells Fargo Branch verified by teller at the time of deposit.	CK161	10.0006	5,530		-
POST VERIFY CASH DEP IN WF BRANCH	Cash deposited at Wells Fargo branch in tamper evident dual pouch bag post verified after deposit is made	CK199	10.001A	135,491		-
ADJ FOR CASH DEPOSITED IN WF BRANCH	Fee charged when an adjustment is made to cash deposited in a Wells Fargo Branch.	08172	10.0501	1		-
CV CASH ONLY OR CHECK ONLY DEPOSIT	Per deposit fee for cash only deposits processed	08173	10.0100	23,921		-
CASH VAULT DEPOSIT CASH AND CHECK	Fee for Broward County depositing cash and checks in one deposit	08174	10.0100	4,789		-
CASH ORDER FEE IN A WF BRANCH	Per order fee for cash order in a Wells Fargo branch	CK197	10.0040	155		-
ROLLED COIN FURNISHED BY WF BRANCH	Per roll charge for each roll of coin furnished by a Wells Fargo branch	CK131	10.0040	1,173		-
CURRENCY FURNISHED BY WF BRANCH	Per dollar fee for currency furnished by Wells Fargo branch	CK141	10.0040	61,754		-
RETURN ITEM - CHARGEBACK	Per item fee for each deposited item that is returned and charged back to Broward County	CK061	10.0400	1,320		-
CEO RETURN ITEM RETRIEVAL-IMAGE	Fee for each retrieved image of a returned item within CEO Returned Item Services	CK062	10.0416	121		-
CEO RETURN ITEM SERVICE MTHLY BASE	Monthly base fee for customers enrolled in the CEO Returned Item Services	CK064	10.0416	216		-
RETURN ITEM SPECIAL INSTRUCTIONS	Per item fee for returned items special processing instructions which include: Individual Debits vs. Lump Sum, Alternate Charge Account, Alternate Mailing Address, Courier Pickup, and/or Overnight Mail.	CK069	10.0401	1,320		-
RETURN ITEM SINGLE ITEM PER ADVICE	Fee for printing one returned item per advice rather than the standard of up to eight (8) returned items per advice. This option increases the use of paper, envelopes, toner, postage and requires manual processing.	CK090	10.0401	2,021		-
RETURN ITEM SPECIAL INST MTHLY BASE	Per account fee for Special Instructions monthly base fee. Special Instructions include: Individual Debits for Items, Alternate Charge Account, Alternate Mailing Address, Courier Pickup, and/or Overnight Mail.	CK081	10.0401	72		-
RETURN ITEM REDEPOSITED	Per item fee for each deposited item that has been returned by the paying bank and is redeposited in an attempt to collect funds	CK075	10.0402	1,326		-
RETURN ITEM MANUAL FAX MTHLY BASE	Monthly base fee per account for returned item details delivered via fax.	CK417	10.0420	28		-
PAPER DISBURSEMENT SERVICES	Input in Bidsync 01-04 - Depository Services					
PRINTING & SUPPLIES-VENDOR	Pass thru charge from third party supply vendor (i.e. Superior Press) for check or deposit ticket printing or other vendor supplies.	22222	15.0810	643,683		-

PRICING PRO-FORMA - TREASURY

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
POSITIVE PAY EXCEPTION - CEO IMAGE MICR CHECK REJECTS THROUGH 1%	Per item charge for Image Positive Pay images retrieved via CEO Charge for processing up to and including 1% of the checks presented for payment that require special handling due to insufficient MICR line integrity.	34336	15 0724	23		-
MICR CHECK REJECTS OVER 2%	Charge for processing more than 2% of the checks presented for payment that require special handling due to insufficient MICR line integrity.	12676	15 0300	23		-
PYMT AUTH MAX CHECK MTHLY BASE	Monthly per account fee when accounts are setup for the Payment Authorization Max Check \$ option.	12678	15 0300	402		-
POSITIVE PAY EXCEPTION CHECKS RETND	Per item charge for Positive Pay exception returned per customer request - includes state-dated items that have been returned.	MD091	15 0240	159		-
STOP PAYMENT - ONLINE	Per item charge for PC initiated stop payment.	12505	15 0222	10		-
POSITIVE PAY ONLY MONTHLY BASE	Monthly charge for providing positive pay services on accounts that do not have Account Reconciliation services	12670	15 0410	1,455		-
POSITIVE PAY ONLY - ITEM	Per item charge for the receipt and posting of check issue data received on Positive Pay Only accounts	12681	15 0030	36		-
CEO IMAGE VIEW < 90 DAYS - ITEM	Charge for each image retrieved from the bank's image database and delivered online < 90 days old.	12682	15 0120	28,390		-
CEO IMAGE VIEW > 90 DAYS - ITEM	Charge for each image viewed on -line from the bank's image archive older than 90 days	12812	15 1352	18,324		-
DESKTOP DEPOSIT IMAGES RETRIEVED	Charge for each image retrieved in any of the Desktop Deposit reports. Charge is incurred each and every time an image appears on a report and/or link is clicked to view it.	12815	15 1352	1,915		-
POSITIVE PAY EXCEPTIONS - ITEM	Per item charge for Positive Pay Exceptions	12816	15 1352	128,519		-
POS PAY CHECK VERIFICATION CALL	The number of calls to Client Services to verify issue information on positive pay checks being cashed at the teller line.	12903	15 0310	22		-
POSITIVE PAY MONTHLY BASE	Monthly fee per account for Positive Pay service.	12906	15 0401	1		-
POS PAY CHECKS WITH NO ISSUE RECORD	Charge for positive pay checks that are presented without matching issue information on file	12907	15 0030	24		-
WELLSIMAGE PAID CHECK MONTHLY BASE	Fixed monthly maintenance charge per CD/DVD setup on Paid Check WellsImage Media.	12908	15 0310	13		-
CHECK CASHING THRESHOLD MO BASE	Charge for providing fraud control service setting maximum check cashing dollar thresholds at the branches.	22020	15 1350	36		-
OTC DEBIT BLOCK MONTHLY BASE	Charge for providing fraud control service disallowing over the counter withdrawals at the branches.	22225	15 0240	159		-
CHECKS PAY TO INDIV BLOCK MO BASE	Charge for providing fraud control service disallowing cashing of checks to individuals at the branches.	22235	15 0240	159		-
CONT DISB ACCT MAINT W/CXSTR	Monthly maintenance and funding charge for a Controlled Disbursement account with non return of checks (CheXstor)	22245	15 0240	159		-
CONT DISB CHECKS PAID	Per item charge for each paid/imaged check on a Controlled Disbursement account	14070	15 0000	24		-
CEO CONT DISB SUBSCRIPTION BASE	Monthly maintenance charge per account for Controlled Disbursement summary and detail reporting.	14225	15 0110	39,440		-
WELLSIMAGE PAID CHECK PER CD	Charge for each CD ROM produced per CD - may contain more than one account depending on volume and customer setup. Paid Checks.	34210	15 0700	24		-
DDA CHECKS PAID	Per item charge for checks or drafts presented for payment on an account, including checks that are presented electronically.	22015	15 1353	60		-
STOP PAYMENT - PAPER CONFIRMATION	Per confirmation charge for each paper stop payment confirmation sent in lieu of electronic notice.	22202	15 0100	26,852		-
PAYEE VALIDATION STANDARD-ITEM	Per check charge for each check posted to account with payee validation services	12675	15 0499	5,964		-
WF CHK CASHED FOR NONACCT HOLDER	This charge is for non customers cashing checks drawn on Wells Fargo Bank. Wholesale customer (account holder) absorbs full fee and no cost is passed on to payee.	DS191	15 0122	66,291		-
		22810	15 0500	61		-

