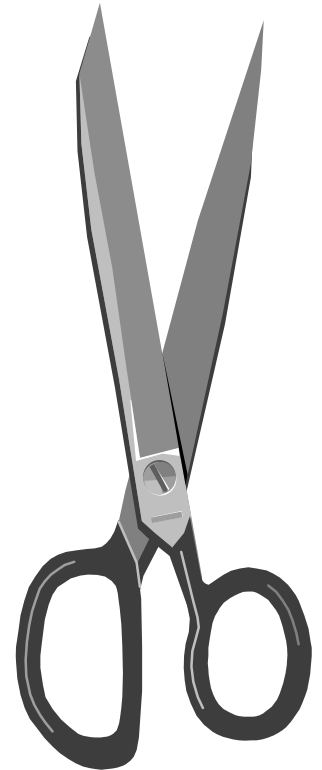


Cut along the outer border and affix this label to your sealed proposal envelope to identify it as a “Sealed Proposal”. Be sure to include the name of the company submitting the bid where requested.

SEALED PROPOSAL • DO NOT OPEN	
SEALED PROPOSAL NO.:	056-0483-P (GG)
PROPOSAL TITLE :	Services, Banking
DUE DATE/TIME:	May 2, 2006 @3:00 p.m.
SUBMITTED BY:	_____
	(Name of Company)
DELIVER TO: PURCHASING DEPARTMENT Board of County Commissioners Annex Building –6 th Floor 400 South Fort Harrison Avenue Clearwater, FL 33756	



Please Note:

From time to time, addenda may be issued to this proposal. Any such addenda will be posted on the same Web site, www.pinellascounty.org/purchase, from which you obtained this proposal. Before submitting your proposal you should check our Web site to download any addenda that may have been issued. Please remember to sign and return addendum acknowledgement form with completed proposal package if applicable.

REQUEST FOR PROPOSAL
PINELLAS COUNTY BANKING SERVICES
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**SUBMIT
PROPOSAL
TO:**

Pinellas County Board of County
Commissioners
Purchasing Department
400 South Ft. Harrison, Sixth Floor
Clearwater, Florida 33756

REQUEST FOR PROPOSAL

**PINELLAS COUNTY
BOARD OF COUNTY COMMISSIONERS**

PROPOSAL TITLE: SERVICES, BANKING**PROPOSAL NO: 056-0483-P (GG)****PRE-PROPOSAL CONFERENCE: NON-MANDATORY**

**DATE/TIME: APRIL 11, 2006 @ 1:00 PM AT THE PINELLAS COUNTY ANNEX BUILDING
5TH FLOOR CONFERENCE ROOM, 400 S. FT HARRISON AVENUE, CLEARWATER, FLORIDA
33756**

www.pinellascounty.org

**PROPOSAL IS DUE: May 2, 2006 @ 3:00P.M. AND MAY NOT
BE WITHDRAWN FOR: 120 DAYS AFTER SUCH DATE AND
TIME.**

**DEADLINE FOR WRITTEN QUESTIONS: April 19, 2006 @ 3:00
P.M.**

CONTACT PERSON: GUS GONZALEZ, CPPB

EMAIL ADDRESS: ggonzale@co.pinellas.fl.us

PHONE: 727 464-3311

FAX: 727/464-3925

ISSUE DATE:**March 31, 2006****COMMISSIONERS**

**KENNETH T. WELCH - CHAIRMAN
RONNIE DUNCAN - VICE CHAIRMAN
CALVIN D. HARRIS
SUSAN LATVALA
JOHN MORRONI
KAREN WILLIAMS SEEL
ROBERT B. STEWART**

THE MISSION OF PINELLAS COUNTY

Pinellas County Government is committed to progressive public policy, superior public service, courteous public contact, judicious exercise of authority and sound management of public resources to meet the needs and concerns of our citizens today and tomorrow.

**JOSEPH LAURO,
CPPO/CPPB
Director of Purchasing**

SECTION A**GENERAL CONDITIONS OF REQUEST FOR PROPOSAL****1. SUBMISSION OF PROPOSAL:**

- a) Proposals will be opened immediately after the proposal submittal date and time (3:00 PM) by the Pinellas County Purchasing Department, 400 South Fort Harrison Avenue, Annex Building, 6th Floor, Clearwater, FL 33756. The public may attend the proposal opening, but may not immediately review any proposals submitted. The names of respondents only will be read aloud at the time of opening. Pursuant to Section 119.07(3)(m), all proposals submitted shall be subject to review as public records 10 days from opening, or earlier if an intended decision is reached before the 10-day period expires. Late proposals will not be accepted.
- b) Proposals and changes thereto shall be enclosed in sealed envelopes or packages, addressed to the Purchasing Department, Pinellas County. The name and address of the firms, the date and hour of the proposal submittal, and the title shall be placed on the outside of the envelope.
- c) Proposals must follow the format of the RFP and structure their responses to follow the sequence of the RFP when submitting a proposal. County staff will evaluate the proposals received, based on responsiveness to the evaluation criteria and based on the information being provided in the required sequence.
- d) Proposers must have experience in work of the same or similar nature, and must provide references that will satisfy the County. Proposer must furnish a reference list of at least four (4) customers for whom they have performed similar services and must provide information as specified in Section D.
- e) Proposer is advised that exceptions to any of the terms contained in this RFP or the attached service agreement must be identified in its response to the RFP. Failure to do so may lead County to declare any such term non-negotiable. Proposer's desire to take exception to a non-negotiable term will not disqualify it from consideration for award.

SECTION A - GENERAL CONDITIONS**2. WRITTEN REQUESTS FOR INTERPRETATIONS/CLARIFICATIONS:**

No oral interpretations will be made to any firms as to the meaning of specifications or any other contract documents. All questions pertaining to the terms and conditions or scope of work of this proposal must be sent in writing (mail or fax) to the Purchasing Department and received no later than the deadline specified in Section B. Responses to questions may be handled as an addendum if the response would provide clarification to requirements of the /proposal. All such addenda shall become part of the contract documents. The County will not be responsible for any other explanation or interpretation of the proposed RFP made or given prior to the award of the contract. The Purchasing Department will be unable to respond to questions received after the specified deadline.

3. DESCRIPTION OF SUPPLIES/SERVICES:

Any manufacturer's names, trade names, brand name, or catalog numbers used in specifications are for the purpose of describing and establishing general quality levels. SUCH REFERENCES ARE NOT INTENDED TO BE RESTRICTIVE. Proposals will be considered for all brands that meet the quality of the specifications listed for any items.

4. RIGHTS OF PINELLAS COUNTY IN REQUEST FOR PROPOSAL PROCESS:

In addition to all other rights of the County under Florida law, the County specifically reserves the following:

- a) Pinellas County reserves the right to rank firms and negotiate with the highest-ranking firm. Negotiation with an individual proposer does not require negotiation with others.
- b). Pinellas County reserves the right to select the proposal that it believes will serve the best interest of Pinellas County.
- c) Pinellas County reserves the right to reject any or all Requests for Proposals.
- d) Pinellas County reserves the right to cancel the entire Request for Proposal.
- e). Pinellas County reserves the right to remedy or waive technical or immaterial errors in the Request for Proposal or in proposals submitted.
- f) Pinellas County reserves the right to request any necessary clarifications or proposal data without changing the terms of the proposal.
- g). Pinellas County reserves the right to make selection of the proposer to perform the services required on the basis of the original proposals without negotiation.

5. EVALUATION CRITERIA:

The evaluation criteria define the factors that will be used by the Evaluation Committee to evaluate and score responsive, responsible and qualified proposals. Proposers shall include sufficient information to allow the Evaluation Committee to thoroughly evaluate and score their proposals. Each proposal submitted shall be evaluated and ranked by an evaluation committee. The contract will be awarded to the most qualified proposer, per the evaluation criteria listed in Section E of the RFP. Proposers will ordinarily not be suggested for award/ranking of firms or oral presentations if a score of at least eighty percent (80%) of the total points available is not achieved through evaluation.

6. COSTS INCURRED BY PROPOSERS:

All expenses involved with the preparation and submission of proposals to the County, or any work performed in connection therewith, shall be borne solely by the Proposer(s). No payment will be made for any responses received, or for any other effort required of, or made by, the Proposer(s) prior to contract commencement.

7. ORAL PRESENTATION:

An oral presentation of proposal may be requested of any firm, at the Evaluation Committee's discretion.

SECTION A - GENERAL CONDITIONS**8. CONFLICT OF INTEREST:**

- a) The Proposer represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance or services required hereunder, as provided for in Fla. Stat., §112.311, et. Seq. The Proposer further represents that no person having any interest shall be employed for said performance.
- b) The Proposer shall promptly notify the County's representative, in writing, by certified mail, of all potential conflicts of interest for any prospective business association, interest, or other circumstance, which may influence or appear to influence the Contractor's judgment or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that the Proposer may undertake and request an opinion of the County as to whether the association, interest or circumstance would, in the opinion of the County, constitute a conflict of interest if entered into by the Proposer. The County agrees to notify the Proposer of its opinion by certified mail within thirty days of receipt of notification by the Proposer.

9. WITHDRAWAL OF PROPOSAL:

A proposal may be withdrawn prior to the time set for the proposal submittal, based on a written request from an authorized representative of the firm; however, a proposal may not be withdrawn after the time set for the proposal submittal for a period of time as specified.

10. LATE PROPOSAL OR MODIFICATIONS:

Proposal and modifications received after the time set for the proposal submittal will not be considered; however, modifications in writing received prior to the time set for the proposal submittal will be accepted.

11. PROPOSALS FROM RELATED PARTIES / MULTIPLE PROPOSALS RECEIVED FROM ONE VENDOR:

Where two (2) or more related parties each submit a proposal or multiple proposals are received from one (1) vendor, for any contract, such proposals shall be judged non-responsive. Related parties mean proposers or the principles thereof, which have a direct or indirect ownership interest in another proposer for the same contract or in which a parent company or the principles thereof of one (1) proposer have a direct or indirect ownership interest in another bidder or proposer for the same contract.

12. LOCAL, STATE, AND FEDERAL COMPLIANCE REQUIREMENTS:

The laws of the State of Florida apply to any purchase made under this Request for Proposal. Proposers shall comply with all local, state, and federal directives, orders and laws as applicable to this proposal and subsequent contract(s) including but not limited to Equal Employment Opportunity (EEO), Minority Business Enterprise (MBE), and OSHA as applicable to this contract.

13. PROVISION FOR OTHER AGENCIES:

Unless otherwise stipulated by the proposer, the proposer agrees to make available to all Government agencies, departments, and municipalities the proposal prices submitted in accordance with said proposal terms and conditions therein, should any said governmental entity desire to buy under this proposal. Eligible Users shall mean all state of Florida agencies, the legislative and judicial branches, political subdivisions (counties, local district school boards, community colleges, municipalities, or other public agencies or authorities), which may desire to purchase under the terms and conditions of the contract.

14. COLLUSION:

The proposer, by affixing his signature to this proposal, agrees to the following: "Proposer certifies that his proposal is made without previous understanding, agreement, or connection with any person, firm or corporation making a proposal for the same item(s) and is in all respects fair, without outside control, collusion, fraud, or otherwise illegal action".

SECTION A - GENERAL CONDITIONS**15. RIGHT TO AUDIT:**

Pinellas County reserves the privilege of auditing a vendor's records as such records relate to purchases between Pinellas County and said vendor. Such audit privilege is provided for within the text of the Pinellas County Code §2-156 through §2-176(j). Records should be maintained for three years from the date of final payment.

16. STATEMENT RELATIVE TO "PUBLIC ENTITY CRIMES":

The proposer is directed to the Florida Public Entity Crime Act, §287.133, Florida Statutes, and the County's requirement that the successful proposer comply with it in all respects prior to and during the term of this contract.

17. COUNTY INDEMNIFICATION:

- a) The first ten dollars (\$10) of compensation received by the contractor pursuant to this contract represents specific consideration for the following indemnification: contractor shall indemnify, pay the cost of defense, including attorneys' fees, and hold harmless the County from all suits, actions or claims of any character brought on account of any injuries or damages received or sustained by any person, persons or property by or from the said contractor; or by, or in consequence of any neglect in safeguarding the work; or through the use of unacceptable materials in the construction of improvements; or by, or on account of any act or omission, neglect or misconduct of the said contractor; or by, or on account of, any claim or amounts recovered under the "Workers' Compensation Law" or of any other laws, by-laws, ordinance, order or decree, except only such injury or damage as shall have been occasioned by the sole negligence of the County.
- b) The successful proposer(s) agrees to indemnify the County and hold it harmless from and against all claims, liability, loss, damage or expense, including counsel fees, arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon, with respect to the goods or any part thereof covered by this order, and such obligation shall survive acceptance of the goods and payment thereof by the County.

18. VARIANCE FROM STANDARD TERMS & CONDITIONS:

All standard terms and conditions stated in Section A apply to this contract except as specifically stated in the subsequent sections of the document, which take precedence over Section A, and should be fully understood by proposers prior to submitting a proposal on this requirement.

19. ADA REQUIREMENT FOR PUBLIC NOTICES:

Persons with disabilities requiring reasonable accommodation to participate in this proceeding/event, should call 727/464-4062 (voice/tdd) fax 727/464-4157, not later than seven days prior to the proceeding.

20. CERTIFICATE OF INSURANCE:

The successful proposer must provide a Certificate of Insurance in accordance with Insurance Requirements, Section C, prior to issuance of Purchase Order or commencement of any work hereunder.

21. PROCUREMENT POLICY FOR RECYCLED MATERIALS:

Pinellas County wishes to encourage its proposer to use recycled products in fulfilling contractual obligations to the County and that such a policy will serve as a model for other public entities and private sector companies.

When awarding a purchase of \$5000 or less, or recommending a purchase in excess of \$5000 for products, materials, or services, the Director of Purchasing may allow a preference to a responsive proposer who certifies that their product or material contains the greatest percentage of postconsumer material. If they are submitting a proposal on paper products they must certify that their materials and/or products contain at least the content recommended by the EPA guidelines.

SECTION A - GENERAL CONDITIONS

On all proposals over twenty-five thousand dollars (\$25,000) and formal quotes under twenty-five thousand dollars (\$25,000), or as required by law, the Director of Purchasing shall require vendors to specify which products have recycled materials, what percentage or amount is postconsumer material, and to provide certification of the percentages of recycled materials used in the manufacture of goods and commodities procured by the County.

Price preference is not the preferred practice the County wishes to employ in meeting the goals of this resolution. If a price preference is deemed to serve the best interest of the County and further supports the purchase of recycled materials, the Director of Purchasing will make a recommendation that a price preference be allowed up to an amount not to exceed 10% above the lowest complying proposal received.

DEFINITIONS:

Recovered Materials: Materials that have recycling potential, can be recycled, and have been diverted or removed from the solid waste stream for sale, use or reuse, by separation, collection, or processing.

Recycled Materials: Materials that contain recovered materials. This term may include internally generated scrap that is commonly used in industrial or manufacturing processes, waste or scrape purchased from another manufacturer and used in the same or a closely related product.

Postconsumer Materials: Materials which have been used by a business or a consumer and have served their intended end use, and have been separated or diverted from the solid waste stream for the purpose of recycling, such as; newspaper, aluminum, glass containers, plastic containers, office paper, corrugated boxes, pallets or other items which can be used in the remanufacturing process.

The County shall be responsible for filing all DEP notifications and furnish a copy of the DEP notification and approval for demolition to the successful proposer. The County will furnish a copy of the asbestos survey to the successful proposer. The proposer must keep this copy on site at all times during the actual demolition.

22. PAYMENT/INVOICES:

The proposer must specify on the Proposal Summary form the exact company name and address which must be the same as invoices submitted for payment as a result of award of this RFP. Further, the successful proposer is responsible for immediately notifying the Purchasing Department of any company name change, which would cause invoicing to change from the name used at the time of the original RFP. Payment will be made, in arrears, in accordance with Fla. Stat. § 218.70, et. seq., the Local Government Prompt Payment Act.

23. CANCELLATION:

- a) Pinellas County reserves the right to cancel this contract without cause by giving thirty (30) days prior notice to the contractor in writing of the intention to cancel or with cause if at any time the contractor fails to fulfill or abide by any of the terms or conditions specified.
- b) Failure of the contractor to comply with any of the provisions of this contract shall be considered a material breach of contract and shall be cause for immediate termination of the contract at the discretion of Pinellas County.
- c) In addition to all other legal remedies available to Pinellas County, Pinellas County reserves the right to cancel and obtain from another source, any items/services which have not been delivered within the period of time stated in proposal, or if no such time is stated, within a reasonable period of time from the date of order as determined by Pinellas County.
- d) In the event sufficient budgeted funds are not available for a new fiscal period, the County shall notify the vendor of such occurrence and contract shall terminate on the last day of current fiscal period without penalty or expense to the County.

SECTION A - GENERAL CONDITIONS**24. ASSIGNMENT/SUBCONTRACTING/CORPORATE ACQUISITIONS AND/OR MERGERS:**

The Contractor shall perform this contract. No assignment or subcontracting shall be allowed without prior written consent of the County. If a proposer intends to subcontract a portion of this work, the proposer must disclose that intent in the proposal. In the event of a corporate acquisition and/or merger, the Contractor shall provide written notice to the County within thirty (30) business days of Contractor's notice of such action or upon the occurrence of said action, whichever occurs first. The right to terminate this contract, which shall not be unreasonably exercised by the County, shall include, but not be limited to, instances in which a corporate acquisition and/or merger represent a conflict of interest or are contrary to any local, state, or federal laws. Action by the County awarding a proposal to a firm that has disclosed its intent to assign or subcontract in its response to the RFP, without exception shall constitute approval for purpose of this Agreement.

25. NON-EXCLUSIVE CONTRACT:

Award of this Contract shall impose no obligation on the County to utilize the vendor for all work of this type, which may develop during the contract period. This is not an exclusive contract. The County specifically reserves the right to concurrently contract with other companies for similar work if it deems such action to be in the County's best interest. In the case of multiple-term contracts, this provision shall apply separately to each term.

26. LOBBYING:

Lobbying of Evaluation Committee members, Pinellas County Government employees, or elected officials regarding request for proposals, request for qualifications, bids or contracts, during the pendency of bid protest, by the bidder/proposer/protestor or any member of the bidder's/proposer's/protestor's staff, an agent of the bidder/proposer/protestor, or any person employed by any legal entity affiliated with or representing an organization that is responding to the request for proposal, request for qualification, bid or contract, or has a pending bid protest is strictly prohibited either upon advertisement or on a date established by the Board of County Commissioners and shall be prohibited until either an award is final or the protest is finally resolved by the County Administrator or Purchasing Director; provided, however, nothing herein shall prohibit a prospective bidder/proposer from contacting the Purchasing Department to address situations such as clarification and/or questions related to the procurement process. For purposes of this provision lobbying activities shall include but not be limited to, influencing or attempting to influence action or non-action in connection with any request for proposal, request for qualification, bid or contract through direct or indirect oral or written communication or an attempt to obtain goodwill of persons and/or entities specified in this provision. Such actions may cause any request for proposal, request for qualification, bid or contract to be rejected.

27. ADDITIONAL REQUIREMENTS:

The County reserves the right to request additional services relating to this Agreement from the Contractor. When approved by the County as an amendment to this Agreement and authorized in writing, the Contractor shall provide such additional requirements as may become necessary.

28. ADD/DELETE LOCATIONS/SERVICES:

The County reserves the right to unilaterally add or delete locations/services, either collectively or individually, at the County's sole option, at any time after award has been made as may be deemed necessary or in the best interests of the County. In such case, the contractor(s) will be required to provide services to this contract in accordance with the terms, conditions, and specifications.

29. SERVICES AGREEMENT:

A written agreement, in substantially the form attached, incorporating the Request for Proposal and the successful proposal will be prepared by the County, signed by the successful proposer and presented to the Board of County Commissioners, County Administrator or Director of Purchasing for approval and signature.

SECTION A - GENERAL CONDITIONS

30. PROTEST PROCEDURE:

As per Section 2-162 of County Code

1.

(a) *Bid/Proposal protests.* Any actual or prospective bidder, proposer, who is allegedly aggrieved in connection with the issuance of a bid/proposal package or pending award of a contract may protest to the director of purchasing.

(Ord. No. 94-51, § 5, 6-7-94)

(b) *Posting.* The purchasing department shall post the formal award on the departmental website. The formal award shall be publicly posted on the purchasing department's website no less than three full business days after the decision to recommend the award to the bidder/proposer is made.

(c) *Requirements to Protest.*

(1) If the protest relates to the content of the bid/proposal package, a formal written protest must be filed no later than 5:00 p.m. on the fifth full business day after issuance of the bid/proposal package.

(2) If the protest relates to the award of a contract, a formal written protest must be filed no later than 5:00 p.m., on the fifth business day after posting of either the contract award recommendation or the contract award itself. The formal written protest shall identify the protesting party and the solicitation involved; include a clear statement of the grounds on which the protest is based; refer to the statutes, laws, ordinances or other legal authorities which the protesting party deems applicable to such grounds; and specifically request the relief to which the protesting party deems itself entitled by application of such authorities to such grounds.

(3) A formal written protest is considered filed with the county when the Purchasing Department, County Administrator, or County Commission receives it. Accordingly, a protest is not timely filed unless it is received within the time specified above. Failure to file a formal written protest within the time period specified shall constitute a waiver of the right to protest and result in relinquishment of all rights to protest by the bidder/proposer.

(d) *Sole remedy.* These procedures shall be the sole remedy for challenging an award of bid.

Bidder/proposers are prohibited from attempts to influence, persuade, or promote a bid protest through any other channels or means. Such attempts shall be cause for suspension in accordance with 2-161(b) of this article.

(e) *Time Limits.* The time limits in which protests must be filed as specified herein may be altered by specific provisions in the Bid/Request for Proposal.

(f) *Authority to resolve.* The Director of Purchasing shall resolve the protest in a fair and equitable manner and shall render a written decision to the protestant no later than 5:00 p.m. on the fifth business day after the filing thereof.

(g) *Review of Purchasing Director's decision.*

(1) The protesting party may request a review of the Purchasing Director's decision to the County Administrator by delivering written request for review of the decision to the Director of Purchasing by 5:00 p.m. on the fifth business day after the date of the written decision. The written notice shall include any written or physical materials, objects, statements, and arguments, which the bidder/proposer deems relevant to the issues raised in the request for review.

(2) If it is determined that the solicitation or award is in violation of law or the regulations and internal procedures of the purchasing department, the County Administrator shall immediately cancel or revise the solicitation or award as deem appropriate.

(3) If it is determined that the solicitation or award should be upheld, the County Administrator shall issue a decision in writing stating the reason for the action with a copy furnished to the protesting party and all substantially affected persons or businesses no later than 5:00 p.m., on the fifth full business day. The decision shall be final and conclusive as to the county unless any further action is taken or a party commences action in court.

2. *Stay of Procurement During Protests.* There shall be no stay of procurement during protests.

SECTION A - GENERAL CONDITIONS

31. INTEGRITY OF REQUEST FOR PROPOSAL (RFP) DOCUMENTS:

Proposers shall use the original RFP Form(s) provided by the Purchasing Department and enter information only in the spaces where a response is requested. Proposers may use an attachment as an *addendum* to the RFP Form(s) if sufficient space is not available on the original form for the proposer to enter a complete response. **Any modifications or alterations to the original RFP documents by the proposer, whether intentional or otherwise, will constitute grounds for rejection of a RFP.** Any such modifications or alterations a proposer wishes to propose must be clearly stated in the proposer's RFP response and presented in the form of an addendum to the original RFP documents.

32. PUBLIC EMERGENCIES:

It is hereby made a part of this bid that before, during, and after a public emergency, disaster, hurricane, tornado, flood, or other acts of God that Pinellas County shall require a "First Priority" for goods and services. It is vital and imperative that the majority of citizens are protected from any emergency situation that threatens public health and safety, as determined by the County. Vendor/contractor agrees to rent/sell/lease all goods and services to the County or governmental entities on a "first priority" basis. The County expects to pay a fair and reasonable price for all products and services rendered or contracted in the event of a disaster, emergency, hurricane, tornado or other acts of God.

SECTION B - SPECIAL CONDITIONS

**Banking Services
056-0483-P (GG)**

1. OBJECTIVE:

The objective of this Request for Proposal (RFP) is to receive proposals from qualified banking institutions that can offer the highest quality services at the lowest cost to the taxpayers.

2. PROPOSAL REQUIREMENTS:

Each proposal should contain the following at a minimum. Proposer must also address detailed requirements as specified in Section E, Scope of Work.

- a) A written narrative describing the method or manner in which the proposer proposes to satisfy requirements of the Scope of Work.
- b) A description of the proposer's experience in providing the same or similar services as outlined in the RFP. This description should include the names of the person(s) who will provide the services, their qualifications, and the years of experience in performing this type of work. Also include the reference information requested in Section D.
- c) The fee(s) for services as outlined in the Scope of Work.

EVALUATION CRITERIA:

Following is the criteria that will be used by the County to evaluate and score responsive and qualified proposals. Proposers shall include sufficient information to allow the County to thoroughly evaluate and score their proposals. Each proposal submitted shall be evaluated and ranked by an evaluation committee. The contract will be awarded to the most qualified proposer, per the evaluation criteria listed in Section E, Scope of Work.

3. PRICING/PERIOD OF CONTRACT:

The contract shall be for a period of **forty-eight (48)** months from the date of execution of the agreement.

5. OPTION OF RENEWAL:

The contract may be renewed subject to written notice of agreement from the County and successful proposer, for an additional **forty-eight (48)** month period beyond the primary contract period. This option shall be exercised only if all prices, terms and conditions remain the same and approval is granted by the County Administrator or Director of Purchasing.

6. PRE-PROPOSAL CONFERENCE:

All questions pertaining to the proposal or technical specifications will be reviewed at this time. Proposal suggestions or modifications may be discussed with County representatives at this meeting and may be considered by representatives as possible addenda to the Request for Proposal.

8. PROPOSAL SUBMITTAL COPIES:

Proposals shall be submitted in one (1) original and six (6) copies with the 'Original' clearly marked.

9. ITEMS TO BE RETURNED WITH PROPOSAL:

a)	Section B	Proposal Deposit (If Applicable)
b)	Section D	Vendor References see page 1
c)	Section E	Proposal Submittal
d)	Section F	Proposal Signature Page
e)	Section G	Addendum Acknowledgement Form (If Applicable)
f)	Section H	Statement of No Submittal (If Applicable)
g)		Signed Master Agreements

SECTION B - SPECIAL CONDITIONS

10. TIME LINE:

Following is a listing of actions and anticipated dates; the County reserves the right to change the dates, if necessary.

Date	
March 31, 2006	Advertising & Publishing RFP
April 11, 2006	Pre-proposal Conference
April 19, 2006	Deadline for Questions/Clarifications
May 2, 2006	Proposals due in Purchasing by 3:00 p.m. Public bid opening to follow immediately.
May 16, 2006	Evaluation of the RFP
TBD	Recommendation due to Purchasing from Evaluation Committee
TBD	Sponsorship negotiations by the County's Representative with top two proposers.
TBD	Submit recommendation to Board for Award of Contract

SECTION C - INSURANCE AND INDEMNIFICATION REQUIREMENTS

I. MINIMUM INSURANCE REQUIREMENTS FOR GENERAL LOW RISK CONTRACTS

- A. Prior to the time Contractor is entitled to commence any part of the project, work or services under this Contract, Contractor shall procure, pay for and maintain at least the following insurance coverage's and limits. Said insurance shall be evidenced by delivery to the County of (1) certificates of insurance executed by the insurers listing coverage's and limits, expiration dates and terms of policies and all endorsements whether or not required by the County, and listing all carriers issuing said policies; and (2) upon request a certified copy of each policy, including all endorsements. The insurance requirements shall remain in effect throughout the term of this Contract. In addition, the County reserves the right to request physical evidence of this coverage by requesting the policy declaration page.
- (1) Worker's Compensation in at least the limits as required by law; Employers' Liability Insurance of not less than \$100,000 for each accident.
 - (2) Comprehensive General Liability Insurance including, but not limited to, Independent, Contractor, Contractual, Premises/Operations, Products/Completed Operation and Personal Injury covering the liability assumed under indemnification provisions of this Contract, with limits of liability for personal injury and/or bodily injury, including death, of not less than \$500,000, each occurrence; and property damage of not less than \$100,000, each occurrence. (Combined Single Limits of not less than \$500,000, each occurrence, will be acceptable unless otherwise stated). Coverage shall be on an "occurrence" basis, and the policy shall include Broad Form Property Damage coverage, and Fire Legal Liability of not less than \$50,000 per occurrence, unless otherwise stated by exception herein.
 - (3) Comprehensive Automobile and Truck liability covering owned, hired and non-owned vehicles with minimum limits of \$500,000 each occurrence, for bodily injury including death, and property damage of not less than \$100,000, each occurrence. (Combined Single Limits of not less than \$500,000, each occurrence, will be acceptable unless otherwise stated). Coverage shall be on an "occurrence" basis, such insurance to include coverage for loading and unloading hazards.
 - (4) Professional Liability Insurance (including Errors and Omissions) with minimum limits of \$500,000 per occurrence, if occurrence form is available; or claims made form with "tail coverage" extending three (3) years beyond completion and acceptance of the PROJECT with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage", CONSULTANT may submit annually to the COUNTY a current Certificate of Insurance proving claims made insurance remains in force throughout the same three (3) year period.
 - (5) Comprehensive - 3D, or equivalent, in the amount of at least **\$5,000,000** protecting assets of the County in the form of currency, coin, checks, securities and other valuables while in the care, custody or control of Contractor, and as provided in the terms of this Contract.
- B. Each insurance policy shall include the following conditions by endorsement to the policy:
- (1) Each policy shall require that thirty (30) days prior to expiration, cancellation, non-renewal or any material change in coverage's or limits, a notice thereof shall be given to County by certified mail to: Pinellas County Purchasing Department, 400 S. Ft. Harrison Avenue, 6th Floor, Clearwater, Florida 33756. Contractor shall also notify County, in a like manner, within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, non-renewal or material change in coverage received by said Contractor from its insurer; and nothing contained herein shall absolve Contractor of this requirement to provide notice.
 - (2) Companies issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Contractor.
 - (3) The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.
 - (4) Pinellas County, Board of County Commissioners shall be endorsed to the required policy or policies as an additional insured.
The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by County to any such future coverage, or to County's Self-Insured Retention's of whatever nature.
- C. Contractor hereby waives subrogation rights for loss or damage against the County.
- D. Contractor shall ensure that any subcontractors or persons hired by subcontractors maintain the same level of insurance coverage as the contractor.

