



**COUNTY OF ROCKINGHAM
&
ROCKINGHAM COUNTY PUBLIC SCHOOLS
REQUEST FOR PROPOSALS
DENTAL INSURANCE COVERAGE**

RFP Issue Date: March 4, 2016

Proposals Due: April 1, 2016

TABLE OF CONTENTS

	<u>Page</u>
General Information	3
Sections I - Procedural Requirements	
1.1 Purpose	4
1.2 Scope of Services	5
1.3 RFP Response	5
1.4 Proposal Preparation	6
1.5 Specific Proposal Requirements	7
1.6 Evaluation Criteria	7
1.7 Award	7
1.8 Proposal Acceptance Period	7
1.9 Identification of Proposal Envelope	8
Section II - General Terms and Conditions	
2.1 Purchasing and Contracting Policy	8
2.2 Applicable Laws and Courts	8
2.3 Anti-Discrimination	8
2.4 Ethics in Public Contracting	9
2.5 Immigration Reforms and Control Act of 1986	9
2.6 Antitrust	10
2.7 Mandatory Use of County Forms and Terms and Conditions	10
2.8 Clarification of Terms	10
2.9 Precedence of Terms	10
2.10 Contract Terms	10
2.11 Payment Terms	10
2.12 Termination	10
2.13 Qualification of Offerors	11
Section III – Special Terms and Conditions	
3.1 Notices	12
Section IV – Dental Plan Specifications	
4.1 Benefits	13
4.2 Insurer	13
4.3 Funding	13
4.4 Eligibility	13
4.5 Waiting Period	13
4.6 Employee Contribution	13
4.7 Participation	13
Section V – Price Quotation	14
Section VI – Reference Questionnaire	15
6.1 Organization Capabilities	15
6.2 Network Management	16
6.3 Other	17
Data Sheet	18
Sample Contract	19
Section VII EXHIBITS AND ATTACHMENTS	20

GENERAL INFORMATION

Issue Date: March 1, 2016

Project: Dental Insurance for Rockingham County and Rockingham County Schools.

Issuing Entity:

Mail to: Jennifer Mongold
County of Rockingham
Department of Human Resources
20 East Gay Street
Harrisonburg, VA 22802

Hand Deliver to: Jennifer Mongold
Rockingham County
Department of Human Resources
20 East Gay Street
Harrisonburg, VA 22802

The County will receive sealed proposals until 4:00 PM, April 1, 2016 , for furnishing Dental Insurance coverage to employees and dependents of Rockingham County and Rockingham County Schools. Inquiries for information should be directed to Scot Chancy, BB&T Insurance Services, 113 S. Wayne Avenue, Waynesboro, VA 22980 (540) 946-6107; schancy@bbandt.com.

Questions are due to Scot Chancy by 3/18/2016.

IF PROPOSALS ARE MAILED OR HAND DELIVERED, DELIVER TO: Rockingham County Administration Center, Director of Human Resources' Office, 20 East Gay Street, Harrisonburg, VA 22802.

SECTION I PROCEDURAL REQUIREMENTS

1.1 PURPOSE:

The purpose of this Request for Proposal (RFP) is to solicit proposals from qualified firms (Contractors) to establish a contract(s) through competitive negotiations associated with providing a Group Dental Insurance Benefits Program to the employees and eligible retirees and their dependents of the County of Rockingham government and other related agencies such as; the Rockingham Public Schools, Massanutten Technical Center, and the Harrisonburg/Rockingham Social Services District (hereinafter referred to collectively as “the County”).

A Request for Proposal (RFP) is being utilized in lieu of an Invitation To Bid (ITB) as deemed in the best interest of the County due to the nature of the contract.

The County’s objective is to offer to employees a quality, affordable dental insurance program responsive to the needs of the employee and dependent(s). As you will see, this will be accomplished by a single dental insurance benefit program for all entities.