PRICING PRO-FORMA - TREASURY

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
CONT DISB CASHED CHECK-FLOAT FEE	Fee assessed for Controlled Disbursement checks cashed at Wells Fargo branches to cover cost of float for holding over these cashed items. Fee is calculated per \$1,000 cashed.	21622	15 0220	87		-
WELLSIMAGE PAID CHECK PER ITEM	The charge for creating an image of each physical item requested by the customer - includes indexing by the basic MICR fields as well as posting date. Paid Checks.	DS255	15 1399	65,694		-
CONT DISB MICR REJECTS THRU 1%	Fee assessed for each reject repaired if controlled disbursement account has less than 1 percent of their checks rejecting	21556	15 0300	142		-
STOP PAYMENT - AUTO RENEWAL	Per item charge for automated stop payment renewal on DDA, ARP or Controlled Disbursement account.	22030	15 0412	7,864		-
PAPER DISBURSEMENT RECON SERVICES	Input in BidSync 01-05 - Paper Disbursement Services					
CEO CHECK ISSUES-ITEM						
ARP MONTHLY BASE - FULL	Per item charge for all records entered manually or imported via CEO Fraud Manager.	34337	20 0201	1		-
ARP MONTHLY BASE - PARTIAL	Monthly charge per account for providing full reconciliation service	12060	20 0010	24		-
ARP FULL RECON-ITEM	Monthly charge per account for providing partial reconciliation service	12061	20 0020	12		-
ARP OUTPUT - TRANSMISSION	Per item charge for the receipt and posting of check issue data received on Full ARP accounts. Includes items originated by customer, vendor, NDM, and CEO Fraud Manager.	12377	20 0201	41,729		-
ARP OPTIONAL REPORTS	Per transmission charge for delivery of check reconciliation information via direct transmit	12430	20 0301	72		-
ARP AGED ISSUE RECORDS ON FILE-ITEM	Charge for each ARP report produced that is not contained in the standard service package	12604	20 0306	383		-
OUTGOING TRANSMISSION - PER ITEM	Per item fee for maintaining issue records that remain outstanding after 60 days.	12687	20 9999	306,159		-
CEO ARP STMT & RPTS MONTHLY BASE	Charge for each item included on an ARP outgoing transmission. This is in addition to per file transmission and optional report fees. NOTE: this does not include volume associated with the ARP File Confirmation summary or detail report.	12694	20 0100	154,645		-
GENERAL ACH SERVICES	Input in BidSync 01-06 - Paper Disbursement Recon Services					
ACH HYP ITM DET INQ - PER ITEM	Monthly base fee per account for receiving ARP statements and/or optional reports delivered via CEO in PDF format. This includes Positive Pay Only accounts receiving optional reports in PDF format.	34350	20 0306	36		-
ACH CEO SUBSCRIPTION - ACCOUNT						
ACH HYP ITM DET INQ - PER ITEM	Per item charge for retrieval of detailed ACH information via hyperlink in CEO Transaction Search and CEO Treasury Information Reporting.	34285	25 0703	382		-
ACH CEO SUBSCRIPTION - ITEM	Monthly maintenance charge per report in Treasury Information Reporting. Fee is charged per enrolled ACH Company ID for ACH Origination/Reject report. Customer is charged per enrolled account for both ACH Customer Activity and ACH Receive reports.	34330	25 0703	386		-
ELECTRONIC CREDITS POSTED	Per item access charge for ACH detail records (transactions) reported on any report in the ACH Subscription.	34332	25 0703	123,624		-
ACH CEO RETURN SUBSCRIPTION-ACCOUNT	Per item charge for electronic and non-paper credits posted.	CK018	25 0201	33,017		-
ACH CEO RETURN SUBSCRIPTION - ITEM	Monthly Maintenance Charge per ACH Company ID for ACH Return and Notification of change reporting in the ACH Return subscription.	34340	25 0400	166		-
ACH MONTHLY BASE	Per item (Transaction + Addenda) charge for ACH return and notification of change reporting in the ACH Return Subscription	34342	25 0400	10,692		-
ACH ONE DAY ITEM	Monthly base charge for ACH Direct Origination services.	ES280	25 0000	156		-
ACH TWO DAY ITEM	Per item charge for originated ACH transit one day items.	ES211	25 0102	258,377		-
ACH SAME DAY	Per item charge for originated ACH transit two day items	ES210	25 0102	316,610		-
ACH ORIGINATED - ADDENDA REC	Per ACH Same day originated items	ES216	25 0102	673		-
ACH RECEIVED ITEM	Per addenda record charge for remittance data in originated ACH addenda records	ES206	25 0120	8,760		-
ACH RETURN ITEM-ELECTRONIC	Per item charged for ACH received item (credit and debit)	ES344	25 0202	31,236		-
ACH RETURN ADMIN -ELECTRONIC	Per item charge for ACH return items - information reporting and transmission reporting advice	06502	25 0302	1,299		-
	Per item charge for ACH administrative return items - information reporting advice	06505	25 0302	2,956		-

