

AFFIDAVIT

STATE OF Missouri )  
 ) ss.  
 COUNTY OF Jackson )

Debra A. Blecha of the city of Kansas City

County of Jackson State of Missouri being duly sworn on her or his oath, deposes and says,  
 CBIZ Benefits & Insurance

1. That I am the Vice President (Title of Affiant) of Services, Inc. (Name of Bidder) and have been authorized by said Bidder to make this Affidavit upon my best information and belief, after reasonable inquiry as to the representations herein.
2. No Officer, Agent or Employee of Jackson County, Missouri is financially interested directly or indirectly what Bidder is offering to sell to the County pursuant to this Invitation (though no representation is made regarding potential ownership of publicly traded stock of bidder).
3. If Bidder were awarded any contract, job, work or service for Jackson County, Missouri, no Officer, Agent or Employee of the County would be interested in or receive any benefit from the profit or emolument of such.
4. Either Bidder is duly listed and assessed on the tax rolls of Jackson County, Missouri and is not delinquent in the payment of any taxes due to the County or Bidder did not have on December 31, 2024 any property subject to taxation by the County and if bidder is duly listed and assessed on the tax rolls of Jackson County, Missouri, bidder agrees to permit an audit of its records, if requested by the Jackson County Director of Assessment, as they relate to the assessment of Business Personal Property.
5. Bidder has not participated in collusion or committed any act in restraint of trade, directly or indirectly, which bears upon anyone's response or lack of response to the Invitation.
6. Bidder certifies and warrants that Bidder or Bidder's firm/organization is not listed on the General Services Administration's Report of Debarred and/or Suspended Parties, or the State of Missouri and City of Kansas City, Missouri Debarment List.
7. Bidder certifies and affirms its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.
8. Bidder certifies and affirms that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

CBIZ Benefits & Insurance

Services, Inc. (Name of Bidder)

By: Debra A. Blecha (Signature of Affiant)

Debra A. Blecha - Vice President (Title of Affiant)

Subscribed and sworn to before me this 10th day of April, 2024.

Krislin Fenner

NOTARY PUBLIC in and for the County of Clay (SEA)

State of Missouri

My Commission Expires: 04-18-2026



## ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned acknowledges receipt of Addenda through and including numbers \_\_\_\_\_ and that this Proposal is submitted in accordance with information, instructions, and stipulations set forth therein.

Debra A. Blecha

Signature of Respondent

Debra A. Blecha - Vice President

4/16/2025

Date

CBIZ Benefits & Insurance Services, Inc.

Company Name

700 W. 47th Street, Suite 1100

Address

Kansas City, MO 64112

City, State, Zip

816-945-5222

Phone

**EXHIBIT F**

**RESPONDENT'S EXCEPTIONS  
TO  
SCOPE OF SERVICES  
OF  
JACKSON COUNTY, MISSOURI REQUEST FOR PROPOSAL NO. 25-019**

Respondent's attention is directed to Paragraph 4 of the General Conditions of this Request for PUEposal . **READ THIS PARAGRAPH**

The following exceptions to the Scope of Services of Request for Proposal No. 25-019 are requested by the undersigned Respondent:  
(Use additional pages as necessary.)

REFERENCE PARA # & PAGE #	EXCEPTION REQUESTED

Name of Firm: CBIZ Benefits & Insurance Services, Inc.

Signature of Respondent: Debra A. Blecha  
Debra A. Blecha - Vice President





**OFFICE OF THE COUNTY AUDITOR**  
**COMPLIANCE REVIEW OFFICE**  
415 EAST 12TH STREET, 2ND FLOOR  
KANSAS CITY, MISSOURI 64106

(816) 881-3302  
FAX (816) 881-3340  
CRO@JACKSONGOV.ORG  
WWW.JACKSONGOV.ORG/AUDITOR

**JACKSON COUNTY, MISSOURI**  
**CONTRACTOR UTILIZATION PLAN**

ITB/RFP/RFQ Number: 25-019  
ITB/RFP/RFQ Title: Human Capital Management Services  
Contracting Department: Human Resources Department

Respondent: CBIZ Benefits & Insurance Services, Inc.

I, Debra A. Blecha - Vice President, of lawful age and upon my oath state as follows:

1. This Affidavit is made for the purpose of complying with the provisions of the MBE/WBE/VBE submittal requirements on the above Invitation to Bid and the MBE/WBE/VBE Program and is given on behalf of the Bidder listed above. It sets out the Bidder's plan to utilize MBE and/or WBE and/or VBE prime and subcontractors on the Bid.

**The goals set by Jackson County, Missouri are:**

9.5 %MBE 11.7 %WBE 9.5 %VBE

2. Bidder stipulates that it will utilize a minimum of the following percentages of MBE/WBE participation in the above bid:

9.5 %MBE 11.7 %WBE TBD %VBE

3. The following are the MBE/WBE/VBE Contractors to be utilized on the above-named Bid. **Bidder maintains that it either has a formal contract or a conditional contract contingent upon award.**

**Please note:**

- If Bidder is a certified MBE, WBE, or VBE firm, it may list itself in the appropriate area below.
- No contractor may be listed under multiple categories below regardless of certifications