Offerors are not limited to the specific plan designs developed in the RFP. It is the County’s desire to solicit all available programs in the employee service area. This would include a MAC Plan and a Passive PPO Plan at the 90th percentile out-of-network reimbursement as well as other dental care programs recommended by the Offerors that would best meet the County’s Objectives.

1.2 SCOPE OF SERVICES

The Contractor shall provide necessary quality dental care to all eligible employees, retirees and their dependents.

The Contractor shall provide system personnel and services necessary for efficient administration of the program(s). This shall include but not be limited to:

- Maintaining membership files for all covered persons.
- Maintaining central claims processing and customer service capabilities.
- Ability to accept claims from and reimbursement directly to providers of service.
- Providing explanations of benefits paid to insureds and accurately reporting current status of deductibles, co-payments, and out-of-pocket limits.
- Providing monthly accounting statements by benefit plan and employer showing enrollment, claims paid, claims exceeding the plan limit, and income received/premiums.
- Accurate data tracking and reporting including utilization reports.
- Preparing communication materials to explain the plan to eligible employees. Communication materials will be reviewed and approved by the County prior to distribution to employees.
- Assisting in the implementation of the plan including conducting informational and enrollment meetings as needed.

- Providing each enrollee a benefit booklet outlining and identifying covered services, exclusions, and claims filing procedures and continuation coverages. The Benefit Booklet must meet all applicable state and federal laws.
- Providing all enrolled employees and dependents with an identification card in a timely fashion.
- Providing plan summaries and communication materials to all employees as well as communicating benefit options during open enrollment periods.
- Providing annual renewal proposal no later than 120 calendar days prior to the annual contract effective date.
- Providing legal, actuarial and other services as required assuring the necessary and appropriate administration of the programs.
- Providing local and toll free customer service phone and email access.
- Providing an account representative responsible for the overall performance of the program including program administration and problem resolution. The account representative will be available to visit the physical location of the employers as determined by the employer.

The contractor shall provide a no loss/no gain provision to all participants as of the contract date. Actively at work requirements is to be waived as well as no waiting periods for all covered employees and dependents. The dental plan is on a contract year not a calendar year.

The Contractor shall maintain fiduciary responsibility for the plan for all program(s) administered. In addition, the contractor shall be responsible for securing, reviewing, and maintaining reinsurance contracts necessary for the administration of the program(s).

The Contractor must agree that at termination of the contract all required data and records necessary to administer the dental insurance program shall be transferred to the new contractor within thirty (30) calendar days notice of termination.

1.3 RFP RESPONSE:

In order to be considered for selection, offerors must submit a complete response to this RFP, including responses to all pertinent questions in the Reference Questionnaire document. One (1) original and two (2) copies of each proposal must be submitted.

1.4 PROPOSAL PREPARATION:

A. An authorized representative of the Offeror shall sign proposals. All information requested must be submitted. Failure to submit all information requested may result in the proposal being considered unresponsive. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

B. Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

C. Each copy of the proposal should be bound or contained in a single

volume where practical. All documentation submitted with the proposal should be contained in that single volume.

D. Ownership of all data, materials and documentation originated and prepared for the County pursuant to the RFP shall belong exclusively to the County and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protection prior to or upon submission of the data or other materials, and must identify the data or other materials to be protected and state the reasons why protection is necessary.

1.5 SPECIFIC PROPOSAL REQUIREMENTS:

A. Proposals should be as thorough and detailed as possible so that the County may properly evaluate your capabilities to provide the required services. Offerors are required to submit the following items as a complete proposal:

1. The return of this complete RFP signed and filled out as required.
2. Complete Data Sheet (Note: This should be included as an attachment to the RFP)
3. A written narrative statement to include:
 - (1) Experience in providing the services described herein.
 - (2) Names, qualifications and experience of personnel to be assigned to the project.
 - (3) Resumes of staff to be assigned to the project.
4. Response to the questions included in the attached Reference Questionnaire.

