# Proposal Forms

## Introduction

This section contains various forms that should be prepared and submitted along with the Vendor’s proposal. The intent of providing such forms is to ensure comparability between proposals. Included in this section are the following forms:

* Proposal Signature Form
* Non-Collusion Affidavit
* Minimum Criteria
* Company Background Form
* Technical Requirements Form
* Vendor Hosting Form
* Project Management Approach Form
* Report Development Form
* Training Form
* Staffing Plan Form
* Ongoing Support Services Form
* Client Reference Form
* Pricing Forms
* E-verify Document
* Certification Regarding Debarment

For vendors proposing as a prime vendor with subcontractors: subcontractors shall complete the staffing form and reference form.

## Proposal Signature Form

The undersigned, as authorized Vendor, declares that he/she has carefully examined all the items of the Specifications and Instructions herein that he/she fully understands and accepts the requirements of the same, and he/she agrees to furnish the specified items and will accept, in full payment therefore, the amount specified below. The Vendor will identify below its business entity as individual, DBA, partnership, corporation (foreign or domestic), and will indicate the official capacity of person(s) executing this proposal.

Proposals shall include installation services, and the successful Vendor shall obtain all required permits and pay fees required.

State payment terms:

State term proposal is held firm for:

State warranty on equipment:

State maximum time required for shipping, F.O.B. Columbia, Missouri:

PROPOSAL: ERP System Selection Project 03-13APR17

|  |  |  |
| --- | --- | --- |
|  |  | $ |
| (Total price written in words) |  | (Total One-Time Cost – as noted on the Proposal Pricing Forms – Proposal Summary tab) |
| Vendor Name: |  |  | Date: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
| Telephone: |  |
| Signature: |  |
| Email: |  |
|  | (Person executing response and official capacity) |
|  |

|  |  |
| --- | --- |
| (Names of principal officers:designate official capacity) | (If partnership or assumed name,indicate name of owners) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Non-Collusion Affidavit

THE AFFIDAVIT SET FORTH BELOW MUST BE EXECUTED ON BEHALF OF

THE VENDOR AND FURNISHED WITH EVERY PROPOSAL

NON-COLLUSION AFFIDAVIT

STATE OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, deposes and says he/she is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) (Title)

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the Vendor that has *(Company)*

submitted to the County a proposal for a ERP System Selection Project 03-13APR17 all as fully set forth in said proposal and that except as specified below, the aforementioned Vendor constitutes the only person, firm, or corporation having any interest in said proposal or in any contract, benefit, or profit which may, might or could accrue as a result of said proposal, said exceptions being as follows:

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

 (If no exceptions, please state)

Vendor further states that said proposal is, in all respects, fair and is submitted without collusion or fraud; and that no member of the County is directly or indirectly interested in said proposal.

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

(Affiant)

SWORN TO and subscribed before me, a Notary Public, in and for the above named State and City

this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Day) (Month) (Year)

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

(Notary Public)

## Minimum Criteria

As noted in section **Error! Reference source not found.** of this RFP, proposed solutions MUST meet all of the following requirements. Proposals not meeting these requirements will be rejected. Vendors should acknowledge acceptance of these terms and include the following checklist in their RFP response.

|  |  |
| --- | --- |
| Minimum Criteria | Yes/No |
| **RFP Response Timeliness**RFP response is submitted by the due date and time. |  |
| **Response Authorization**The RFP response is signed by an authorized company officer. |  |
| **Response Completeness**Vendor complied with all mandatory requirements of the RFP and provided a response to all items requested with sufficient detail, which provides for the proposal to be properly evaluated. Any deficiencies in this regard will be determined by the County’s Purchasing department in conjunction with the Steering Committee to be either a defect that they will waive or that the proposal can be sufficiently modified to meet the requirements of the RFP. |  |
| **Minimum Client Software Installations**Must have provided software for at least 5 successful installations of similar size and complexity within the last 5 years. |  |