PRICING PRO-FORMA - TREASURY

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
ACH RETURN UNAUTHORIZED -ELECTRONIC	Per item charge for ACH unauthorized return items - information reporting reporting advice	06507	25 0312	105		-
ACH RETURN UNAUTHORIZED QUALITY FEE	Per item charge for processing unauthorized ACH return items to cover the NACHA Unauthorized Entry Fee.	06511	25 0312	105		-
ACH PAYMENTS ONLINE BATCH RELEASE	Fee for each batch the customer releases to the bank for processing	ES803	25 0500	19		-
ACH TRANSMISSION CHARGE	Per file charge for ACH transmission input	ES801	25 0501	2,761		-
ACH DELETE - ITEM	Per item charge for processing manual and CEO online ACH item delete requests.	ES230	25 0620	6		-
ACH EXCEPTION PROCESS-DUPLICAT FILE	Per file charge for duplicate ACH files	ES346	25 0622	8		-
ACH REVERSAL - ITEM		ES361	25 0642	8		-
ACH PAYMENTS ONE DAY ITEM	Per item charge for processing manual and CEO online ACH item reversal requests.	ACH1D	25 0102	872		-
ACH PAYMENTS TWO DAY ITEM	Charge per any one day item originated through ACH Payments.	ACH2D	25 0102	423		-
ACH PAYMENTS BASE FEE	Monthly base fee assessed for each Company ID set up on ACH Payments	34377	25 0000	12		-
ACH AUTHORIZATION INVESTIGATION	Per investigation request charge for research performed by ACH Operations related to requests for authorization between Originator and their customers.	06510	25 1010	7		-
ACH CEO FRAUD FILTER REVIEW MO BASE	Monthly base charge for CEO ACH Fraud Filter Review Service.	34333	25 1050	135		-
ACH CEO FRAUD FILTER STOP MTHLYBASE	Monthly base charge for CEO ACH Fraud Filter Stop Service	34334	25 1050	60		-
ACH FRAUD FILTER STOP MTHLYBASE	Monthly base charge for Fax ACH Fraud Filter Stop and ACH Block services	ES352	25 1050	24		-
ACH CEO FRAUD FILTER STOP - ITEM	Per item charge for CEO Fraud Filter Stop Items.	34338	25 1052	1		-
ACH CEO FRAUD FILTER REVIEW - ITEM	Per item charge for CEO Fraud Filter Review Items.	34335	25 1053	21		-
ACH NOC - TRANSMISSION ADVICE	Per item charge for ACH Notice of Change - transmission advice	ES363	25 0302	612		-
ACH WELLS FARGO NOC - TRANS ADVICE	Per item charge for Wells Fargo generated ACH Notice of Change - transmission advice	ES371	25 1070	2,339		-
ACH WELLS FARGO NOC-INFO REPT ADVIC	Per item charge for Wells Fargo generated ACH Notice of Change - information reporting	ES390	25 1070	894		-
ACH NOC - INFO REPORTING ADVICE	Per item charge for non Wells Fargo generated ACH Notice of Change - information report	ES481	25 0302	132		-
EDI PAYMENT SERVICES	Input in BidSync 01-07 - General ACH Services					
PAYMENT MGR INBOUND TRANSMISSION		28005	30 0100	60		-
REC MGR OR E-BOX TRANSMISSION	Per transmission charge for incoming direct transmissions. Excludes VAN and SFT. Per inbound or outbound transmission charge for Receivables Manager and E-Box transmissions. Excludes VAN's.	28006	30 0200	606		-
RECEIVABLES MANAGER MONTHLY BASE	Monthly base fee for the Receivables Manager product	28019	30 0010	24		-
PAYMENT MANAGER ACH ADDENDA	Per item charge for each ACH addenda record passed to ACH	28210	30 0299	9,399		-
PAYMENT MGR EMAIL SERVICE	Additional fee for utilizing the email delivery channel for acknowledgements and /or confirmations	28231	30 0221	60		-
CEO EDI PMT DETAIL SUBSC MO BASE	Monthly base charge per account for CEO TIR EDI Payment Detail reporting	34240	30 0010	83		-
CEO EDI PMT DETAIL - ITEM	Per received ACH item reported in the CEO TIR EDI Payment Detail Report.	34242	30 0225	37,629		-
CEO EDI PMT DETAIL - ADDENDA ITEM	Per received ACH CTX or IAT addenda record reported in the CEO TIR EDI Payment Detail Report	34245	30 0225	29,659		-
PAYMENT MANAGER DOMESTIC ACH TRAN	Per item charge for each ACH originated item transmitted to the bank via Payment Manager.	ED267	30 0100	59		-
PAYMENT MGR REJECT REPAIR DUPLICATE	Charge for Payment Manager files rejected for format concerns, for files or transactions requiring repair to process, or duplicate files and check transactions requiring cancellation.	28033	30 0330	1		-
PAYMENT MGR IMPLEMENTATION DEV HOUR	Per hour fee for development and other miscellaneous work performed by PMGR Implementation Operations Systems and third party vendors.	ED271	30 0341	2		-
PAYMENT MANAGER MONTHLY BASE	Monthly base fee per setup for using Payment Manager.	ED290	30 0000	24		-
WIRE & OTHER FUNDS TRANSFER SERVICE	Input in BidSync 01-08 - EDI Payment Services					
WIRE IN REPAIR SURCHARGE	Per wire fee for incoming repair - domestic and international wires.	18030	35 0330	8		-
WIRE INVESTIGATION	Per wire fee per investigation which can include: tracers/recalls/returns/amendments/photocopy requests.	18602	35 0560	1		-