B. Format

Section 1- Executive Summary and Narrative on Adherence to Requirements

Section 2- Quotations

A. County of Rockingham and Rockingham County Public Schools, as a combined group.

Section 3- GEO access report for plan(s) proposed.

Section 4- Responses to reference questionnaire

Section 5- Sample Contracts

Section 6- Example of management reports

Section 7- Annual reports and/or financial statements.

1.6 EVALUATION CRITERIA:

The evaluation criteria is as follows:

- Proven Service capability (NCQA certification Industry ratings, etc.)
- Coverage area of providers and facilities under Contract by insurer, and depth of providers and Facilities under contract with Insurer
- Plan Design
- Cost of Service
- References
- Location, i.e. availability for service and consultation
- Overall completeness and quality of proposal

1.7 EVALUATION FACTORS AND AWARD

The County shall select two (2) or more offerors deemed to be fully qualified and best suited among those submitting proposals, on the basis of the factor involved in the request for proposal, including price if so stated in the request for proposal. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, the Board of Supervisors and School Board shall select the offeror which, in its opinion, has made the best proposal, and shall award the contract to that offeror. Should the Board of Supervisors and School Board determine in writing and in its sole discretion that only one (1) offeror is fully qualified, or that one (1) offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that offeror.

1.8 PROPOSAL ACCEPTANCE PERIOD:

Any proposal resulting from this solicitation shall be valid for forty-five (45) calendar days. At the end of the forty-five (45) calendar days the proposal may be withdrawn at the written request of the Offeror. If the bid or proposal is not withdrawn at that time it remains in effect until an award is made or the solicitation is canceled.

1. During the performance of this contract, the Contractor agrees as follows:

a. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

b. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.

c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this Section.

2. The Contractor will include the provisions of 1 above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

2.4 ETHICS IN PUBLIC CONTRACTING:

By submitting their proposals, offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

The offeror shall identify any actual or potential conflicts of interest that exist, or which may arise if the offeror is recommended for award, and propose how such conflicts might be resolved.

By his/her signature on the proposal documents submitted, each offeror attests that her/his agents and/or employees, to the best of his/her knowledge and belief, have not in any way colluded with anyone for and on behalf of the offeror, or themselves, to obtain information that would give the offeror an unfair advantage over others, nor has he/she colluded with anyone for and on behalf of the offeror, or itself, to gain any favoritism in the award of this Request for Proposal.

2.5 IMMIGRATION REFORM AND CONTROL ACT OF 1986:

By submitting their bids or proposals, the Offeror certifies that they do not and will not during the performance of this contract employ illegal alien workers or otherwise violate

the provision of the Federal Immigration Reform and Control Act of 1986.

2.6 ANTITRUST

By entering into a contract, the contractor conveys, sells, assigns, and transfers to the Rockingham County all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and Rockingham County, relating to the particular goods or services purchased or acquired by Rockingham County under said contract.

2.7 MANDATORY USE OF COUNTY FORMS AND TERMS AND CONDITIONS:

Return of the complete document is required. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the County reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.

2.8 CLARIFICATION OF TERMS:

If any prospective Offeror has questions about the specifications or other solicitation documents, the prospective Offeror should contact the County no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the County.

2.9 PRECEDENCE OF TERMS:

Paragraphs 2.1 - 2.8 of these General Terms and Conditions shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

2.10 CONTRACT TERM:

This Agreement shall be effective as of 12:01 a.m., October 1, 2016, for an initial term ending September 30, 2017. Unless either party delivers written notice of renewal to the other party at least 120 days prior to the expiration of the then-existing term, this Agreement shall terminate upon the expiration of the then-existing term. By agreement of both parties, the contract may be renewable as mutually negotiated for an additional one year period, beginning on October 1st of each year.

2.11 PAYMENT TERMS:

Any payment terms requiring payment in less than 30 calendar days will be regarded as requiring payment 30 calendar days after invoice or delivery, which ever occurs last. However, this shall not affect offers of discounts for payment in less than 30 calendar days.

