1. RFI RESPONSE AND PRIMARY CONTACT FIELD

| **Field** | **Response** |
| --- | --- |
| Name of the Respondent Representative |  |
| Title |  |
| Name of Company |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |

1. COMPANY BACKGROUND AND HISTORY
2. Respondent to provide a statement of the firm, including any mergers, assignments, or other corporate changes during the past 10 years.

1. Respondent shall complete the Debarment Certification Form, a copy can be found at the end of this document.
2. Respondent shall complete the Company Background and History Table as provided below. If a partnership with a third-party company is a part of the Response, the Company Background and History table shall be provided for each entity. Respondent to copy the table as needed for each Partner/Third-Party Firm proposed and fill out for each.

#### Table 1: Company Background and History

| **Metric** | **Response** |
| --- | --- |
| Name of Respondent: |  |
| (*Copy form and Complete if applicable for each)*  **Name of Partner/Third-Party Firm:** |  |
| Type and number of employees committed to the product and support being proposed |  |
| Office locations (County and State) |  |
| Total number of active clients | Private:  Government: |
| Total years offering proposed software systems |  |
| Total number of Washington clients with breakout by Municipality, County, Other | Municipality:  County:  Other: |
| Total number of active government clients using the proposed product version |  |
| Largest active government installation using the proposed product version, including population |  |
| Smallest active government installation using the proposed product version, including population |  |

1. RELEVANT EXPERIENCE
2. Please describe your relevant experience working with Washington entities (Cities, Counties, Municipalities, etc.).

1. Identify two recent project implementations that are most comparable to the County’s proposed implementation, and provide a project profile for each, including: scope of modules; project duration; any unique requirements or circumstances that were a part of, or came up during, the project; the legacy system converted from; etc.

1. USE OF SUBCONTRACTORS
2. The Respondent shall identify any of the required Services that are proposed to be subcontracted, if any. This table is to be copied and filled out for each proposed subcontractor.

#### Table 2: Subcontractor Questions

| **Question** | **Response** |
| --- | --- |
| Does your firm complete the implementations of the product being proposed or is this effort outsourced? |  |
| Has or will any portion of the proposed work be completed by subcontractors or contract employees? |  |
| **This below portion of the table is to be copied and filled out for each proposed subcontractor.** | |
| Name of subcontractor and address |  |
| Any additional relevant information (e.g., representative name, number, and email contact). |  |

1. General Questions
2. Respondent shall clearly indicate the deployment model(s) proposed from among the three categories presented in a-c below. If more than one product is proposed, please clearly identify the deployment model for each product proposed:
3. On Premise (locally hosted at the County, perpetual licenses)
4. Software as a Service (SaaS or subscription-based models)
5. Respondent hosted (hosted and managed by the Respondent, perpetual licenses)

1. Respondent shall fully describe the integration/interface/data exchange capabilities of the proposed system, including available API’s, middleware, web services, etc.

1. Respondent shall describe available hardware options to support cash register/drawer functionality. The County will consider these on an optional basis, and costs shall not be included in the technical Response.

1. Respondent shall describe available time clock options to support time capture functionality. The County will consider these on an optional basis.

1. Describe your proposed reporting features native to the system, and how County staff will be trained to develop and configure their own reports.

1. Project Approach

Respondent to provide a description of the proposed approach for providing the Scope described in the RFI, including a comprehensive description of the proposed implementation methodology for the Project.

1. Describe in detail the approach to developing interfaces/integrations/data exchanges. What is the division of responsibility between the County and Respondent project teams? What technical skills are required of County staff for this work?

1. Describe in detail the approach to configuration and set-up activities. Will the Respondent team complete most of the configuration based upon information gathered from County subject matter experts, or will the County be expected to perform much of the configuration?

1. Describe any additional assumptions made in the Response, not already identified in detail. These should include any assumptions related to the current County technical environment, staffing, project management approach, on-site commitments, and County resources available during implementation and support phases.

1. Go-Live and Ongoing Support

Respondent to describe what level of pre- and post-go-live support is available under the proposed fee structure. If varying levels of support are available, this section of the RFI response should clarify these potential support services and highlight the level of support that has been proposed.

1. What are the standard hours that support is offered, and through what means (telephone, web ticket submission, etc.)? Are after-hours and weekend support offered, and if so, is this part of the standard support offering or part of a different tier/offering?

1. How often are software releases provided, how is advance notification provided to customers of upcoming releases, and what is the process to test each release? Are there future costs associated with upgrade processes?

1. What is the role of the County in providing ongoing support and maintenance of the system proposed? How many FTE are typically required to support the system on the client-side, and what tasks are entailed?

1. References

Please provide the County three applicable references for your software and implementation in the last five years.

| **References** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Client** | **Staff Count/Population** | **Contact** | **Title** | **Phone** | **Email** | **Project Dates** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**DEBARMENT CERTIFICATION FORM**

The Contractor certifies that, neither the Contractor firm nor any owner, partner, director, officer, or principal of the Contractor, nor any person in a position with management responsibility or responsibility for the administration of federal funds:

(a) Is presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by any federal or state department/agency;

(b) Has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract (federal, state, or local); violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) above; or

(d) Has within a three-year period preceding this certification had one or more public transactions or contracts (federal, state, or local) terminated for cause or default.

(e) The contractor is “Actively” registered with SAMS (Service for Award Management), and has been assigned the following Unique Entity Identifier (UEI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Contractor further certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department/agency.

Name of Firm or Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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Printed Name and Title