PRICING PRO-FORMA - TREASURY

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
WIRE SECURITY PIN MONTHLY BASE	Monthly maintenance per user setup with a PIN for wire initiation via the Wells Fargo Wire system /Voice/ VRU wire channel.	ES167	35 9999	36		-
WIRE IN - DOMESTIC	Incoming domestic wire sent to a Wells Fargo US account, this includes incoming wires from a Wells Fargo originated wire not designated as a book transfer.	ES030	35 0300	2,824		-
WIRE TEMPLATE STORAGE MONTHLY BASE	Monthly charge per repetitive template stored on the Wells Fargo wire system. This includes standing transfer order wires and voice wires. This does NOT include templates stored within CEO Wires.	ES075	35 0551	300		-
WIRE IN XBDR - USD OR FX	Incoming Cross border wire in US dollar or Foreign Currency crediting a Wells Fargo US account	ES076	35 0310	123		-
WIRE IN VIA CORRESPONDENT BK-USD/FX	Incoming wire US Dollar or Foreign Currency, received from Wells Fargo correspondent relationships and subject to correspondent fees	ES191	35 0320	176		-
WIRE OUT DOMESTIC - CEO	Outgoing domestic wire (freeform/template/import) initiated via CEO Wires. Includes wires completed in the Create Wire screen or Create Template screen (for Wire, Drawdown, Federal Tax, or Federal Tax Bulk templates), or wires imported as a payment.	ES139	35 0100	537		-
WIRE BOOK TRANSFER - CEO	Wire between two WF accounts that are within one CEO ID, entitled to book transfer, and initiated via a CEO Wires book transfer workflow	ES141	35 0120	132		-
WIRE OUT XBDR USD - CEO	Outgoing Cross Border USD wire (freeform or templated) initiated from a Wells Fargo US account via CEO Wires.	ES147	35 0113	39		-
INFORMATION SERVICES	Input in BidSync 01-09 - Wire & Other Funds Transfer Services					
DESKTOP DEPOSIT REPORT PER ITEM	For each item that appears on any report pulled via the Desktop Deposit service, a volume of one will be made. Charge is incurred each and every time the report is pulled.	15003	40 0231	200,888		-
DESKTOP DEPOSIT MONTHLY BASE	For each depository account set up for the Desktop Deposit service, a volume of one is charged	15017	40 0003	12		-
CEO CONT DISB SUBSCRIPTION - ITEM	Per item accessed charge for Controlled Disbursement Detail Report	34215	40 0274	1,794		-
CEO WIRE XFR DETAIL US ACCT ITEM	Charge for each transaction reported on the CEO Treasury Information Reporting Wire Transfer Detail report	34207	40 0274	33,315		-
INFOFAX RETURN MONTHLY BASE	Monthly base charge for reporting current day paper returns	27588	40 9999	12		-
CEO SEARCH	Charge for CEO search results viewed in increments of 1-100 items	27707	40 0340	9,111		-
CEO PREV DAY REPORTING MAINTENANCE	Monthly maintenance charge for previous day reporting	34100	40 0052	220		-
CEO PREV DAY REPORTING ITEMS LOADED	Charge for previous day subscription items loaded	34115	40 0272	153,645		-
CEO INTRADAY REPORTING MAINTENANCE	Monthly maintenance charge for intraday reporting	34120	40 0055	220		-
CEO INTRADAY REPORTING ITEMS RPTD	Charge for each detail item reported in the Intraday Composite report in CEO Treasury Information Reporting	34121	40 0274	50,225		-
CEO EVENT MESSAGING SERVICE - EMAIL	Charge for each alert delivered via email by the CEO Alerts/Event Messaging service	34123	40 022Z	17,834		-
CEO WIRE XFR DETAIL US ACCT MO BASE	Per month per account maintenance base fee for having the CEO Treasury Information Reporting Wire Transfer Detail Report	34205	40 0003	208		-
CEO WIRE INQUIRY DETAIL - PER ITEM	Per item charge for retrieval of detailed wire information via CEO Transaction Search or CEO Treasury Information Reporting	34212	40 0340	187		-
INFO REPORTING HISTORY STORAGE 120	Charge for each item loaded for 120 days of historical data storage for Previous Day Balances and Transaction Details	34253	40 0800	276,561		-
ARP DATA QUERY REPORT MTHLY BASE	Treasury Information Reporting ARP will allow users to perform data query for specific data types and get a response back	34410	40 0051	12		-
ARP STMTS & RPTS (CSV/EXCEL) BASE	Treasury Information Reporting ARP will allow users to download ARP statements and/or optional reports in different output formats	34420	40 0051	12		-
CEO E-BOX RPT SUBSCRIPTION MO BASE	Treasury Information Reporting E-box report will allow users to access their online bill payments report	34601	40 0054	12		-
INTERNATIONAL SERVICES	Input in BidSync 01-10 - Information Services					

PRICING PRO-FORMA - TREASURY

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
DEPOSITED CHECK ON CANADIAN BANK	Canadian currency or US dollar check drawn on a Canadian bank, deposited at Wells Fargo	IL152	60 9999	877		-
DEPOSIT POSTED FOREIGN CHECKS	Credit posting charge for a deposit of canadian or other foreign checks delivered to a Wells Fargo Foreign Item Processing Center in the US	IL250	60 9999	2		-
RETURNED FOREIGN CHECK	Charge for processing and delivery of a returned deposited foreign check	IL399	60 9999	10		-
Input in BidSync 01-11 - International Services						

PRICING PRO-FORMA - LOCKBOX

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
LOCKBOX SERVICES						
WTLBX SET UP FEE	Lockbox one-time fee to setup new lockbox	48271	05 0801	1		-
WTLBX MONTHLY BASE	Monthly Retail lockbox maintenance fee	48200	05 0020	6		-
WTLBX STOP / POSITIVE FILE	Retail lockbox monthly fee for Stop File / Positive File processing	48203	05 0135	6		-
WTLBX TRANSMISSION MONTHLY BASE	Retail lockbox monthly fee for transmission of data file	48205	05 0401	6		-
WTLBX ONLINE DECISION MTHLY BASE	Retail lockbox monthly fee for maintenance of online exception processing	48333	05 9999	6		-
WTLBX CHECKS	Retail lockbox fee for checks processed and deposited which were included in transaction with scannable coupon	48210	05 0100	33,588		-
WTLBX TOTAL PAYMENTS PROCESSED	Retail lockbox fee to process transactions received with scannable coupon	48220	05 0122	37,439		-
WTLBX STD ITEM PROCESSED NON SCAN	Retail lockbox per item fee to process remittances received as non-scannable transactions	48307	05 9999	837		-
WTLBX MULTI PAYMENT	Retail lockbox surcharge fee to process scannable transactions which include multiple checks and or multiple coupons in the transaction	48221	05 0122	5,312		-
WTLBX PARTIAL PAYMENT	Retail lockbox surcharge fee to process scannable transactions which include partial payments; amount of check does not equal amount due on coupon	48222	05 0002	3,585		-
WTLBX REMIT PROCESSED CASH	Retail lockbox fee for handling remittances received with cash	48336	05 9999	8		-
WTLBX MICR DATA CAPTURE	Retail lockbox fee to capture check MICR line for scannable transactions	48236	05 0127	33,588		-
WTLBX MICR CAPTURE NON-SCANNABLE	Retail lockbox fee to capture check MICR line for non-scannable transactions	48317	05 9999	837		-
WTLBX CORRESPONDENCE / REJECTS	Retail lockbox fee to out sort and forward unprocessable payments and/or correspondence items in outgoing remittance package	48244	05 0530	201		-
WTLBX OCR SCANLINE REJECTS	Retail lockbox fee to correct and process OCR scanline rejects when reject rate exceeds 3% of volume in a given month. Fee is applied to all OCR scanline rejects.	48250	05 0530	1,193		-
WTLBX ONLINE DECISION EXCEPTN POST	Retail lockbox per item fee for each exception item posted to online exception process or review, correction and/or decisioning	48334	05 9999	902		-
WTLBX ONLINE DECISION ITEMS REJECT	Retail lockbox fee for each exception item posted to online exception processing and subsequently decisions by Broward County as reject, do not process	48335	05 9999	18		-
WTLBX IMAGING - SCANNABLE	Retail lockbox fee to image check and coupon/document included in scannable transaction. The front of each item counts as one image and the back of each item counts as one image	48234	05 0101	108,236		-
WTLBX IMAGING NON-SCANNABLE	Retail lockbox fee to image check and document included in non-scannable transaction. The front of each item counts as one image and the back of each item counts as one image	48326	05 9999	3,168		-
WTLBX 7 YEAR B/W IMAGE ARCHIVE	Retail lockbox per image fee to store black and white images of checks and remittances for 7 years	48249	05 0424	111,404		-
WTLBX VALUE ADDED KEYING - NON SCAN	Retail lockbox fee for data capture of information from check and/or invoice documents for inclusion in customer file and/or reports	48318	05 9999	31,173		-
WTLBX DAILY DEPOSIT CUT	Retail lockbox fee assessed for each daily deposit cut	48230	05 0301	94		-
WTLBX POST OFFICE RETURNED MAIL	Retail lockbox fee to out sort and forward USPS returned mail to Broward County	48254	05 011E	18		-
WTLBX RESTRICTIVE / SPEC PROCESSING	Retail lockbox per item fee for reviewing and processing invoice/coupon information following Broward County's specific instructions	48315	05 9999	837		-
WTLBX TRANSMISSION ITEM	Retail lockbox fee associated with outgoing transmission of detailed remittance information	48501	05 0401	38,276		-
WTLBXV CALLER BOX RENTAL	Wholesale lockbox caller box annual fee with the United States Post Office	61088	05 0002	2,540		-
WTLBXV MONTHLY BASE	Monthly wholesale lockbox maintenance fee	61030	05 0020	12		-
WTLBXV DATA TRANSMISSION MTHLY BASE	Wholesale lockbox monthly fee for transmission of data file	61044	05 0400	12		-
WTLBXV NON TRUNCATED PKG MO BASE	Wholesale lockbox vendor monthly maintenance fee per box to prepare daily remittance packages which include photocopies of checks and original remittance documents	61052	05 011L	12		-
WTLBXV MULTI DDA TABLE	Wholesale lockbox monthly fee for maintenance of lockbox account using multiple DDA table. Payments are credited to the appropriate DDA based on Broward County's requirements	61057	05 0127	12		-
WTLBXV STOP/POSITIVE FILE MO BASE	Wholesale lockbox monthly fee for Stop File / Positive File processing	61067	05 0135	12		-
WTLBXV ONLINE DECISION MONTHLY BASE	Wholesale lockbox vendor monthly maintenance fee per box for online exception processing	61075	05 0500	12		-
WTLBXV WLL MONTHLY BASE	Wholesale lockbox vendor monthly maintenance fee for lockbox image	61087	05 0400	12		-
WTLBXV STANDARD ITEM PROC NON SCAN	Wholesale lockbox per item fee to process remittances received as non-scannable transactions	61012	05 0100	2,562		-
WTLBXV TOTAL PAYMENTS PROCESSED	Wholesale lockbox fee to process transactions received with scannable coupon	61071	05 0200	162,302		-
WTLBXV PARTIAL PAYMENT	Wholesale lockbox surcharge fee to process scannable transactions which include partial payments; amount of check does not equal amount due on coupon	61072	05 0201	156,356		-
WTLBXV MULTI CHECK/COUPON PAYMENTS	Wholesale lockbox surcharge fee to process scannable transactions which include multiple checks and or multiple coupons in the transaction	61073	05 0202	5,946		-
WTLBXV REMIT PROC FOREIGN CHECKS	Wholesale lockbox fee to process foreign check	61048	05 013F	654		-