2.12 TERMINATION:

This Agreement may be sooner terminated on the first to occur of the following:

A. Termination by Agreement. In the event the County and Contractor mutually agree in writing, this Agreement may be terminated on terms and date stipulated therein.

B. Termination for Default. In the event either party shall give notice to the other that such other party has materially defaulted in the performance of any of its obligations hereunder and such default shall not have been cured within thirty (30) days following the giving of such notice, the party given notice shall have the right immediately to terminate this Agreement. The RRJ reserves the right to cancel the agreement immediately in the event of violations of law, safety or health standards and regulations.

C. Termination by Contractor for Special Situations. Contractor may terminate this Agreement immediately upon the occurrence of any of the following:

(1) Failure of the governing body of the County of Rockingham, Virginia or the Rockingham County School Board to authorize or appropriate funds sufficient to meet their respective obligations hereunder;

(2) Disavow or repudiation of this contract by any authorized agent of the County of Rockingham or the Rockingham County School Board;

(3) Insolvency, bankruptcy, or receivership of the County of Rockingham or the Rockingham County School Board.

2.13 QUALIFICATIONS OF OFFERORS

The County may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the work and the Offeror shall furnish to the County all such information and data for this purpose as may be requested. The County further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such Offeror fails to satisfy the County that such Offeror is properly qualified to carry out the obligations of the contract and contemplated therein.

Contractor shall not assign this Agreement to any other corporation without the express written consent of the Count. The County and Contractor each binds itself, its successors, assigns, and legal representatives of such other party in respect to all covenants, agreements and obligations contained herein.

**SECTION III
SPECIAL TERMS AND CONDITIONS**

3.1 NOTICE

All notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the appropriate party at the following address or such other address as may be given in writing to the parties:

COUNTY:
County of Rockingham
Joseph Paxton
County Administrator
20 East Gay Street
Harrisonburg, Virginia 22802

WITH A COPY TO:
County of Rockingham
Jennifer Mongold
Director of Human Resources
20 East Gay Street
Harrisonburg, VA 22802

SCHOOLS:
Rockingham County Schools
Dr. Carol Fenn
Superintendent
100 Mount Clinton Pike
Harrisonburg, VA 22802

WITH A COPY TO:
Rockingham County Public Schools
Suzan Guynn
Director of Human Resources
100 Mount Clinton Pike
Harrisonburg, VA 22802

**SECTION IV
DENTAL PLAN SPECIFICATIONS**

COUNTY OF ROCKINGHAM
ROCKINGHAM COUNTY PUBLIC SCHOOLS

4.1 BENEFITS

SEE ATTACHED BENEFIT SUMMARY SHEET

4.2 INSURER

UNITED CONCORDIA COMPANIES, INC.
CURRENT CONTRACT BEGAN OCTOBER 1, 1998

4.3 FUNDING

PROSPECTIVE FUNDING PLAN FULLY INSURED

4.4 ELIGIBILITY

FULL-TIME EMPLOYEES, PART-TIME EMPLOYEES WORKING AT LEAST
50% CAPACITY AND RETIREES TO AGE 65

4.5 WAITING PERIOD

FIRST OF MONTH FOLLOWING EMPLOYMENT

4.6 EMPLOYER CONTRIBUTION

SCHOOLS:
100% OF PREMIUM IS PAID BY THE EMPLOYEE

COUNTY:
100% OF PREMIUM IS PAID BY THE EMPLOYEE

4.7 PARTICIPATION

TOTAL ELIGIBLE SCHOOLS EMPLOYEES: Approx. 1902
TOTAL PARTICIPATING SCHOOL EMPLOYEES: Approx. 1086

TOTAL ELIGIBLE COUNTY EMPLOYEES: Approx. 585
TOTAL PARTICIPATING COUNTY EMPLOYEES: Approx. 374

SECTION V
PRICE QUOTATION

Price quotation should be based on the enclosed information and provided as follows:

- A. Current Benefit plan is a MAC fully- insured dental plan. In addition to current plan offering, we are also requesting a Passive PPO Option paid at the 90th percentile for out-of-network reimbursement. County and Schools are to be combined into one price group for a fully insured benefit plan based on the current enclosed benefit plan. County and Schools has the same plan at this time. The current rate structure is a 3 tier; therefore, please provide your proposal based accordingly as well as a 4 tier rate structure – Employee Only, Employee + Child/ren, Employee + Spouse and Family.
- B. If current plan cannot be duplicated you may provide a comparable plan of your design using the fully-insured arrangement. All deviations must be clearly identified.
- C. All proposals are to be net of commissions. If commissions must be included they must be shown separately.
- D. Provide a quote for the current \$1,000 maximum annual benefit and a \$1,500 maximum annual benefit.

SECTION VI REFERENCE QUESTIONNAIRE

Please answer the following questions to the extent they apply to the program(s) you are offering. If the question does not apply to your program(s), please indicate such and give explanation. Any supplemental materials or documents may be included elsewhere in the proposal. The location must be stated in the question and the document clearly identified.

I. ORGANIZATIONAL CAPABILITIES

A. ADMINISTRATION

1. Provide a brief description of your company including size, organizational structure, business location and primary service areas.
2. Identify the location of the claims office through which claims service would be provided for this account.
3. Provide the name, address and phone number of the account representative or primary contact for this account.
4. Please provide your company's most recent annual report and quarterly financial statements since the last annual report.
5. Please report most recent industry ratings by A.M. Best, Weiss and Standard & Poors.
6. Identify all third parties and subcontractors that will be involved with or assisting in the administration of this account.
7. List at least three firms including public sector entities similar in size for which you provide group dental insurance. Include only those you have insured over two consecutive years. Include firm, contact and telephone number.

B. ENROLLMENT AND MEMBER SERVICES

1. Describe your enrollment process. What materials are distributed at enrollment meetings? Who will be presenting the employer annual enrollment sessions?
2. Describe your current premium billing procedures. Include information on the timing for billing/payment reconciliation and monthly changes in enrollments.

3. How long after receipt of enrollment forms do members receive their ID cards?
4. Please describe the qualifications, training and experience of the customer service representatives who will answer calls from members.
5. What are your customer service hours of operations?
6. Please provide your web capabilities for employers and employees.

C. CLAIMS ADMINISTRATION

1. What is your average turnaround time on a clean claim? An investigated claim?
2. Do providers and employees receive payment advice or explanation of benefits? Please provide examples.
3. What are your quality control standards for payment accuracy? How is performance monitored? Can performance results be reported to the County? Would you be willing to offer performance guarantees?
4. Please identify your method of determining usual and customary fees. How often is U & C updated?
5. Please provide your usual and customary allowances for the following procedures in the local Rockingham County area (zip code areas 228,229,and 244).

<u>Procedure</u>	<u>Code</u>	90 th %tile
		MAC <u>U&C</u>
Periodic oral exam	00120	
Propylaxis, adult	01110	
1-surface amalgam	02140	
Root canal therapy	03310	
Porcelain crown	02752	
Extraction-single	07110	
Bitewing x-rays	D0274	
Panoramic radiographic image	D0330	
Extraction	D7140	
Surgical Removal of tooth	D7210	

6. Please provide a list of limitation and exclusions to your plan and a sample contract.

II. NETWORK MANAGEMENT

A. CONTRACTING AND QUALITY ASSURANCE

1. Exactly what process is used in selecting providers? What formal certification is required? How often is it updated and checked?
2. Do you have an ongoing measurement process for evaluating membership satisfaction with providers and measure the outcome of care delivered to patients?
3. What grievance procedures are in place if a member is dissatisfied with provider availability or care received?
4. What percentage of plan providers are board certified?
5. What is your annual network turnover rate? Please identify for each product/network proposed.
6. Describe the method of reimbursement used for providers.
7. Identify current networks of dental providers by inclusion of your most recent directory including additions.
8. For all programs offered please identify the total numbers of Dentists participation, percentage of participation and percentage accepting new patients.
9. How often and what is the process for changing Dentists?
10. How can the employer or employees recommend providers for possible inclusion in the network?
11. Please address how you would handle employees and retirees outside of your service area? Please identify those by GEO access report.