## Company Background Form

|  |  |
| --- | --- |
| Vendor name: |  |
| Software brand name: |  |
| Software version proposed (years in production): |  |
| Is Vendor prime contractor:  | Yes 🞏 No 🞏 |

|  |  |
| --- | --- |
|  | What are the key differentiators of your company and its proposed solution? |
|  |  |
|  | What awards has your company or proposed solution obtained that are relevant to this project? |
|  |  |
|  | What documentation is available from an independent source that positively promotes either the company or products the Vendor is offering? |
|  |  |
|  | What strategic alliances have you made to further strengthen your product and services? |
|  |  |
|  | How do you guarantee the services provided by your company? |
|  |  |
|  | What are your near-term and long-term goals, and the strategies to reach these goals?  |
|  |  |
|  | What is your niche in the marketplace and your preferred customer size? |
|  |  |
|  | Please describe the level of research and development investment you make in your products (i.e. – annual budget, head count, etc.). |
|  |  |
|  | Please describe your commitment to providing solutions for the public sector marketplace. |
|  |  |
|  | How many fully operational customer installations **of the version proposed** in this RFP, currently in production, has the Vendor completed?  |
|  |

|  |  |  |
| --- | --- | --- |
|  | Missouri | Nationally |
| Local government |  |  |
| Other public sector |  |  |
| Other non-public sector |  |  |
| Overall: |  |  |

 |
|  | How many fully operational customer installations, in total, has the Vendor completed? |
|  |

|  |  |  |
| --- | --- | --- |
|  | Missouri | Nationally |
| Local government |  |  |
| Other public sector |  |  |
| Other non-public sector |  |  |
| Overall: |  |  |

 |
|  | How many current system implementations of your solution are ***in-process*** within both the State of Missouri and the region of the Country that includes the State of Missouri? |
|  |

|  |
| --- |
| Current in-process Implementations |
| State of Missouri |  |
| Region |  |
| Total: |  |

  |
|  | Please state the year your company started in the business of selling the proposed solution to local governments: |
|  |  |
|  | Where is the Vendor’s closest support facility/sales office to Columbia, Missouri? |
|  |  |
|  | Where is the Vendor’s company headquarters? |
|  |  |
|  | Please list the Vendor’s sales in the previous three years: |
|  |

|  |  |
| --- | --- |
| Year | Sales |
| 2016 |  |
| 2015 |  |
| 2014 |  |

 |
|  | How many total employees does the Vendor have in each of the following categories: |
|  |

|  |  |
| --- | --- |
| Area | Number |
| Sales/Marketing |  |
| Management/Administration |  |
| Help Desk Staff |  |
| Development Staff |  |
| Other |  |
| Total: |  |

 |
|  | What is the Vendor’s hourly rate for additional implementation assistance beyond that which is included in the Vendor bid by skill set? |
|  |

|  |
| --- |
| Rates for Additional Implementation Assistance |
| Skill Set | Hourly Rate |
|  | $ / hr. |
|  | $ / hr. |
|  | $ / hr. |

 |
|  | Please indicate two separate potential visits of four consecutive days each in which the Vendor will commit to being available for an onsite demonstration and your preference. |
|  |

|  |
| --- |
| Demonstration Date Options |
| Option | Visit #1 | Visit #2 |
| Week of June 5 |  |  |
| Week of June 12 |  |  |
| Week of June 19 |  |  |

 |
|  | What would be the Vendor’s preferred comparably sized, site visit location? |
|  |  |
|  | Is there any outstanding litigation against your company? |
|  |  |