SECTION C - INSURANCE AND INDEMNIFICATION REQUIREMENTS**II. MINIMUM INSURANCE REQUIREMENTS FOR HIGH RISK CONTRACTS OVER \$100,000.00**

- A. For selected high-risk contracts over \$100,000.00 aggregate value, the County may require an insurance certificate, policy declaration page and required endorsements. These required items shall be received by the County after formal Board of County Commissioners award and prior to execution of contract. Failure to provide required insurance documentation may cause your company to forfeit award.
- B. There may be certain projects or services less than \$100,000.00 in aggregate value that would be an exception and must be treated the same way as those services of \$100,000.00 and greater i.e. services involving obvious potentially dangerous conditions. Examples of such services would be any contracts involving construction, alterations, renovations, painting, spraying, roofing, mowing, scaffolding, excavation, demolition, environmentally sensitive work and any other condition that appears to be dangerous in nature.

SECTION D - VENDOR REFERENCES

Banking Services
056-0483-P (GG)

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER THAT YOUR PROPOSAL MAY BE REVIEWED AND PROPERLY EVALUATED.

COMPANY NAME: _____

LENGTH OF TIME COMPANY HAS BEEN IN BUSINESS: _____

BUSINESS ADDRESS: _____

HOW LONG IN PRESENT LOCATION: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

TOTAL NUMBER OF CURRENT EMPLOYEES: _____ FULL TIME _____ PART TIME

NUMBER OF EMPLOYEES YOU PLAN TO USE TO SERVICE THIS CONTRACT: _____

LOCAL COMMERCIAL AND/OR GOVERNMENTAL REFERENCES THAT YOU HAVE PREVIOUSLY PERFORMED SIMILAR CONTRACT SERVICES FOR:

All fields below must be completed

<p>1 _____</p> <p>COMPANY NAME</p> <p>_____</p> <p>CITY, STATE</p> <p>_____</p> <p>CONTACT PERSON</p> <p>_____</p> <p>TELEPHONE</p> <p>_____</p> <p>FAX</p> <p>_____</p> <p>EMAIL ADDRESS</p> <p>_____</p>	<p>2 _____</p> <p>COMPANY NAME</p> <p>_____</p> <p>CITY, STATE</p> <p>_____</p> <p>CONTACT PERSON</p> <p>_____</p> <p>TELEPHONE</p> <p>_____</p> <p>FAX</p> <p>_____</p> <p>EMAIL ADDRESS</p> <p>_____</p>
<p>3 _____</p> <p>COMPANY NAME</p> <p>_____</p> <p>CITY, STATE</p> <p>_____</p> <p>CONTACT PERSON</p> <p>_____</p> <p>TELEPHONE</p> <p>_____</p> <p>FAX</p> <p>_____</p> <p>EMAIL ADDRESS</p> <p>_____</p>	<p>4 _____</p> <p>COMPANY NAME</p> <p>_____</p> <p>CITY, STATE</p> <p>_____</p> <p>CONTACT PERSON</p> <p>_____</p> <p>TELEPHONE</p> <p>_____</p> <p>FAX</p> <p>_____</p> <p>EMAIL ADDRESS</p> <p>_____</p>

SECTION E – SCOPE OF WORK

PINELLAS COUNTY
BANKING SERVICES
REQUEST FOR PROPOSAL
(Board of County Commissioners and Clerk of the Circuit Court)

Scope of Work

SECTION E – SCOPE OF WORK

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SECTION E – SCOPE OF WORK

PINELLAS COUNTY BANKING SERVICES**I. Introduction****A. Objective**

The objective of this Request for Proposal (RFP) is to identify the banking institution that can offer the highest quality comprehensive banking and treasury management services at the lowest cost to the taxpayers. It is the intent of the Board of County Commissioners and the Clerk of the Circuit Court to enter into a contract with a single bank for all requested services for the life of the contract.

II. Instructions

A. Response: Proposers should propose on all Board account activity and all Clerks account activity separately, as they are to be awarded under separate contracts. All proposers must propose on all the Board and on all the Clerk accounts. These proposals must be on the standard forms provided as **Exhibits A, A-1 through A-3 (Pages 69- 84)** for the Board accounts and **Exhibits B, B-1 through B-3 (Pages 85- 92)** for the Clerk accounts. Supporting material may be submitted; however, the decision in selecting the most responsive proposer will be based on the standard proposal forms provided.

B. Selection Criteria: The following criteria will be used by the selection committee to evaluate the responses.

A maximum of 1000 points will be awarded based on the aggregate cost to the County and the ability to meet current and projected service to the County. The selection committee will present the ranking to the Board in rank order based on the 1000 point criteria below, along with the Community Involvement Report showing level of funding of Public projects over the last five years and information regarding the bank's sponsorship program as negotiated per below. The Board will make the final award taking into consideration the recommendation of the selection committee based on the 1000 point criteria below, the level of funding of Public projects and the sponsorship program negotiated with the two top ranked banks.

Basis for recommendation:

Aggregate banking services costs (estimated annual costs based on transaction counts and per item charges and other annual costs and the calculation of net interest earnings)	300
Ability to meet current and projected service requirements over the term of the banking agreement	<u>700</u>
Maximum points for Recommendation	<u>1000</u>

Additional Board Consideration for contract award:

Participation in Funding of Public Projects. The proposers shall show their participation in funding public projects such as, Community Development, Industrial Development, Low Cost Housing, Health Facilities and Educational Facilities as demonstrated in Community Involvement Report for projects over the last five years.

Bank sponsorship program. The Board will consider offers by the bank for sponsorship arrangements. Under the Board adopted policy, sponsorship is defined as "a mutually beneficial business arrangement between the County and a third party, wherein the third party provides cash and/or in-kind services to the County in return for access to the commercial and/or marketing potential associated with the County. Sponsorships may include sponsorship of one or more of the County's services, projects, events, facilities or activities."

The County's Representative, Front Row Marketing, Inc. will negotiate proposals with the two top ranked banks by point score. The bank's final sponsorship proposals will be presented to the Board for their consideration in award of this contract. The Board may at its sole discretion decide not to consider a sponsorship arrangement as a part of the award of this proposal.

SECTION E – SCOPE OF WORK**C. Minimum Criteria:** Qualified proposers must meet the following **minimum criteria**:

1. Maintain a **full service bank** and **automated cash vault** within Pinellas County. The bank shall provide a map and the addresses of all its locations within the County. The bank shall specifically indicate the location of the automated cash vault and all full service branches;
2. Certification as a "Qualified Public Depository" under the Florida Security for Public Deposits Act (Chapter 280 of Florida Statutes);
3. Submit financial statements for the past two fiscal years (must include an auditor's unqualified opinion and appropriate notes to financial statements).

D. Terms and Conditions:

1. The award will be to the proposer whose proposal complies with all the requirements set forth in this RFP, and whose proposal in the opinion of the County is the best proposal taking into consideration all aspects of the proposer's response, including the total net cost to the County, the involvement in funding public projects and bank sponsorship opportunities. Exceptions to any specification must be placed on **Exhibit A-3 or B-3** and will be cost in the final analysis of the proposal. Exception costs will be added to or subtracted from the submitted proposal to arrive at a net cost to the County.

The County reserves the right to contact proposers to clarify any questions or exceptions that may arise during the review of proposals. Failure to include an exception on the **Exhibit** will be treated as the proposer being in compliance with the specification, regardless of intent.

2. In the event that the proposer to whom the services are awarded does not execute a contract within reasonable time, the County may give notice to such proposer of intent to award the contract to the next most qualified proposer or to call for new proposals and may proceed to act accordingly. The County assumes no cost by the proposers in preparation of this proposal.
3. The proposer to whom the services are awarded will be expected to enter into a written contract or contracts covering all services to be rendered, in substantially the form attached hereto. The County intends to negotiate a master banking services agreement that will be the controlling agreement with other specific service agreements incorporated as exhibits to the master agreement.
4. The standard proposal form indicates an estimate of the number of transactions for the 2005 calendar year. These numbers are the County's best estimate of the average volume and the County in no way guarantees these as minimum or maximum volumes. Volume activity reports will be furnished to all prospective proposers.
5. Proposers shall thoroughly examine and be familiar with these specifications. The failure or omission of any proposer to receive or examine this document shall in no way relieve any proposer of obligations with respect to this proposal or the subsequent contract. **Proposers shall positively confirm the capability of providing all services included in the scope section.**

SECTION E – SCOPE OF WORK

III. Scope of Banking Services

A. General

It is the intent of the County that one bank provides all the banking services specified in this request for proposal. An automatic teller machine (ATM) is provided in the Courthouse by Pinellas Federal Credit Union and is not covered by this contract. The awarded bank may provide ATM service at other locations at no cost to the County. Purchasing card services are not a part of this proposal.

B. Accounts Included

1. The Board currently has 10 separate accounts described as follows:

	Estimated Monthly Average Balances
a. Pool A-1: General Account	\$47,600,000
b. Pool A-2: Payroll (Disbursement) Account	3,000,000
c. Pool B-2: Imprest Account (General Disbursement)	8,500,000
d. Pool F: Airport Revenue Account	1,250,000
e. Pool G: Water System	4,300,000
f. Pool H: Sewer System	5,100,000
g. EMS Lock Box Account	1,300,000
h. Pool J: Solid Waste	3,200,000
i. Flexible Spending Account	140,000
j. EMS Credit Cards (clearing account)	-

The Water System, Solid Waste System, EMS and Animal Services accounts have extraordinary activity involving lockbox services. Animal Services lockbox activity is deposited in Pool A-1. All checking accounts should be set up for positive pay, teller positive pay and full reconciliation services. The EMS Credit account is simply an account used for the receipt of daily collections under the EMS credit card arrangement. The balance is swept to Pool A-1 daily.

2. The Clerk currently has 4 separate accounts described as follows:

	Estimated Monthly Average Balances
a. Operating Account (General Disbursement)	\$3,500,000
b. Payroll Account (Disbursement)	70,000
c. General Account (Disbursement)	7,672,000
d. Remittance Account (used for Electronic Funds Transfer only)	5,000

All checking accounts should be set up for positive pay, teller positive and full reconciliation services.

C. Collection and Deposit Services

1. Availability of Funds

Deposits will be made periodically during the business day (9:00 a.m. to 4:00 p.m. or later depending on the Bank) to a designated cashier or location mutually agreed on by the County and the awarded bank. If your bank has adopted an earlier cutoff time than 4:00 p.m. for daily ledger credit, then please note this exception on **Exhibit A-3 or B-3**.

Awarded bank agrees to credit the County's accounts for incoming wire transfers with same day credit regardless of time of receipt during the day. Wires received after the 6:00 p.m. cutoff will be treated as collected funds for that day and will be considered part of the overnight investment program. See **Section III.C2 – ACH and Wire Transfers In**.

All other checks will be based on the awarded bank's "availability schedule". **Proposing banks are required to attach a copy of their current "availability schedule" to the proposal.** Awarded bank agrees to notify the Chief Deputy Director, Finance, in writing, of any changes to the schedule. The County reserves the right to periodically receive an end point analysis report in order to audit the awarded bank's compliance with the existing "availability schedule".

SECTION E – SCOPE OF WORK

The majority of deposits will be made through an armored car service that has been contracted by Pinellas County. The armored car service delivers to the Wachovia Money Center as required under the current contract. Please state your bank's requirement for delivery by armored car service. All costs related to the armored car service are paid directly by the County and are not part of this Request for Proposal. County personnel will deliver other deposits to the bank from various locations throughout the County.

2. ACH and Wire Transfers In

The County intends to negotiate an agreement for ACH credit processing and wire transfers in. The County intends to consider all wire transfers received by the Bank prior to the end of the business day (defined as midnight), as "available for investment" by the County, regardless of the time of actual receipt by the Bank. Should a wire transfer not be received by the Bank, as specified above, then the wire transfer will be traced from origin to destination to ascertain the party responsible for delaying the transfer. If necessary, adjustments will be made as soon as possible for any lost interest.

The County also receives various electronic funds transfers via fed wire and ACH from the State of Florida and the U.S. Treasury on a regular basis. These electronic receipts are sent without regard to any specific date, thus the County does not know in advance the exact day these wires will be received. The bank shall be capable of receiving and reporting ACH payment messages in PPD, CCD, CCD+ (including TXP convention) and CTX formats. Reporting shall be available in the web based banking system including transaction confirmation numbers.

It is the express intention of Pinellas County to perform daylight overdrafts to the extent that incoming wire transfers are expected during the business day. Should these wire transfers not arrive as planned; the responsible party causing the delay in the incoming wire transfer will make compensation for lost interest. Although the County acknowledges that daylight overdraft cap limits are confidential information, you are requested to describe in detail in **Exhibit A-1 or B-1** your bank's policy for handling daylight overdrafts, and in particular how daylight overdrafts caused by Pinellas County will be handled. If your bank has adopted a policy of not allowing any daylight overdrafts, then please state your policy in **Exhibit A-3 or B-3 Exceptions**.

To facilitate the daylight overdraft, the County will negotiate an arrangement with the Bank, acceptable to the County and the Bank to cover any failures at the end of the day. In the event that your bank plans to charge for daylight overdrafts during the day, then please explain your position fully, including any planned charges on **Exhibit A-3 or B-3**.

In the event that the incoming wire transfer does not arrive by the end of the business day (defined as midnight), interest on any overdrawn balances will be calculated using the same formula that the County receives interest on the **Automatic Overnight Investment Program** (see **Section E III F.**). Using this formula, the County will not receive any interest on the overnight investment that result from an overdraft, nor will the County be required to pay any interest to the Bank beyond this rate. **The County will not accept any exceptions to this specification.**

The County intends to carefully monitor the time of receipt for all wire transfers. Continued delay in receipt of wire transfers for which the Bank is at fault may constitute sufficient cause for termination of the banking service contract.

3. Deposit Reconciliation Service

A deposit reconciliation service is requested to establish unique numbers for each major depositing location, so that NSF checks can be easily tracked back to the particular department. This unique number would be located on the deposit ticket and the particular deposit ticket would track each check deposited.

This is a new service that the County is looking for in order to enable us to determine which department needs to be notified when a NSF Check is returned. This would only be necessary for the Pool – A1 Account since all other account are defined by department.

SECTION E – SCOPE OF WORK

All returned checks due to insufficient funds will be automatically re-deposited a second time. Please include your charge (if any) for this item in Appendix A with the other costs. Checks returned a second time would be charged to the appropriate account(s).

4. Lock Box Service

It is the County's desire to enter into an agreement for lockbox processing with the awarded bank. The County is currently using a lock box service for its utility receipts, animal licensing payments and EMS payments. Intuition is the current lockbox provider under subcontract with Wachovia. The County must stay with the same lockbox provider, **Intuition Systems, Inc.** Payments are mailed to several post office boxes in the Tampa Airport facility, which are rented and paid for in the names of the various County agencies. **The costs related to the post office box rentals are paid directly by the County and are not a part of this Request for Proposal.**

Indicate whether lock-box service will be provided "in-house" or by a third party. At a minimum, the Bank will provide the following:

- a. Bank will pick up all items in the box at least once every business day before 8:00 a.m.
- b. All checks and bills that are to be accepted and processed by the Bank will be entered into the Bank's computer system by customer account number and amount.
- c. The County also requests that the Bank send an electronic file of the lockbox information to the County's computer system.
- d. Bank agrees to send to the County any correspondence received with the check and/or stub. The account number will be written on any correspondence prior to sending to the County.
- e. The Bank is prohibited from contacting any customer regarding their account or payment. All questions are to be directed to Pinellas County.
- f. The Bank agrees to separately invoice the County for all lock box charges. **See "Technical Specifications Lock Box Instructions" for additional requirements on each lock box service to be proposed.**

The County reserves the right to modify the above specifications with the approval of the awarded bank to gain increased efficiencies in the system.

Bank agrees to test the scan ability of the payment coupons (stubs) before any stubs are actually processed. Stubs that are subsequently rejected by the Bank's processing equipment, and later found to be scannable will not be charged to the County. Only stubs that fail the scanning process twice will be rejected and billed to the County.

If the bank feels that some other type of collection and reporting service is more efficient and cost effective than the current lockbox arrangement, please respond regarding the lockbox service and provide the recommendation for the alternative arrangement and all associated costs.

5. Credit Card Processing Service

The County currently utilizes the State contract for credit card services through Bank of America. The total dollar volume for credit card transactions for the Board for the 2005 calendar year was \$8,178,026, consisting of 74,176 transactions. Please state your bank's best offer for providing credit card processing services. **Credit card services for the Clerk are not a part of this RFP.** At a minimum, the Bank will provide the following:

- a. Bank will be required to operate an electronic credit card and debit card processing system that will provide prompt authorizations and will deliver collected funds to the designated account of our financial institution. Acceptance methods shall include but not be limited to card reader/swipe, telephone, Internet and mail in.
- b. All data collected, stored or otherwise utilized by the Bank for activities under this agreement shall remain the sole property of the County. If at any time the contract is cancelled, terminated or expires, the contractor is obligated to return all such data to the County at no additional cost and in a medium specified by the County.

SECTION E – SCOPE OF WORK

- c. Cards accepted shall include Visa, MasterCard, Discover and Bank debit cards. Services provided for these cards shall include acceptance, authorization, processing, training, operations and marketing support. Acceptance and authorization services will be available 24 hours per day.
- d. Bank will provide and support the most current equipment available to meet the County's needs.
- e. The Bank agrees to separately invoice the County for all credit card charges.

D. Disbursement Services

The Board has two disbursement accounts and the Clerk has three disbursement accounts that will require positive pay, teller positive pay and full reconciliation services.

1. Positive Pay

In order to reduce the risk of check and other disbursement fraud, the County desires to negotiate a positive pay services agreement with the awarded bank. The bank shall have the capability to provide positive pay services upon receipt from the County of a checks issued file for all checks presented to the bank for payment, including at the teller lines. The bank shall also have the ability to provide positive pay services and ACH blocking and filtering services for ACH debit and credits.

The bank shall report discrepancies electronically through its web based banking system, giving the county the ability to authorize or reject the payment. The County desires the ability to enter manual checks issued through the web-based system. The bank shall state the daily cutoff times for positive pay verification by the County and the timeframe for submission of disbursement files. The bank shall also state the procedure for positive pay verification when the County is closed for business.

2. Check Reconciliation

The awarded bank will provide check reconciliation service for the following accounts and such service shall include the following requirements:

- Pool A-2 Board Payroll (Finance Division)
- Pool B-2 Board Imprest Account (Finance Division)
- Clerk's Operating Account (Finance Division)
- Clerk's Payroll Account (Finance Division)
- Clerk's General Account (Clerk's Accounting)

Board Accounts and Clerk Accounts Handled By the Finance Division:

- a. The bank will provide a file within 5 business days of the end of each month through its web-based service to allow the download of check cleared information for the previous month. This file will include at least the check number, amount and date paid and the bank account number paid from. The bank will also provide a hard copy printout of the full check reconciliation. The bank will send a copy of any credit/debit advice, along with supporting documentation, immediately after being posted.
- b. Canceled check images on CD-ROM (front and back of canceled checks available), sorted by check number on a monthly basis. The CD-ROM must produce archiveable quality documents. The canceled checks should be retained by the bank for a minimum of 45 business days for detection of errors in imaging.
- c. Return of all other items, such as debit and credit memos, and deposit tickets in date order on a monthly basis.
- d. County will transmit files containing all check issued information to the Bank for the purpose of comparison based on the checks' serial numbers, looking at either (a) any checks posted that do not have corresponding issue information (Full Reconciliation) or (b) any checks presented that do not match the issue record (Positive Pay). This is to reduce the risk of check fraud. For any manual checks, the County will input the information into the web based banking software provided by the bank for inclusion in the checks issued file.

SECTION E – SCOPE OF WORK

Clerk Accounts Handled by Clerk's Accounting:

- a. The General account will require a semi-monthly full reconciliation for the periods 1st through the 15th and 16th through the end of month (EOM). The bank will provide a file within 5 business days of the 15th and the end of each month through its web based service to allow the download of all bank statement information for the period. The bank will also provide a hard copy printout of the full check reconciliation. The bank will send a copy of any credit/ debit advice, along with supporting documentation, immediately after being posted.
- b. Canceled check images on CD-ROM (front and back of canceled checks available), sorted by check number on a monthly basis. The CD-ROM must produce archiveable quality documents. The canceled checks should be retained by the bank for a minimum of 45 business days for detection of errors in imaging.
- c. Return of all other items, such as debit and credit memos, and deposit tickets in date order on a semi-monthly basis.
- d. The Clerk will transmit files containing all checks issued information to the Bank for the purpose of comparison based on the checks' serial numbers, looking at either (a) any checks posted that do not have corresponding issue information (Full Reconciliation) or (b) any checks presented that do not match the issue record (Positive Pay). This is to reduce the risk of check fraud. For any manual checks, the County will input the information into the web based banking software provided by the bank for inclusion in the checks issued file.

3. ACH and Wire Transfers Out

It is the County's desire to negotiate an ACH services agreement for debit processing and an agreement for wire and book transfers. The County disburses funds electronically through ACH and Fed wire systems on a regular basis for direct deposit of payroll, federal and state tax liabilities, payment of utility collections to municipalities, debt service payments, purchase of investment securities, etc. The bank shall provide the ability for the County to execute ACH debits, wire and book transfers through its web based banking system. The system shall have the ability to provide addenda records in PPD, CCD, CCD+ and CTX formats. The bank shall have the ability to provide transaction confirmation numbers as well.

Please provide details on your bank's capability of handling this service, as well as the security provisions available in **Exhibit A-1 or B-1**.

The awarded bank agrees to execute all wire transfer orders within 15 minutes after notification by the County through the web based system, by telephone, or by FAX, if necessary. Wire transfers ordered and not received by the destination party by 6:00 p.m. will be traced by the Bank from origin to destination to ascertain the party responsible for delaying the transfer. If necessary, adjustments will be made for any lost interest, or charges resulting from a "failure" to consummate an investment transaction. The Bank is requested to provide a copy of its **Wire Transfer Agreement and ACH Debit/Credit Processing Agreement** with its proposal. The **Wire Transfer Agreement** must take into consideration the provisions of the UCC Article 4A.

4. Stop Payment Services

The bank shall have the capability of providing stop payment services through its web based software and alternatively by telephone or fax. Please provide details on your bank's capability of handling this service, as well as the security provisions available in **Exhibit A-1 or B-1**. The County desires to enter into a **"Stop Payment Agreement"** with the awarded bank. The Bank is requested to provide a copy of its **Stop Payment Agreement** with its proposal.

SECTION E – SCOPE OF WORK

E. Account Maintenance Service

1. Web Based Banking

Only banks capable of providing web based banking services shall be considered. Electronic banking services shall include but not be limited to daily detailed and summary balance reporting of the previous banking day no later than 9:00 a.m. with the following minimum information:

- a. Ledger balance
- b. Available (or collected balance)
- c. Float for 1, 2 and 3 day
- d. Summary of debit and credit postings, including checks paid and wire transfers
- e. Detail information for all ACH transactions
- f. Next day download of deposits, credits, debits, transfers and adjustments to our accounts.
- g. All addenda records available for incoming EFT and ACH deposits.
- h. Stop payments and positive pay activity

The same minimum information must be provided for the Board and Clerk accounts. The bank shall clearly state the hardware and software requirements for the web based banking service. The hours of availability for the service should also be stated along, with security features, setup requirements, training and support service.

2. Monthly Account Analysis

The awarded bank will prepare on a monthly basis a billing for services rendered. The billing should be able to reconcile (using similar terms, formats, etc.) to the Proposal form (**Exhibit A-2 and Exhibit B-2**) in this Request for Proposal. Total service charges will be calculated based on the actual number of transactions for a month multiplied by the fixed charge per item. The monthly service charge report will be completed and delivered to the appropriate department within ten (10) business days after the end of the month. It is the intention of the County that all per item charges remain fixed over the life of the initial four-year contract.

The County intends to pay for all services specified within this RFP. At no time will any charges be applied against any of the accounts established through this RFP. All charges, including check printing charges and monthly service fees, will be paid by direct invoice. Other services, which the banks customarily provide at no cost, shall not be included. All other services must be priced and included in the proposal submitted.

Should the County desire to add services not contemplated in this RFP, the County must approve them in writing. Unless agreed to by the County, this RFP will contain all the costs associated with providing banking services, as requested, to the County.

Additional costs not previously approved or authorized in writing by the County will not be paid.

The cost associated with preparing debit and credit memos required to adjust errors caused by the Bank will not be charged to the County. A copy of the particular deposit slip must accompany all deposit errors, front and back of checks, or other supporting documentation. All bank errors must be corrected within 3 business days of notification by the County.

3. Statement and Advice Frequency

Bank statements for the Board accounts and the Clerk Operating and Payroll accounts will be for the full calendar month and will be delivered to the Clerk's Finance Division within no more than five (5) business days after the end of the month.

Bank statements for the Clerk General account will be for the periods 1st through the 15th and 16th through end of month (EOM) and will be delivered to the Clerk's Accounting Department within five (5) business days after the 15th and EOM. Bank statements for the Clerk's remittance account will be for the full calendar month and delivered to the Clerk's Accounting Department.

The bank shall allow 60 days or more for notification of errors on the County accounts.

SECTION E – SCOPE OF WORK**F. Investment Services**

Automatic Overnight Investment Program. Under the current banking agreement all of the Board and Clerk accounts are interest bearing at the Effective Federal Funds Rate with no basis point reduction.

1. SUPER NOW Account:

The awarded bank agrees to automatically invest the collected balances on the Bank's books at 6:00 p.m. (including any wire transfers received after 6:00 p.m.) in a Super NOW Account (preferred) within the Bank. The balance on the books at 6:00 p.m. is interpreted to include any wire transfers received during the day, less any outgoing wires. The daily interest rate specified for the Super NOW Account will be based on the Effective Federal Funds Rate, less 15 basis points. The County will consider proposals using a lower basis point deduction than the required 15 basis points. There is no basis point deduction under the County's current contract. Please state the interest rate proposed by your bank for the Super NOW account.

The following alternative investment programs may be proposed at the option of the Bank. If your bank is proposing the Super NOW account described above, and the Bank does not wish to propose any alternative investment programs then there is no need to consider **Section F2**. The Bank may also want to consider proposing the Super NOW account and an alternative, if the Bank believes that the alternative would be a better option than the Super NOW. The County reserves the right to accept or reject any alternative investment programs.

The bank shall confirm that a detailed interest calculation will be provided under either investment arrangement on a monthly basis. The bank shall state the day that interest earnings calculation for the month shall be available and the date credit will be posted to the County's accounts.

2. Alternative Time Deposits Arrangements:

The County is interested in maximizing its investment return at the same time as obtaining maximum flexibility. Alternative investment vehicles may be proposed by the Bank on **Exhibit A-1** or **B-1**, but only as an alternative proposal. Alternative proposals may be accepted, if they are considered "deposits" and thus covered by Chapter 280, Florida Statutes, and they provide the same degree of service available through the Super NOW account mechanism.

The interest rate on the alternative time deposit arrangement will be based on the Effective Federal Funds Rate, less 15 basis points. The County will consider proposals using a lower or no basis point deduction.

Sweeps into a repurchase agreement are not an allowable form of overnight investment under this agreement since repurchase agreements are not an allowable investment under the Board's current investment policy.

The name, address, telephone number and FAX number of the officer handling this account should be provided in the proposing institution's cover letter. In order for proposals to be considered at proposal opening, it is necessary for your bank to attach a copy of its most recent State of Florida Public Depository Monthly Report (Form 4C7) to **Exhibit A-1**.

3. Custodial Arrangements

The County will be placing all of its custodial services with the Bank that serves as the depository Bank as a result of this Request for Proposal. The custodial services requested would be for the various securities that are purchased from other dealers and banks. These securities will be purchased and then transferred to the depository Bank to be placed within a custodial account within the Bank's Trust Department. These securities will be held until they are traded, or mature.

SECTION E – SCOPE OF WORK

Monthly reports describing all activities within the custodial account will be necessary to verify compliance with Florida Statutes. The Bank is requested to provide a copy of its proposed Custodial Agreement for the County's review. The proposed agreement must be negotiable.

Please include your proposal for this service on **Exhibit A-1**.

G. Other Services and Conditions

1. The Bank agrees to provide MICR check specifications to the check printer.
2. Coins and currency are frequently requested by various locations within the County. This service will be provided at no cost to the County. The Bank agrees to cash checks drawn against the accounts of the Board and the Clerk that are presented by Board or Clerk employees at its branch offices at no additional cost to the payee or the County.
3. The proposing bank shall offer the opportunity for employees of the Board and the Clerk to open checking and savings accounts with no maintenance fees or minimum balance requirements. The current bank offers such service.

H. Prospective Services

It is the desire of the Board and the Clerk to consider additional or enhanced services not currently provided to the County under the banking services contract. Please provide a brief description of the service, user requirements, the bank's capability to provide the service and a schedule of service charges.

1. Remote Deposit Capture Service
2. NSF/ACH conversion for representment of NSF checks
3. Payroll Cards
4. Deposit Reconciliation Services
5. Web links for Internet Payment for Services
6. Overdraft Protection Service
7. Other additional or enhanced services offered by the Bank

SECTION E – SCOPE OF WORK

IV. Proposals

A. Explanation of Proposal Form

Use of the Board of County Commissioners' Proposal Forms (**Exhibits A-1, A-2, A-3**) and the Clerk of the Circuit Court's Proposal Forms (**Exhibits B-1, B-2, B-3**) or a copy thereof is **required** of all proposers. **No proposal will be considered without amounts being placed on this form.** If the Bank is unable to meet or exceed the requirements specified, then the phrase "No Proposal" should be entered for that particular item. The proposal will be on a variable cost basis. Under the variable cost method, actual annual services will be counted and the volume of transactions will be computed to determine the annual charges. If the Bank charges for items requested in the proposal that are not included on the proposal forms please add those items at the bottom of the related proposal form.