B. NETWORK MANAGEMENT

1. Must the primary dentist receive permission before making referral to specialist?
2. Under what conditions can a dentist refer a patient outside of the network?
3. In what areas of care are centers of excellence utilized? Please identify current providers under these programs.
4. How much advance notice is required for a provider to cancel their contract with your company? How are participants informed?
5. Please explain your referral process, if any.
6. Do you have a process for monitoring provider's administrative performance? Please explain.
7. Do you expect any changes in participation of providers from October 1, 2016 to September 30, 2017?
8. Please complete the attached disruption analysis report indicating whether the dentist participates in your network. .

III. OTHER

- A. Please provide samples of all monthly claims and expense reports, quarterly utilization reports and network or managed care savings reports.

B. Would you be willing to offer any rate guarantees or caps for the second, third or fourth years of this contract?

DATA SHEET (Must be completed by all Offerrors)

REQUEST FOR PROPOSALS

Issue Date: March 4, 2016
Title: Dental Insurance
Issuing Entity: County of Rockingham Board of Supervisors
Mail to: Jennifer Mongold
County of Rockingham
20 East Gay Street
Harrisonburg, VA 22802

Hand Deliver to: Department of Human Resources
Rockingham County Administration Center
20 East Gay Street
Harrisonburg, VA 22802

The County will receive sealed proposals until 4:00 pm, April 1, 2016, for furnishing Dental Insurance coverage to employees and dependents of Rockingham County and Rockingham County Schools. Inquiries for information should be directed to Scot Chancy, BB&T Insurance Services, 113 South Wayne Avenue, Waynesboro, VA 22980 (540) 946-6107; schancy@bbandt.com.

IF PROPOSALS ARE MAILED OR HAND DELIVERED, DELIVER TO: Rockingham County Administration Center, Director of Human Resources' Office, 20 East Gay Street, Harrisonburg, VA 22802..

In compliance with this request for proposals and to all the conditions imposed herein. The undersigned offers and agrees to furnish the services in accordance with the attached-signed proposal or as mutually agreed upon by subsequent negotiation.

Names and Address of Firm:

_____ Date: _____

_____ By: _____

_____ Title: _____

FEI/FIN NO. _____ Telephone No. (____)_____

Fax No. (____)_____

County of Rockingham
Contract for Services

This contract entered into this _____, of _____, 2016, by _____, hereinafter called the "Contractor" and the Rockingham County Board of Supervisors and the Rockingham County School Board hereinafter collectively called the "County."

WITNESSETH that the Contractor and the County, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide the service to the County as set forth in the Contract Documents.

PERIOD OF CONTRACT: _____ through _____.

CONTRACT DOCUMENTS: These Contract Documents shall consist of this signed Contract, the description or scope of work, general terms and conditions, special terms and conditions, specifications, and other data contained in the Request for Proposals dated June 1, 2002, together with all written modifications thereof and the proposal submitted by the Contractor dated _____ and modification dated _____, all of which documents are incorporated herein.

IN WITNESS WHEREOF, the parties have caused this contract to be duly executed intending to be bound hereby.

CONTRACTOR:

ROCKINGHAM COUNTY BOARD OF SUPERVISORS:

By: _____

By: _____

Name _____

Name: _____

Title: _____

Title: _____

ROCKINGHAM COUNTY SCHOOL BOARD:

By: _____

Name: _____

Title: _____

**EXHIBITS
AND
ATTACHMENTS**