PRICING PRO-FORMA - LOCKBOX

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
WTLBXV CORRESPONDENCE REJECTS	Wholesale lockbox fee to out sort and forward unprocessable payments and/or correspondence items in outgoing remittance package	61019	05 0530	1,095		-
WTLBXV CHECKS	Wholesale lockbox fee for checks processed and deposited which were included in transaction with scannable coupon	61078	05 9999	162,030		-
WTLBXV ROUGH SORT 5 OR LESS NONSCAN	Wholesale lockbox vendor per item charge for sorting items processed into 5 or less sorts for non scannable payments	61047	05 0114	2,562		-
WTLBXV ONLINE DECISION EXCEPTN POST	Wholesale lockbox per item fee for each exception item posted to online exception process or review, correction and/or decisioning	61076	05 0520	5,199		-
WTLBXV ONLINE DECISION ITEMS REJECT	Wholesale lockbox fee for each exception item posted to online exception processing and subsequently decisions by Broward County as reject, do not process	61077	05 0530	1,679		-
WTLBXV IMAGING	Wholesale lockbox fee to image check and coupon/document included in scannable transaction. The front of each item counts as one image and the back of each item counts as one image	61064	05 0100	324,332		-
WTLBXV IMAGING NON-SCANNABLE	Wholesale lockbox fee to image check and document included in non-scannable transaction. The front of each item counts as one image and the back of each item counts as one image	61063	05 0100	2,543		-
WTLBXV 7 YR B/W IMAGE ARCHIVE	Wholesale lockbox vendor per image fee to store black and white images of check and remittances for 7 years	61055	05 0620	326,875		-
WTLBXV DAILY DEPOSIT CUT	Wholesale lockbox vendor per deposit cut	61020	05 0301	111		-
WTLBXV COUPONS RETURNED	Wholesale lockbox fee to forward processed coupons to Broward County in outgoing remittance package	61082	05 9999	162,302		-
WTLBXV TRANSMISSION ITEM	Wholesale lockbox fee associated with outgoing transmission of detailed remittance information	61098	05 0401	164,864		-
LOCKBOX CEO SUBSCRIPTION MTHLY BASE	Monthly maintenance charge per account for the Lockbox Availability report and per Lockbox on the Lockbox Detail report	34220	05 031Z	17		-
Input in BidSync 02-01 - Lockbox Services						

PRICING PRO-FORMA - SAFEKEEPING

DESCRIPTION	Line Item Description	SERVICE CODE	AFP CODE	Annual Volume	Proposed Price (Per/Unit)	Annual Charge
INVESTMENT/CUSTODY SERVICES						
WFB MN NA SFKPG ACCOUNT MAINTENANCE	Monthly Maintenance for Safekeeping Services per Custody Account	IS417	45 9999	72		-
WFB MN NA CUSIP HOLDINGS - OTHER	T-BILLS, T-NOTES, T-BONDS, AGENCIES, CP	IS420	45 9999	638		-
WFB MN NA CUSIP HOLDINGS - MUNI/CORPORATE	MUNICIPAL, CORPORATE			0		-
WFB MN NA CUSIP HOLDINGS - ASSET BACKED	CARS, CARDS, ETC			0		-
WFB MN NA CUSIP HOLDINGS - MORTGAGE BACKED	FNMA, GNMA, CMOs, REMICs			0		-
PHYSICAL SECURITIES CLEARING	ISRAEL BONDS			1		-
INST BROKERGE 3RD PARTY TRADE-TRAN	Wells Fargo Securities third party trading fee	IS340	45 0199	154		-
INST BROKERGE TRADE-TRAN	Wells Fargo trading fee			48		-