The Clerk reserves the right to eliminate any individual service contained in the proposal, if based on analysis, the fees for providing the service are excessive, or if the service proposed can be performed in an alternative manner.

B. Completion of Proposal Form

Each bank should review the proposal form and price each service specified. Per item charges should be extended to the "Annual Services Charge" column. The total of this column will be entered on the line "Total Proposed".

V. Summary

The County intends to enter into formal Banking Services Contracts with the awarded bank, which will incorporate all provisions of the Request for Proposal. The Banking Services Contracts and additional agreements legally allowed under Florida Statutes are subject to review by the County Attorney.

Names and Addresses for Communications Between Parties After Award of Proposal

Board Accounts & Clerk Operating & Payroll Accounts

Ken Burke

Clerk of the Circuit Court

315 Court Street

Clearwater, FL 33756

Claretha N. Harris

Chief Deputy Director, Finance Division

AmSouth Building, 5th Floor

400 Cleveland Street

Clearwater, FL 33755

Frederick L. Dean

Director, Finance Division

AmSouth Building, 5th Floor

400 Cleveland Street

Clearwater, FL 33755

Robert C. Woodall

Manager, Financial Accounting

Finance Division, AmSouth Building, 5th Floor

400 Cleveland Street

Clearwater, FL 33755

James L. Tyler, Financial Accountant

Finance Division, AmSouth Building, 5th Floor

400 Cleveland Street

Clearwater, FL 33755

Clerk General & Support Accounts

Ken Burke

Clerk of the Circuit Court

315 Court Street

Clearwater, FL 33756

Myriam Irizarry

Chief Deputy Director

Court and Operational Services

315 Court Street

Clearwater, FL 33756

Leslie Durbin

Manager

Clerk's Accounting

315 Court Street

Clearwater, FL 33756

Jane Shifflett

Assistant Manager

Clerk's Accounting

315 Court Street

Clearwater, FL 33756

SECTION E – SCOPE OF WORK

SECTION E - 2**PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS**
**ANIMAL SERVICES
TECHNICAL SPECIFICATIONS
LOCK BOX INSTRUCTIONS**
I. The County will:

- A. Provide a post office box. The Bank will retain the key to this box and have exclusive use of it.
- B. Supply the Bank with a list of holidays on which the County will be closed and not require delivery of collections for processing.
- C. Reserve the right to require additional collections from the post office if the volume of items supports this request.

II. The Bank will perform this lockbox service for payments to the Pinellas County Animal Services. These services will be performed for all normal operating days the County offices are open.

- A. The Bank will have exclusive use of the County's post office box and will provide the internal security necessary to guarantee proper handling of these deposits.
- B. Each morning, the Bank's agent and/or personnel are to empty the contents of this box and provide for transmittal to its banking facility. Under proper internal controls, the Animal Services envelopes which are not addressed to a specific person in the Animal Services Department are to be opened and their contents of check or cash verified against the corresponding accounting paperwork from the various Pinellas County Veterinarian Clinics and other related Animal facilities, Rabies/License certificates.
- C. The following items will be classified as rejects, set aside and returned unprocessed to the Animal Services Department the day of receipt. These exceptions should be grouped and noted as follows:

Foreign checks**Post dated checks****Miscellaneous, as specified by Animal Services, in writing.**

- D. Paymail (individual payments) are to be deposited and returned without any further processing.

The proposers should be aware that any information contained on the rabies vaccination certificates which identifies the owner of the animal vaccinated is confidential and exempt from s. 119.07 (1) and s. 24 (a), Article I of the State Constitution.

Special requirements:**1. Miscellaneous**

- A. Items that are matched are to be processed in batches according to veterinarian clinics and other animal related agencies as received; without regard to number of items.
- B. The batches are to be balanced, microfilmed and aggregate amount immediately (same day as received) be deposited to the General Fund Cash Pool A-1 or other account maintained at bank by the County and so designate as deposit account by the County.
- C. All checks received should clearly be endorsed on the back with Agent's endorsement and date. All envelopes received from the veterinarian clinics should be returned with batches to Animal Services for a clear audit trail. Copies of all personal checks that are not accompanied by a license number will be attached to the corresponding envelope in appropriate batches and forwarded to the Animal Services Department. All Rabies/License certificates with and without vaccine information will be bundled separately within the batch.

SECTION E – SCOPE OF WORK

- D. Accompanying the batched payment, the Animal Service Department should receive a report that is in order of each batch with the field information printed. Each batch will give a count of documents separated by cats and dogs, spayed/neutered or not spayed/neutered, and total dollars per batch, each separate part will be sorted by license number (numerical order), with a grand total at end. This report should provide an acceptable audit trail of processed transactions. Animal Services should receive a validated deposit slip for all monies deposited.
- E. The County and the Bank acknowledge that the Bank will key-enter data from the attached Attachment A (Rabies/License certificate) documents with data transmittal via modem in accordance with Animal Services specifications. The following are areas within the certificates that need to be input, but not necessarily in this order:

Attachment A License Renewal Form

1. Gender of animal
2. Clinic Number
3. License Number
4. Fee Amount
5. Date of Vaccination
6. Vaccination Expiration Date
7. Date License Issued
8. Animal Service Number
9. Previous Year Tag Number
10. Breed of Animal

Attachment B Blank License Certificate

1. Animal Name
2. Spay/Neuter
3. Age
4. Breed
5. Gender
6. Color
7. Owner Name (Last, First, MI)
8. Owner Phone Number
9. Owner Street Address
10. Owner 2 Digit City Code and Zip
11. Clinic Number
12. License Number
13. Date of Vaccinations
14. Vaccinations Expiration Date
15. License Issue Date
16. Fee Amount

Final developed microfilm must be medium light to medium. When filming, items must be even, so that the entire area of both sides of the check are visible.

- F. When data transmission receipt is instituted by the County for Animal Services receipts, the collection information will be transmitted via modem to the Pinellas County MIS Department no later than fourteen (14) calendar days from the date of original receipt. The Bank will adequately provide information backup to ensure data integrity so that the Animal Services' records are properly updated. The Bank will notify the Pinellas County MIS office by 3:15 p.m. of the transmission to verify the successful receipt of transmitted data. The Bank will furnish names and telephone numbers of both a primary and secondary contact person to resolve problems that may arise.
- G. All rejections, batched payment information of checks processed, and other information received via the lockbox and not processed shall be returned to the Animal Services Department no later than 10:00 a.m. on the next working day following transmission.

SECTION E – SCOPE OF WORK

- H. All unprocessed mail, reject items, copies of all checks processed and balanced payment stubs, with the processed information will be delivered to the Animal Services Department, 12450 Ulmerton Road, Largo FL 33774.
- I. In the event batched items cannot be delivered on schedule, the Pinellas County Animal Services Department should be notified in a timely manner and the exception items are to be delivered by 10:00 a.m. the next working day.
- J. The County and the Bank acknowledge that the Bank act only as the County's collecting agent and assumes the responsibility of exercising due care in the processing and delivery on a timely basis as indicated in the Bank's rules and regulations between Bank and depositor. The Bank shall not contact any customer regarding their account or payment.
- K. Notations should be made on the envelope for "NO CHECK", "NO STUB", etc.
- L. If at any time the Bank cannot meet the specification here within, they will be required to immediately contact the designated person listed below in item "N" and inform them of any related problems with the work received from the clinics. Pinellas County Animal Services Department designee will work diligently with the Bank to eliminate any possible problems as they arise.
- M. A copy of the forms and County licenses used by the Animal Services Department are attached.
- N. If there are any questions concerning these specifications, contact Animal Services' Administrative Specialist at (727) 582-2623, FAX (727) 582-2637.

*****SPECIAL NOTE*******TECHNICAL SPECIFICATIONS REQUIRED FROM MIS DEPARTMENT**

Please find attached requirements regarding technical specifications concerning the data transmittal via modem to the Management Information System's (MIS) mainframe.

See Attachment 6 on page 44.

If there are any questions concerning these specifications, contact MIS Department's designee:
Jim Gross, Senior Programmer/Analyst at (727) 464-4265.

SECTION E - SCOPE OF WORK

Attachment A

PINELLAS COUNTY COPY

LICENSE & RABIES VACCINATION CERTIFICATE
AS REQUIRED BY PINELLAS COUNTY CODE CHAPTER 14

LICENSE DUE 06/99 ☐ DOG ☐ CAT

PINELLAS COUNTY ANIMAL SERVICES
12450 ULMERTON ROAD
LARGO, FL. 33774-2700
TELEPHONE (727) 582-2600

ENTER BELOW ANY CHANGED ITEM(S) FROM RIGHT SIDE

ANIMAL CONTROL # 1997 0 025339		RABIES TAG # 		LIC. TAG # 	
LAST YEAR TAG # 1998 0 026196		ISSUED ONLY WHEN NO LICENSE PURCHASED AT TIME OF VACCINATION		LICENSE EXPIRATION DATE: SEE REVERSE	
TATTOO # / MICROCHIP #		DATE OF VACCINATION / /	MANUFACTURER (FIRST 3 LETTERS)	VACCINATION EXPIRES / /	VACC. TYPE/KILL 1 YR <input type="checkbox"/> IM <input type="checkbox"/> 3 YR <input type="checkbox"/> SQ <input type="checkbox"/>
OWNER (LAST NAME)		BRAND NAME		VACC. LOT# / EXPIRES	DATE LIC. ISSUED
FIRST NAME		OWNER PHONE# 895-6236		SEX FEMALE	
STREET		NAME BOGART		SPAY/NEUTER YES	
CITY		BREED BASENJI		AGE 15	
STATE		COLOR BRN/WHT			
ZIP CODE					
PHONE	NAME OF ANIMAL	SPAY/NEUTER <input type="checkbox"/> YES <input type="checkbox"/> NO			
SPECIES	BREED	COLOR	SEX	AGE	WT
HAZE, CATLYN 1227 16TH AVE N ST PETERSBURG, FL 33704					
VET. SIGNATURE / LICENSE#					
ADDRESS / PHONE#					

IF CAT/DOG IS DECEASED OR LOST, RETURN FORM TO ANIMAL SERVICES

DECEASED ☒ NO LONGER OWNED ☐ MOVED OUT OF COUNTY ☐

YOU MUST TAKE THIS FORM TO YOUR VETERINARIAN
***PINELLAS COUNTY RECOGNIZES 3 YEAR VACCINE**

RENEWAL FORM

Attachment B

PINELLAS COUNTY COPY

LICENSE & RABIES VACCINATION CERTIFICATE
AS REQUIRED BY PINELLAS COUNTY CODE CHAPTER 14

LICENSE DUE ☐ DOG ☐ CAT

PINELLAS COUNTY ANIMAL SERVICES
50 ULMERTON ROAD
LARGO, FL. 33774-2700
TELEPHONE (727) 582-2600

ANIMAL CONTROL #		RABIES TAG # 		LIC. TAG # 	
LAST YEAR TAG #		ISSUED ONLY WHEN NO LICENSE PURCHASED AT TIME OF VACCINATION		LICENSE EXPIRATION DATE: SEE REVERSE	
TATTOO # / MICROCHIP #		DATE OF VACCINATION / /	MANUFACTURER (FIRST 3 LETTERS)	VACCINATION EXPIRES / /	VACC. TYPE/KILLED 1 YR <input type="checkbox"/> IM <input type="checkbox"/> 3 YR <input type="checkbox"/> SQ <input type="checkbox"/>
		MONTH / DAY / YEAR		MONTH / DAY / YEAR	
		BRAND NAME	VACC. LOT# / EXPIRES	DATE LIC. ISSUED	

SECTION E – SCOPE OF WORK

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ATTACHMENT 2

LICENSE & RABIES VACCINATION CERTIFICATE AS REQUIRED BY PINELLAS COUNTY CODE CHAPTER 14				PINELLAS COUNTY COPY			
LICENSE DUE <div style="border: 1px solid black; padding: 2px;"> DOG 94/99 CAT </div>		ANIMAL CONTROL # <div style="border: 1px solid black; padding: 2px;"> 0016 0 000000 </div>		RABIES TAG # <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		LIC. TAG # <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
LICENSE FEE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		LAST YEAR TAG # <div style="border: 1px solid black; padding: 2px;"> 4999 9 999954 </div>		ISSUED ONLY WHEN NO LICENSE PURCHASED AT TIME OF VACCINATION		LICENSE EXPIRATION DATE: SEE REVERSE	
PINELLAS COUNTY ANIMAL SERVICES 12450 ULMERTON ROAD LARGO, FL. 33774-2700 TELEPHONE (727) 582-2600 ENTER BELOW ANY CHANGED ITEM(S) FROM RIGHT SIDE				TATTOO # / MICROCHIP # <div style="border: 1px solid black; padding: 2px;"> ANMR100N </div>		DATE OF VACCINATION / / MANUFACTURER (FIRST 3 LETTERS) / / VACCINATION EXPIRES / / VACC. TYPE 1 YR <input type="checkbox"/> IM 3 YR <input type="checkbox"/> SQ	
OWNER (LAST NAME) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		FIRST NAME <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		INITIAL <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		MONTH / DAY / YEAR / / MONTH / DAY / YEAR	
STREET <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		APT./LOT # <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		BRAND NAME <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		VACC. LOT# / EXPIRES <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
CITY <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		STATE <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		ZIP CODE <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		OWNER PHONE# 999-9999	
PHONE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		NAME OF ANIMAL <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		SPAY/NEUTER <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME XXXXXXXXXXXX SEX XXXXXXXX	
SPECIES <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		BREED <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		COLOR <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		BREED XXXXXXXXXXXXXXXXXXXX SPAY/NEUTER XXX	
COLOR <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		SEX <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		AGE <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		AGE 99	
IF CAT/DOG IS DECEASED OR LOST, RETURN FORM TO ANIMAL SERVICES DECEASED <input type="checkbox"/> NO LONGER OWNED <input type="checkbox"/> MOVED OUT OF COUNTY <input type="checkbox"/>				OWNER NAME LINEXXFORM2XXXXXX ADDRESS LINEXXXXXFORM2XXXXXXXXXXXXX CITY STATE LINEXXFORM2XZIPX5			
YOU MUST TAKE THIS FORM TO YOUR VETERINARIAN "PINE" LAS COUNTY RECOGNIZES 3 YEAR VACCINE				VET. SIGNATURE / LICENSE# <div style="border: 1px solid black; width: 150px; height: 20px;"></div>			
				ADDRESS / PHONE# <div style="border: 1px solid black; width: 150px; height: 20px;"></div>			

SECTION E - SCOPE OF WORK

ATTACHMENT 2

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07/22/99 15:14

Pinellas County Animal Service
1999 Clinic Listing (Brief)

Clinic Name Previous Name	Address	City
000 PINELLAS COUNTY ANIMAL SERVICE PINELLAS COUNTY DOG CONTROL	12450 ULMERTON ROAD	LARGO
001 ANIMAL & BIRD HOSPITAL OF CW MURPHY ANIMAL & BIRD HOSPITAL	2651 SUNSET PT ROAD	CLEARWATER
002 THE ANIMAL CLINIC	3201 46TH AVENUE N	ST PETERSBU
003 ANIMAL CLINIC OF TREASURE ISLE	155 108TH AVENUE	TREASURE IS
004 FRIENDS OF STRAYS	2911 47TH AVENUE NO	ST PETERSBU
005 ANIMAL HOSPITAL OF DUNEDIN	1355 PINEHURST ROAD	DUNEDIN
006 ANIMAL HOSPITAL OF LARGO	13902 WALSINGHAM ROAD	LARGO
007 ANIMAL HOSPITAL OF SEMINOLE	11375 PARK BLVD	SEMINOLE
008 HOUSE CALLS MOBILE VET	P.O. BOX 1119	NEW PORT RI
009 BAYCREST ANIMAL CLINIC	5819 MEMORIAL HIGHWAY	TAMPA
010 BAYCREST VETERINARY HOSPITAL	2228 9TH STREET N	ST PETERSBU
011 BAYSHORE ANIMAL HOSPITAL	3845 TYRONE BLVD	ST PETERSBU
012 BELCHER ANIMAL CLINIC	1432 SOUTH BELCHER ROAD	CLEARWATER
013 BLUFFS ANIMAL HOSPITAL	320 NORTH INDIAN ROCKS ROAD	BELLEAIR BL
014 CALADESI ANIMAL HOSPITAL	903 CURLEW ROAD	DUNEDIN
015 CENTRAL ANIMAL HOSPITAL	4801 4TH STREET N	ST PETERSBU
016 DISSTON ANIMAL HOSPITAL	4040 49TH STREET N	ST PETERSBU

SECTION E – SCOPE OF WORK

Pinellas County Animal Service
1999 Clinic Listing (Brief)

	Clinic Name Previous Name	Address	City
017	THE WOODLANDS ANIMAL HOSPITAL	3880 TAMPA RD	OLDSMAR
018	CLEARWATER ANIMAL CLINIC	1639 S MISSOURI AVENUE	CLEARWATER
019	VCA DUNEDIN AN HOSP	2040 MAIN STREET	DUNEDIN
020	SUNCOAST ANIMAL CLINIC	5518 CENTRAL AVENUE	ST. PETERSBURG
021	COUNTRYSIDE ANIMAL HOSPITAL	2740 CURLEW ROAD	CLEARWATER
022	COURT STREET ANIMAL HOSPITAL	1000 COURT STREET	CLEARWATER
023	EAST BAY ANIMAL HOSPITAL	3445 A EAST BAY DRIVE	LARGO
024	GATEWAY VETERINARY CLINIC	8100 4 TH STREET N	ST. PETERSBURG
025	GULF ANIMAL HOSPITAL	808 PASADENA AVENUE S	ST. PETERSBURG
026	GULF BAY AN. HOSP (CAROL BRISTOL)	125 S BELCHER ROAD	CLEARWATER
027	VETERINARY MEDICAL HOSPITAL GULF COAST ANIMAL HOSPITAL	2420 STATE ROAD 580	CLEARWATER
028	HAINES ROAD ANIMAL HOSP. INC	4342 HAINES ROAD N	ST. PETERSBURG
029	HIGHLAND ANIMAL HOSPITAL	399 PATRICIA AVENUE	DUNEDIN
030	LAKE SEMINOLE ANIMAL HOSPITAL	8578 PARK BLVD	SEMINOLE
031	ANIMAL MEDICAL CENTER LITTLE VETERINARY	4860 EAST BAY DRIVE	CLEARWATER
032	MIDWAY ANIMAL HOSPITAL	10700 SEMINOLE BLVD N	SEMINOLE
033	DR MINNICK	405 22BD STREET S	ST. PETERSBURG
034	DR. MUSGRAVE	6447 PARK BLVD #6	PINELLAS PARK
035	NORTH BAY ANIMAL HOSPITAL	9801 WEST HILLSBORO AVE	TAMPA
036	NORTHEAST ANIMAL HOSPITAL	1401 4 TH STREET N	ST. PETERSBURG

SECTION E – SCOPE OF WORK

Pinellas County Animal Service 07/22/99 15:14

1999 Clinic Listing (Brief)

	CLINIC NAME PREVIOUS NAME	ADDRESS	CITY
037	NORTHWEST VETERINARY CLINIC	4806 66 TH STREET N	ST. PETERSBURG
038	OAKHURST VETERINARY HOSPITAL	7785 OAKHURST ROAD	SEMINOLE
039	VCA OF OLDSMAR	3898 TAMPA ROAD	OLDSMAR
040	PALM HARBOR ANIMAL HOSPITAL	33663 US HIGHWAY 19 NORTH	PALM HARBOR
041	PARK ANIMAL HOSPITAL	8065 66 TH STREET N	PINELLAS PARK
042	PASADENA VETERINARY HOSPITAL	7000 CENTRAL AVE	ST. PETERSBURG
043	PINELLAS ANIMAL HOSPITAL	8490 49 TH STREET N	PINELLAS PARK
044	VCA RIVIERA	6920 4 TH STREET N	ST. PETERSBURG
045	SKYCREST ANIMAL HOSPITAL	1961 DREW STREET	CLEARWATER
046	SKYWAY ANIMAL HOSPITAL	3258 5 TH AVENUE S	ST. PETERSBURG
047	ANCLOTE ANIMAL HOSPITAL	1840 ALT 19 SOUTH	TARPON SPRINGS
048	SUNSET POINT ANIMAL HOSPITAL	2572 SUNSET POINT ROAD	CLEARWATER
049	TARPON ANIMAL HOSPITAL	43695 US 19 N	TARPON SPRINGS
050	TYRONE VETERINARY HOSPITAL	3451 TYRONE BLVD N	ST. PETERSBURG
051	ANIMAL HOSPITAL OF ULMERTON	4625 ULMERTON ROAD	CLEARWATER
052	INDIAN ROCKS BEACH ANIMAL HOSP	1507 A NORTH GULF BLVD	INDIAN ROCKS
053	WESTLAKE ANIMAL HOSPITAL	39564 US 19 NORTH	TARPON SPRINGS
054	WOOLF ANIMAL HOSPITAL	4120 WEST CYPRESS STREET	TAMPA
055	ANIMAL ASSOCIATES	997 MAIN ST #590	SAFETY HARBOR
056	GULFPORT VETERINARIAN	5621 GULFPORT BLVD S	GULFPORT
057	DR. JOHN HODGES COUNTRY OAKS	1412 21 ST ST	PALM HARBOR

SECTION E – SCOPE OF WORK

Pinellas County Animal Service
1999 Clinic Listing (Brief)

	CLINIC NAME PREVIOUS NAME	ADDRESS	CITY
058	VCA AM HOSP OF ST. PETE	3295 62 ND AVENUE N	ST. PETERSBURG
059	BAY MOORINGS	3695 50 TH AVE S	ST. PETERSBURG
060	CURLEW ANIMAL HOSPITAL	1100 COUNTY ROAD ONE	PALM HARBOR
061	ALL CREATURES ANIMAL HOSPITAL	3438 EAST LAKE ROAD NO 11	PALM HARBOR
062	COMMUNITY VETERINARY HOSPITAL	1631 WEST BAY DRIVE	LARGO
063	CHAPMAN ANIMAL HOSPITAL	5800 62 ND AVENUE N	PINELLAS PARK
064	ANIMAL HOSPITAL OF NORTHWOOD	701 ENTERPRISE ROAD EAST	SAFETY HARBOR
065	LARGO VETERINARY HOSPITAL	1120 STARKEY ROAD	LARGO
066	ALL PETS HOSPITAL PASCO CO	7038 HIGHWAY 54	NEW PORT RICHEY
067	ADAMS ANIMAL HOSPITAL	6365 GULF BLVD	ST PETE BEACH
068	VCA OF CLEARWATER	UNKNOWN	UNKNOWN
069	COASTAL VETERINARY SERVICE	3384 TAMPA RD	PALM HARBOR
070	BROCK ANIMAL HOSPITAL	10660 66 TH STREET N	PINELLAS PARK
071	DAVIS ANIMAL HOSPITAL	1019 HIGHLAND AVENUE	LARGO
072	A PETS PLACE	410 S PEGASUS AVE	CLEARWATER
073	ALL CATS HOSPITAL	2069 INDIAN ROCKS ROAD	LARGO
074	HOPE & HAPPINESS HOSPITAL	1234-A S HIGHLAND AVENUE	CLEARWATER

SECTION E – SCOPE OF WORK

Pinellas County Animal Service

1999 Clinic Listing (Brief)

	CLINIC NAME	ADDRESS	CITY
075	LOVING CARE VET CLINIC	73 SEMINOLE BLVD	LARGO
076	ADVANCED VETERINARY HOSPITAL	1334 US 19 N	HOLIDAY
077	DR HANCOCK SPJC	PO BOX 13489	ST. PETERSBURG
078	DR. DONALD J. BECK	9374 117 TH AVENUE	LARGO
079	ANIMAL MEDICAL HOSPITAL	2540 30 TH AVE NO	ST. PETERSBURG
080	TLC ANIMAL AND BIRD HOSPITAL	270 US ALT HWY 19 NO.	PALM HARBOR
081	ANIMAL CARE CTR PASCO CO	4041 LITTLE ROAD	NEW PORT RICHEY
082	AVIAN ANIMAL OF BARDMOOR	11405 STARKEY ROAD	LARGO
083	ALL PETS CARE HOSPITAL INC	1453 SUNSET POINT RD	CLEARWATER
084	FL. MOBILE VETERINARY CLINIC	8500 4 TH ST NO.	ST. PETERSBURG
085	ANIMAL HOSP OF PINELLAS POINT	461 45 TH AVENUE S	ST. PETERSBURG
086	ALLENS RIDGE ANIMAL HOSPITAL	1342 TAMPA ROAD	PALM HARBOR
087	HIDDEN OAKS ANIMAL HOSPITAL	725 EAST LAKE ROAD N	TARPON SPRINGS
088	LIVE OAK VETERINARY HOSPITAL	5362 CENTRAL AVENUE	ST. PETESBURG
089	A WESTCOAST MOBILE VET SVC	628 66 TH AVE S	ST. PETERSBURG
090	AMAZON ANIMAL HOSPITAL	5320 EAST BAY DRIVE	CLEARWATER
091	PET VACCINE SERVICES	5609 16 TH ST WEST	BRADENTON

SECTION E – SCOPE OF WORK

Pinellas County Animal Service
1999 Clinic Listing (Brief)

	CLINIC NAME	ADDRESS	CITY
092	SUNSHINE ANIMAL HOSPITAL AGAPE ANIMAL HOSPITAL	2807 GULF TO BAY	CLEARWATER
093	STEELE ANIMAL HOSPITAL	5302 SEMINOLE BLVD	ST. PETE
095	SEMINOLE BLVD ANIMAL HOSPITAL	12120 SEMINOLE BLVD	LARGO
098	SPCA	9099 130 TH AVE N	LARGO
099	LUV MY PET INC.	977 E. ALTAMONTE DR	ALTAMONTE SPRINGS
101	HUMANE SOC OF N PINELLAS INC	3040 STATE ROAD 590	CLEARWATER
102	ANM & BIRD MED CTR OF P. HARBOR	34820 US 19 N	PALM HARBOR
103	VET SMART CLEARWATER	26277 US HWY 19 N	CLEARWATER
105	THE VET CLINIC	35891 US 19 NORTH	PALM HARBOR
106	FLORIDA VET HOSPITAL	8500 4 TH ST N	ST. PETE
108	VETSMART ST. PETE	3993 TYRONE BLVD N	ST PETERSBURG
109	TIME PLAZA ANIMAL HOSPITAL	1969 SUNSET POINT ROAD	CLEARWATER
110	DR H.T. BYRON (PET WELLNESS)	653 SINCLAIR DR	SARASOTA
111	CAT HOSP OF PALM HARBOR	2501 US ALT 19 N	PALM HARBOR

SECTION E – SCOPE OF WORK

Pinellas County Animal Service
1999 Clinic Listing (Brief)

	CLINIC NAME	ADDRESS	CITY
112	NOAH'S PLACE	2050 62 ND AVE N	ST. PETE
114	COURT STREET AN HOSP #2	1000 COURT ST	CLEARWATER
115	ANIMAL HEALTH CARE CLINIC	1710 DREW ST SUITE #7	CLEARWATER
116	CONNECHUSETT ANIMAL HOSP	1456 JORDAN HILLS CT	CLEARWATER
117	DR. PERRY	916 BROADWAY	DUNEDIN
118	PET VET VACC CLINC	1048 KELLY ROBERTS RD	ZOLFO SPRINGS
119	ANDES ANIMAL HOSPITAL	1019 HIGHLAND AVE	CLEARWATER
120	COUNTRY CHASE VET CLINIC	10712 COUNTRY WAY BLVD	TAMPA
121	MY PET ANIMAL HOSPITAL	778 EAST LAKE RD	PALM HARBOR
122	ODESSA EQUINE	13637 PLAINVIEW RD	ODESSA
123	HOUSE CALL VETERINARIAN	PO BOX 10668	ST. PETERSBURG
124	ST. PETER BEACH VET CLINIC	6365 GULF BLVD	ST. PETERSBURG

SECTION E – SCOPE OF WORK**ATTACHMENT 3****Pinellas County Animal Services
Street Directions File List**

St Direction Abbreviation	Street Direction Description
E	EAST
N	NORTH
NE	NORTHEAST
NW	NORTHWEST
S	SOUTH
SE	SOUTHEAST
SW	SOUTHWEST
W	WEST

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Pinellas County Animal Services

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Street Types File List

Street Type Abbreviation	Street Type Description
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TFWY	Trafficway
THWY	Throughway
TPKE	Turnpike
TRC	Trace
TRL	Trail
TUN	Tunnel
UNP	Underpass
WALK	Walk
WALL	Wall
WAY	Way

SECTION E – SCOPE OF WORK

ATTACHMENT 4

2G

Pinellas County Animal Services

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Street Types File List

Street Type Abbreviation	Street Type Description
AL	Alley
ARC	Arcade
AVE	Avenue or Avenida
BLVD	Boulevard
BR	Branch
BRDG	Bridge
BYP	Bypass
C	Calle
CAY	cay
CIR	Circle
COM	Common
COVE	Cove
CRES	Crescent
CRSG	Crossing
CSWY	Causeway
CT	Court
CTR	Center
DR	Drive
EXWY	Expressway
FRWY	Freeway
GDNS	Gardens
GLEN	glen
HGTS	Heights
HWY	Highway
ISL	Island
LN	Lane
LOOP	Loop
MALL	Mall
MEWS	Mews
MNR	Manor
MTWY	Motorway
OVAL	Oval
OVPS	Overpass
PARK	Park
PASS	Pass
PATH	Path
PKE	Pike
PKWY	Parkway
PL	Place
PLZ	Plaza
PSG	Passage
PT	Point
RAMP	Ramp
RD	Road
ROW	Row
RTE	Route
RUE	Rue
SKWY	Skyway
SQ	Square
SR	STATE ROAD
ST	Street
TERR	Terrace

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SECTION E - SCOPE OF WORK

ATTACHMENT 6

Pinellas County Animal Services

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Lockbox Detail Record Description

Three (3) 80 character lockbox detail transmit records will be combined to produce one (1) owner/animal tag form record. The fields must be in the following sequence, type and value:

"R" in NF (New Form-hand written) or RF (Renewal Form-computer generated and hand written) specifies that the field is required.