**\*\*\*INTERNAL USE ONLY\*\*\***

CUP RECEIVED: \_\_\_\_\_ CUP APPROVED: \_\_\_\_\_  
GFW RECEIVED: \_\_\_\_\_ GFE APPROVED: \_\_\_\_\_  
CUP REVISED: \_\_\_\_\_ REVISION APPROVED: \_\_\_\_\_  
APPROVED GOALS: \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ VBE  
RES/ORD: \_\_\_\_\_ AMT AWARDED: \_\_\_\_\_  
NOTES:

### MBE SUBCONTRACTORS

A.	MBE Firm:	Tico Productions LLC	<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:	1722 Holly St	
	Address line 2-including County:	Kansas City, MO 64108	
	Telephone Number:	(816) 321-2021	
	President/Owner:	Oscar Monterroso	
	Email Address:	contactico@ticoproductions.com	
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:	TBD	
	Percentage of Contract Awarded:	9.5%	

B.	MBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

C.	MBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

TOTAL MBE VALUE:	\$26,125/annually
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\*\*\* Add Additional Pages as Necessary \*\*\*



### WBE SUBCONTRACTORS

A.	WBE Firm:	Design Ranch	<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ <b>KCMO</b> _____ <b>State of MO</b>  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:	1600 Summit St	
	Address line 2-including County:	Kansas City, MO 64108	
	Telephone Number:	816-472-8668	
	President/Owner:	Michelle Sonderegger	
	Email Address:	info@designranch.com	
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:	TBD	
	Percentage of Contract Awarded:	11.7%	

B.	WBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ <b>KCMO</b> _____ <b>State of MO</b>  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

C.	WBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ <b>KCMO</b> _____ <b>State of MO</b>  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

<b>TOTAL WBE VALUE:</b>	<b>\$32,175 annually</b>
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\*\*\* Add Additional Pages as Necessary \*\*\*

### VBE SUBCONTRACTORS

A.	VBE Firm:	TBD	<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

B.	VBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

C.	VBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

	TOTAL VBE VALUE: \$
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\*\*\* Add Additional Pages as Necessary \*\*\*



## ACKNOWLEDGMENT

Respondent acknowledges that it is responsible for considering the effect that any change order and/or amendments changing the total contract amount may have on its ability to meet or exceed the subcontractor participation goals.

### Good Faith Effort:

Respondent further acknowledges that it is responsible for submitting a Good Faith Effort Form if it will be unable to meet the participation goals. A Good Faith Effort Form documents the efforts a respondent puts forth to achieve the MBE and/or WBE and/or VBE goals on a project. Simply stating that goals cannot be met is not considered sufficient.

### Contractor Modification Form:

If, at any point during the life of the awarded contract, the contractor needs to substitute an approved subcontractor a Contractor Modification Form must be submitted to the Compliance Review Office.

Any Good Faith Effort or Contractor Modification Form must be approved by the Compliance Review Office.

\*\*\*Contact the Compliance Review Office for assistance or to request forms.\*\*\*

I hereby certify that I am authorized to make this Affidavit on behalf of the Respondent named below and who shall abide by the terms set forth herein. I acknowledge that the assigned values determined by this CUP shall be enforceable under the contract terms and conditions.

Respondent Primary Contact:

Debra A. Blecha

Debra A. Blecha

CBIZ Benefits & Insurance Services, Inc.

Title: Vice President

Email: \_\_\_\_\_

Date: 4/10/2025

Phone: \_\_\_\_\_

Subscribed and sworn to before me this 10th day of April, 2024. 2025

Krislin Fenner

Notary Public



My Commission Expires: 4/18/2026

(Attach corporate seal if applicable)

For questions on this form please contact:

Compliance Review Office  
(816) 881-3302  
CRO@jacksongov.org



Jackson County, Missouri

# Certificate of Compliance

In accordance with Jackson County Code Chapter(s) 6 and 10, this Certificate of Compliance is hereby issued to:

**CBIZ Benefits & Insurance Services, Inc.**  
700 W. 47th Street, Suite 1100, Kansas City, MO 64112  
2025 Certificate Number: 69602

Issued: 4/15/2025

Expires: 12/31/2025

The above named firm/agency has met the following requirements:

Is duly listed and assessed on the tax rolls of Jackson County, Missouri and is not delinquent in the payment of any taxes due to the County, or did not have on December 31<sup>st</sup> of the previous year any property subject to taxation by the County.

Attests and agrees to Chapter 6 of the Jackson County Code which prohibits discriminatory employment practices and promotes equal employment opportunity by contractors doing business with Jackson County.

*Melinda Bolling*

Chief Compliance Review Officer  
Jackson County, Missouri  
(816) 881-3302  
compliance@jacksongov.org



## STATEMENT OF NO BID

TO: Jackson County Purchasing Department  
Jackson County Courthouse  
415 East 12th Street, Room G1  
Kansas City, MO 64106

We, the undersigned, have declined to submit a bid in response to this Request for Proposal for the following reasons(s):

\_\_\_\_\_ Specifications too "tight", i.e., geared toward one brand or supplier.

\_\_\_\_\_ Insufficient time to respond to the bid.

\_\_\_\_\_ We do not offer this product or service.

\_\_\_\_\_ Our schedule would not permit us to perform.

\_\_\_\_\_ We are unable to meet specifications.

\_\_\_\_\_ We are unable to meet bond requirements.

\_\_\_\_\_ Specifications are not clear (explain).

\_\_\_\_\_ We are unable to meet insurance requirements.

\_\_\_\_\_ Remove us from your list for this commodity or service.

\_\_\_\_\_ Other (explain). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_