Broward County Board of
County Commissioners

Bid GEN2118504P1

RELATIONSHIP SUMMARY TREASURY SERVICES	SERVICE DESCRIPTION	SERVICE CODE	AFP CODE	ANNUAL VOLUME	MONTHLY VOLUME													
					Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19		
12681	POSITIVE PAY ONLY - MONTHLY BASE	15.0130	36.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
12682	POSITIVE PAY ONLY - ITEM	15.0120	28,390.00	3,835.00	3,342.00	1,690.00	1,602.00	1,812.00	1,496.00	1,691.00	1,496.00	1,691.00	1,496.00	1,691.00	1,496.00	1,691.00	1,496.00	1,691.00
12812	CEO IMAGE VIEW < 90 DAYS - ITEM	15.1352	18,324.00	459.00	142.00	105.00	130.00	256.00	107.00	262.00	97.00	262.00	97.00	262.00	97.00	262.00	97.00	262.00
12815	CEO IMAGE VIEW > 90 DAYS - ITEM	15.1352	1,915.00	365.00	199.00	78.00	116.00	139.00	68.00	139.00	68.00	139.00	68.00	139.00	68.00	139.00	68.00	139.00
12816	CEKSTOP DEPOSIT IMAGES RETRIEVED	15.1352	128,519.00	7,876.00	7,717.00	7,092.00	6,650.00	6,699.00	5,642.00	6,262.00	5,642.00	6,262.00	5,642.00	6,262.00	5,642.00	6,262.00	5,642.00	6,262.00
12903	POSITIVE PAY EXCEPTIONS - ITEM	15.0310	22.00	2.00	1.00	3.00	1.00	5.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
12906	POS PAY CHECK VERIFICATION CALL	15.0401	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
12907	POSITIVE PAY MONTHLY BASE	15.0030	24.00	2.00	1.00	3.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
12908	POS PAY CHECKS WITH NO ISSUE RECORD	15.0310	13.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
22020	WELLSIMAGE PAID CHECK MONTHLY BASE	15.1350	36.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
22225	CHECK CASHING THRESHOLD MO BASE	15.0240	159.00	14.00	14.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00
22235	OTC DEBIT BLOCK MONTHLY BASE	15.0240	159.00	14.00	14.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00
22245	CHECKS PAY TO INDIV BLOCK MO BASE	15.0240	159.00	14.00	14.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00
14070	CONT DISB ACCT MAINT W/CXSTR	15.0000	24.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
14225	CONT DISB CHECKS PAID	15.0110	39,440.00	3,405.00	3,489.00	2,889.00	3,466.00	3,769.00	3,334.00	4,465.00	2,112.00	2,766.00	2,112.00	4,465.00	2,766.00	3,518.00	2,112.00	3,191.00
34210	CEO CONT DISB SUBSCRIPTION BASE	15.0700	24.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
22015	WELLSIMAGE PAID CHECK PER CD	15.1353	60.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
22202	DPA CHECKS PAID	15.0100	26,852.00	2,806.00	3,143.00	2,135.00	1,806.00	1,734.00	1,463.00	1,623.00	1,524.00	1,915.00	1,524.00	1,915.00	1,524.00	1,915.00	1,524.00	1,915.00
12675	STOP PAYMENT - PAPER CONFIRMATION	15.0499	5,964.00	510.00	877.00	107.00	980.00	487.00	124.00	721.00	315.00	393.00	315.00	487.00	393.00	608.00	315.00	570.00
DS191	PAYEE VALIDATION STANDARD-ITEM	15.0122	66,291.00	5,812.00	6,632.00	5,024.00	5,272.00	5,503.00	4,787.00	6,087.00	3,636.00	4,681.00	3,636.00	6,087.00	4,681.00	6,693.00	3,636.00	5,953.00
CK101	CASHIER'S CHECK	15.0511	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
22810	WF CHK CASHED FOR NONACT HOLDER	15.0500	61.00	8.00	5.00	3.00	5.00	4.00	2.00	7.00	3.00	6.00	3.00	7.00	6.00	5.00	3.00	8.00
21622	CONT DISB CASHED CHECK-FLOAT FEE	15.0220	87.00	1.00	6.00	5.00	7.00	12.00	15.00	4.00	14.00	4.00	14.00	4.00	14.00	4.00	14.00	16.00
D2525	WELLSIMAGE PAID CHECK PER ITEM	15.1399	65,694.00	5,397.00	6,209.00	6,631.00	5,019.00	5,271.00	5,503.00	4,786.00	6,087.00	3,634.00	6,087.00	4,786.00	3,634.00	4,660.00	6,087.00	6,687.00
21556	CONT DISB MICR REJECTS THRU 1%	15.0300	147.00	13.00	13.00	13.00	28.00	32.00	32.00	28.00	32.00	21.00	32.00	28.00	21.00	32.00	21.00	20.00
22030	STOP PAYMENT - AUTO RENEWAL	15.0412	7,864.00	977.00	695.00	568.00	665.00	801.00	335.00	754.00	462.00	423.00	462.00	754.00	423.00	688.00	462.00	1,078.00
PAPER DISBURSEMENT RECON SERVICES																		
34337	CEO CHECK ISSUES-ITEM	20.0201	1.00	2.00	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
12060	ARP MONTHLY BASE - FULL	20.0010	24.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
12061	ARP MONTHLY BASE - PARTIAL	20.0020	12.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
12377	ARP FULL RECON-ITEM	20.0201	41,729.00	3,594.00	3,471.00	3,473.00	3,510.00	4,304.00	3,115.00	4,373.00	2,453.00	2,957.00	2,453.00	4,373.00	2,957.00	3,711.00	2,453.00	3,184.00
12430	ARP OUTPUT - TRANSMISSION	20.0301	72.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
12604	ARP OPTIONAL REPORTS	20.0306	383.00	33.00	33.00	32.00	32.00	34.00	30.00	33.00	31.00	31.00	31.00	33.00	31.00	32.00	31.00	30.00
12687	ARP AGED ISSUE RECORDS ON FILE-ITEM	20.9999	306,159.00	24,333.00	24,600.00	25,020.00	25,901.00	25,819.00	25,831.00	25,914.00	26,020.00	26,073.00	26,020.00	25,914.00	26,073.00	26,129.00	26,020.00	26,294.00
12694	OUTGOING TRANSMISSION - PER ITEM	20.0100	154,645.00	12,996.00	13,739.00	12,735.00	11,933.00	12,819.00	11,778.00	16,046.00	12,595.00	10,928.00	12,595.00	16,046.00	10,928.00	13,162.00	12,595.00	12,831.00
34350	CEO ARP STMT & RPTS MONTHLY BASE	20.0306	36.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