Any fields hand written or changed on the form should always be keyed.

SP = field start position; LE = field length.

Seq Nbr	Field Description	Type	PIC/Format	N	R	SP	LE	Comment/Values
10	CLINIC NUMBER	NUMER	9(3)	R	R	1	3	RIGHT-JUST,0 FILL
20	ANIMAL CONTROL# YEAR	NUMER	9(4)		R	4	4	CCYY
30	ANIMAL CONTROL# TYPE	NUMER	9(1)		R	8	1	VALID ARE 0,2,4,6,7,8,9
40	ANIMAL CONTROL# TAG#	NUMER	9(6)		R	9	6	RIGHT-JUST,0 FILL
50	RABIES TAG#	NUMER	9(6)			15	6	RIGHT-JUST,0 FILL *RAB OR LIC*
60	LICENSE TAG#	NUMER	9(6)			21	6	RIGHT-JUST,0 FILL *REQUIRED***
70	ANIMAL SPECIES	ALPHA	X(1)	R	R	27	1	D OR C
80	FEE CHARGED AMOUNT	NUMER	9(2)	R	R	28	2	00 OR 05
90	PREVIOUS TAG YEAR	NUMER	9(4)		R	30	4	CCYY
100	PREVIOUS TAG#	NUMER	9(6)		R	34	6	RIGHT-JUST,0 FILL
110	DATE OF VACCINATION	NUMER	9(8)	R	R	40	8	MMDDCCYY,0 FILL
120	VACCINATION EXP DATE	NUMER	9(8)	R		48	8	MMDDCCYY,0 FILL
130	VACCINATION DURATION	NUMER	9(1)	R		56	1	1 OR 3
140	DATE LIC/TAG ISSUED	NUMER	9(8)	R	R	57	8	MMDDCCYY,0 FILL
150	TATTOO ID	ALPHA	X(12)			65	12	LEFT-JUST,A/N
160	OWNER LAST NAME	ALPHA	X(14)	R		77	14	LEFT-JUST
170	OWNER FIRST NAME	ALPHA	X(10)	R		91	10	LEFT-JUST
180	OWNER MI	ALPHA	X(1)			101	1	
190	ADDRESS#	ALPHA	X(6)			102	6	LEFT-JUST,REQUIRED IF STREET
200	STREET PREFIX	ALPHA	X(2)			108	2	LEFT-JUST,USE ST PFX/SFX TABLE
210	STREET NAME	ALPHA	X(30)	R		110	30	LEFT-JUST,IF PO BOX ENTER HERE
220	STREET TYPE	ALPHA	X(4)			140	4	LEFT-JUST,USE ST TYPE TABLE
230	STREET SUFFIX	ALPHA	X(2)			144	2	LEFT-JUST,USE ST PFX/SFX TABLE
240	APT/LOT	ALPHA	X(5)			146	5	LEFT-JUST
250	CITY	ALPHA	X(19)	R		151	19	LEFT-JUST
260	ZIP5	NUMER	9(5)	R		170	5	RIGHT-JUST,0 FILL
270	OWNER PHONE#	NUMER	9(7)			175	7	FORMAT: 1234567
280	ANIMAL NAME	ALPHA	X(10)	R		182	10	LEFT-JUST
290	SPAY/NEUTER	ALPHA	X(1)	R		192	1	Y = YES, N = NO
300	BREED CODE	NUMER	X(3)	R		193	3	RIGHT-JUST,0 FILL,USE BRD TABL
310	COLOR CODE	NUMER	9(2)	R		196	2	RIGHT-JUST,0 FILL,USE COL TABL
320	SEX	ALPHA	X(1)	R		198	1	M = MALE, F = FEMALE, U = UNK
330	AGE	NUMER	9(2)	R		199	2	RIGHT-JUST,0 FILL

SECTION E – SCOPE OF WORK

SECTION E-2

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
POOL G – UTILITIES
TECHNICAL SPECIFICATIONS
LOCK BOX INSTRUCTIONS

I. The County will:

- A. Secure the post office box key from the currently contracted bank and provide the successor bank (if applicable) with the key.
- B. Provide a post office box. The Bank will retain the key to this box and have exclusive use of it.
- C. Supply the Bank with a list of holidays on which the County will be closed and not require delivery of collections for processing. Deposits will be required on days the Bank is open for business. Transmission of data and documents will be made and delivered on the County's next business day.
- D. Reserve the right to require additional collections from the post office if the volume of items supports this request.

II. The Bank will:

- A. Perform this lock box service for the County utility payments for all normal operating days the County offices are open.
- B. The Bank will have exclusive use of the County's post office box and will provide the internal security necessary to guarantee proper handling of these deposits.
- C. Each morning, Bank personnel will empty the contents of this box and provide for transmittal to its processing facility. Under proper internal controls, the return envelopes and miscellaneous envelopes, which are not addressed to a specific person, are to be opened and their contents of check or cash verified against the corresponding utility stub, **Example A-1**.
- D. All altered payment stubs or nonmatching items will be classified as rejects, set aside and returned unprocessed (in the same envelope, **Example A-2**, in which they are received) to the County the day of receipt. These exceptions should be grouped and noted as follows:
 - 1. Address change
 - 2. Different amounts
 - 3. Miscellaneous
 - 4. Incorrect/improper credit card payment information

Special Requirements:

- 1. Address Change
 - a. Return stub
In those cases where the customer writes an address change on the return stub and the check amount and return stub amount agree, the payments shall be grouped together and processed in a separate batch. The envelope and the return stub should be returned to our office. These exception items are to be returned in the same envelope in which they are received.
- 2. Different Amounts
When the payment amount differs from the amount due per the payment stub, items are batched separately at the end of the transaction.
- 3. Internet Checks
The Bank's processing facility will process payments to the Pinellas County Water System from external online payment providers such as Check-Free Corporation.
- 4. Credit Cards
The bank's processing center will process payments from stubs completed with credit card transaction details.

SECTION E – SCOPE OF WORK

5. Miscellaneous

- A. Notations on envelope: "No check," "No stub," etc.
- B. Notation on check "Paid in Full".

- E. Items that are matched are to be processed in batches of no more than 300 cards or stubs.

- F. The batches and stubs are to be balanced to payment tapes attached and totaled by batches. These payments tapes should be readable and of good quality print and must include OCR information from the scan line. The batch tapes will accompany the corresponding batches when delivered to Utilities. As per Bank proposal and agreed to by the County, the aggregate amount of payments processed will be immediately deposited the same day to the Pool G Revenue and Operating Fund account maintained at the Bank for the County.

- G. Customer account numbers are to be placed on all checks either by hand or by machine encoding in a clearly visible and easily readable location on the check.

- H. Accompanying the batched payments, the County should receive a Detail Edit Report and a Summary Report. The Detail Edit Report should include the order of each batch with the field-information read from the OCR scan line plus the check/stub batch sequence number. Detail Edit Report order should read: sequence number, cycle, account number, due date, amount. The Summary Report is delivered on a floppy disk (3.5"), stored for 3 months and then returned for credit to be reused. The Summary Report by account number order should read: due date, batch number, sequence number, cycle number, account number, and remittance amount. Each batch will give a count of documents and total dollars per batch with a grand total at the end. These reports should provide an acceptable audit trail of processed transactions.

- I. Account Problems: The Bank will furnish upon request, copies of microfilmed payment records deposited to accounts. Copies are to be received within five (5) working days of such request. Responses to requests requiring additional research must be received within 10 business days.

- J. The Bank, no later than 3:00 p.m. the same day, will supply the County with the batched payment totals and detail payment information of those checks processed.

- Information will be transmitted via telecommunications directly to the County's Management Information Services in the Clearwater Courthouse Complex no later than 3:00 p.m. The Bank will adequately provide information backup to ensure data integrity, so that the County's records are properly updated. The Bank will notify the County by 3:15 p.m. of the transmission to verify the successful receipt by the County. The Bank will furnish the names and telephone numbers of both a primary and secondary contact person to resolve problems.

- K. All unprocessed mail, reject items, processed and balanced payment stubs with the processed information via the Detail Edit Reports and Lock Box Summary Report will be delivered to the Cashiers at Pinellas County Utilities, 2431 Tampa Rd. Palm Harbor, Florida 34683. Delivery will be made on a same day basis. In the event the batched items cannot be delivered on schedule, the Utilities must be notified in a timely manner. All exception items, batch items and reports will be delivered no later than 7:30 a.m. the next working day.

- L. The Bank shall act as the County's collecting agent and assumes the responsibility of exercising due care in the processing and delivery of payments on a timely basis as indicated in the Bank's rules and regulations between Bank and depositor.

- M. In-House Bank Deposits: In-house Bank deposits will be picked up daily by armored car service and delivered to the Bank. The Bank, upon receipt, will validate the in-house deposit slips and mail to Pinellas County Finance Division, AmSouth Building, 5th Floor, 400 Cleveland Street, Clearwater, Florida 33755-4041.

- N. In-House Bank Deposits - Satellite Offices:
 - 1. Location: 8202 113th Street
Seminole, Florida 34642
 - 2. Location: 2431 Tampa Road
Palm Harbor, Florida 34683

SECTION E – SCOPE OF WORK

In-house bank deposits - satellite offices - will be picked up daily by armored car service and delivered to the Bank. The Bank, upon receipt, will validate the in-house deposit slips and mail the slips to the address shown in N above.

- O. Provide the name and telephone number of the Bank representative to serve as a primary contact, as well as an alternate contact.

Estimated volume of transactions for the lock box service is 450,000 items per annum. Cash constitutes less than 1 percent of these collections and the service use may grow at a rate of about 2 percent annually. A copy of the bill form as presently used by the Pinellas County Utilities is attached, and the technical specifications for computer processing format is as follows:

TRANS PAY CODE	2	PIC XX	VALUE '89'
ACCOUNT NUMBER	9	PIC 9 (9)	
AMOUNT	7	PIC 9 (5) V99	
BILL CODE	2	PIC 99	
CYCLE	2	PIC 99	

The breakdown of the character string format on the return portion of the stub portion of the bill and the late notice, are represented by the number after the description and their position in the string. See attached example A-1 (a).

DATA PROCESSING SPECIFICATIONS - Data Transmission media to the Pinellas County mainframe should be via electronic data transfer means. Specifically, the data will be represented in EBCDIC and transferred via a dial up line at 4800 or 9600 baud. The required protocol is SNA/SDLC, 3770 RJE. The data center representing the Bank will initiate the call and emulate an IBM system card reader to Pinellas County's mainframe. The log-on, sign-on and remote job entry to Pinellas County's JES2 applications will be the Bank's responsibility. Check digit routine is MOD11. If there are questions regarding the MIS specifications, contact Jim Butler 464-4277.

III. Automatic Bank Payment Instruction:

- A. **The County will transmit a file to the Bank to verify that all the banking information is correct.**
This Pre-note file process will check such things as the routing number, transit number, and the bank account number.
- B. **If all the banking information is correct, the automatic payment process will begin with the next bill.**
- C. If any of the banking information is wrong the Bank will notify Pinellas County Utilities within a week. Customers will be notified by Utilities of the problem to be corrected.
- D. The Payment and Pre-note files will be held by Utilities and accessed by the Bank each day through the Utilities port during the normal 3:00 P.M. transmission window.

IV. New Customer Information System

The Utilities Customer Services Department is in the process of choosing a new Customer Information System that will require such things as capturing of check numbers, real time check validation and electronic funds transfer. The file layout requirements and information to be provided by the Bank may change at that time.

SECTION E – SCOPE OF WORK

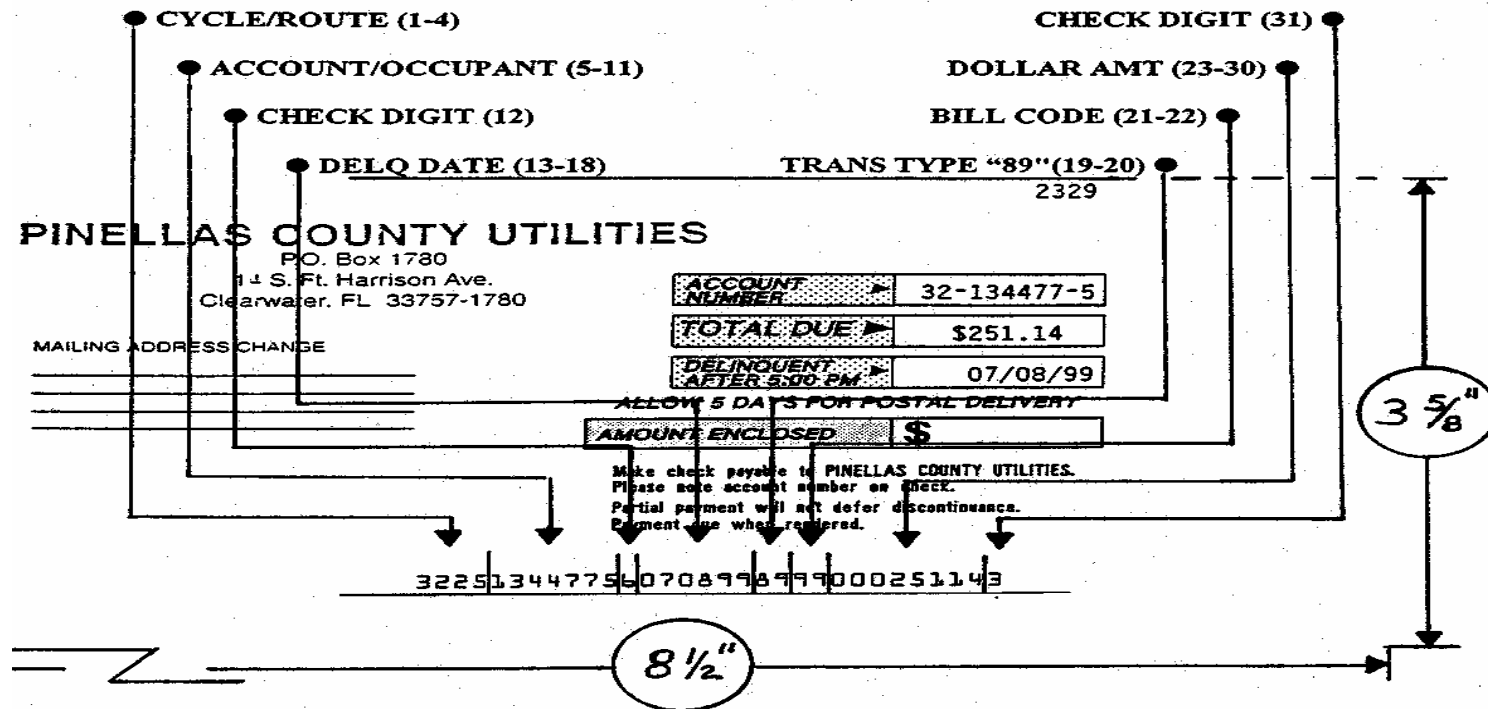
Example A-1

★ RETURN THIS PAYMENT STUB FOR PROPER CREDIT ★																
PINELLAS COUNTY UTILITIES PAYMENT LOCATIONS OFFICES ARE OPEN MONDAY - FRIDAY: HOURS 14 S Ft Harrison Avenue, Clearwater 8:00 A.M. - 5:00 P.M. 8202 113th Street, Seminole 9:00 A.M. - 5:00 P.M. 2431 Tampa Road, Palm Harbor 9:00 A.M. - 5:00 P.M.																
DROP BOX ONLY: City Hall in the Mall at Tyrone (Near J.C. Penney) Pinellas County Utilities, 6730 142nd Ave., Largo St. Pete Beach City Hall, 155 Corey Ave., St. Pete Beach																
WEB PAYMENT EZ PAY: http://pinellascounty.org/utilities																
REID C KEITH REID ANN 4 GREAT ELM WAY WESTFORD MA 01886																
<table border="1"> <tr> <td rowspan="2"> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard </td> <td>CARD NUMBER</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">CARDHOLDER NAME (PLEASE PRINT)</td> </tr> <tr> <td colspan="2">SIGNATURE</td> <td>DATE</td> </tr> <tr> <td>DELINQUENT AFTER 03/14/06</td> <td>ACCOUNT NUMBER 36-143471-2</td> <td>AMOUNT DUE \$91.25</td> </tr> <tr> <td colspan="2">AMOUNT PAID</td> <td>\$</td> </tr> </table>			<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	CARD NUMBER	EXP. DATE	CARDHOLDER NAME (PLEASE PRINT)		SIGNATURE		DATE	DELINQUENT AFTER 03/14/06	ACCOUNT NUMBER 36-143471-2	AMOUNT DUE \$91.25	AMOUNT PAID		\$
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	CARD NUMBER	EXP. DATE														
	CARDHOLDER NAME (PLEASE PRINT)															
SIGNATURE		DATE														
DELINQUENT AFTER 03/14/06	ACCOUNT NUMBER 36-143471-2	AMOUNT DUE \$91.25														
AMOUNT PAID		\$														
Make check payable to PINELLAS COUNTY UTILITIES. Please note account number on check. Partial payment will not defer discontinuance. Payment due when rendered. ALLOW 5 DAYS FOR POSTAL DELIVERY																
3610143471270314068999000091251																

SECTION E – SCOPE OF WORK




CHARACTER STRING FORMAT

The following is a breakdown of the character string on the "RETURN STUB" portion of the BILL and LATE NOTICE. The numbers after the description represent the character position in the string.



EXAMPLE A - 1 (a)

SECTION E – SCOPE OF WORK**Example A-2**

 P.O. Box 1780 Clearwater, FL 33757-1780		<div>PLACE STAMP HERE</div>
ADDRESS SERVICE REQUESTED		
<div>PINELLAS COUNTY UTILITIES PO BOX 31208 TAMPA FL 33631-3208</div> <div></div>		

SECTION E – SCOPE OF WORK

SECTION E -2

**PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
EMERGENCY MEDICAL SERVICES AND FIRE ADMINISTRATION
TECHNICAL SPECIFICATIONS
LOCK BOX INSTRUCTIONS**

I. The County will:

- A. Provide a post office box. The Bank will retain the key to this box and have exclusive use of same.
- B. Supply the Bank with a list of holidays on which the County will be closed and not require delivery of collections for processing.
- C. Reserve the right to require additional collections from the post office if the volume of items supports this request.

II. The Bank will perform this lock box service for payments to the County Emergency Medical Services & Fire Administration. These services will be performed for all normal operating days the County offices are open.

- A. The Bank will have exclusive use of the County's post office box and will provide the internal security necessary to guarantee proper handling of these deposits.
- B. Each morning, Bank personnel are to empty the contents of this box and provide for transmittal to its banking facility. Under proper internal controls, the County EMS return envelopes and those miscellaneous envelopes which are not addressed to a specific person are to be opened and their contents of check or cash verified against the corresponding stub, **Example A-1**, or Past Due Notice, **Example A-2**.
- C. The following items will be classified as rejects, set aside and returned unprocessed to the County EMS office the day of receipt. These exceptions should be grouped and noted as follows:
 - Legal line
 - Different account numbers
 - No account number
 - Foreign check
 - Post dated check
 - Any nine and one half inch by twelve inches windowless white envelope with a blue border from Medicare.
 - Miscellaneous, as specified by EMS Financial Manager
 - Probate
 - Estates

Special Requirements**1. Address Change**

In those cases where the payment is processed and the address changes are on the return envelope, be sure to note "PAYMENT PROCESSED" on the envelope and write the customer's account number on the empty envelope.

2. Miscellaneous

- A. Items that are matched are to be processed in batches of NO MORE THAN 75 account stubs.
- B. The batches are to be balanced, microfilmed and the aggregate amount immediately deposited to the EMS Lock Box bank account maintained at the bank for the County on the same day. Computer processing printout will show transactions and matching batch balances.
- C. Customer account numbers are to be placed on all checks either by hand or by machine encoding in a visible and readable location on the check.

SECTION E – SCOPE OF WORK

- D. Copies of all insurance checks will be affixed to correspondence\explanation of benefits and corresponding envelopes in appropriate batches and forwarded to the EMS office.
- E. Copies of all personal checks that are not accompanied by a payment stub will be attached to the corresponding envelope in appropriate batches and forwarded to the EMS office.
- F. Accompanying the batched payment, the EMS office should receive a report that is in order of each batch with the field information read from the OCR scan line to be printed. Each batch will give a count of documents, and a total dollar per batch, with a grand total at the end. This report should provide an acceptable audit trail of processed transactions.
- G. The Bank will be able to process either the current OCR scannable or the potential bar coded payments with data transmittal via modem in accordance with EMS technical specifications.
- H. Final developed microfilm must be medium light to medium. When filming, items must be even, so that the entire area of both sides of the check are visible.
- I. Information is currently delivered to the EMS office. When data transmission is instituted, the collection information will be transmitted via modem to the EMS office no later than 3:00 p.m. The Bank will adequately provide information backup to ensure data integrity, so that the EMS records are properly updated. The Bank will notify the EMS office by 3:15 p.m. of the transmission to verify the successful receipt. The Bank will furnish the names and telephone numbers of both a primary and secondary contact person to resolve problems. All electronic payment information will contain customer account number.
- J. The Bank will deliver to the EMS office, no later than 7:30 a.m. the next day, all the batched payment information of those checks processed. Batches will be comprised of payments processed:
 - 1. Manually - those items not machine readable or able to be transmitted via modem.
 - 2. Automatically - those items with an OCR scan line or bar code machine readable and transmittable via modem.
- K. All unprocessed mail, examples A-3 through A-13, reject items, copies of all checks processed and balanced payment stubs, with the processed information will be delivered to the Designated EMS Personnel at the County's EMS office at 12490 Ulmerton Road, Largo, Florida, as specified under paragraph II.C.
- L. In the event the batched items cannot be delivered on schedule, the County EMS office should be notified in a timely manner and the exception items are to be delivered by 7:30 a.m. the next day.
- M. The Bank shall act only as the County's collecting agent and assumes the responsibility of exercising due care in the processing and delivery on a timely basis as indicated in the Bank's rules and regulations between Bank and depositor.
- N. All funds as proposed and agreed to by the County will automatically be wire transferred weekly to a separate County demand account entitled EMERGENCY MEDICAL SERVICES FUND.
- O. Notations should be made on the envelope for: "NO CHECK," "NO STUB," etc.
- P. Membership drives may occur January through April of each year. It is anticipated that lock box activity for these periods may increase by approximately 13,000 items, totaling \$500,000. These collections shall be processed such that electronic transmission is possible.

Estimated annual volume of transactions for the lock box service that show on page 79, with an approximate reject rate of 5 percent. Cash constitutes less than 1 percent of these collections and the service use may grow at a rate of 5 percent annually.

SECTION E – SCOPE OF WORK



EXAMPLE A-1

PO BOX 31074
TAMPA FL 33631-3074
(727) 582-2008

Patient Name: [REDACTED]

From: [REDACTED]

To: [REDACTED]

Run Number: [REDACTED]

Invoice Date: [REDACTED]

Date of Transport: [REDACTED]

Tax ID: 59-6000800

Medicare Prov.#: A0601

If you have insurance which covers this service, please complete the back of this form and return in the enclosed envelope. Sunstar will file a claim for you. If you do not have insurance, please pay the balance due.

Description	Qty.	Price	Adjustment	Amount
A0427 ALS1 Emergency Base Rate	1	451.60	0.00	451.60
A0425 Ground Mileage Up to 50 Miles	6	61.20	0.00	61.20

PLEASE PAY THIS AMOUNT: [REDACTED]

If you have any questions, call (727) 582-2008

*Charges and payments received after this notice date will appear on your next statement.

Please refer to your run number on all correspondence.

*** DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT. THANK YOU ***

12490 Ulmerton Road
Largo FL 33774-2703

January 19, 2006

#BWNLLMH

547

PATIENT NAME [REDACTED]			AMOUNT DUE [REDACTED]
RUN NUMBER [REDACTED]	DATE OF TRANSPORT [REDACTED]	INVOICE DATE 01/19/2006	AMOUNT ENCLOSED \$

WE ACCEPT



MAKE CHECKS PAYABLE TO:

SUNSTAR EMERGENCY MEDICAL SERVICES
P.O. BOX 31074
TAMPA FL 33631-3074

Communications concerning disputed debts and instruments tendered as full satisfaction of a disputed debt should be sent to the following designated address Sunstar Attn: Accounting Credit Control 12490 Ulmerton Road Largo, Florida 33774

SECTION E – SCOPE OF WORK

Social Security Number _____ Date of Birth _____ / ____ / ____

PLEASE COMPLETE THIS SECTION IF YOU HAVE MEDICARE, MEDICAID OR INSURANCE EXAMPLE A-1A

Medicare Number ☐ Check if Primary _____ (letter)
 Railroad Medicare Number ☐ Check if Primary _____
 Medicaid Identification Number ☐ Check if Primary _____
 Medicaid Control Number (Gold Card) ☐ Check if Primary _____

PRIMARY INSURANCE INFORMATION ☐ Medicare HMO Replacement ☐ Non-Medicare HMO ☐ Other Health Insurance Plan

Name of Insured _____
 If insured is not the patient, please complete the following
 Relationship to Patient _____ SSN _____ Date of Birth _____ / ____ / ____
 Name of Insurance Company _____ Effective dates: From: _____ / ____ / ____ To: _____ / ____ / ____
 Claims Address (include city, state and zip code) _____ Insurance Phone Number () _____
 ID, Contract, Subscriber or Member Number _____ Group Number _____

SUPPLEMENTAL INSURANCE INFORMATION

Name of insured _____
 If insured is not the patient, please complete the following
 Relationship to Patient _____ SSN _____ Date of Birth _____ / ____ / ____
 Name of Insurance Company _____ Effective Dates: From: _____ / ____ / ____ To: _____ / ____ / ____
 Claims Address (include city, state and zip code) _____ Insurance Phone Number () _____
 ID, Contract, Subscriber or Member Number _____ Group Number _____

ATTENTION AUTO ACCIDENT PATIENTS!!! If your transport is a result of an auto accident, please provide us with your auto insurance information in the spaces below. Please note that SUNSTAR follows Florida No-Fault guidelines, we file to your auto insurance regardless of fault.

Name of Policy Holder _____
 If policy holder is not the patient, please complete the following
 Relationship to Patient _____ SSN _____ Date of Birth _____ / ____ / ____
 Name of Insurance Company _____ Claim Number _____
 Claims Address (include city, state and zip code) _____ Insurance Phone Number () _____

SUNSTAR MEMBERS:

- ☐ I do not have insurance, Medicare or Medicaid. Please apply the 20% reduction to this bill, per my membership agreement.
☐ I do not have supplemental insurance.

revised 8/10/04

WE ACCEPT MASTERCARD and VISA

PLEASE PAY IN FULL

If you wish to make your payment via credit card, please complete the information below and return in the enclosed envelope.

CHECK ONE ☐ RECEIVED EMS/FIRE ADMIN. 2006 JAN 27 AM 10:26

Account Number	Payment Amount	Expiration Date
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	\$	/ /

☐ Cardholder Name _____ Signature of Cardholder _____ Date _____

☐ Cardholder Street Address _____ City _____ State _____ ZIP _____

Phone number for verification of information if necessary () _____

SECTION E – SCOPE OF WORK



EXAMPLE A-2

PO BOX 31074
TAMPA FL 33631-3074
(727) 582-2008

Patient Name: [REDACTED]

From: [REDACTED]

To: [REDACTED]



Run Number: [REDACTED]

Invoice Date: [REDACTED]

Date of Transport: [REDACTED]

Tax ID: 59-6000800

Medicare Prov.#: A0601

THIS BALANCE IS SERIOUSLY PAST DUE. PLEASE CONTACT OUR BILLING OFFICE TO DISCUSS PAYMENT ARRANGEMENTS OR PAY THE BALANCE IN FULL. IF PAYMENT IS NOT RECEIVED WITHIN 15 DAYS, THIS BALANCE WILL BE TURNED OVER TO OUR COLLECTION AGENCY.

Description	Qty.	Price	Adjustment	Amount
A0426 ALS1 Non-Emerg Base Rate	1	451.60	296.36	155.24
A0425 Ground Mileage Up to 50 Miles	16	163.20	0.00	163.20

Payor: MEDICARE PART B

-\$254.75

PLEASE PAY THIS AMOUNT: [REDACTED]

If you have any questions, call (727) 582-2008

*Charges and payments received after this notice date will appear on your next statement.

Please refer to your run number on all correspondence.

*** DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT. THANK YOU ***

12490 Ulmerton Road
Largo FL 33774-2703

January 18, 2006

#BWNLLMH

710



PATIENT NAME			AMOUNT DUE
[REDACTED]			\$63.69
RUN NUMBER	DATE OF TRANSPORT	INVOICE DATE	AMOUNT ENCLOSED
[REDACTED]	[REDACTED]	[REDACTED]	\$

WE ACCEPT



MAKE CHECKS PAYABLE TO:

SUNSTAR EMERGENCY MEDICAL SERVICES
P.O. BOX 31074
TAMPA FL 33631-3074

Communications concerning disputed debts and instruments tendered as full satisfaction of a disputed debt should be sent to the following designated address Sunstar Attn: Accounting Credit Control 12490 Ulmerton Road Largo, Florida 33774

SECTION E - SCOPE OF WORK

06/18/1999

16:07

PINELLAS CO EMS → 48359

NO.353 010

EXAMPLE A-3



AGENCY FOR HEALTH CARE ADMINISTRATION

MAY 23 AM 9:28

May 17, 1994

Pinellas County EMS d/b/a Sunstar
PO Box 31074
Tampa, FL 33631-3074

Attention: Penny
Billing

Dear Provider:

Your claim for services to the above named recipient was received by the Area 05 Medicaid Office on 05/09/1994.

We are researching your claim and will notify you of our findings at the earliest possible time. Your claim has been entered into our Claim Tracking System as log number [REDACTED]. If you wish to discuss this claim, call Cecilia Marceau at (813) 588-6857. Please refer to log number 05-29953 in any contact with our office. It is not necessary to resubmit this claim. Thank you for providing services to our recipient.