## Technical Requirements Form

|  |  |
| --- | --- |
|  | Identify the communication protocols and networking requirements that are required for implementation and operation of the proposed system. In the event that there are multiple communication systems and/or protocols available, list all options. Take into account the County’s current WAN and remote computing requirements and indicate what changes are required or recommended. |
|  |  |
|  | What database are you proposing? |
|  |  |
|  | Does your proposal contain or envision the use of a data warehouse? If yes, describe your data warehousing capabilities and architecture. |
|  |  |
|  | Describe the system administration tools that are used to manage the application including any data archival tools, data backup and recovery tools, tools for managing application updates, online help management tools, etc. |
|  |  |
|  | Describe the network management systems that either your system uses, interoperates/integrates with, or you recommend. Please specify.  |
|  |  |
|  | Describe what, if any, footprint (e.g. local software artifacts such as DLLs) exists on the user’s desktop. |
|  |  |
|  | Describe the minimum hardware, software, storage, memory, operating system and other requirements for desktop computers to access the application such that the County can determine the extent to which existing computers must be upgraded or replaced. |
|  |  |
|  | Please describe the physical and technical preferences for a user acceptance testing (UAT) environment? |
|  |  |
| 9. | Describe the systems recommended backup and recovery process? |
|  |  |
| 10. | Describe the method used to refresh data in the DEV, TEST and TRAINING environment from LIVE. |
|  |  |
| 11. | Describe the process restore individual records from a system backup? |
|  |  |
| 12. | Describe all printer languages supported and any known exceptions? |
|  |  |
| System Performance |
|  | System response time must not impede the ability for departmental staff to perform their required job functions using the system. Will your system be available 99.5% of the time, except for planned downtime? |
|  |  |
|  | Can you guarantee a 3-second maximum response time? |
|  |  |
|  | What are your guarantees on system performance? |
|  |  |
| Security |
|  | Describe the identification and authorization capabilities of your proposed solution for users. |
|  |  |
|  | Describe how your system interoperates with Active Directory. |
|  |  |
|  | Describe the security audit capabilities of your proposed solution. |
|  |  |
|  | What functions does your proposed system have to protect the privacy of information designated “private” (e.g. personally identifiable, SSN, credit card, ACH, HIPAA, etc.) that it processes or stores? |
|  |  |
|  | What will you do to address vulnerabilities in your product discovered subsequent to us deploying your code? In what time interval will they be fixed (Critical & non-critical)? At what cost to the County? |
|  |  |
|  | What is your process for notifying the customer and fixing bugs once they have been identified? |
|  |  |

## Vendor Hosting Form

|  |  |
| --- | --- |
|  | Will your company host the solution or will this be managed by a third party? |
|  |  |
|  | Where are the data center and storage facilities? |
|  |  |
|  | Please provide the total number of clients and corresponding number of end-users of hosted solutions currently supported by your proposed solution. |
|  |  |
|  | Does the system interface support a browser interface with or without the help of additional components? |
|  |  |
|  | How are hosted software applications deployed for use by numerous customers (dedicated servers for each hosted customer, or is a single set of applications utilized for all customers)? |
|  |  |
|  | What system/application availability and response time will your proposed system meet? What are the County’s responsibilities to ensure this level of performance? |
|  |  |
|  | How do you track monthly usage for subscription-based services? |
|  |  |
|  | How much notification will you give the County in advance of any scheduled downtime? |
|  |  |
|  | Where would local support be located for a client in Columbia, Missouri? |
|  |  |
|  | Are support calls included in annual maintenance fees, or charged on a per call basis? If on a per-call basis, please specify rates and billing method |
|  |  |
|  | Please describe the minimum commitment term (in years) for a vendor-hosted option and note the term assumed for determining the proposed costs. |
|  |  |

## Project Management Approach Form

|  |  |
| --- | --- |
|  | How does the Vendor plan to manage the vast amount of material that is produced during the project through potential solutions such as a collaboration environment? |
|  |  |
|  | Provide specific information on project close-out activities to transition support to the County. |
|  |  |
|  | How will project management be resourced? |
|  |  |

## Report Development Form

|  |  |
| --- | --- |
|  | What is the query tool and report writer that Vendor is proposing? |
|  |  |
|  | What reports are available out of the box? Provide a list and samples at the end of this section. |
|  |  |
|  | Describe your process for determining the scope of what reports will have to be developed (not out-of-the-box) and what effort it will take to develop and test them?  |
|  |  |
|  | It is expected that the system will provide the ability for end-user querying and reporting to be performed without impacting the performance of the transactional system. Does your proposal meet this expectation? |
|  |  |

## Training Form

|  |  |
| --- | --- |
|  | What is your recommended approach to training (End-user vs. train the trainer), for this County, and why? |
|  |  |
|  | What types of training documentation will be developed by the Vendor? |
|  |  |
|  | Describe the opportunities for ongoing training. |
|  |  |
|  | Describe any available options for online training material. |
|  |  |