RELATIONSHIP SUMMARY
TREASURY SERVICES

SERVICE DESCRIPTION	SERVICE CODE	AFP CODE	ANNUAL VOLUME	Mar-18 VOLUME	Apr-18 VOLUME	May-18 VOLUME	Jun-18 VOLUME	Jul-18 VOLUME	Aug-18 VOLUME	Sep-18 VOLUME	Oct-18 VOLUME	Nov-18 VOLUME	Dec-18 VOLUME	Jan-19 VOLUME	Feb-19 VOLUME
CEO PREV DAY REPORTING ITEMS LOADED	34115	40 0272	153,645.00	14,148.00	11,618.00	13,166.00	11,442.00	10,744.00	11,973.00	10,622.00	12,007.00	19,044.00	12,549.00	14,150.00	12,182.00
CEO INTRADAY REPORTING MAINTENANCE	34120	40 0055	220.00	19.00	19.00	19.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00
CEO INTRADAY REPORTING ITEMS RPTD	34121	40 0274	50,225.00	5,711.00	4,537.00	3,177.00	3,146.00	3,523.00	2,804.00	3,980.00	3,663.00	4,729.00	6,201.00	4,812.00	3,942.00
CEO EVENT MESSAGING SERVICE - EMAIL	34123	40 022Z	17,834.00	1,586.00	1,541.00	1,555.00	1,546.00	1,599.00	1,608.00	1,559.00	1,397.00	1,375.00	1,448.00	1,346.00	1,274.00
CEO WIRE XFR DETAIL US ACCT MO BASE	34205	40 000B	208.00	18.00	18.00	18.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00	17.00
CEO WIRE INQUIRY DETAIL - PER ITEM	34212	40 0340	187.00	13.00	17.00	12.00	12.00	14.00	13.00	9.00	19.00	16.00	14.00	23.00	25.00
INFO REPORTING HISTORY STORAGE 120	34253	40 0800	276,561.00	24,665.00	21,783.00	23,643.00	21,181.00	20,824.00	23,012.00	20,348.00	23,307.00	28,608.00	22,526.00	24,809.00	21,855.00
ARP DATA QUERY REPORT MTHLY BASE	34410	40 0051	12.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
ARP STMTS & RPTS (CSV/EXCEL) BASE	34420	40 0051	12.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CEO E-BOX RPT SUBSCRIPTION MO BASE	34601	40 0054	12.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
INTERNATIONAL SERVICES															
DEPOSITED CHECK ON CANADIAN BANK	IL152	60 9999	877.00	54.00	25.00	14.00	11.00	20.00	30.00	10.00	17.00	366.00	241.00	66.00	23.00
DEPOSIT POSTED FOREIGN CHECKS	IL250	60 9999	2.00												
RETURNED FOREIGN CHECK	IL399	60 9999	10.00										7.00		1.00

Broward County Board of
County Commissioners

Bid GEN2118504P1

RELATIONSHIP SUMMARY	SERVICE DESCRIPTION	SERVICE CODE	AFP CODE	ANNUAL VOLUME	Mar-18 VOLUME	Apr-18 VOLUME	May-18 VOLUME	Jun-18 VOLUME	Jul-18 VOLUME	Aug-18 VOLUME	Sep-18 VOLUME	Oct-18 VOLUME	Nov-18 VOLUME	Dec-18 VOLUME	Jan-19 VOLUME	Feb-19 VOLUME
57	E-BOX PAYMENT	ED470	05 9999	100,541.00	8,940.00	7,167.00	7,515.00	6,650.00	7,144.00	7,459.00	6,342.00	7,473.00	18,582.00	8,979.00	7,713.00	6,577.00
58	E-BOX MONTHLY MAINT (W/CROSS REF)	ED500	05 0030	24.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
59	E-BOX REPORTING PACKAGE MTHLY BASE	ED521	05 0030	12.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
60	E-BOX REVERSAL REPORTING MTHLY BASE	ED524	05 0030	24.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
61	E-BOX POSITIVE FILE MONTHLY BASE	28042	05 0030	12.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
62	E-BOX SUSPENDED PAYMENT PER ITEM	28047	05 0530	547.00	67.00								176.00	111.00	97.00	96.00
63	WTIBX SET UP FEE	48271	05 0801	1.00							1.00					
64	WTIBX MONTHLY BASE	48200	05 0020	6.00							1.00	1.00	1.00	1.00	1.00	1.00
65	WTIBX STOP / POSITIVE FILE	48203	05 0135	6.00							1.00	1.00	1.00	1.00	1.00	1.00
66	WTIBX TRANSMISSION MONTHLY BASE	48205	05 0401	6.00							1.00	1.00	1.00	1.00	1.00	1.00
67	WTIBX ONLINE DECISION MTHLY BASE	48333	05 9999	6.00							1.00	1.00	1.00	1.00	1.00	1.00
68	WTIBX CHECKS	48210	05 0100	33,588.00								4,530.00	6,734.00	7,153.00	8,472.00	6,699.00
69	WTIBX TOTAL PAYMENTS PROCESSED	48220	05 0122	37,439.00								5,078.00	7,451.00	7,898.00	9,520.00	7,492.00
70	WTIBX STD ITEM PROCESSED NON SCAN	48307	05 9999	837.00								88.00	134.00	181.00	205.00	229.00
71	WTIBX MULTI PAYMENT	48221	05 0122	5,312.00								747.00	1,001.00	1,056.00	1,423.00	1,085.00
72	WTIBX PARTIAL PAYMENT	48222	05 0002	3,585.00								379.00	681.00	816.00	977.00	732.00
73	WTIBX REMIT PROCESSED CASH	48336	05 9999	8.00									2.00	1.00	2.00	3.00
74	WTIBX MICR DATA CAPTURE	48236	05 0127	33,588.00								4,530.00	6,734.00	7,153.00	8,472.00	6,699.00
75	WTIBX MICR CAPTURE NON-SCANNABLE	48317	05 9999	837.00								88.00	134.00	181.00	205.00	229.00
76	WTIBX CORRESPONDENCE / REJECTS	48244	05 0530	201.00								19.00	34.00	44.00	60.00	44.00
77	WTIBX OCR SCANNING REJECTS	48250	05 0530	1,193.00								364.00	518.00	311.00	60.00	44.00
78	WTIBX ONLINE DECISION EXCEPTN POST	48334	05 9999	902.00								450.00	269.00	62.00	55.00	66.00
79	WTIBX IMAGING - SCANNABLE	48234	05 0101	108,236.00								14,677.00	21,618.00	22,899.00	27,435.00	21,607.00
80	WTIBX IMAGING NON-SCANNABLE	48326	05 9999	3,168.00								316.00	659.00	686.00	760.00	747.00
81	WTIBX 7 YEAR B/W IMAGE ARCHIVE	48249	05 0424	111,404.00								14,993.00	22,277.00	23,585.00	28,195.00	22,343.00
82	WTIBX VALUE ADDED KEYING - NON SCAN	48318	05 9999	31,173.00								2,644.00	6,540.00	6,992.00	8,254.00	6,743.00
83	WTIBX DAILY DEPOSIT CUT	48230	05 0301	94.00								15.00	20.00	19.00	21.00	19.00
84	WTIBX POST OFFICE RETURNED MAIL	48254	05 011E	18.00								88.00	134.00	181.00	205.00	229.00
85	WTIBX RESTRICTIVE / SPEC PROCESSING	48315	05 9999	837.00								5,166.00	7,585.00	8,079.00	9,725.00	7,721.00
86	WTIBX TRANSMISSION ITEM	48501	05 0401	38,276.00				1,370.00								
87	WTIBX CALLER BOX RENTAL	61088	05 0002	2,540.00				1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
88	WTIBX MONTHLY BASE	61090	05 0020	12.00				1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
89	WTIBX DATA TRANSMISSION MTHLY BASE	61044	05 0400	12.00				1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
90	WTIBX NON TRUNCATED PKG MD BASE	61052	05 011L	12.00				1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
91	WTIBX MULTI DDAT TABLE	61057	05 0127	12.00				1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
92	WTIBX STOP/POSITIVE FILE MD BASE	61067	05 0135	12.00				1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
93	WTIBX ONLINE DECISION MONTHLY BASE	61075	05 0500	12.00				1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
94	WTIBX W/L MONTHLY BASE	61077	05 0400	12.00				1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
95	WTIBX STANDARD ITEM PROC NON SCAN	61012	05 0100	2,562.00	166.00	299.00							1,047.00	724.00	217.00	107.00
96	WTIBX TOTAL PAYMENTS PROCESSED	61071	05 0200	162,302.00	10,440.00	1,784.00							110,693.00	25,912.00	8,814.00	4,659.00
97	WTIBX PARTIAL PAYMENT	61072	05 0201	156,356.00	10,001.00	1,680.00							107,111.00	24,621.00	8,428.00	4,515.00
98	WTIBX MULTI CHECK/COUPON PAYMENTS	61073	05 0202	5,946.00	439.00	104.00							3,582.00	1,291.00	386.00	144.00
99	WTIBX REMIT PROC FOREIGN CHECKS	61048	05 013F	654.00	28.00	4.00							376.00	196.00	45.00	5.00
100	WTIBX CORRESPONDENCE REJECTS	61019	05 0530	1,095.00	113.00	88.00	2.00	2.00	1.00				485.00	257.00	92.00	54.00
101	WTIBX CHECKS	61078	05 9999	162,030.00	10,572.00	1,865.00							110,318.00	25,677.00	8,874.00	4,724.00
102	WTIBX ROUGHSHORT 5 OR LESS NONSCAN	61047	05 0114	2,562.00	168.00	299.00							1,047.00	724.00	217.00	107.00
103	WTIBX ONLINE DECISION EXCEPTN POST	61076	05 0520	5,195.00	540.00	482.00							2,293.00	1,201.00	411.00	272.00
104	WTIBX ONLINE DECISION ITEMS REJECT	61077	05 0530	1,679.00	179.00	155.00							671.00	409.00	149.00	116.00
105	WTIBX IMAGING	61064	05 0100	324,332.00	21,012.00	3,649.00							221,011.00	51,589.00	17,688.00	9,383.00
106	WTIBX IMAGING NON-SCANNABLE	61063	05 0100	2,543.00	166.00	298.00							1,034.00	719.00	217.00	107.00
107	WTIBX 7 YR B/W IMAGE ARCHIVE	61055	05 0620	326,875.00	21,180.00	3,947.00							222,045.00	52,308.00	17,905.00	9,490.00
108	WTIBX DAILY DEPOSIT CUT	61020	05 0301	111.00	22.00	6.00							23.00	20.00	21.00	19.00
109	WTIBX COUPONS RETURNED	61082	05 9999	162,302.00	10,440.00	1,784.00							110,693.00	25,912.00	8,814.00	4,659.00
110	WTIBX TRANSMISSION ITEM	61098	05 0401	164,864.00	10,608.00	2,083.00							111,740.00	26,636.00	9,031.00	4,766.00
111	LOCKBOX CEO SUBSCRIPTION MTHLY BASE	34220	05 031Z	17.00	1.00	1.00							2.00	2.00	2.00	2.00
112	E-BOX PAYMENT RETURN	ED515	05 9999	440.00	46.00	24.00	15.00	11.00	14.00	1.00	62.00	10.00	59.00	69.00	60.00	69.00
113	E-BOX PAYMENT REVERSED	ED516	05 9999	31.00	2.00	1.00	1.00	1.00	2.00	5.00	4.00	2.00	3.00	9.00	1.00	1.00