Sincerely,

MARY ELLEN GROSE
Administrator

MEDICAID AREA FIVE
11351 ULMERTON RD. • SUITE 100 • LARGO, FLORIDA 34648-1830
LAWTON CHILES, GOVERNOR

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SECTION E - SCOPE OF WORK

06/18/1999 16:07 PINELLAS CO EMS → 48359

NO. 353 011

EXAMPLE A-4

THIS IS NOT A BILL

Explanation of Your Medicare Part B Benefits

FL-FI-057577

Summary of this notice dated April 30, 1994

Total charges:	\$	269.48
Total Medicare approved:	\$	243.28

We paid your provider:	\$	194.62
Your total responsibility:	\$	48.66

Your Medicare number is:

Your provider accepted assignment

Details about this notice (See the back for more information.)

BILL SUBMITTED BY: PINELLAS COUNTY EMERGENCY MEDICAL
Mailing address: P O BOX 31074 TAMPA FL 33631

<u>Dates</u>	<u>Services and Service Codes</u>	<u>Charge</u>	<u>Medicare Approved</u>	<u>See Notes Below</u>
	Control number 5240-8029-22200			a
	PINELLAS COUNTY EMERGENCY MEDICAL SVCS			
Mar 11, 1994	1 Ambulance, base rate [A0220-SH]	\$ 227.70	\$ 207.00	b
Mar 11, 1994	2 Ambulance, per mile [A0221-SH]	11.78	8.48	b
Mar 11, 1994	1 Ambulance, oxygen [A0070-SH]	+ 30.00	+ 27.80	b
	Total	\$ 269.48	\$ 243.28	

Notes:

a This information is being sent to your private insurer. They will review it to see if additional benefits can be paid. Send any questions regarding your supplemental benefits to them. Your private insurer is KIRKE-VAN ORSDEL, INC.

b The approved amount is based on the customary charge.

IMPORTANT: If you have questions about this notice, call Florida Medicare Part B at 904-355-3630 or 1-800-333-7556 or see us at 532 Riverside Ave., Jacksonville, FL. You will need this notice if you contact us.

To appeal our decision, you must **WRITE** to us before October 30, 1994 at Medicare Part B, P.O. Box 2360, Jacksonville, FL 32231. See #2 on the back.

NEL: (2)

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SECTION E - SCOPE OF WORK

06/18/1999 15:07 PINELLAS CO EMS → 48359

NO. 353 012

EXAMPLE A-5

Page 2 of 3

Control number 3240-8029-22200

Your Medicare

More details about this notice

General Information About Medicare:

Please note that Medicare now covers flu shots.

For basic claim/deductible status and general information, call our audio response unit
at 1-800-666-7586. Monday 7:30 A.M. - 5:30 P.M. & Tuesday - Friday
7:30 A.M. - 6:30 P.M.

If you were offered free items or services but Medicare was billed, please call our Fraud Hotline,
1-800-333-7586 outside Jacksonville or (904) 355-3680 local (Jacksonville).

Here's an explanation of this notice:

Of the total charges, Medicare approved	\$ 243.28	Your provider agreed to accept this amount.
Your 20%	= 48.66	See #4 on the back.
The 80% Medicare pays	\$ 194.62	We pay 80% of the approved amount; you pay 20%.
Medicare owes	\$ 194.62	You have already met the deductible for 1994.
We are paying the provider	\$ 194.62	
Of the approved amount	\$ 243.28	
Less what Medicare owes	= 194.62	
Your total responsibility	\$ 48.66	The provider may bill you for this amount.

IMPORTANT: If you have questions about this notice, call Florida Medicare Part B at 904-355-3680 or 1-800-333-7586 or see us at 532 Riverside Ave., Jacksonville, FL. You will need this notice if you contact us.

To appeal our decision, you must **WRITE** to us before October 30, 1994 at Medicare Part B, PO Box 2360, Jacksonville, FL 32231. See #2 on the back

NEL: (3)

06/18/1999 16:07 PINELLAS CO EMS → 48359

NO. 353 013

EXAMPLE A-6



Mail Address:
P.O. Box 2520
Tyler, TX 75710
903-534-6100

Office Location:
Suite 300
1001 ESE Loop 323
Tyler, TX 75703

RECEIVED
FIRE/EMS ADMIN.
JUN 20 AM 10:00

Date 5-16-94

Pinellas County EMS
PO Box 3074
Tampa, FL 33631-3074

Employee: [REDACTED]

S.S #: [REDACTED]

Patient: [REDACTED]

Employer: [REDACTED]

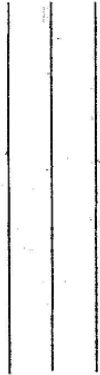
Dear Sir/Madam:

These services are prior to the employee's effective date of ¹²⁻¹⁻⁹³ ~~January 1, 1994~~. Please forward this claim to the prior carrier.

Sincerely,

Aetna Health Plans
Aetna Life Insurance Company

EXAMPLE A-7



SUNSTAR
EMERGENCY MEDICAL SERVICES
PO BOX 31074
TAMPA, FL 33631-3074

TAMPA FL 33631
24 JAN 2006 PM 11



EXAMPLE A-8

PAYMENT & SIGNED APPLICATION MUST BE POSTMARKED ON OR BEFORE 3-31-2006

Primary Member's Name:	Social Security #	Birth Date:
Family Member's Name:	Social Security #	Birth Date:
Family Member's Name:	Social Security #	Birth Date:
Family Member's Name:	Social Security #	Birth Date:
Family Member's Name:	Social Security #	Birth Date:

Use a separate piece of paper if necessary to add additional family members.

Mailing address: _____	
City: _____	State: _____ Zip: _____
Phone: () _____	
PAYMENT VIA CHECK OR MONEY ORDER CHECK # _____ Please check one: () \$45 Single Membership () \$70 Family Membership CREDIT CARD PAYMENT () VISA or () MASTERCARD Please check one: () \$45 Single Membership () \$70 Family Membership Card # _____ Expiration Date _____ Name of Cardholder _____ Authorized Signature _____	
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

The application must be signed by all members 18 years of age and over.

RETURN THIS PORTION WITH PAYMENT**SUNSTAR FIRSTCARE MEMBERSHIP PLAN**

Please read before signing and retain this copy for your records

INFORMATION: (727) 582-2008

ENROLLMENT FEE: I understand that the membership fee for SUNSTAR FirstCare limits my out-of-pocket expense for the uninsured portion of SUNSTAR ambulance bill(s) for medically necessary ambulance transportation. **If I have Medicare or Insurance, my membership takes care of my out of pocket expense for such services. If I DO NOT have Medicare or Insurance, membership provides me with a discount of 20% off SUNSTAR's usual charges for medically necessary ambulance transports.** Single Person Membership is \$45. Family Membership is \$70. Make check or money order payable to SUNSTAR and mail to P.O. Box 31074, Tampa, FL 33631-3074

WHAT IS MEDICALLY NECESSARY: "MEDICALLY NECESSARY" means there must be a specific medical need for an ambulance, or Advanced Life Support (ALS) crew, to or from a medical facility for medical treatment using Medicare standards. SUNSTAR REQUIRES PHYSICIAN CERTIFICATION OF MEDICAL NECESSITY WHEN A TRANSPORT IS DENIED, OR EXPECTED TO BE DENIED BY A MEMBER'S INSURANCE, OR WHEN THERE IS REASON TO BELIEVE THE SERVICE IS NOT MEDICALLY NECESSARY, OR ABUSE IS SUSPECTED. If physician's certification is not received **within 60 days from the date of the Insurance denial**, the member will receive a bill for the full cost of the ambulance transport. In cases of repeated abuse, Membership will be terminated.

WHAT DOES MY MEMBERSHIP COVER: The membership covers medically necessary ambulance transports originating and ending in Pinellas County, by Sunstar Ambulance units only. The membership does not cover ambulance services outside Pinellas County, or transports via Sunstar's Mental Health Transport Van.

WHO IS COVERED IN A FAMILY PLAN: The family membership plan covers family members related by blood or marriage who permanently reside in the same household as the primary member.

IF I HAVE INSURANCE WHO WILL RECEIVE CLAIM PAYMENTS: I understand that I am responsible for paying ambulance services provided to me by SUNSTAR except as provided in this Membership Contract. I understand that SUNSTAR will file claims with all third party insurers including Medicare. I hereby assign my right to reimbursement for covered transports to SUNSTAR. If I receive payment directly from an insurer, I agree to promptly send those funds to SUNSTAR.

To help process ambulance claims, I authorize release of any medical information necessary to process a claim, and further authorize such payment to be made directly to SUNSTAR. In the event I receive payment from my insurance company, I will endorse the check and mail directly to SUNSTAR at P.O. Box 31074, Tampa, FL 33631-3074. If I do not forward the payment to SUNSTAR, I understand I will receive a bill for this amount.

EFFECTIVE DATES: I understand that my membership is effective upon receipt of full payment and a complete and signed membership contract. Payment must be postmarked on or before March 31, 2006, to guarantee rights under this contract. Membership under this agreement will expire on March 31, 2007.

REFUNDS: I also agree that upon termination of this agreement, my membership fee will be used to cover the cost of administering the plan and processing my application. I am therefore not entitled to any refund of monies paid to SUNSTAR under this agreement prior to or after the agreement's effective date.

NEED FOR COVERAGE: By applying for membership in the plan I understand that the responsibility for determining my need for coverage is mine. No enrollment fee will be refunded if subsequent to applying for membership, enrollee determines coverage is not desired. Since Medicaid pays 100% of COVERED ambulance services required by persons enrolled in that program, Medicaid beneficiaries need not enroll in this program. Any payments, or membership fees, received from Medicaid Beneficiaries will be deemed to be voluntary contributions to SUNSTAR.

PROOF OF MEMBERSHIP: Your check or credit card statement is your receipt. Membership cards are unnecessary, and are not issued. If you are transported, your membership will be verified by our staff.

BY SIGNING THE ABOVE, I AGREE TO ABIDE BY THE TERMS HEREOF.

For more information, please visit our web site(s) at:
<http://www.sunstarems.com>
<http://www.pinellascounty.org/EMS/default.htm>

SUNSTAR FIRSTCARE MEMBERSHIP PLAN

Please read before signing and retain this copy for your records

EXAMPLE A-9**INFORMATION: (727) 582-2008**

ENROLLMENT FEE: I understand that the membership fee for SUNSTAR FirstCare limits my out-of-pocket expense for the uninsured portion of SUNSTAR ambulance bill(s) for medically necessary ambulance transportation. If I have Medicare or Insurance, my membership takes care of my out of pocket expense for such services. If I DO NOT have Medicare or Insurance, membership provides me with a discount of 20% off SUNSTAR's usual charges for medically necessary ambulance transports. Single Person Membership is \$45. Family Membership is \$70. Make check or money order payable to SUNSTAR and mail to P.O. Box 31074, Tampa, FL 33631-3074

WHAT IS MEDICALLY NECESSARY: "MEDICALLY NECESSARY" means there must be a specific medical need for an ambulance, or Advanced Life Support (ALS) crew, to or from a medical facility for medical treatment using Medicare standards. SUNSTAR REQUIRES PHYSICIAN CERTIFICATION OF MEDICAL NECESSITY WHEN A TRANSPORT IS DENIED, OR EXPECTED TO BE DENIED BY A MEMBER'S INSURANCE, OR WHEN THERE IS REASON TO BELIEVE THE SERVICE IS NOT MEDICALLY NECESSARY, OR ABUSE IS SUSPECTED. If physician's certification is not received within 60 days from the date of the Insurance denial, the member will receive a bill for the full cost of the ambulance transport. In cases of repeated abuse, Membership will be terminated.

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IF I HAVE INSURANCE WHO WILL RECEIVE CLAIM PAYMENTS: I understand that I am responsible for paying ambulance services provided to me by SUNSTAR except as provided in this Membership Contract. I understand that SUNSTAR will file claims with all third party insurers including Medicare. I hereby assign my right to reimbursement for covered transports to SUNSTAR. If I receive payment directly from an insurer, I agree to promptly send those funds to SUNSTAR.

To help process ambulance claims, I authorize release of any medical information necessary to process a claim, and further authorize such payment to be made directly to SUNSTAR. In the event I receive payment from my insurance company, I will endorse the check and mail directly to SUNSTAR at P.O. Box 31074, Tampa, FL 33631-3074. If I do not forward the payment to SUNSTAR, I understand I will receive a bill for this amount.

EFFECTIVE DATES: I understand that my membership is effective upon receipt of full payment and a complete and signed membership contract. Payment must be postmarked on or before March 31, 2006, to guarantee rights under this contract. Membership under this agreement will expire on March 31, 2007.

REFUNDS: I also agree that upon termination of this agreement, my membership fee will be used to cover the cost of administering the plan and processing my application. I am therefore not entitled to any refund of monies paid to SUNSTAR under this agreement prior to or after the agreement's effective date.

NEED FOR COVERAGE: By applying for membership in the plan I understand that the responsibility for determining my need for coverage is mine. No enrollment fee will be refunded if subsequent to applying for membership, enrollee determines coverage is not desired. Since Medicaid pays 100% of COVERED ambulance services required by persons enrolled in that program, Medicaid beneficiaries need not enroll in this program. Any payments, or membership fees, received from Medicaid Beneficiaries will be deemed to be voluntary contributions to SUNSTAR.

PROOF OF MEMBERSHIP: Your check or credit card statement is your receipt. Membership cards are unnecessary, and are not issued. If you are transported, your membership will be verified by our staff.

BY SIGNING THE ABOVE, I AGREE TO ABIDE BY TERMS HEREOF.

For more information, please visit our web site(s) at:

<http://www.sunstarems.com>

<http://www.pinellascounty.org/EMS/default.htm>

06/18/1999 15:07 PINELLAS CO EMS → 48359

EXAMPLE A-10

Sunstar
EMERGENCY MEDICAL SERVICES*Medicaid # [REDACTED]**Bill remainder to this #*

April 14, 1994

duhull

*4-5-94
4-12-94*

Dear Patient:

SUNSTAR rendered ambulance services to you. We have filed a claim to Medicare Part B on your behalf and are currently awaiting payment. No payment is due from you at this time.

Medicare will send the payment directly to us and the explanation of benefits to you. Once the Medicare payment is received, we will credit your account and bill you for any remaining balance.

Occasionally, Medicare may send the payment to you in error. If this should happen, please endorse the check, enclose a copy of your explanation of benefits, and forward both to us at the following address:

Sunstar
P.O. Box 31074
Tampa, FL 33631-3074

If you have any questions regarding your account, please call a patient account service representative at (813) 582-2008.

Sincerely,

SUNSTAR Emergency Medical Services

AS

Invoices:
00489782 04/05/94

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12490 Ufmont Road
Largo, FL 34644
(813) 582-2008
FAX (813) 582-2021

06/18/1999 16:07 PINELLAS CO EMS → 48355

EXAMPLE A-11HS-35068-056637-PO-94136-50-058
P001AB-040101THE TRAVELERS
1701 PINECROFT ROAD, SUITE 300
P.O. BOX 7570
GREENSBORO, NC 27417
PHONE: (800) 334-2400RECEIVED
FIRE/EMS ADMIN.

1994 MAY 20 AM 9:43

TheTravelers

DATE: 05/16/94
TIN: 83-0000000
CONTRACT: 770000SUNSTAR
PO BOX 31074
TAMPA, FL 33631PROVIDER
EXPLANATION
OF BENEFITS

PATIENT DETAIL

CODE	CONTRACT NUMBER	ENR EMP. ID	PATIENT NAME	PAT REL	DOCUMENT CONTROL	PATIENT ACCOUNT	MEMBER NAME
JTB TWO	0719000 0719000			88 88	341227301 941226343		

SERVICE DETAIL

PATIENT NAME	DATE OF SERVICE	DESCRIPTION OF SERVICE	FEE CHARGED	NOT COVERED	LESS PROV ADJ	LESS CO-PAY	CONTRACT AMOUNT	LESS REDUCT.	PROVIDER PAID	PATIENT RESP	EMV CO.
	02/12/94	AMBULANCE	256.00						.00		51
		SUBTOTAL	256.00						.00		
	02/11/94	AMBULANCE	272.96						.00		51
		SUBTOTAL	272.96						.00		

TOTAL PAID TO PROVIDER 2.00

1. IF YOUR BENEFIT IS DETERMINED BY THE MEDICARE APPROVED AMOUNT, THIS PROVIDER HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR ANY COINSURANCE AMOUNT.
2. THIS PAYMENT HAS BEEN ADJUSTED BASED ON THE AMOUNTS PAID BY MEDICARE AND/OR OTHER INSURANCE.

SECTION E – SCOPE OF WORK**SECTION E -2**

**PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
EMERGENCY MEDICAL SERVICES & FIRE ADMINISTRATION
TECHNICAL SPECIFICATIONS
CREDIT CARD INSTRUCTIONS**

1. Pinellas County EMS currently processes approximately 60 credit card transactions per month averaging \$10,000 to 15,000. Payments are addressed to Sunstar, Sunstar Ambulance, Pinellas County EMS and Pinellas County EMS d.b.a. Sunstar.
2. The Bank will be required to operate an electronic credit card and debit card processing system that will provide prompt authorizations and will deliver collected funds to the designated account of our financial institution. Acceptance methods shall include but not be limited to card reader/swipe, telephone and mail in.
3. All data collected, stored or otherwise utilized by the Bank for activities under this agreement shall remain the sole property of EMS. If at any time the contract is canceled, terminated or expires, the contractor is obligated to return all such data to Pinellas County at no additional cost and in a medium specified by the County.
4. Cards accepted shall include Visa, and MasterCard cards. Services provided for these cards shall include acceptance, authorization, processing, training, operations and marketing support. Acceptance and authorization services will be available 24 hours per day.
5. The Bank will provide and support the most current equipment available to meet EMS' needs.
6. A back-up system will be made available in the event that the primary system is down. In addition, a toll-free number for verbal authorizations shall be provided.
7. Authorization response times will range from 5 to 10 seconds, not including dial time or delivery of the call to bank's authorization center.
8. Settlement will be made by sending funds either electronically to the bank account designated by EMS via Automated Clearing House (ACH) or Wire transfer within one day of transactions' occurrence.
9. Reports required include daily settlement information as well as month end summaries. Daily settlement statements shall detail debits and credits with related explanations. Desired medium is electronic, however mailed reports will be considered. If reports are mailed, they shall be received in a timely manner.
10. The County will be billed by invoice for these services.
11. The Bank will indicate fees as listed on the following page as well as any other fees not indicated which may be assessed. Charge back fees, if any, will be handled in a consistent manner. Under no circumstance will Pinellas County be responsible for charge-back fees for legitimate transactions for which the County has supplied the proper information.

SECTION F – INSTRUCTIONS FOR SUBMITTING PROPOSALS
--

**Banking Services
056-0483-P (GG)**

All proposals shall be signed in ink by authorized principals of the firm.

Proposals are to be submitted in a sealed envelope. The face of the envelope shall indicate the RFP number, name, and address of the firm, and title of the proposal.

Proposals are to be submitted to Pinellas County Purchasing Department, 400 S. Ft. Harrison Avenue, 6th Floor, Clearwater, FL 33756 by the date and time indicated on the cover sheet.

Proposals shall be submitted in one (1) original and **Six (6)** copies.

VENDOR NAME: _____

VENDOR ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL ADDRESS: _____
REQUIRED ENTRY – ACCOUNT REP

EMAIL ADDRESS: _____
REQUIRED FOR ELECTRONIC NOTIFICATIONS

I hereby agree to abide by all conditions of this Request for Proposal and certify that I am authorized to sign this proposal for the proposer.

AUTHORIZED SIGNATURE: _____

NAME & TITLE (print): _____

CHECKLIST FOR FORMS	
COPY OF COMPANY INVOICE (REMIT TO INFORMATION)	

SECTION G - ADDENDUM ACKNOWLEDGMENT FORM**Banking Services
056-0483-P (GG)**

PLEASE ACKNOWLEDGE RECEIPT OF ADDENDA FOR THIS ITB/RFP BY SIGNING AND DATING BELOW:

ADDENDUM NO.**SIGNATURE/PRINTED NAME****DATE RECEIVED**

Note: Prior to submitting the response to this solicitation, it is the responsibility of the firm submitting a response to confirm if any addenda have been issued. If such document(s) has been issued, acknowledge receipt by signature and date in section above. Failure to do so may result in being considered non-responsive or result in lowering the rating of a firm's proposal.

Information regarding Addenda issued is available on the Purchasing Department section of the County's website at, www.pinellascounty.org/purchase, listed under category 'Bid Schedule'.

SECTION H – NO BID STATEMENT

NOTE: If you do not intend to submit a proposal on this requirement, please return this form immediately. ***Thank you.***

[Pinellas County Purchasing Department
400 South Fort Harrison Avenue, 6th Floor
Clearwater, Florida 33756]

We, the undersigned have declined to submit a proposal for RFP No. **056-0483-P for Banking Services.**

- _____ Specifications too "tight", i.e., geared toward one brand or manufacturer only
(explain below).
_____ Insufficient time to respond to the Request for Proposal.
_____ We do not offer this product or service.
_____ Our schedule would not permit us to perform.
_____ Unable to meet specifications.
_____ Unable to meet Bond requirement.
_____ Specifications unclear (explain below).
_____ Unable to Meet Insurance Requirements.
_____ Remove Us from Your "Notification List" Altogether
_____ Other (specify below).

REMARKS:

We understand that if the "No Proposal" letter is not executed and returned our name may be deleted from the Bidders List of Pinellas County.

COMPANY NAME: _____

DATE: _____

SIGNATURE: _____

TYPED NAME OF ABOVE: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

EXHIBIT A-1

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
PROPOSAL FORM

Additional Information Requested

1. Please provide the names of the members of the account service team to be assigned to the County, their roles and responsibilities and their relationship to the other members of the team. A resume of each member of the account team should be included and the overall relationship manager should be identified. The location and time of accessibility of the customer support team for cash management and web-based technology should also be included.
2. Please provide a list of 4 large governments within the State of Florida for which the bank has provided banking services to in the last three years to be used as references. As required on Section D - Vendor References.
3. If proposing an alternative overnight investment, please describe that investment here and indicate if a rate basis other than the Effective Federal Funds rate, less 15 basis points will be used.

EXHIBIT A-1

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
PROPOSAL FORM

Additional Information Requested (Continued)

4. Provide description of your bank's policy of handling daylight overdrafts and, in particular, from Pinellas County.
5. Provide a detailed description of the bank's web based system, the functions that can be performed and the types of reports that can be issued. Additional information can be attached to the proposal.
6. Please provide your proposal for the Custodial Services here along with a description of your service. A sample agreement should be attached.

EXHIBIT A-1

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
PROPOSAL FORM

Additional Information Requested (Continued)

7. Attach a copy of the most recent State of Florida Public Depository Monthly Report.

8. Please provide a detailed transition plan and implementation schedule.

9. Please provide a copy of your bank's disaster recovery plan and the location of alternate sites for all processing related to the county's accounts.

10. List any relevant optional banking services that are not listed in the proposal.

EXHIBIT A-2-1

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
POOL A-I General Account

Bank: _____

	<u>Estimated Annual Volume</u>	<u>Charge Per Item</u>	<u>Annual Service Charge</u>
Account Maintenance	12		
Deposits	3,963		
Checks Paid			
Deposited Items Charged Back	130		
Disposable Night Bags	6		
Disposable Night Bags	3		
Reject Handling (1.5% Excess)	0		
Deposited Items Rerun	206		
Cash Deposit Processing Fee	6,946		
Non-Standard Cash Processing Fee	101		
Deposit Corrections	10		
MC Night Drop Bags (Disp) Processed	1,399		
Change Orders	5		
Miscellaneous Items Paid	265		
Achieve Monthly Maintenance	11		
ACH File Processed	117		
ACH Deposits	1,273		
ACH Items Originated - PPD Credit	2,291		
ACH Items Originated - CCD Credit	414		
ACH Returns and NOC's	9		
MC Miscellaneous Supplies	42		
MC Cash Deposit Processing	1,907		
Connection Advantage Image	9		
Wachovia Connection Package	12		
Invision Pkg DL Items (over 1,500)	377		
Connection Pkg Account Transfer	175		
Connection Funds Transfer - Book	91		
Connection Advantage Image	60		
Connection Outgoing Domestic Wire	251		
Incoming Domestic Wire	2		
Connection Check Status Inquiry	5		
Connection Account Transfer Credit	259		
Unencoded Deposited Items On Us	15,834		
Unencoded Deposited Items Regional			
Clearing House	42,577		
Unencoded Deposited Items Other	33,432		

EXHIBIT A-2-1

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
POOL A-1 General Account

Bank: _____

	Estimated Annual <u>Volume</u>	Charge <u>Per Item</u>	Annual Service <u>Charge</u>
<u>Lockbox Accounts:</u>			
Lockbox - Animal Control Services			
Data Transmissions	258		
Wholesale Exception Items Returned	5,623		
Courier Charges	12		
Wholesale Lockbox Photocopy	1,464		
Wholesale Standard Item Processing	139,530		
Wholesale Monthly Maintenance	12		
Total Proposed			\$

EXHIBIT A-2-2

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
POOL A-2 Payroll Account

Bank: _____

	<u>Estimated Annual Volume</u>	<u>Charge Per Item</u>	<u>Annual Service Charge</u>
Pool A2 Payroll Account			
Account Maintenance	12		
Deposits	49		
Checks Paid	9,585		
MC Night Drop Bags (Disp)	47		
Miscellaneous Items Paid	21		
Positive Pay Monthly Maintenance	12		
Positive Pay Exception Image	2		
Full Reconciliation Per Item	9,586		
Full Reconciliation Monthly Maintenance	12		
Achieve Monthly Maintenance	12		
ACH File Processed	26		
ACH Deposits	21		
ACH Addenda Originated	3,623		
ACH Items Originated - PPD Credit	107,803		
ACH Returns	45		
ACH Returns Paper Report	110		
ACH Notification of Change	104		
ACH Reversals Request Per Item	8		
Paid Check Image - CD ROM Per Item	9,585		
Connection Stop Payments	14		
Connection Advantage Package Paid Items	789		
Connection Check Status Inquiry	179		
Connection Account Transfer	134		
Connection Account Transfer Credit	57		
Connection Advantage Image	13		
Unencoded Deposited Items On Us	36		
Unencoded Deposited Items Regional			
Clearing House	58		
Unencoded Deposited Items Other	44		
Total Proposed			\$ _____

EXHIBIT A-2-3

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
POOL B-2 Imprest Account

Bank: _____

	Estimated Annual Volume	Charge Per Item	Annual Service Charge
Account Maintenance	12		
Deposits	5		
Checks Paid	48,416		
Reject Handling (1.5% Excess)	730		
Miscellaneous Items Paid	2		
Paid Check Image: CD ROM Per Item	48,416		
Paid Check Image: CD ROM Per CD	3		
Positive Pay Monthly Maintenance	12		
Full Reconciliation Per Item	48,422		
Account Recon Output Transmission	3		
Full Reconciliation Monthly Maintenance	12		
ACH Deposits	6		
Connection Stop Payments	83		
Connection Advantage Package Paid Item over 2,500	17,203		
Connection Check Status Inquiry	711		
Connection Advantage Image	121		
Connection Account Transfer	62		
Connection Account Transfer Credit	536		
Connection Incoming Wire	39		
 Total Proposed			 \$ _____

EXHIBIT A-2-4

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
 Proposal Form
 Pool F - Airport Account

Bank: _____

	Estimated Annual Volume	Charge Per Item	Annual Service Charge
Account Maintenance	12		
Deposits	610		
Deposited Items Charged Back	2		
Reject Handling (1.5% Excess)	0		
Deposited Items Rerun	2		
Cash Deposit Processing Fee	5		
Deposit Corrections	3		
MC Night Drop Bags (Disp) Processed	412		
Miscellaneous Items Paid	26		
ACH Deposits	811		
MC Cash Deposit Corrections	2		
MC Cash Deposit Processing	6,258		
Connection Account Transfer	134		
Connection Advantage Image	6		
Connection Check Status Inquiry	3		
Unencoded Deposited Items On Us	132		
Unencoded Deposited Items Regional Clearing House	237		
Unencoded Deposited Items Other	806		
Total Proposed			\$

EXHIBIT A-2-5

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
Pool G - Water Account

Bank: _____

	<u>Estimated Annual Volume</u>	<u>Charge Per Item</u>	<u>Annual Service Charge</u>
Account Maintenance	12		
Deposits	2,153		
Checks Paid	0		
Deposited Items Charged Back	829		
Plastic Currency Bags	82		
Reject Handling (1.5% Excess)	2,090		
Redeposited Items	1,342		
Cash Deposit Processing Fee	6,439		
Deposit Corrections	10		
MC Night Drop Bags (Disp) Processed	1,895		
Research Request Items	0		
Miscellaneous Items Paid	119		
Achieve Monthly Maintenance	12		
ACH File Processed	248		
ACH Deposits	499		
ACH Return Paper Report	690		
ACH Items Originated - PPD Debit	61,611		
ACH Returns	164		
ACH Notifications of Change	703		
MC Cash Deposit Corrections	0		
MC Cash Deposit Processing	18,725		
Connection Account Transfer	130		
Connection Advantage Image	39		
Connection Account Transfer Credit	1		
Unencoded Deposited Items On Us	3,241		
Unencoded Deposited Items Regional Clearing House	5,137		
Unencoded Deposited Items Other	20,351		
Encoded Deposited Items on Us	85,354		
Encoded Dep Items Regional Clearing House	224,564		
Encoded Deposited Items Other	187,380		
Lockbox Accounts:			
Lockbox - Water System			
Data Transmissions	12		
Non-standard Item Processed	10,603		
Multiples Processed	20,582		
Cash Remittance Pmts	13		
Credit Card Payments	4,326		
Exception Items Returned	12,688		
Retail Monthly Maintenance	12		
Standard Item Processing	319,427		
Monthly Courier Fee	12		