## Staffing Plan Form

|  |  |
| --- | --- |
|  | Identify the degree to which Vendor staff will be onsite versus off-site during the project. |
|  |  |
|  | Provide the resource and configuration requirements for the Vendor's staff during the implementation: |
|  |

|  |  |
| --- | --- |
| Number of workstations |  |
| Number of desks |  |
| Number and size of dedicated rooms for the project |  |
| Parking |  |
| Telephones |  |
| Network accessibility needs |  |
| White boards |  |
| Flip charts |  |
| Power requirements |  |
| Other resource needs |  |

 |
|  | Use the table provided below to identify the number of County business staff expected to be committed to the project implementation. Initial identification of project roles has been provided but should be supplemented or revised by Vendors based on their experience in implementing their product in similar environments. |
|  |

|  |  |  |
| --- | --- | --- |
| Project Role | Project Responsibilities | FTE |
| Executive Sponsor(s) |  |  |
| Project Manager |  |  |
| Project Administrator |  |  |
| Functional Process Owners |  |  |
| Functional Process Team Participants (per member involvement) |  |  |
| Training Coordinator Team Lead |  |  |
| Change Management Team Lead |  |  |
| Communications Team Lead |  |  |
| Other Roles (specify) |  |  |
| Other Roles (specify) |  |  |
| Other Roles (specify) |  |  |

 |
|  | Use the table below to identify the number of technical resources expected to be committed to the project implementation. Initial identification of project roles has been provided but should be supplemented or revised by Vendors based on their experience in implementing their product in similar environments. |
|  |

| Project Role | # of FTEs | Skill Set Required | Training Required? | Training Provided? |
| --- | --- | --- | --- | --- |
| Help Desk |  |  |  |  |
| Trainer |  |  |  |  |
| DBA |  |  |  |  |
| Report Developer |  |  |  |  |
| Application Support |  |  |  |  |
| System Administrator |  |  |  |  |
| Security Administrator |  |  |  |  |
| Other Roles |  |  |  |  |
| Other Roles |  |  |  |  |
| Other Roles |  |  |  |  |
| Other Roles |  |  |  |  |

 |

## Ongoing Support Services Form

|  |
| --- |
| Support and Maintenance |
|  | Provide the minimum, maximum, and average response times (hours) provided as part of the basic support agreement and average response time for the past twelve (12) months.  |
|  |  |
|  | Provide Help Desk services for technical support and end users. Specify days and hours and any escalation options and procedures.  |
|  |  |
|  | Identify the party or business unit that is responsible for the support options provided above. The Vendor shall include information for a County-hosted versus a Vendor-hosted solution. |
|  |  |
|  | Provide the following regarding the number of business staff the County should expect to be committed to providing ongoing application support:1. Role
2. Responsibility
3. Estimated time commitment in terms of FTE time
 |
|  |  |
|  | For ongoing IT staff resources, please provide the following information:1. Type of positions required (e.g., help desk, trainer, DBA, report developer, application support, system administrator, security administration, etc.)
2. Number of FTEs within each position
3. Skill sets required for each position
4. Training required and whether the Vendor provides this training
 |
|  |  |
|  | Do you limit the number of County staff who can call in for support? If yes, explain your model and how additional staff can be included and at what incremental cost? If there is no limitation, the maintenance agreement should clearly state this fact. Are you agreeable to include such language in our contract? |
|  |  |
|  | Do you need remote access to the server to support/maintain it? If yes, describe the method(s) and security used. |
|  |  |
|  | Will the vendor contractually agree to: |
|  |

|  |
| --- |
| **Contractual Inquiry** |
| **Term / Condition** | **Yes** | **No** |
| Provide on-site staff for training and implementation |  |  |
| Non-performance hold-backs? |  |  |
| Payment hold-backs until fully operational and formally accepted? |  |  |
| Allow the County the licensed to thto the ct (HRSDOto approve Vendor staff assigned to help with implementation? |  |  |
| One year warranty, during which the annual support conditions apply. The first, annual support payment would occur after the warranty period expires (i.e. maintenance and support costs are not charged for the first year during implementation, etc.) |  |  |

 |
|  | Describe how your software will be licensed to the County (e.g. site license, named users, concurrent users, etc.) |
|  |  |
| Software Updates and Distribution |
|  | It is anticipated that all system updates and release patches will be downloadable from the Vendor’s web site. An accumulation patch process is desired. Provide information on how “server” and “client-side” software updates are received, processed and distributed to either the server and/or client environment, including but not limited to:* 1. Backward version compatibility and support of back versions,
	2. Timeframe/policy on moving to new versions,
	3. Automatic product upgrades or on demand,
	4. Ease of implementation for County staff versus need to contract for services.
	5. Use of Microsoft Systems Management Server (SMS) 2003 and/or Microsoft Software Update Services (SUS) to deploy new versions and patches to servers and clients.
 |
|  |  |
|  | Describe the product release cycle including:1. Frequency of upgrades/enhancements or new versions (major and minor version releases)
2. Contents of release,
3. How long release takes to implement, and
4. Use of release notes.
 |
|  |  |
| 12. | Describe your five-year road map for the proposed ERP system. |
|  |  |
| Customizations |
|  | How does the Vendor define customization versus configuration? |
|  |  |
|  | How can the County customize or configure the software directly without Vendor involvement? |
|  |  |
|  | How are local customizations or configurations maintained when installing new releases of the Vendor’s software? |
|  |  |