5/ RELATIONSHIP SUMMARY
7/ SAFEKEEPING SERVICES
NO
NO
NO
NO

SERVICE DESCRIPTION	SERVICE CODE	AFP CODE	ANNUAL VOLUME	Mar-18 VOLUME	Apr-18 VOLUME	May-18 VOLUME	Jun-18 VOLUME	Jul-18 VOLUME	Aug-18 VOLUME	Sep-18 VOLUME	Oct-18 VOLUME	Nov-18 VOLUME	Dec-18 VOLUME	Jan-19 VOLUME	Feb-19 VOLUME
INVESTMENT/CUSTODY SERVICES															
W/FEB MIN NA CUSIP HOLDINGS - OTHER	IS420	45 9999	638.00	61.00	62.00	58.00	61.00	53.00	50.00	49.00	45.00	45.00	52.00	51.00	51.00
TRUST BROKERAGE 3RD PARTY TRADE-TRAN	IS340	45 0199	154.00	8.00	8.00	16.00	20.00	10.00	10.00	9.00	5.00	12.00	32.00	16.00	8.00

5/ RELATIONSHIP SUMMARY
PURCHASING CARD SERVICES

SERVICE DESCRIPTION	SERVICE CODE	AFP CODE	ANNUAL VOLUME	Mar-18 VOLUME	Apr-18 VOLUME	May-18 VOLUME	Jun-18 VOLUME	Jul-18 VOLUME	Aug-18 VOLUME	Sep-18 VOLUME	Oct-18 VOLUME	Nov-18 VOLUME	Dec-18 VOLUME	Jan-19 VOLUME	Feb-19 VOLUME
PURCHASING CARD SERVICES															
COMMERCIAL CARD ISSUANCE	PC016	08 0301	116.00	10.00	19.00	4.00	14.00		22.00	4.00	13.00	7.00	8.00	6.00	9.00
COMMERCIAL CARD TRANSACTION	PC025	08 0100	59,019.00	5,724.00	5,366.00	5,399.00	5,237.00	4,816.00	5,260.00	4,455.00	4,834.00	4,205.00	4,173.00	5,007.00	4,543.00
COMMERCIAL CARD PROGRAM MAINT FEE A	PC128	08 0000	12.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
COMMERCIAL CARD CCER MONTHLY BASE	PC174	08 0000	12.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Question and Answers for Bid #GEN2118504P1 - Master Banking Services

Overall Bid Questions

There are no questions associated with this bid.