Total Proposed

\$ _____

EXHIBIT A-2-6

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
Pool H - Sewer Account

Bank: _____

	<u>Estimated Annual Volume</u>	<u>Charge Per Item</u>	<u>Annual Service Charge</u>
Account Maintenance	<u>12</u>	<u> </u>	<u> </u>
Deposits	<u>29</u>	<u> </u>	<u> </u>
MC Disposable Bags Processed	<u>29</u>	<u> </u>	<u> </u>
WC Account Transfer	<u>81</u>	<u> </u>	<u> </u>
WC Account Transfer Credit	<u>13</u>	<u> </u>	<u> </u>
WC Domestic Outgoing Wire	<u>4</u>	<u> </u>	<u> </u>
Connection Book Transfer	<u>2</u>	<u> </u>	<u> </u>
Connection Check Status Inquiry	<u>1</u>	<u> </u>	<u> </u>
Unencoded Deposited Items On Us	<u>3</u>	<u> </u>	<u> </u>
Unencoded Deposited Items Regional Clearing House	<u>6</u>	<u> </u>	<u> </u>
Unencoded Deposited Items Other	<u>30</u>	<u> </u>	<u> </u>
 Total Proposed			 <u>\$</u> <u> </u>

EXHIBIT A-2-7

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
EMS Lockbox Account

Bank: _____

	<u>Estimated Annual Volume</u>	<u>Charge Per Item</u>	<u>Annual Service Charge</u>
Account Maintenance	12		
Deposits	573		
Checks Paid	0		
Deposited Items Charged Back	34		
Printing of Checks	0		
Reject Handling (1.5% Excess)	136		
Deposited Items Rerun	24		
Cash Deposit Processing Fee	43		
Research Request	0		
Miscellaneous Items Paid	1		
ACH Deposits	161		
Connection Account Transfer	15		
Unencoded Deposited Items Other	2		
Encoded Deposited Items on Us	7,184		
Encoded Dep Items Regional Clearing House	14,814		
Encoded Deposited Items Other	26,226		
<u>Lockbox Accounts:</u>			
Lockbox - EMS System			
Wholesale Exception Items Returned	28,834		
Wholesale Lockbox Photocopy	45,140		
Wholesale Standard Item Processing	45,140		
Cash Remittance Payments	1		
Wholesale Monthly Maintenance	12		
Total Proposed			\$

EXHIBIT A-2-8

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
Pool J – Solid Waste Account

Bank: _____

	Estimated Annual <u>Volume</u>	Charge <u>Per Item</u>	Annual Service <u>Charge</u>
Account Maintenance	12		
Deposits	900		
Checks Paid	0		
Deposited Items Charged Back	90		
Reject Handling (1.5% Excess)	159		
Deposited Items Rerun	182		
Research Request	0		
Cash Deposit Processing Fee	32		
Deposit Corrections	15		
Change Orders	27		
ACH Deposits	1		
MC Disposabel Bags Processed	539		
MC Cash Deposit Corrections	3		
MC Cash Deposit Processing	14,625		
Connection Account Transfer	74		
Connection Advantage Image	63		
Connection Domestic Wire Transfer	12		
Book Transfer Credit	9		
Unencoded Dep Recon Branch Dep Items	0		
Unencoded Deposited Items On Us	2,296		
Unencoded Deposited Items Regional Clearing House	8,130		
Unencoded Deposited Items Other	3,218		
Encoded Deposited Items on Us	4,094		
Encoded Dep Items Regional Clearing House	14,847		
Encoded Deposited Items Other	6,278		
<u>Lockbox Accounts:</u>			
Lockbox - Solid Waste System			
Wholesale Exception Items Returned	60		
Wholesale Lockbox Photocopy	1,173		
Wholesale Standard Item Processing	1,173		
Wholesale Monthly Maintenance	12		
Total Proposed			\$ _____

EXHIBIT A-2-9

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
FLEXIBLE SPENDING ACCOUNT

Bank: _____

	<u>Annual Volume</u>	<u>Charge Per Item</u>	<u>Annual Service Charge</u>
Account Maintenance	<u>12</u>	_____	_____
Deposits	<u>63</u>	_____	_____
Checks Paid	<u>0</u>	_____	_____
Deposited Items Charged Back	<u>0</u>	_____	_____
Disposable Night Bags Processed	<u>45</u>	_____	_____
Miscellaneous Items Paid	<u>61</u>	_____	_____
Unencoded Deposited Items On Us	<u>0</u>	_____	_____
Unencoded Deposited Items Regional Clearing House	<u>0</u>	_____	_____
Unencoded Deposited Items Other	<u>139</u>	_____	_____
Book Transfer Credit	<u>15</u>	_____	_____
Connection Account Transfer Credit	<u>55</u>	_____	_____
Connection Account Transfer	<u>2</u>	_____	_____
Total Proposed			<u>\$ _____</u>

EXHIBIT A-2-10

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
Proposal Form
EMS Credit Card

Bank: _____

	Estimated Annual Volume	Charge Per Item	Annual Service Charge
Account Maintenance	12		
Daily Deposit - Automated Credit from Bankcard, Merchant Settlement	264		
Total Proposed			\$

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
PROPOSAL EXCEPTION FORM

EXHIBIT A-3

The Bank wishes to take exception to the following items:

<u>Page</u>	<u>Item</u>	<u>Estimated Costs</u>
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EXHIBIT B-1**PINELLAS COUNTY CLERK OF THE CIRCUIT COURT**
PROPOSAL FORM**Additional Information Requested**

1. Please provide the names of the members of the account service team to be assigned to the County, their roles and responsibilities and their relationship to the other members of the team. A resume of each member of the account team should be included and the overall relationship manager should be identified. The location and time of accessibility of the customer support team for cash management and web-based technology should also be included.

2. Please provide a list of 4 large governments within the State of Florida for which the bank has provided banking services to in the last three years to be used as references. As required on Section D – Vendor References.

3. If proposing an alternative overnight investment, please describe that investment here and indicate if a rate basis other than the Effective Federal Funds rate, less 15 basis points will be used.

4. Provide description of your bank's policy of handling daylight overdrafts and, in particular, from Pinellas County.

EXHIBIT B-1

PINELLAS COUNTY CLERK OF THE CIRCUIT COURT
PROPOSAL FORM

5. Provide a detailed description of the bank's web based system, the functions that can be performed and the types of reports that can be issued. Additional information can be attached to the proposal.
6. Please provide your proposal for the Custodial Services here along with a description of your service. A sample agreement should be attached.
7. Attach a copy of the most recent State of Florida Public Depository Monthly Report.

PINELLAS COUNTY CLERK OF THE CIRCUIT COURT
PROPOSAL FORM

Additional Information Requested (Continued)

8. Please provide a detailed transition plan and implementation schedule.
9. Please provide a copy of your bank's disaster recovery plan and the location of alternate sites for all processing related to the county's accounts.
10. List any relevant optional banking services that are not listed in the proposal.

Exhibit B-2-1

PINELLAS COUNTY CLERK OF THE CIRCUIT COURT
Proposal Form
Clerk Operating Account (Finance Division)

Bank: _____

	<u>Estimated Annual Volume</u>	<u>Charge Per Item</u>	<u>Annual Service Charge</u>
Account Maintenance	12		
Deposits	125		
Checks Paid	1,359		
Reject Handling (1.5% Excess)	15		
MC Disposable Bags Processed	116		
Miscellaneous Items Paid	4		
Full Reconciliation Per Item	1,465		
Account Recon Output Transmission	2		
Outgoing Transmission - Detail Per Item	244		
Full Reconciliation Monthly Maintenance	12		
Positive Pay Maintenance	12		
ACH Deposits	24		
Paid Check Image Maintenance	1		
Paid Check Image Image: CD Rom Per Item	1,467		
Connection Check Status Inquiry	27		
Connection Image	6		
Connection Stop Payments	2		
Connection Account Transfer	130		
Connection CD Access	10		
Connection Domestic Wire	11		
Connection Account Transfer Credit	280		
Unencoded Deposited Items On Us	72		
Unencoded Deposited Items Regional			
Clearing House	70		
Unencoded Deposited Items Other	49		
 Total Proposed			 \$ _____

EXHIBIT B-2-2

PINELLAS COUNTY CLERK OF THE CIRCUIT COURT
Proposal Form
Clerk Payroll Account

Bank: _____

	<u>Estimated Annual Volume</u>	<u>Charge Per Item</u>	<u>Annual Service Charge</u>
Account Maintenance	12		
Checks Paid	1,187		
Reject Handling (1.5% Excess)	11		
Miscellaneous Items Paid	26		
Full Reconciliation Per Item	1,187		
Full Reconciliation Monthly Maint	12		
Positive Pay Monthly Maintenance	12		
ACH Monthly Maintenance	12		
ACH File Processed	26		
ACH Deposits	1		
ACH Returns	2		
ACH Items Originated - PPD Credit	22,711		
ACH Notification of Change	32		
ACH Return Paper Report	34		
ACH Addenda Originated	100		
Imaged Check Per Item: Check Del	221		
Paid Check Image - CD ROM Per Item	1,187		
Connection Check Status Inquiry	35		
Connection Stop Payment	3		
Connection Image	3		
Connection Account Transfer	12		
Connection Account Transfer Credit	26		
Connection CD Access	9		

Total Proposed

\$ _____

EXHIBIT B-2-3

PINELLAS COUNTY CLERK OF THE CIRCUIT COURT
Proposal Form
Clerk General and Remittance Accounts (Clerk's Accounting)

Bank: _____

	Estimated Annual Volume	Charge Per Item	Annual Service Charge
International Check Services			
GCC – USD On Canada deposit	1		
GCC – USD On Canada Item Count	1		
CAD Checks Discounted	6		
General Services			
Checks paid	52,735		
Deposits	20,413		
BR – Rolled Coins	1,503		
BR- Strapped Currency Provided	352		
Checks Returned with Statements	30		
BR – cash deposit fee	41		
BR- Deposit corrections	23		
BR – Change orders	199		
Return on internal Documents	24		
Non Depositor check cashing fee	139		
Deposited items charged back	825		
Redeposited items	1,267		
Returns Special instruction complex	12		
ACH			
Miscellaneous items paid	710		
ACH Return paper report	2		
File processed	249		
Deposits	1,957		
Maintenance	12		
ACH Unauthorized Transaction returned	4		
ACH Control	24		
ACH Originated items-PPD Credit	581		
Notification of change	2		
Paper Disbursements			
Paid Check Image Maintenance	12		
Paid Check Image Image: CD Rom Per Item	52,755		
Paid item reject thru 1%	164		
Paid item reject > 1% thru 2%	211		
Paid item reject > 1.5% thru 2.5%	15		
Paid item reject over 2%	108		
Customer Cash letter			
Pre-encoded rejects Over 2.5%	935		
Pre-encoded rejects thru 1.5%	607		
Pre-encoded rejects>1.5% thru 2.5%	148		
Missing documentation	9		
Encoding error adjustment	17		
Unencoded deposit item	1		
Unencoded deposit item on us	49,707		

EXHIBIT B-2-3

	Estimated Annual Volume	Charge per Item	Annual Service Charge
Unencoded deposit item Reg CH	119,341		
Unencoded deposit item Other	215,003		
Encoded deposit item on us	17,765		
Encoded deposit item Reg CH	43,757		
Encoded deposit item other	84,423		
Data exchange			
Balance inquiries	2		
Cash services			
MC-Dispsable bags processed	20,163		
Miscellaneous supplies	559		
MC Deposit corrections	9		
MC Cash Deposited Processing	121,029		
Account reconciliation			
Outstanding issue items on file	5,814		
Positive Pay Maintenance	12		
Full Reconciliation Per item	52,735		
Manual data entry per item	5		
Full Reconciliation Monthly maintenance	12		
Wachovia Connection			
Wceleadvice	729		
WC Advantage Package 2	12		
WC Advantage Package 2 Tier 1-2	60		
WC Advantage CD Access	56		
WC Advantage Package 2 PD item 1-3	9,785		
WC Advantage Package 2 PD item Addl	67,938		
WC Advantage Package 4 PD item 1-5	51,578		
WC Advantage Package 4 PD item 1-5	15,960		
WC Adv prior day ext det Tier 1-3	2,575		
WC Adv prior day ext det Tier 1-3	953		
WC Advantage return item	879		
WC Advantage check status inquiry	15		
WC Advantage check copy	1		
WC Advantage stop payment	7		
WC Advantage image	186		
WC Advantage proactive notification	18		
Global Wire transfer			
WC Account transfer	351		
WC Account transfer credit	88		
Incoming wire	1		
Wire transfer advice	16		
Deposits	1		
Total Proposed			\$

EXHIBIT B-3**PINELLAS COUNTY CLERK OF THE CIRCUIT COURT**
PROPOSAL EXCEPTION FORM

The Bank wishes to take exception to the following items:

Page

Item

Estimated Costs

MASTER BANKING SERVICES AGREEMENT

This MASTER BANKING SERVICES AGREEMENT (the "Agreement") is made and entered into by and between the Pinellas County, Clerk of the Circuit Court, Florida (the "Clerk"), and _____ (the "Bank").

WITNESSETH:

WHEREAS, the Clerk issued its Request for Proposals for Banking Services on _____, 2006 (the "RFP") pursuant to state and local law to solicit proposals to serve as the County's primary relationship bank; and

WHEREAS, the Bank responded to RFP by submitting its Proposal for Banking Services on _____, 2006 (the "Proposal"), which Proposal was duly accepted by the Clerk without modification as the most favorable proposal submitted; and

WHEREAS, the Bank has shall be providing banking services to the Clerk under the RFP and the Proposal (hereinafter sometimes collectively called the "Contract").

WHEREAS, although the RFP and the Proposal address in some detail the banking services to be provided, there are a number of operational issues not addressed by either the RFP or the Proposal which the parties desire to address; and

NOW, THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Clerk and the Bank hereby covenant and agree as follows:

Section 1. Purpose and Effect of this Agreement:

This Master Banking Services agreement, together with the documents further described in Section 1, herein shall constitute a valid and binding Contract between the Clerk and the Bank.

The banking services to be provided to the Clerk by the Bank shall consist of:

- (a) each of the specific requirements, terms and conditions set forth in the RFP, as accepted by the Bank in its proposal, and which is hereby incorporated by reference as modified by this Master Banking Services Agreement, and
- (b) each of the services, terms and conditions set forth in the Proposal, which is hereby incorporated by reference as modified by this Master banking Services Agreement; and
- (c) each of the terms, conditions and provisions of the specific banking service agreements provided for in Exhibits inclusive, hereinafter collectively referred to as the "Exhibits," which are attached hereto and made a part hereof. Unless the context requires otherwise, all references to "this Agreement," and use of the terms "herein," "hereby," "hereof," "hereto," "hereunder" and the like shall be deemed to include the RFP, the Proposal, this Agreement and all of the Exhibits.

Section 2. Controlling Provisions

In the event of a conflict between the terms of the documents listed in Section 1, this Master Banking Services Agreement shall control and supersede all other documents, the Requests for Proposals and the Bank's Proposal, which shall control and supersede all of the exhibits listed in Section 15.

Section 3. Services to be Provided

(a) The Bank will provide the Clerk with the banking services set forth in the Proposal, as more fully defined herein. With respect to the Clerk's depository demand deposit accounts, Clerk funds deposited daily will be credited to the accounts as described in the Proposal. The Bank will provide a 4:00 p.m. deadline for all deposits delivered by armored courier to any branch or main office. The deposits must be in disposable deposit bags with a deposit slip pouch (to be provided by the Bank at no charge). The deposits will receive provisional credit on the day of receipt with next day verification. All checks deposited by the aforementioned deadlines will be available as outlined in the Bank's proposal.

(b) The Bank will provide various supplies to the Clerk as stipulated in the Proposal.

(c) The Bank will cash checks drawn against the accounts of the Clerk of the Circuit Court ("Clerk") or the County's accounts that are presented by Clerk or County employees at no charge for the employee.

(d) The Clerk will attempt to limit the number of bank accounts maintained with the Bank; however, where legal requirements dictate, separate bank accounts will be maintained with the Bank.

Section 4. Service Fees

(a) The Bank will invoice the Clerk on a monthly basis for the Services, in accordance with the fee structure outlined in the Bank's proposal. Payment will be made in accordance with Section 218.70, Florida Statutes, et. seq., the Local Government Prompt Payment Act.

Section 5. Public Fund NOW Account Deposits

Public Fund NOW Account deposits will continue to accrue interest at the monthly average Federal Funds Rate based on 100% of the average collected balances with no reserve requirement. In the event that Federal Reserve regulations change in regard to Public Funds NOW Account Deposits, the balance on which interest is paid will be adjusted to net out any required reserves.

Section 6. Representations, Warranties and Covenants

(a) The Bank hereby represents and warrants to the Clerk that it has full power and authority to enter into this agreement and fully perform its obligations hereunder without the need for any further corporate or governmental consents or approvals, and that the persons executing this agreement are authorized to execute and deliver it. Assuming the due authorization, execution, delivery, legality and enforceability hereof by or against the Clerk when executed and delivered by the parties, this agreement will constitute a valid and binding agreement of the Bank, enforceable against it in accordance with its terms, subject only to the application of general principles of equity and limitations arising from bankruptcy, insolvency, moratorium.

(b) The Bank has not employed or retained any person employed by the Clerk to solicit or secure this agreement and that it has not offered to pay, paid, or agreed to pay any person employed by the Clerk any fee, commission percentage, brokerage fee, or gift of any kind contingent upon or resulting from the award of this agreement.

(c) The Bank is aware of the conflict of interest laws of the ordinances and regulations of the Clerk, and the State of Florida, and covenants that the Bank will fully comply in all material respects with the terms of said laws.

(d) The Clerk hereby represents and warrants to the Bank that once this agreement is properly executed and approved, the Clerk will be authorized to perform all of its obligations under this agreement. The Clerk's acceptance of the Bank's proposal has not been rescinded, modified or amended in any way and remains in full force and effect on and as of the date hereof. When executed and delivered by the parties, this agreement will constitute a valid and binding agreement of the Clerk, enforceable against it in accordance with its terms, subject only to the application of general principles of equity and limitations arising from bankruptcy, insolvency, moratorium. The Clerk further represents and warrants to the Bank that it has authorized the Clerk's Chief Deputy Director of Finance and/or other persons designated by them in writing, to

execute and deliver documents to the Bank as reasonably necessary hereunder. The Clerk acknowledges and agrees that the Bank is fully authorized and directed to accept orders, requests and authorizations from such persons on the Clerk's behalf in connection with the implementation or provision of any of the banking services covered by the Contract to the extent provided in the Contract.

(e) At the request of the Bank, the Clerk agrees to cause its designated officials or their designees to execute such signature cards and other signature and identification verification documents as the Bank deems reasonably necessary for purposes of establishing appropriate security measures in connection with the banking services to be provided hereunder.

Section 7. Limitation of Liability

The Clerk expressly agrees that the Bank shall be liable to the Clerk only for the Bank's negligent performance or non-performance of the services provided for in the Contract, and that the Bank's responsibility shall be limited to the exercise of reasonable and ordinary care. The Bank shall not be liable for errors or delay on the part of any third party, including without limitation, third parties used by the Bank in exercising a payment order or performing a related act due to any cause other than the Bank's own failure to exercise reasonable and ordinary care, and no such third party shall be deemed to be the Bank's agent. The Bank shall not be liable for its refusal to honor any request if the Bank, in good faith is unable to satisfy itself that such request is valid based upon the Bank's adherence to its security procedures.

IN NO EVENT SHALL THE BANK BE LIABLE FOR SPECIAL, INDIRECT, OR CONSEQUENTIAL DAMAGES, EXCEPT AS MAY BE OTHERWISE PROVIDED BY LAW EVEN IF THE BANK SHALL HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

Unless specifically addressed in this Agreement, the terms "indemnify", "indemnify and hold us harmless", and "indemnification" contained in any of the documents comprising the Contract shall be replaced by the terms "reimburse", "reimburse us for", and "reimbursement".

In the event the Clerk is required under the Contract documents to reimburse the Bank for costs, expenses, claims, losses, or liabilities, the reimbursement must be detailed, itemized, and in writing. The amount of such reimbursement shall be limited to and shall not exceed \$_____ annually.

Section 8. Term and Termination

(a) This Agreement shall have a term of forty-eight (48) month(s), beginning on _____ and ending forty-eight (48) months from the date the contract is signed. Either party shall give written notice to the other not less than ninety (90) calendar days prior to the expiration of the then current term of its election not to have this Agreement so renewed. The Clerk and the Bank may renew this agreement for an additional forty-eight (48) month period if all terms and conditions remain the same with the exception of price, which will be based on charges proposed, plus an increase (or decrease) in the Consumer Price Index as of May, 2010 not to exceed 5% and approval is granted by the Clerk. Either party may terminate this Agreement by giving the other party at least one hundred twenty (120) calendar days prior written notice. This provision may be exercised only after the contract has been in effect for three (3) calendar months.

(b) The Bank shall further have the right to terminate specific services covered by the Exhibits, but only upon the conditions and to the extent provided therein.

(c) If either party does not comply with terms of this Contract, the Clerk or the Bank, as the case may be, that party may give notice to the defaulting party of the specific default in writing. If the default(s) is/are not corrected within ninety (90) days, this Contract (including the RFP and Proposal) may be terminated ninety (90) days from the written notice of default, by the non-defaulting party.

Section 9. Right to Audit

The Clerk, from time to time, during Bank business hours and with at least two (2) business days prior notice to the Bank, shall have the right to audit the Bank's books and records at Clerk's expense with regard to the accounts and services provided to the Clerk hereunder to ensure that all aspects of the Renewal and Restatement are being met.

Section 10. Changes

(a) No modifications or changes to the Agreement shall be binding unless consented to in writing by the parties.

(b) The Clerk may, from time to time, request changes in the scope of services of the Bank to be performed hereunder. Such changes, which are mutually agreed upon in writing by and between the Clerk and the Bank, shall be incorporated in written amendments to this Agreement.

(c) The fees and charges set forth for the services to be provided to the Clerk will begin on the _____, 2006, and shall not be increased for a period of forty-eight (48) months after commencement of the term of this Agreement. Any extension beyond the initial forty-eight (48) month period must be mutually agreed upon in writing, and prices will be based on changes proposed plus an increase (decrease) in the Consumer Price Index as of May 2010, not to exceed 5%.

Section 11. Equal Employment Opportunity; Non-discrimination

The Bank will not discriminate against any employee or an applicant for employment because of race, color, religion, sex, national origin or handicap. The Bank shall take affirmative action to ensure that applicants are employed and that employees are treated fairly during employment without regard to race, color, religion, sex, natural origin or handicap.

Such action shall include, but not be limited, to the following: Employment, upgrading, demotions or transfers, recruitment or recruitment advertising; layoff or terminations; rates of pay or other forms of compensation; selection for training including apprenticeship; and participation in recreational and educational activities.

The Bank shall keep such records and submit such reports concerning racial and ethnic origin of applicants for employment and employees as the Secretary of Labor of the United States requires. The Bank agrees to comply with such rules, regulations and guidelines as the Secretary may issue to implement these requirements. Both Parties shall comply with all applicable laws, ordinances and codes pertaining to the Contract, of Federal, State and local governments applicable to that Party.

Section 12. Waiver

No waiver of a breach of any provision of this Renewal and Restatement shall constitute a waiver of any subsequent breach of the same or any other provision hereof, and no waiver shall be effective unless made in writing.

Section 13. Severability

Should any provisions, paragraphs, sentences, words or phrases contained in this Contract be determined by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable under the laws of the State of Florida or the County, such provisions, paragraphs, sentences, words or phrases shall be deemed modified to the extent necessary in order to conform with such laws, and to the extent they cannot be so modified, then same shall be deemed severable, and in either event, the remaining terms and provisions in this Contract shall remain unmodified and in full force and effect.

Section 14. Governing Law

This contract shall be construed and enforced according to the Laws of the State of Florida.

Section 15. Documents Comprising Contract

This contract shall consist of this Master Banking Services Agreement together with the following documents which are attached hereto and incorporated by reference herein:

- A. RFP, and all addenda and attachments thereto, issued on _____, 2006.
- B. Bank's Proposal dated _____, 2006
- C. Exhibits/Agreements:

Deposit Agreement

ACH Services

Wire Transfer

Cash Vault Processing

Retail Lockbox Services

Web Based Banking and Information Reporting

Securities Safekeeping\Custodian Service

Positive Pay\Full Reconciliation

Paid List Reconciliation

Direct Deposit

CD-ROM Imaging

Wholesale Lockbox Services

Additional service agreements may be added from time to time as mutually agreed upon in writing by the parties, and any service agreement may be terminated separately and severally without affecting the continued enforceability of all other provisions of this agreement as to non-terminated services.

Section 16. Notices

All written notices, demands and other communications required or provided for hereunder or under any of the documents comprising this contract shall be sent by U.S. mail or by electronic transmission producing a written record, or hand delivered to the following address and person bearing the following title for each party hereto or such other addressee or person as shall be designated by a party in a written notice given in the manner required hereby:

County: Pinellas County, Clerk of the Circuit Court
400 Cleveland Street – 5th Floor
Clearwater, Florida 33755
Attn. Claretha N. Harris – Chief Deputy Director, Finance

Bank: _____

Attn.: _____

All notices shall be deemed delivered when received.

Section 17. Force Majeure

The Clerk agrees the Bank shall have no responsibility or liability for delay in its performance under this Master Agreement or any losses arising out of delays and/or interruptions of business due to acts of God, acts of government authority, acts of public enemy or war, riots, civil disturbances, complete power failure, complete telecommunications failure, natural disasters or other causes beyond the Bank's reasonable control. This time, if any, required for such performance under this Master Agreement shall be automatically extended during the period of such delay or interruption.

Section 18. Assignment

Neither party shall assign this Agreement or any interest herein, or delegate any of its duties hereunder, without the other party's prior written consent, except that it is agreed by the County that the Bank may delegate certain services to be provided through independent contractors as described in an to the extent authorized by any documents comprising this Contract.

Section 19. Independent Contractor

It is hereby mutually agreed that the Bank is and shall remain an independent contractor without authority to bind the County in any respect.

Section 20. Legal Fees

In the event of a dispute between the parties regarding the interpretation or enforcement of the contract, each party shall be responsible for its respective legal fees associated with the dispute and any appeal thereof.

<SIGNATURE PAGE FOLLOWS>

IN WITNESS WHEREOF, the parties have executed this Agreement and initialed each of the Exhibits hereto as of the day and year last written below.

Bank Name

Pinellas County Clerk of the Circuit
Court

By: _____
Title of Authorized Officer

By: _____
Ken Burke, Clerk of the Circuit Court

Attest:

Attest:

By: _____
Attesting Witness' name and title

By: _____
Deputy Clerk

APPROVED AS TO FORM:

By: Michelle Wallace
Office of the County Attorney

MASTER BANKING SERVICES AGREEMENT

This MASTER BANKING SERVICES AGREEMENT (the "Agreement") is made and entered into by and between the Pinellas County, a political subdivision of the State of Florida, by and through its Board of County Commissioners (the "County"), and _____ (the "Bank").

WITNESSETH:

WHEREAS, the Clerk issued its Request for Proposals for Banking Services on _____, 2006 (the "RFP") pursuant to state and local law to solicit proposals to serve as the County's primary relationship bank; and

WHEREAS, the Bank responded to RFP by submitting its Proposal for Banking Services on _____, 2006 (the "Proposal"), which Proposal was duly accepted by the Clerk without modification as the most favorable proposal submitted; and

WHEREAS, the Bank has shall be providing banking services to the County under the RFP and the Proposal (hereinafter sometimes collectively called the "Contract").

WHEREAS, although the RFP and the Proposal address in some detail the banking services to be provided, there are a number of operational issues not addressed by either the RFP or the Proposal which the parties desire to address; and

NOW, THEREFORE, in consideration of the foregoing premises and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the County and the Bank hereby covenant and agree as follows:

Section 1. Purpose and Effect of this Agreement:

This Master Banking Services agreement, together with the documents further described in Section 1, herein shall constitute a valid and binding Contract between the County and the Bank.

The banking services to be provided to the County by the Bank shall consist of:

- (a) each of the specific requirements, terms and conditions set forth in the RFP, as accepted by the Bank in its proposal, and which is hereby incorporated by reference as modified by this Master Banking Services Agreement, and
- (b) each of the services, terms and conditions set forth in the Proposal, which is hereby incorporated by reference as modified by this Master banking Services Agreement; and
- (c) each of the terms, conditions and provisions of the specific banking service agreements provided for in Exhibits inclusive, hereinafter collectively referred to as the "Exhibits," which are attached hereto and made a part hereof. Unless the context requires otherwise, all references to "this Agreement," and use of the terms "herein," "hereby," "hereof," "hereto," "hereunder" and the like shall be deemed to include the RFP, the Proposal, this Agreement and all of the Exhibits.

Section 2. Controlling Provisions

In the event of a conflict between the terms of the documents listed in Section 1, this Master Banking Services Agreement shall control and supersede all other documents, the Requests for Proposals and the Bank's Proposal, which shall control and supersede all of the exhibits listed in Section 15.

Section 3. Services to be Provided

(a) The Bank will provide the County with the banking services set forth in the Proposal, as more fully defined herein. With respect to the County's depository demand deposit accounts, County funds deposited daily will be credited to the accounts as described in the Proposal. The Bank will provide a 4:00 p.m. deadline for all deposits delivered by armored courier to any branch or main office. The deposits must be in disposable deposit bags with a deposit slip pouch (to be provided by the Bank at no charge). The deposits will receive provisional credit on the day of receipt with next day verification. All checks deposited by the aforementioned deadlines will be available as outlined in the Bank's proposal.

(b) The Bank will provide various supplies to the County as stipulated in the Proposal.

(c) The Bank will cash checks drawn against the accounts of the Clerk of the Circuit Court ("Clerk") or the County's accounts that are presented by Clerk or County employees at no charge for the employee.

(d) The County will attempt to limit the number of bank accounts maintained with the Bank; however, where legal requirements dictate, separate bank accounts will be maintained with the Bank.

Section 4. Service Fees

(a) The Bank will invoice the Clerk on a monthly basis for the Services, in accordance with the fee structure outlined in the Bank's proposal. Payment will be made in accordance with Section 218.70, Florida Statutes, et. seq., the Local Government Prompt Payment Act.