## Client Reference Form

|  |  |
| --- | --- |
| Vendor name: |  |
| Customer name: |  |
| Customer contact: |  |
| Customer phone number: | ( ) |
| Customer E-mail address |  |
| System which Solution Replaced |  |

|  |
| --- |
| Describe Nature of Project and Services Provided to This Client: |
|  |

|  |
| --- |
| Configuration of Solution Implemented (Hardware, Software): |
|  |

## Pricing Forms

Please complete the pricing forms that have been provided in the associated Microsoft Excel pricing spreadsheet. It is the responsibility of the Vendor to ensure the accuracy of the pricing provided as part of your response. Any errors in providing an accurate price response due to inaccuracies in the provided templates are the sole responsibility of the responding Vendor. If there is not enough space to describe the pricing on these forms, please attach a separate pricing page and provide the pricing information in the same type of format so that it is easy to understand. The County requests a firm, fixed price for each of the components described below that are included on the attached Microsoft Excel pricing spreadsheet as separate tabs:

* Vendor Checklist (including overall Hosting/Licensing Model, Travel & Lodging Costs, and Discount)
* Proposal Summary (no direct input required, only comments if required)
* Module Summary (no direct input required, only vendor-defined modules if desired)
* Module Information
* Application Software
* Other Software
* Hardware
* Implementation Services
* Train-the-Trainer Training
* Optional End-User Training
* Interfaces
* Modifications
* Other Implementation Services

## E-verify Document

**Boone County Purchasing**



Melinda Bobbitt, CPPB 613 E. Ash Street, Room 110

Director Columbia, MO 65201

 Phone:(573) 886-4391

 Fax: (573) 886-4390

**INSTRUCTIONS FOR COMPLIANCE WITH HOUSE BILL 1549**

House Bill 1549 addresses the Department of Homeland Security's and the Social Security Administration’s E-Verify Program (Employment Eligibility Verification Program) that requires the County to verify “lawful presence” of individuals when we contract for work/service; verify that contractor has programs to verify lawful presence of their employees when contracts exceed $5,000; and a requirement for OSHA safety training for public works projects.

The County is required to obtain certification that the vendor awarded the attached contract participates in a federal work authorization program. To obtain additional information on the Department of Homeland Security's E-Verify program, go to:

<http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=75bce2e261405110VgnVCM1000004718190aRCRD&vgnextchannel=75bce2e261405110VgnVCM1000004718190aRCRD>

Please complete and return form *Work Authorization Certification Pursuant to 285.530 RSMo* if your contract amount is in excess of $5,000. **Attach to this form the first and last page of the *E-Verify Memorandum of Understanding* that you completed when enrolling.**

**COUNTY OF BOONE - MISSOURI**

**WORK AUTHORIZATION CERTIFICATION**

**PURSUANT TO 285.530 RSMo**

**(FOR ALL AGREEMENTS IN EXCESS OF $5,000.00)**

County of \_\_\_\_\_\_\_\_\_\_ )

 )

State of \_\_\_\_\_\_\_\_\_\_\_ )

 My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am an authorized agent of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Vendor). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. **Documentation of participation in a federal work authorization program is attached to this affidavit.**

 Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

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

 Affiant Date

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

Printed Name

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

 Notary Public

**Attach to this form the first and last page of the *E-Verify Memorandum of Understanding* that you completed when enrolling.**

## Certification Regarding Debarment

**(Please complete and return with RFP Response)**

|  |
| --- |
| Certification RegardingDebarment, Suspension, Ineligibility and Voluntary ExclusionLower Tier Covered Transactions |

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

(1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

|  |
| --- |
|  |
| Name and Title of Authorized Representative |
|  |  |  |
| Signature | Date |