Section 5. Public Fund NOW Account Deposits

Public Fund NOW Account deposits will continue to accrue interest at the monthly average Federal Funds Rate based on 100% of the average collected balances with no reserve requirement. In the event that Federal Reserve regulations change in regard to Public Funds NOW Account Deposits, the balance on which interest is paid will be adjusted to net out any required reserves.

Section 6. Representations, Warranties and Covenants

(a) The Bank hereby represents and warrants to the County that it has full power and authority to enter into this agreement and fully perform its obligations hereunder without the need for any further corporate or governmental consents or approvals, and that the persons executing this agreement are authorized to execute and deliver it. Assuming the due authorization, execution, delivery, legality and enforceability hereof by or against the County when executed and delivered by the parties, this agreement will constitute a valid and binding agreement of the Bank, enforceable against it in accordance with its terms, subject only to the application of general principles of equity and limitations arising from bankruptcy, insolvency, moratorium.

(b) The Bank has not employed or retained any person employed by the County to solicit or secure this agreement and that it has not offered to pay, paid, or agreed to pay any person employed by the County any fee, commission percentage, brokerage fee, or gift of any kind contingent upon or resulting from the award of this agreement.

(c) The Bank is aware of the conflict of interest laws of the ordinances and regulations of the County, and the State of Florida, and covenants that the Bank will fully comply in all material respects with the terms of said laws.

(d) The County hereby represents and warrants to the Bank that once this agreement is properly executed and approved, the County will be authorized to perform all of its obligations under this agreement. The County's acceptance of the Bank's proposal has not been rescinded, modified or amended in any way and remains in full force and effect on and as of the date hereof. When executed and delivered by the parties, this agreement will constitute a valid and binding agreement of the County, enforceable against it in accordance with its terms, subject only to the application of general principles of equity and limitations arising from bankruptcy, insolvency, moratorium. The County further represents and warrants to the Bank that it has authorized the Clerk's Chief Deputy Director of Finance and/or other persons designated by them in writing, to

execute and deliver documents to the Bank as reasonably necessary hereunder. The County acknowledges and agrees that the Bank is fully authorized and directed to accept orders, requests and authorizations from such persons on the County's behalf in connection with the implementation or provision of any of the banking services covered by the Contract to the extent provided in the Contract.

(e) At the request of the Bank, the County agrees to cause its designated officials or their designees to execute such signature cards and other signature and identification verification documents as the Bank deems reasonably necessary for purposes of establishing appropriate security measures in connection with the banking services to be provided hereunder.

Section 7. Limitation of Liability

The County expressly agrees that the Bank shall be liable to the County only for the Bank's negligent performance or non-performance of the services provided for in the Contract, and that the Bank's responsibility shall be limited to the exercise of reasonable and ordinary care. The Bank shall not be liable for errors or delay on the part of any third party, including without limitation, third parties used by the Bank in exercising a payment order or performing a related act due to any cause other than the Bank's own failure to exercise reasonable and ordinary care, and no such third party shall be deemed to be the Bank's agent. The Bank shall not be liable for its refusal to honor any request if the Bank, in good faith is unable to satisfy itself that such request is valid based upon the Bank's adherence to its security procedures.

IN NO EVENT SHALL THE BANK BE LIABLE FOR SPECIAL, INDIRECT, OR CONSEQUENTIAL DAMAGES, EXCEPT AS MAY BE OTHERWISE PROVIDED BY LAW EVEN IF THE BANK SHALL HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

Unless specifically addressed in this Agreement, the terms "indemnify", "indemnify and hold us harmless", and "indemnification" contained in any of the documents comprising the Contract shall be replaced by the terms "reimburse", "reimburse us for", and "reimbursement".

In the event the County is required under the Contract documents to reimburse the Bank for costs, expenses, claims, losses, or liabilities, the reimbursement must be detailed, itemized, and in writing. The amount of such reimbursement shall be limited to and shall not exceed \$_____ annually.

Section 8. Term and Termination

(a) This Agreement shall have a term of forty-eight (48) month(s), beginning on _____ and ending forty-eight (48) months from the date the contract is signed. Either party shall give written notice to the other not less than ninety (90) calendar days prior to the expiration of the then current term of its election not to have this Agreement so renewed. The County and the Bank may renew this agreement for an additional forty-eight (48) month period if all terms and conditions remain the same with the exception of price, which will be based on charges proposed, plus an increase (or decrease) in the Consumer Price Index as of May, 2010 not to exceed 5% and approval is granted by the County. Either party may terminate this Agreement by giving the other party at least one hundred twenty (120) calendar days prior written notice. This provision may be exercised only after the contract has been in effect for three (3) calendar months.

(b) The Bank shall further have the right to terminate specific services covered by the Exhibits, but only upon the conditions and to the extent provided therein.

(c) If either party does not comply with terms of this Contract, the County or the Bank, as the case may be, that party may give notice to the defaulting party of the specific default in writing. If the default(s) is/are not corrected within ninety (90) days, this Contract (including the RFP and Proposal) may be terminated ninety (90) days from the written notice of default, by the non-defaulting party.

Section 9. Right to Audit

The County, from time to time, during Bank business hours and with at least two (2) business days prior notice to the Bank, shall have the right to audit the Bank's books and records at County's expense with regard to the accounts and services provided to the County hereunder to ensure that all aspects of the Renewal and Restatement are being met.

Section 10. Changes

(a) No modifications or changes to the Agreement shall be binding unless consented to in writing by the parties.

(b) The County may, from time to time, request changes in the scope of services of the Bank to be performed hereunder. Such changes, which are mutually agreed upon in writing by and between the County and the Bank, shall be incorporated in written amendments to this Agreement.

(c) The fees and charges set forth for the services to be provided to the County will begin on the _____, 2006, and shall not be increased for a period of forty-eight (48) months after commencement of the term of this Agreement. Any extension beyond the initial forty-eight (48) month period must be mutually agreed upon in writing, and prices will be based on changes proposed plus an increase (decrease) in the Consumer Price Index as of May 2010, not to exceed 5%.

Section 11. Equal Employment Opportunity; Non-discrimination

The Bank will not discriminate against any employee or an applicant for employment because of race, color, religion, sex, national origin or handicap. The Bank shall take affirmative action to ensure that applicants are employed and that employees are treated fairly during employment without regard to race, color, religion, sex, natural origin or handicap.

Such action shall include, but not be limited, to the following: Employment, upgrading, demotions or transfers, recruitment or recruitment advertising; layoff or terminations; rates of pay or other forms of compensation; selection for training including apprenticeship; and participation in recreational and educational activities.

The Bank shall keep such records and submit such reports concerning racial and ethnic origin of applicants for employment and employees as the Secretary of Labor of the United States requires. The Bank agrees to comply with such rules, regulations and guidelines as the Secretary may issue to implement these requirements. Both Parties shall comply with all applicable laws, ordinances and codes pertaining to the Contract, of Federal, State and local governments applicable to that Party.

Section 12. Waiver

No waiver of a breach of any provision of this Renewal and Restatement shall constitute a waiver of any subsequent breach of the same or any other provision hereof, and no waiver shall be effective unless made in writing.

Section 13. Severability

Should any provisions, paragraphs, sentences, words or phrases contained in this Contract be determined by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable under the laws of the State of Florida or the County, such provisions, paragraphs, sentences, words or phrases shall be deemed modified to the extent necessary in order to conform with such laws, and to the extent they cannot be so modified, then same shall be deemed severable, and in either event, the remaining terms and provisions in this Contract shall remain unmodified and in full force and effect.

Section 14. Governing Law

This contract shall be construed and enforced according to the Laws of the State of Florida.

Section 15. Documents Comprising Contract

This contract shall consist of this Master Banking Services Agreement together with the following documents which are attached hereto and incorporated by reference herein:

- A. RFP, and all addenda and attachments thereto, issued on _____, 2006.
- B. Bank's Proposal dated _____, 2006
- C. Exhibits/Agreements:

Deposit Agreement	Positive Pay\Full Reconciliation
ACH Services	Paid List Reconciliation
Wire Transfer	Direct Deposit
Cash Vault Processing	CD-ROM Imaging
Retail Lockbox Services	Wholesale Lockbox Services
Web Based Banking and Information Reporting	
Securities Safekeeping\Custodian Service	

Additional service agreements may be added from time to time as mutually agreed upon in writing by the parties, and any service agreement may be terminated separately and severally without affecting the continued enforceability of all other provisions of this agreement as to non-terminated services.

Section 16. Notices

All written notices, demands and other communications required or provided for hereunder or under any of the documents comprising this contract shall be sent by U.S. mail or by electronic transmission producing a written record, or hand delivered to the following address and person bearing the following title for each party hereto or such other addressee or person as shall be designated by a party in a written notice given in the manner required hereby:

County: Pinellas County, Board of County Commissioners
400 Cleveland Street – 5th Floor
Clearwater, Florida 33755
Attn. Claretha N. Harris – Chief Deputy Director, Finance

Bank: _____

Attn.: _____

All notices shall be deemed delivered when received.

Section 17. Force Majeure

The County agrees the Bank shall have no responsibility or liability for delay in its performance under this Master Agreement or any losses arising out of delays and/or interruptions of business due to acts of God, acts of government authority, acts of public enemy or war, riots, civil disturbances, complete power failure, complete telecommunications failure, natural disasters or other causes beyond the Bank's reasonable control. This time, if any, required for such performance under this Master Agreement shall be automatically extended during the period of such delay or interruption.

Section 18. Assignment

Neither party shall assign this Agreement or any interest herein, or delegate any of its duties hereunder, without the other party's prior written consent, except that it is agreed by the County that the Bank may delegate certain services to be provided through independent contractors as described in an to the extent authorized by any documents comprising this Contract.

Section 19. Independent Contractor

It is hereby mutually agreed that the Bank is and shall remain an independent contractor without authority to bind the County in any respect.

Section 20. Legal Fees

In the event of a dispute between the parties regarding the interpretation or enforcement of the contract, each party shall be responsible for its respective legal fees associated with the dispute and any appeal thereof.

<SIGNATURE PAGE FOLLOWS>

IN WITNESS WHEREOF, the parties have executed this Agreement and initialed each of the Exhibits hereto as of the day and year last written below.

Bank Name

Pinellas County Board of County
Commissioners

By: _____
Title of Authorized Officer

By: _____
Chairman

Attest:

Attest:

By: _____
Attesting Witness' name and title

By: _____
Deputy Clerk

APPROVED AS TO FORM:

By: Michelle Wallace
Office of the County Attorney

EXHIBIT C

STATE OF FLORIDA DEPOSITORY MONTHLY REPORT

FORM DFS-J1-1003

**QUALIFIED PUBLIC DEPOSITORY MONTHLY REPORT
PART ONE**

☐ Original Filing ☐ Amended Report

Schedule A Qualified Public Depository (QPD) Information

FEIN: _____ Reported Month & Year: _____

Legal Name of QPD: _____

Home Office Street Address: _____

Home City: _____ State & Zip Code: _____

Schedule B Florida Public Deposits (Must be rounded to the nearest dollar)

(1) Average daily balance for the reported month

(a) Certificates of deposit \$ _____

(b) All other public deposits \$ _____

(c) Subtotal of all public deposits \$ _____

(d) Less applicable deposit insurance \$ _____
(Cannot exceed subtotal of all public deposits or of a single account)

(e) Average daily balance of public deposits * \$ _____

* Additional collateral is required within 2 business days if public deposits are accepted that would increase the qualified public depository's average daily balance for the current month by 25 percent over the average daily balance of the previously reported month unless adequate collateral is already pledged.

Schedule C Required Collateral

(1) (a) Required collateral from worksheet Total F \$ _____

(b) Market value of pledged or deposited collateral from the \$ _____
Schedule of Securities Pledged as Collateral

(2) If the qualified public depository is underpledged at the time of its monthly report submission, a pledge or deposit of collateral is required to be submitted simultaneously with the filing of this report.

Market value of deposit \$ _____

**QUALIFIED PUBLIC DEPOSITORY MONTHLY REPORT
PART ONE**

Schedule D Other Financial Information (Must be rounded to the nearest dollar)

Required totals are month end balances, calculated as if completing the Quarterly Regulatory Report.

(1) Tangible equity capital

- (a) Total equity capital \$ _____
- (b) Less intangible assets \$ _____
- (c) Tangible equity capital \$ _____
- (d) Did this depository experience a decline in tangible equity capital from the previously reported month? YES ☐ NO ☐

If yes, select reasons for decline from the list below and provide an explanation unless otherwise indicated. Attach additional page if needed.

- ☐ 1. Dividends (explanation not required)
- ☐ 2. Provisions or adjustments for loan and lease losses
- ☐ 3. FASB 115-unrealized holding losses on AFS securities (explanation not required)
- ☐ 4. Other FASB ruling
- ☐ 5. Legal expenses, settlements, or judgments
- ☐ 6. Merger or acquisition costs (explanation not required)
- ☐ 7. Adjusting entries for current period
- ☐ 8. Adjusting entries for prior periods
- ☐ 9. Adjusting entries prompted by examiners or auditors
- ☐ 10. Equity capital adjustments from amended quarterly regulatory reports
- ☐ 11. Increase in intangible assets
- ☐ 12. Accounting changes
- ☐ 13. Extraordinary items
- ☐ 14. Other

Explanation: _____

- (2) Total assets (Balance Sheet) \$ _____

Schedule E Certification

Under penalties of perjury, I attest that I am authorized to sign on behalf of the QPD identified above, and also declare that I have read the information provided on this Qualified Public Depository Monthly Report to the Chief Financial Officer and that the facts stated in it are true to the best of my knowledge and belief.

Authorized Signature for QPD: _____ Date: _____

Printed Name and Title: _____

Person to whom questions regarding this report should be directed:

Printed Name and Title: _____

Phone: (_____) _____ Fax: (_____) _____

QUALIFIED PUBLIC DEPOSITORY MONTHLY REPORT
PART TWO-SCHEDULE OF SECURITIES PLEDGED AS COLLATERAL
(Priced at close of business on the last banking day in the month)

Legal Name of QPD: _____ Custodian's Name: _____
 QPD's FEIN: _____ Contact at Custodian: _____
 Reported Month & Year: _____ Contact's Phone #: _____
 Contact's Fax #: _____

CUSIP Number (listed in ascending order)	Description including Pool or Tranche Number (use industry standard abbreviations)	Interest Rate including a (V) if variable	Maturity Date	Original Face or Par Value	Current Par Value	Market Value	Rating
<p>Total Number of Securities Pledged: _____</p> <p align="right">TOTALS: \$ _____ \$ _____</p>							

Reminder: All amounts reported must be rounded to the nearest dollar.

STATE OF FLORIDA
QUALIFIED PUBLIC DEPOSITORY (QPD) MONTHLY REPORT
INSTRUCTIONS AND WORKSHEET (WS)
Not to be submitted with the Monthly Report

CALCULATION OF REQUIRED COLLATERAL

Work through sections A through F in order to calculate your institution's required collateral. The amount in Total F should be carried forward to the Qualified Public Depository Monthly Report, Part One, Schedule D(1)(a).

A. Average Daily Balance

Average Balance is calculated by totaling, by account, the daily balances of public deposits and then dividing the total by the number of calendar days in the month.

Average Daily Balance is calculated by subtracting deposit insurance from average balance.

Deposit insurance is allotted to the official custodian of funds (e.g., John Doe, City Treasurer) rather than to the public unit itself (e.g., the City of Tallahassee) or to each deposit account. Official custodians of public deposits are entitled to insurance coverage of up to \$100,000 for demand accounts and up to \$100,000 for time and savings accounts. For purposes of this worksheet, deposit insurance is the sum of: the lesser of the average balance of demand accounts for each official custodian or \$100,000; plus the lesser of the average balance of time and savings accounts for each official custodian or \$100,000.

Pledge percentage, for purposes of this section, is either 25%, 50%, or 125% and is provided to each QPD upon entrance to the program and as changes occur. If you do not know your current pledge percentage, please contact this office at (850) 922-3164.

Pool Figure means the total average monthly balances of public deposits held by all QPDs during the immediately preceding 12-month period. For purposes of calculating required collateral, use the most recent pool figure provided by the Chief Financial Officer, State of Florida (CFO).

Tangible Equity Capital is total equity capital less intangible assets, calculated as if completing the Quarterly Regulatory Report.

(1)	Average Daily Balance of Public Deposits		\$	_____
(2)	Tangible Equity Capital		\$	_____
(3)	Pool Figure _____	X 20%	=	\$ _____
(a)	The LESSER of (1), (2), or (3).			
	\$ _____	X PLEDGE %	=	\$ _____
(b)	If the amount of (1) exceeds the amount of (2), multiply the excess by 125%.			
	\$ _____	X 125%	=	\$ _____
(c)	If the amount of (1) exceeds the amount of (3), multiply the excess by 125%.			
	\$ _____	X 125%	=	\$ _____
Total A	Add line (a) to the greater of line (b) or (c).			\$ _____

B. Average Monthly Balance

Average Monthly Balance is calculated by adding the average daily balance before deducting deposit insurance for the reported month and the average daily balances before deducting deposit insurance for the 11 months preceding that month and dividing the total by 12.

	<u>MONTH</u>	<u>AMOUNT</u>
(1)	_____	\$ _____
	(Reported Month)	
(2)	_____	_____
	(Prior Months)	
(3)	_____	_____
(4)	_____	_____
(5)	_____	_____

STATE OF FLORIDA
QUALIFIED PUBLIC DEPOSITORY (QPD) MONTHLY REPORT
INSTRUCTIONS AND WORKSHEET (WS)
Not to be submitted with the Monthly Report

(6) _____
(7) _____
(8) _____
(9) _____
(10) _____
(11) _____
(12) _____

(a) Total (1) through (12). \$ _____

(b) _____ / 12 = \$ _____
Total (1) through (12) Average Monthly Balance

Total B \$ _____ X 25% = \$ _____
Average Monthly Balance

C. Alternative Participation Agreement

If your institution is subject to an Alternative Participation Agreement, you must multiply the maximum amount of public deposits specified in your agreement with the CFO by 200%.

Total C \$ _____ X 200% = \$ _____

D. Preliminary Collateral Requirement

Total D The greater of Total A, B, C, or \$100,000. \$ _____

E. Additional Collateral

Additional collateral of 20 percent of the preliminary required collateral is necessary if a valuation date other than the close of business on the last banking day of the month has been approved by the CFO for the QPD and the preliminary required collateral is found to be insufficient based on the CFO's valuation.

Total E \$ _____ X 120% = \$ _____
Total D amount

F. Minimum Required Collateral

Minimum Required Collateral means eligible collateral that has been valued using a nationally recognized source. Market price, quality ratings, and pay-down factors used in the valuation must be as of the close of business on the last banking day of the reported month or as of a date approved by the CFO. Any material decline in value that occurs before the monthly report is mailed to the CFO must be reported.

Total F Minimum required collateral is the greater of Total D or E. \$ _____

QUESTIONS?

Phone # (850) 922-3164 Fax # (850) 488-0216
E-mail for bank names beginning with A-F: QPDCOLLAF@DFS.STATE.FL.US
E-mail for bank names beginning with G-Z: QPDCOLLGZ@DFS.STATE.FL.US

Select Year: 2005 [Go](#)

The 2005 Florida Statutes

[Title XIX](#)
PUBLIC BUSINESS[Chapter 280](#)
SECURITY FOR PUBLIC DEPOSITS[View Entire Chapter](#)

280.16 Requirements of qualified public depositories; confidentiality.--

(1) In addition to any other requirements specified in this chapter, qualified public depositories shall:

(a) Take the following actions for each public deposit account:

1. Identify the account as a "Florida public deposit" on the deposit account record with the name of the public depositor or provide a unique code for the account for such designation.
2. When the form prescribed by the Chief Financial Officer for acknowledgment of receipt of each public deposit account is presented to the qualified public depository by the public depositor opening an account, the qualified public depository shall execute and return the completed form to the public depositor.
3. When the acknowledgment of receipt form is presented to the qualified public depository by the public depositor due to a change of account name, account number, or qualified public depository name on an existing public deposit account, the qualified public depository shall execute and return the completed form to the public depositor within 45 calendar days after such presentation.
4. When the acknowledgment of receipt form is presented to the qualified public depository by the public depositor on an account existing before July 1, 1998, the qualified public depository shall execute and return the completed form to the public depositor within 45 calendar days after such presentation.

(b) Within 15 days after the end of each calendar month, or when requested by the Chief Financial Officer, submit to the Chief Financial Officer a written report, under oath, indicating the average daily balance of all public deposits held by it during the reported month, required collateral, a detailed schedule of all securities pledged as collateral, selected financial information, and any other information that the Chief Financial Officer determines necessary to administer this chapter.

(c) Provide to each public depositor annually, not later than October 30, the following information on all open accounts identified as a "Florida public deposit" for that public depositor as of September 30, to be used for confirmation purposes: the federal employer identification number of the qualified public depository, the name on the deposit account record, the federal employer identification number on the deposit account record, and the account number, account type, and actual account balance on deposit. Any discrepancy found in the confirmation process shall be reconciled before November 30.

(d) Submit to the Chief Financial Officer annually, not later than November 30, a report of all public deposits held for the credit of all public depositors at the close of business on September 30. Such annual report shall consist of public deposit information in a report format prescribed by the Chief Financial Officer. The manner of required filing may be as a signed writing or electronic data transmission, at the discretion of the Chief Financial Officer.

(e) Submit to the Chief Financial Officer not later than the date required to be filed with the federal agency:

1. A copy of the quarterly Consolidated Reports of Condition and Income, and any amended reports, required by the Federal Deposit Insurance Act, 12 U.S.C. ss. 1811 et seq., if such depository is a bank; or

2. A copy of the Thrift Financial Report, and any amended reports, required to be filed with the Office of Thrift Supervision if such depository is a savings and loan association.

(2) The following forms must be made under oath:

(a) The agreement of contingent liability.

(b) Collateral control agreements and letter of credit agreements.

(3) Any information contained in a report of a qualified public depository required under this chapter or any rule adopted under this chapter, together with any information required of a financial institution that is not a qualified public depository, shall, if made confidential by any law of the United States or of this state, be considered confidential and exempt from the provisions of s. 119.07(1) and not subject to dissemination to anyone other than the Chief Financial Officer under the provisions of this chapter; however, it is the responsibility of each qualified public depository and each financial institution from which information is required to inform the Chief Financial Officer of information that is confidential and the law providing for the confidentiality of that information, and the Chief Financial Officer does not have a duty to inquire into whether information is confidential.

History.--s. 3, ch. 81-285; s. 16, ch. 83-122; s. 7, ch. 85-259; s. 6, ch. 86-84; s. 20, ch. 87-409; s. 11, ch. 88-185; s. 1, ch. 89-265; s. 23, ch. 91-244; s. 15, ch. 96-216; s. 129, ch. 96-406; s. 17, ch. 98-409; s. 15, ch. 2001-230; s. 304, ch. 2003-261; s. 22, ch. 2005-2.

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Select Year: 2005 [Go](#)

The 2005 Florida Statutes

[Title XIX](#)
PUBLIC BUSINESS[Chapter 280](#)
SECURITY FOR PUBLIC DEPOSITS[View Entire Chapter](#)

280.17 Requirements for public depositors; notice to public depositors and governmental units; loss of protection.--In addition to any other requirement specified in this chapter, public depositors shall comply with the following:

(1)(a) Each official custodian of moneys that meet the definition of a public deposit under s. [280.02](#) shall ensure such moneys are placed in a qualified public depository unless the moneys are exempt under the laws of this state.

(b) Each depositor, asserting that moneys meet the definition of a public deposit provided in s. [280.02](#) and are not exempt under the laws of this state, is responsible for any research or defense required to support such assertion.

(2) Beginning July 1, 1998, each public depositor shall take the following actions for each public deposit account:

(a) Ensure that the name of the public depositor is on the account or certificate or other form provided to the public depositor by the qualified public depository in a manner sufficient to identify that the account is a Florida public deposit.

(b) Execute a form prescribed by the Chief Financial Officer for identification of each public deposit account and obtain acknowledgment of receipt on the form from the qualified public depository at the time of opening the account. Such public deposit identification and acknowledgment form shall be replaced with a current form as required in subsection (3). A public deposit account existing before July 1, 1998, must have a form completed before September 30, 1998.

(c) Maintain the current public deposit identification and acknowledgment form as a valuable record. Such form is mandatory for filing a claim with the Chief Financial Officer upon default or insolvency of a qualified public depository.

(3) Each public depositor shall review the Chief Financial Officer's published list of qualified public depositories and ascertain the status of depositories used. A public depositor shall, for status changes of depositories:

(a) Execute a replacement public deposit identification and acknowledgment form, as described in subsection (2), for each public deposit account when there is a merger, acquisition, name change, or other event which changes the account name, account number, or name of the qualified public depository.

(b) Move and close public deposit accounts when an institution is not included in the authorized list of qualified public depositories or is shown as withdrawing.

(4) Whenever public deposits are in a qualified public depository that has been declared to be in default or insolvent, each public depositor shall:

(a) Notify the Chief Financial Officer immediately by telecommunication after receiving notice of the default or insolvency from the receiver of the depository with subsequent written confirmation

and a copy of the notice.

(b) Submit to the Chief Financial Officer for each public deposit, within 30 days after the date of official notification from the Chief Financial Officer, the following:

1. A claim form and agreement, as prescribed by the Chief Financial Officer, executed under oath, accompanied by proof of authority to execute the form on behalf of the public depositor.

2. A completed public deposit identification and acknowledgment form, as described in subsection (2).

3. Evidence of the insurance afforded the deposit pursuant to the Federal Deposit Insurance Act.

(5) Each public depositor shall confirm annually that public deposit information as of the close of business on September 30 has been provided by each qualified public depository and is in agreement with public depositor records. Such confirmation shall include the federal employer identification number of the qualified public depository, the name on the deposit account record, the federal employer identification number on the deposit account record, and the account number, account type, and actual account balance on deposit. Public depositors shall request such confirmation information from qualified public depositories on or before the fifth calendar day of October and shall allow until October 31 to receive such information. Any discrepancy found in the confirmation process shall be reconciled before November 30.

(6) Each public depositor shall submit, not later than November 30, an annual report to the Chief Financial Officer which shall include:

- (a) The official name, mailing address, and federal employer identification number of the public depositor.

- (b) Verification that confirmation of public deposit information as of September 30, as described in subsection (5), has been completed.

- (c) Public deposit information in a report format prescribed by the Chief Financial Officer. The manner of required filing may be as a signed writing or electronic data transmission, at the discretion of the Chief Financial Officer.

- (d) Confirmation that a current public deposit identification and acknowledgment form, as described in subsection (2), has been completed for each public deposit account and is in the possession of the public depositor.

(7) Notices relating to the public deposits program shall be mailed to public depositors and governmental units from a list developed annually from:

- (a) Public depositors that filed an annual report under subsection (6).

- (b) Governmental units existing on September 30 that had no public deposits but filed an annual report stating "no public deposits".

- (c) Governmental units established during the year that filed an annual report as a new governmental unit or otherwise furnished in writing to the Chief Financial Officer its official name, address, and federal employer identification number.

(8) If a public depositor does not comply with this section on each public deposit account, the protection from loss provided in s. [280.18](#) is not effective as to that public deposit account.

History.--s. 21, ch. 87-409; s. 12, ch. 88-185; s. 24, ch. 91-244; s. 16, ch. 96-216; s. 18, ch. 98-409; s. 305, ch. 2003-261.

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EXHIBIT D

PINELLAS COUNTY SPONSORSHIP POLICY

PINELLAS COUNTY **SPONSORSHIP POLICY**

I. PURPOSE:

A. The aim of this policy is to create an authorized environment for entering into sponsorship agreements with third parties where such sponsorships are mutually beneficial to both parties in a manner that is consistent with all applicable policies set by Pinellas County. The purpose of the policy and procedures as outlined is to:

1. uphold the County's stewardship role to safeguard the County's assets and interests;
2. provide employees with guidelines and procedures based on best practices; and
3. protect Pinellas County from risk.

B. The policy provides an enabling environment for the County to enter into sponsorship agreements within set guidelines and procedures for the purpose of optimizing non-tax revenue sources. Under the conditions of this policy, County staff may solicit such sponsorship agreements.

C. The County shall not relinquish to the sponsor any aspect of the County's right to manage and control the County's assets or facilities.

D. This policy is not applicable to philanthropic contributions, grants, or unsolicited donations in which no benefits are granted to the sponsor and where no business relationship exists.

II. SCOPE:

A. This policy applies to all County business units, departments and divisions.

B. This policy does not apply to:

1. Independent foundations or registered charitable organizations from which the County may receive benefit.
2. Philanthropic contributions or unsolicited donations to the County.
3. Funding obtained from other orders of government through formal grant programs.
4. County sponsorship support of external projects where the County provides funds to an outside organization.

5. Third parties who lease County property or hold permits with the County for activities or events.

III. DEFINITIONS:

- A. “sponsorship” shall mean a mutually beneficial business arrangement between the County and a third party, wherein the third party provides cash and/or in-kind services to the County in return for access to the commercial and/or marketing potential associated with the County. Sponsorships may include sponsorship of one or more of the County’s services, projects, events, facilities or activities.
- B. “sponsorship agreement” shall mean a mutually beneficial, contractual agreement that reflects the business arrangement for the exchange of commercial and/or marketing benefits between the County and a third party for a specified period of time.
- C. “sponsor” shall mean a third party that enters into a sponsorship agreement with the County.
- D. “in-kind sponsorship” shall mean a sponsorship received in the form of goods and/or services rather than cash.
- E. “request for sponsorship (RFS)” shall mean an open and competitive process whereby third parties may express their interest in participating in sponsorship opportunities with the County. Requests for sponsorship should include a summary of the sponsorship opportunity, benefits for participation, and a description of the open and competitive procedure for expressing interest in participating in sponsorship opportunities.
- F. “naming rights” shall mean a type of sponsorship in which a third party purchases the exclusive right to name a whole asset or venue. The naming of a component of an asset or venue (e.g. – bench in a park, specific room in a building) is not considered to be naming rights for the purposes of this policy and would be categorized as per section VI (Type A, B or D). Sponsorship naming rights are considered in the commercial context only, where the naming right is sold or exchanged for significant cash or other revenue support. This arrangement must be documented in an agreement signed by the interested parties and shall have a specified end date to the contractual obligations. This policy shall not apply to honorary and philanthropic naming rights, which are addressed as provided in the Pinellas County Honorary and Philanthropic Naming Rights Policy.
- G. “naming rights agreement” shall mean a written contract evidencing the right to name or re-name County-owned facilities or land that contains terms acceptable to the County. In most cases, indemnification and termination clauses would be required as part of the agreement. All such agreements are to be reviewed by the County Attorney prior to finalization to ensure that The County’s legal interests are protected. Dates indicating the term of the agreement should be indicated.

H. “philanthropic contribution” shall mean a contribution to Pinellas County from a third party for which there is no reciprocal commercial and/or marketing benefit expected or required from the County. Such contributions are separate and distinct from sponsorship and shall be governed by a separate County policy.

IV. RESTRICTIONS:

A. In general, the following industries and products are not eligible for sponsorships with Pinellas County: police-regulated businesses; faith-based and political organizations; companies whose business is substantially derived from the sale of alcohol, tobacco, firearms or adult use (as defined in Sec. 42-51, Pinellas County Code). Sponsorships by sponsors that fall into one of the above-stated categories shall be subject to review and approval by the Board of County Commissioners.

B. Pinellas County shall reject advertising that does not comply with the standards set forth in this policy. All full advertising graphic designs must be submitted in sufficient detail to determine content and final general appearance to the County Administrator or his/her designee for review and approval before application. The approval process for advertising design shall not exceed ten (10) business days from time of submittal.

C. The following standards for advertising are adopted and will not be displayed:

1. Is false, misleading or deceptive
2. Relates to an illegal activity
3. Is explicit sexual material, obscene material, or material harmful to minors
4. Advertises Tobacco products
5. Includes Language which is obscene, vulgar, profane, or scatological
6. Relates to instruments, devices, items, products or paraphernalia that are designed for use in connection with specific sexual activities
7. Depicts violence and/ or anti-social behavior

V. POLICY:

A. Sponsorships will not result in any loss of Pinellas County jurisdiction or authority.

VI. SPONSORSHIP CATEGORIES:

- A. Type A: Individual Sponsorship: Sponsorship of an individual Pinellas County event, program or asset. Events, programs or assets shall be limited to those coordinated or managed by a single departmental entity.
- B. Type B: Multiple Sponsorship: Sponsorship of a series of Pinellas County events, programs or assets OR sponsorship of an individual event, program or asset coordinated or managed by multiple departmental entities.
- C. Type C: Naming Rights Sponsorship: Any sponsorship that falls into the definition for Naming Rights.
- D. Type D: Purchasing Sponsorship: Any sponsorship that includes purchasing of commodities, materials, equipment, or services.

VII. PROCEDURES & AUTHORITY:

- A. All sponsorship projects must be submitted in writing to the County Administrator or his/her designee using the *Sponsorship Project Form* attached to this policy.
- B. Utilizing the approved *Sponsorship Project Form*, a Request for Sponsorship (RFS) shall be developed and forwarded to County Administrator or his/her designee for approval. Upon approval, RFS must be publicly noticed for a minimum of ten (10) business days prior to any designated closing date for submission of proposals. Public notice shall consist, at a minimum, of posting on the County's web site.
- C. All sponsorship proposals must be submitted in writing. For all sponsorship proposals submitted in response to an RFS, with the exception of Type D sponsorships:
 - 1. Negotiations shall be conducted by designated contact as defined on the RFS. Negotiations may commence after the designated closing date for submission of proposals. If no closing date has been designated, negotiations may commence after the RFS has been publicly noticed for a minimum of ten (10) business days.
 - 2. Upon completion of negotiations, *Sponsorship Agreement Form* (attached to this policy) shall be completed by designated contact and forwarded with *Sponsorship Agreement Transmittal Slip* (attached to this policy) to Department Director.
 - a) If "Fair Market Value" listed on *Sponsorship Agreement Form* does not exceed purchasing competitive bid threshold stated in Pinellas County Code Section 2-176 (a), then *Sponsorship Agreement Form* shall be completed by designated contact and sent to Department Director for approval (*Sponsorship Agreement Transmittal Slip* will not be used). Upon

approval, Department Director shall forward to County Administrator or his/her designee. Skip to step 8 below.

3. Department Director shall forward to Risk Management.
4. Risk Management shall forward to Office of Management & Budget. Upon approval by Office of Management & Budget, Sponsorship Agreement form shall be forwarded to:
 - a) Type A: Assistant County Administrator governing departmental entity under which sponsorship falls.
 - b) Type B: Assistant County Administrator(s) governing any departmental entities under which sponsorship falls.
 - c) Type C: Assistant County Administrator governing departmental entity responsible for facility.
5. After approval by Assistant County Administrator(s), the agreement shall be forwarded to County Attorney's Office.
6. All sponsorships with sponsorship value in excess of Director of Purchasing bid award authority as stated in Pinellas County Code Section 2-176 (f) shall be forwarded to County Administrator for approval.
7. All sponsorships in excess of County Administrator bid award authority as stated in Pinellas County Code Section 2-176 (f) are subject to approval by Board of County Commissioners. In addition, all Type C sponsorships and all sponsorships by sponsors that fall into a category listed in the section titled "Restrictions" shall be subject to approval by Board of County Commissioners, regardless of the sponsorship value.
8. If not approved at any stage of approval process, Sponsorship Agreement form shall be returned to designated contact with explanation for non-approval.

D. All Type D sponsorship requests shall be governed by Board of County Commissioners Purchasing Ordinance and Policies.

E. All approved sponsorship agreements must include:

1. Signatures by authorized representatives of the County and the sponsor. Authorized representative of the County shall be the highest ranking approval authority from the above-stated review process.
2. Term of the agreement, including provisions for termination.

3. Details of the exchange of benefits, including what will be provided to the County by the sponsor and what will be provided by the County to the sponsor.

F. A report summarizing approved sponsorship agreements shall be filed on the consent agenda of the Board of County Commissioners at least quarterly and filed with the Clerk of the Circuit Court for placement in board records.

G. Solicitation and negotiation of sponsorships will be conducted by County staff who are specifically designated by the department director, or by outside contract as approved by the department director. Directors are responsible for ensuring that staff understand the requirements of this policy and that they are provided with appropriate guidance and/or training related to sponsorship practices. All County sponsorship agreements will be negotiated in good faith and represent the County in a professional manner.

PINELLAS COUNTY PURCHASING PRE-PROPOSAL SIGN IN SHEET

CONTRACT# 056-0483-P (GG)	CONTRACT TITLE: SERVICES, BANKING	LOCATION(S) OF MEETING: 315 COURT ST. BUILDING, 4 TH FLOOR CONFERENCE ROOM
DATE & TIME: APRIL 11, 2006 @ 1:00 PM	PURCHASING STAFF: GUS GONZALEZ	

All information must be filled in or you may be disqualified from bidding. If an addendum is issued, it will be mailed or faxed to all attendees to the address/fax # you have entered below. Addendums can also be found on our website at www.pinellascounty.org/purchase

***** PLEASE PRINT *****

	NAME OF ATTENDEE * COMPANY REPRESENTED	ADDRESS	TELEPHONE # CELLULAR #	FAX#
1.	MARIA ROMAN BANK of America	101 E Kennedy Blvd Tampa, FL 33602	(813) 225-8373 (813) 695-0919	(813) 225-8160
2.	EILEEN GUENTHER BMSOUTH BANK	13535 FEATHER SOUND ← ORNE, SUITE 105	727 571 8582 727 409 4299	727 572 4776 CLW-FI 33762
3.	Kathryn Shipley Animal Services	12405	727 582-2622	727 582 2637
4.	Stephanie Loss Ideal ATM	2806 Courtney 8440 Ulmerton #516 Largo FL 33771	727-773-0540	866-273-8867
5.	HARVEY L. KASPERST IDEAL ATM Corp	Same	727-532-4032	Same
6.	Jim Tyler	FINANCE - PINELLAS Co.		
7.	Judith Stees Mgt Fin Acctg	Finance Dir P.C.		
8.	Anne Lawler	Finance Div.		

* NOTE: If you are attending conference on behalf of another party or parties, please list parties on whose behalf you are attending.

PINELLAS COUNTY PURCHASING PRE-PROPOSAL SIGN IN SHEET

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***** PLEASE PRINT *****

	NAME OF ATTENDEE * COMPANY REPRESENTED	ADDRESS	TELEPHONE # CELLULAR #	FAX#
9.	<i>Sat Cannon</i>	<i>PC Finance</i>		
10.	<i>Robert Woodall</i>	<i>PC Finance</i>		
11.	<i>Naren Cerone-Tutz</i>	<i>PC - EMS</i>		
12.	<i>Roger Doty</i>	<i>PC EMS</i>		
13.	<i>Judy Schneider</i>	<i>PC PCU</i>		
14.	<i>Michaela Bates</i>	<i>PC PCU</i>		
15.	<i>Garrett Jackson</i>	<i>PC PCU</i>		
16.	<i>David Lee</i>	<i>PC PCU</i>		

* NOTE: If your are attending conference on behalf of another party or parties, please list parties on whose behalf you are attending.

(signin.dot)

PINELLAS COUNTY PURCHASING PRE-PROPOSAL SIGN IN SHEET

CONTRACT# 056-0483-P (GG)	CONTRACT TITLE: SERVICES, BANKING	LOCATION(S) OF MEETING: 315 COURT ST. BUILDING, 4 TH FLOOR CONFERENCE ROOM
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***** PLEASE PRINT *****

	NAME OF ATTENDEE * COMPANY REPRESENTED	ADDRESS	TELEPHONE # CELLULAR #	FAX#
17.	Valerie D Matthews	Finance Pinellas Co.		
18.	JOHN McDONALD Front Row Marketing Services	7801 94TH AVE N. Ste 107 ST. PETE, FL. 33702	727-456-1161 813-592-9694	456-1165.
19.	Robert Snyder Front Row Marketing Services	same	727-456-1163 856-607-4752	same
20.	Liam Weseloh FRMS	"	727-456-1175	"
21.	Leslie Durbin	CCC - Clerk Acct Pinellas	464-3435	.
22.	FRED DEAN	Finance - P. Co.	464-8301	
23.	WILLIAM SMITH ENCONE BANK	2973 WEST BAY DRIVE BELLAMON BLUFFS, FL 33770	587 7032	587-7082
24.	RONALD PIZZAS	PINELLAS COUNTY INTERNAL AUDIT		

* NOTE: If you are attending conference on behalf of another party or parties, please list parties on whose behalf you are attending.

PINELLAS COUNTY PURCHASING PRE-PROPOSAL SIGN IN SHEET

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DATE & TIME: APRIL 11, 2006 @ 1:00 PM	PURCHASING STAFF: GUS GONZALEZ	

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***** PLEASE PRINT *****

	NAME OF ATTENDEE * COMPANY REPRESENTED	ADDRESS	TELEPHONE # CELLULAR #	FAX#
25.	Jane Shifflett	Clark's Accounting	Pinellas County	
26.	GAIL TORLINA	SUNTRUST 401 E JACKSON ST, STE 1850 TAMPA, FL 33602	813.224.2178	813.224.2662
27.	KAREN KUNIS	SUNTRUST SAME	—	
28.	Adam Horn	SunTrust Same	813-224-2552	813-224-2283
29.	Ken Whearty	Wachovia 100 S. Ashley Dr. #930 33602	813 276-6448	813 276 6417
30.	Bill Berger	OMB Tanager	x33437	
31.	Deb Bush	Pinellas County Solid Waste	580-5313	
32.	Claretha Harris	Finance Pinellas County		

* NOTE: If you are attending conference on behalf of another party or parties, please list parties on whose behalf you are attending.

PINELLAS COUNTY PURCHASING **PRE-PROPOSAL SIGN IN SHEET**

CONTRACT# 056-0483-P (GG)	CONTRACT TITLE: SERVICES, BANKING	LOCATION(S) OF MEETING: 315 COURT ST. BUILDING, 4 TH FLOOR CONFERENCE ROOM
DATE & TIME: APRIL 11, 2006 @ 1:00 PM	PURCHASING STAFF: GUS GONZALEZ	

All information must be filled in or you may be disqualified from bidding. If an addendum is issued, it will be mailed or faxed to all attendees to the address/fax # you have entered below. Addendums can also be found on our website at www.pinellascounty.org/purchase

***** PLEASE PRINT *****

	NAME OF ATTENDEE * COMPANY REPRESENTED	ADDRESS	TELEPHONE # CELLULAR #	FAX#
33.	Ken Burke	Pinellas County Finance		
34.	Shonda Taylor	Pinellas County Solidaste		
35.	Colleen Ford	Pinellas Co Clerk's Office		
36.	Mervin F. Edwards			
37.	Nann Redcliffe	Sun Trust		
38.	Gus Gonzalez	Purchasing		
39.				
40.				

* NOTE: If your are attending conference on behalf of another party or parties, please list parties on whose behalf you are attending.

(signin.dot)

**BOARD OF COUNTY
COMMISSIONERS**

KENNETH T. WELCH - CHAIRMAN
RONNIE DUNCAN - VICE CHAIRMAN
CALVIN D. HARRIS
SUSAN LATVALA
JOHN MORRONI
KAREN WILLIAMS SEEL
ROBERT B. STEWART



Joseph Lauro, CPPO/CPPB
Director

April 7, 2006

TO: ALL INTERESTED PROPOSERS
REQUEST FOR PROPOSAL: SERVICES, BANKING
PROPOSAL NUMBER: 056-0483-P (GG)
PROPOSAL SUBMITTAL IS DUE: MAY 2, 2006 @ 3:00 PM

ADDENDUM NO. 1

Following is additional information, clarifications, questions and responses relative to referenced Request for Proposal (RFP):

The Pre-Proposal Conference Location has been changed to:
Clerk of the Circuit Court
315 Court Street, 4th floor conference room
Clearwater, FL 33756.

All other specifications, terms and conditions remain the same.

Please remember to acknowledge receipt of this Addendum in Section G, Page 67 under Addendum No. 1 and return with completed bid package.

Sincerely,


Joseph Lauro, CPPO/CPPB
Director of Purchasing

PLEASE ADDRESS REPLY TO:
400 South Ft. Harrison, Sixth Floor
Clearwater, Florida 33756
Phone: (727) 464-3311
FAX: (727) 464-3925
Website: www.pinellascounty.org/purchase





**BOARD OF COUNTY
COMMISSIONERS**

KENNETH T. WELCH - CHAIRMAN
RONNIE DUNCAN - VICE CHAIRMAN
CALVIN D. HARRIS
SUSAN LATVALA
JOHN MORRONI
KAREN WILLIAMS SEEL
ROBERT B. STEWART



Joseph Lauro, CPPO/CPPB
Director

APRIL 24, 2006

TO: ALL INTERESTED PROPOSERS

REQUEST FOR PROPOSAL: SERVICES, BANKING

PROPOSAL NUMBER: 056-0483-P (GG)

PROPOSAL SUBMITTAL IS DUE: MAY 2, 2006 @ 3:00 PM

ADDENDUM NO. 2

Following is additional information, clarifications, questions and responses relative to referenced Request for Proposal (RFP):

Question #1- It is possible to receive the exhibits in word/excel format.

Answer – Exhibits in Word and Excel format are posted on the County's website,
http://www.pinellascounty.org/purchase/Current_Bids1.htm

Question #2 – How many copies of the proposal are requested?

Answer – One (1) original and six (6) copies. Please refer to Section B, page 9, item 8, "Proposal Submittal Copies" and Section F, page 66, "Instructions for Submitting Proposals", of the RFP document.

Question #3 – Please provide a copy of the most recent consolidated billing statement, for both the County and the Clerk accounts, to include current pricing and Earning Credit Rate.

Answer – Copies of the most recent consolidated billing statement is included as an attachment to this document. If you are a vendor that did not attend the pre-bid on April 11, 2006, contact Gus Gonzalez in Purchasing at 727-464-3146 for a copy of this statement.

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Question #4 – The 4 P.M. cutoff for accepting deposits refers to a designated location. Does the 4 P.M. cutoff specifically refer to deposits delivered to a vault location by armored car?

Answer – Yes, the 4 P.M. cutoff specifically refer to deposits to a vault location by armored car.

Question #5 – Please provide total number of employees, total number of employees on direct deposit and average dollar amount of the direct deposit file for a pay period.

Answer – “Direct Deposit Info” Schedule for April 2006 is included as an attachment to this document. If you are a vendor that did not attend the pre-bid on April 11, 2006, contact Gus Gonzalez in Purchasing at 727-464-3146 for a copy of this statement.

Question #6 – Please verify it is the County’s intent lockbox solutions will not be considered. If so, lockbox pricing is required on the pricing exhibit. Will the bank or the County negotiate pricing with Intuition? Are the fees for lockbox to be included on the bank’s invoice to the County? Does the current have a contract with Intuition?

Answer – The intent is to stay with Intuition. We want the proposing bank to negotiate an arrangement with Intuition. Intuition Invoices are billed separately. Intuition statements for Dec 2005 to February 2006 are included.

Question #7 – Please provide the dollar value of the securities portfolio, number of securities held and average number of transactions, in and out, on a monthly basis.

Answer – The dollar value of the securities portfolio is \$337,000,000 comprised of eighteen (18) securities. We would not anticipate more than ten (10) security maturities monthly; however, current activity is less. We would anticipate no more that thirty (30) securities on hand at any given time.

Question #8 – Please verify Merchant Services, for the acceptance of credit cards, is included in the RFP, as pricing is requested. If so, please provide a consolidated monthly merchant statement inclusive of volume processed, type of transactions and fees charged for the service. Does the County own or rent the processing equipment for credit card acceptance? Please expand on special programming requirements fro interface to your receivable systems.

Answer – Each location has its own statement, not consolidated. One (1) month’s statement fro all locations are included. There are two (2) departments that own card swipe and printers. All others use PCs for internet EZPay system. There are no special programming requirements for the bank. Payments are picked up from the internet and interfaced to accounts receivable by a Pinellas County programmer.

Question #9 – Should we assume that participation in funding of public projects over the last five years should refer only to those in Pinellas County. Or are you interested in a braded scope, either regional or statewide.

Answer – Section E, item II B, “Additional Board Consideration for contract award”:

Revised paragraph – “Participation in Funding of Public Projects” (see Section E – Scope of Work attached)

The proposers shall show their **Pinellas County** participation in funding public projects such as, Community Development, Industrial Development, Low Cost Housing, Health Facilities and Educational Facilities as demonstrated in Community Involvement Report for projects over the last five years. **Public projects outside Pinellas County may be included as an attachment to the proposal.**

Question #10 – Does a sponsorship arrangement exist with your current bank? If so, please expand on the type of projects sponsored and the sponsorship dollars contributed by your current bank, over what period of time. If this is a new program, what is the County's expectation in terms of dollars contributed by the bank to the sponsorship program?

Answer – There is no current sponsorship arrangement with the bank. The County has no specific expectation in terms of dollars contributed by the bank.

Question #11 – How does the County define "Cash Vault"; more specifically, what services would this location need to provide?

Answer – Cash Vault location need to provide the following services:

1. Receive and deposit shipments of coin currency and checks via armored courier.
2. Provide a safe location for large deposits.
3. Adequate and timely reporting of the prior day's deposit.
4. Provide the appropriate deposit bags.

Question #12 – Since deliveries to and from the Cash Vault would be made by Courier, could the County clarify the concern that the Cash Vault is located with Pinellas County?

Answer – The closer the proximity between cash vault and County collection facilities, the less time it takes to pick up and deliver our deposits. Courier fees are based on labor supplied and materials consumed (vehicle usage, fuel, etc.). It is reasonable to assume a material modification in the cash vault location may necessitate a contract pricing modification, especially since our current armored courier contract is based on cash vault services being provided in St. Petersburg. Dependent upon a proposing bank's deposit cut-off time, this additional time to transport may reduce our time available to complete internal deposit processing.

Question #13 – Please indicate the number of points a proposing bank would lose if they could not meet the County's requirement to have a Cash Vault location in Pinellas County.

Answer – Proposals will be evaluated accordingly with the criteria described on Section E, page 16, of the RFP document. There are too many factors to be considered evaluating and scoring a proposal. Points that a proposing bank would lose can not be determined prior the evaluation meeting.

Question #14 – Please provide the name of the current Armored Carrier transporting cash and deposits from the County.

Answer – The name of the current armored carrier transporting cash is Loomis, Fargo & Co.

Question #15 – Please provide the address of the current provider's Cash Vault located in Pinellas County.

Answer – The current banking services provider is Wachovia Bank. For security reason the exact address of the cash vault is not disclosed on this addendum. The cash vault is located in Pinellas County.

Question #16 - Proposal Form page 72 – 82 – Please clarify the following:

Cash Deposit Processing Fee - is this per \$100 or per \$1,000

Non-Standard Cash Processing Fee – is this per \$100 or per \$1000

MC Cash Deposit Processing Fee - is this per \$100 or per \$1,000

Answer – The Cash Deposit Processing Fee, Non-Standard Cash Processing Fee, and MC Cash Deposit Processing Fee are per \$100.00.

Question #17 – Is the armored courier contracted directly by the County/Clerk? Can you provide a contact name? What are the pick up locations?

Answer – The current armored courier (Loomis, Fargo & Co.) is contracted directly by the County. The contact person in Loomis, Fargo & Co. - General Manager, phone No. 813-223-6822, ext. 235. There are an estimated thirteen (13) pick up locations. For security reason the list of the addresses is not disclosed on this addendum.

Question #18 – The copies of the account analysis statements provided for the Clerk of Court seem to be missing a page. The pages we received do not reflect a charge fro lockbox fees. Can you please provide the missing pages? Also can you confirm that lockbox charges are provided via account analysis along with your other bank services?

Would receiving a separate invoice from Intuition be acceptable to the Clerk?

Answer – As of May 2005, the Clerk has not used lock box services. Lock box services were not requested on the Clerk's proposal forms. Intuition invoices Wachovia Bank for these services that, in turn, they invoice the County (with Intuition invoices attached). These invoices are sent to the County separately for payment and Wachovia is paid separately for these services. Receiving separate invoices from Intuition is acceptable, given Intuition services are invoiced / billed to the bank and we pay the bank for these services. Proposing banks need to negotiate services with Intuition.

Question #19 – Can you please clarify, how the RFP response should be packaged? Do you expect to receive two (2) completely separate responses, two (2) separate binders or should only the Exhibit and pricing pages be packaged separately?

Answer – There should be two (2) completely separate sets of responses one for the Board and another for the Clerk. Only one (1) set of financial statements needs to be included.

Question #20 – Please verify if Exhibit C, State of Florida Depository Monthly Report, is to be completed and returned with the response or if it was included in the RFP as information only.

Answer – Exhibit C & D are for your information only. There is no need to complete and return the form with the response.

Question #21 – What is the volume of deposits made directly to a bank branch rather than the vault? Is night drop currently used for these deposits?

Answer:

On a daily basis, the County has approximately five (5) deposits to bank branches that vary from several hundred dollars to tens of thousands. Ex: \$30,000.00

On a Weekly basis, the County has approximately seven (7) deposits that vary from several hundred dollars to several thousand dollars.

On a bi-weekly basis, the County has approximately five (5) deposits that vary from several hundred dollars to possibly \$10,000.00.

Night drop is not used for any of these deposits.

Question #22 – On the Wachovia Bank Analysis statement; please expand on the following items under Cash Services:

Disposable bags at \$0.20 cent – are these bags coming into the vault via armored car?

Does this volume include any bags being deposited at bank branches?

Are the bags supplied by the bank?

Are cash and checks bagged separately?

Cash Deposit Processing at \$0.036 cent – What does this unit price refer to; per \$1,000.00 cash deposit, per \$100.00 cash deposited or per bill deposited?

Answer – Yes, disposable bags are coming into the vault via armored car.
No, volume does not include any bags being deposited at the bank branches.
Yes, bags are supplied by the bank.
They are banded separately, but included in the same bag.
Cash Processing fee is per \$100.00 in deposits.

Question #23 – Section E – Scope of Work, it is noted that an automated cash vault location is required within Pinellas County. Our Bank has several full services locations in Pinellas as well as an automated cash vault location approximately 18 miles away from your purchasing department. However, the vault is located in Tampa. Our bank want to propose alternative solution, would the proposal still be accepted?

Answer – Pinellas County will be accepting proposals from any interested banking institution. Proposals are due May 2, 2006 @ 3:00 P.M. Please refer to Section A, item 1, "Submission of Proposal".

Question #24 – Regarding the Lockbox services: Are you currently under contract with Intuition? If so, when does it expire? Would you clarify what the specific services Intuition provides verses what your current banking relationship provides? How are the check deposits processed by intuition sent to the bank?

Answer – No, the County does not have a contract with Intuition, Wachovia contracted Intuition. Intuition services are invoiced / billed to the bank and we pay the bank directly for theses services. The proposing banks needs to negotiate services with Intuition. Intuition received mail, forwards correspondence to the department and deposits checks. They also prepare a detailed report of daily transactions. An additional service provided to Animal Services Department is the data entry to the Animal Services system, of detail relating to Animal Clinics (location and number of certificates issued). Intuition receives payments by mail, separates from correspondence and prepares and sends deposits to our current banking services provider.

Question #25 – With to Merchant Services: How many different locations do you have that accept non-cash transactions?

Answer – The following locations accept credit card transactions:

- Three (3) Park Accounts – Ft. DeSoto Park, Park Administration office, and Boat Ramp meters.
- Two (2) Environmental Management Accounts – Weedon Island Preserve and Brooker Creek Preserve.
- Three (3) Utilities Accounts – Seminole Connection Center, Palm Harbor Connection Center and Utilities Administration downtown Clearwater.
- EMS & Fire Administration
- Airco Golf Course
- Dial-up Internet

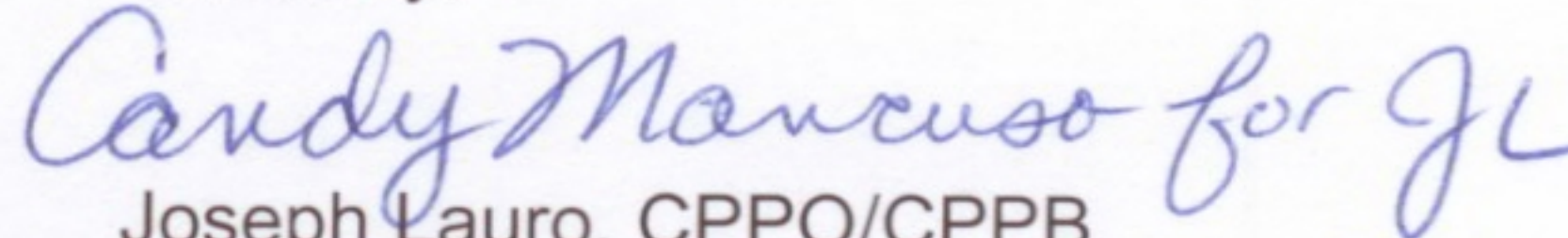
Note: Public Meeting

Proposals evaluation will be held May 16, 2006, 9:00 A. M. at the Purchasing Department 5th Floor Conference Room. Purchasing conference room is located at 400 S. Ft. Harrison Avenue, Clearwater, FL. 33756.

All other specifications, terms and conditions remain the same.

Please remember to acknowledge receipt of this Addendum in Section G, Page 67 under Addendum No. 2 and return with completed bid package.

Sincerely,

A handwritten signature in blue ink that reads "Candy Mancuso for JL". The signature is written in a cursive, flowing style.

Joseph Lauro, CPPO/CPPB
Director of Purchasing

PINELLAS COUNTY BANKING SERVICES**I. Introduction****A. Objective**

The objective of this Request for Proposal (RFP) is to identify the banking institution that can offer the highest quality comprehensive banking and treasury management services at the lowest cost to the taxpayers. It is the intent of the Board of County Commissioners and the Clerk of the Circuit Court to enter into a contract with a single bank for all requested services for the life of the contract.

II. Instructions

A. Response: Proposers should propose on all Board account activity and all Clerks account activity separately, as they are to be awarded under separate contracts. All proposers must propose on all the Board and on all the Clerk accounts. These proposals must be on the standard forms provided as **Exhibits A, A-1 through A-3 (Pages 69- 84)** for the Board accounts and **Exhibits B, B-1 through B-3 (Pages 85- 92)** for the Clerk accounts. Supporting material may be submitted; however, the decision in selecting the most responsive proposer will be based on the standard proposal forms provided.

B. Selection Criteria: The following criteria will be used by the selection committee to evaluate the responses.

A maximum of 1000 points will be awarded based on the aggregate cost to the County and the ability to meet current and projected service to the County. The selection committee will present the ranking to the Board in rank order based on the 1000 point criteria below, along with the Community Involvement Report showing level of funding of Public projects over the last five years and information regarding the bank's sponsorship program as negotiated per below. The Board will make the final award taking into consideration the recommendation of the selection committee based on the 1000 point criteria below, the level of funding of Public projects and the sponsorship program negotiated with the two top ranked banks.

Basis for recommendation:

Aggregate banking services costs (estimated annual costs based on transaction counts and per item charges and other annual costs and the calculation of net interest earnings)	300
Ability to meet current and projected service requirements over the term of the banking agreement	700

Maximum points for Recommendation **1000**

Additional Board Consideration for contract award:

Participation in Funding of Public Projects. The proposers shall show their **Pinellas County** participation in funding public-projects such as, Community Development, Industrial Development, Low Cost Housing, Health Facilities and Educational Facilities as demonstrated in Community Involvement Report for projects over the last five years. **Public projects outside Pinellas County may be included as an attachment to the proposal.**

Bank sponsorship program. The Board will consider offers by the bank for sponsorship arrangements. Under the Board adopted policy, sponsorship is defined as "a mutually beneficial business arrangement between the County and a third party, wherein the third party provides cash and/or in-kind services to the County in return for access to the commercial and/or marketing potential associated with the County. Sponsorships may include sponsorship of one or more of the County's services, projects, events, facilities or activities."

The County's Representative, Front Row Marketing, Inc. will negotiate proposals with the two top ranked banks by point score. The bank's final sponsorship proposals will be presented to the Board for their consideration in award of this contract. The Board may at its sole discretion decide not to consider a sponsorship arrangement as a part of the award of this proposal.