Attachment 1: RFP Submittal Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP Submittal Checklist** |  |  |  |
| Task | Reference | Page # | Submitted |
| Introductory Material | 2.2.1 |  |  |
| Executive Summary | 2.2.2 |  |  |
| Proposed Application Software and Computing | 2.2.6 |  |  |
| Recommended Hardware and Operating System Requirements | 2.3.7 |  |  |
| System Procurement Options | 2.3.10 |  |  |
| Internal Controls | 2.3.12 |  |  |
| Database Conversion Services | 2.3.13 |  |  |
| Data Modeling and Reporting | 2.3.14 |  |  |
| Web Based Interfaces | 2.3.15 |  |  |
| Mobile Device Interfaces | 2.3.16 |  |  |
| Data Warehouse | 2.3.17 |  |  |
| Virtualization | 2.3.18 |  |  |
| Modularity and Phased Approached | 2.3.19 |  |  |
| Acceptance Testing | 2.3.20 |  |  |
| Process Controls and System Security | 2.3.21 |  |  |
| Implementation Plan | 2.3.22 |  |  |
| Training and Documentation | 2.3.23 |  |  |
| Data Import/Export Facility | 2.3.26 |  |  |
| Prime Contractor Responsibilities | 2.3.27 |  |  |
| Audited Financial Statements | 2.3.28 |  |  |
| Required Attachments |  |  |  |
| Attachment 1 RFP Submittal Checklist | This sheet |  |  |
| Attachment 2 Software Reference Form |  |  |  |
| Attachment 3 Implementation Services Reference Form |  |  |  |
| Attachment 4 Third-Party Software Reference Form |  |  |  |
| Attachment 5 Requirements – Frameworks | Separate Attachments |  |  |
| Attachment 6 Cost Spreadsheet | Separate Attachment |  |  |
| Attachment 7 Staffing Matrices |  |  |  |
| Attachment 8 Company Background |  |  |  |
| Attachment 9 Maintenance and Support |  |  |  |
| Attachment 10 Technical Specifications |  |  |  |
| Attachment 11 Notarized Signature Page |  |  |  |
| Attachment 12 Exceptions and Alternates | Separate Attachments |  |  |
| (1) Signed Master Copy of Proposal (technical and price, separated out) | 2.1.4 |  |  |
| (3) Hard copies of proposal (technical and price, separated out) | 2.1.4 |  |  |
| (2) electronic copies on CD | 2.1.4 |  |  |

Attachment 2: Software Reference Form

Please provide at least five (3) public sector references for the software that most closely reflect consulting projects that are similar to the City’s scope of work. These references should be sites where the proposed software was installed and has been ***FULLY IMPLEMENTED*** and is ***"live.”*** Please use the following format in submitting references.

**GENERAL BACKGROUND**

**Name of Client**:

**Address:**

**Project Manager/Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Software Program/Version:**

**Summary of Project:**

**Number of Employees:**  \_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Client**:

**Address:**

**Project Manager/Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Software Program/Version:**

**Summary of Project:**

**Number of Employees:**  \_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Client**:

**Address:**

**Project Manager/Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Software Program/Version:**

**Summary of Project:**

**Number of Employees:**  \_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Project Costs** | **$** |  | **Length of Project (Implementation) (months)** |  |  |
| **Go-Live Date** |  |  | **Approximate Number of Consultant Hours** |  |  |
|  |  |  | **Approximate Number of City Hours** |  |  |

**TECHNOLOGY INFORMATION**

**Hardware Platform:**

**Database Platform:**

**Operating System:**

**Additional System:**

Attachment 3: Implementation Services Reference Form

Please provide at least five (3) references for implementation services that most closely reflect consulting projects that are similar to the City’s scope of work. These references should be sites where the proposed software was installed and has been ***FULLY IMPLEMENTED*** and is ***"live.”*** Please use the following format in submitting references.

**GENERAL BACKGROUND**

**Name of Client**: \_\_\_\_\_\_\_\_\_\_\_

**Address:**

**Project Manager/Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Software Program/Version:**

**Summary of Project:**

**Number of Employees:**  \_\_\_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Client**: \_\_\_\_\_\_\_\_\_\_\_

**Address:**

**Project Manager/Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Software Program/Version:**

**Summary of Project:**

**Number of Employees:**  \_\_\_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Client**: \_\_\_\_\_\_\_\_\_\_\_

**Address:**

**Project Manager/Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Software Program/Version:**

**Summary of Project:**

**Number of Employees:**  \_\_\_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment 4: Third Party Software Reference Form

Please provide references for software that most closely reflect consulting projects that are similar to the City’s scope of work. These references should be sites where the proposed software was installed and has been ***FULLY IMPLEMENTED*** and is ***"live.”*** Please use the following format in submitting references.

**GENERAL BACKGROUND**

**Name of Software**:

**Version:**

**Integration considerations:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Component:**

**Number of Employees:**  \_\_\_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Software**:

**Version:**

**Integration considerations:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Component:**

**Number of Employees:**  \_\_\_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Software**:

**Version:**

**Integration considerations:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Component:**

**Number of Employees:**  \_\_\_\_\_\_ **Approximate Size of Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment 5: Requirements – FRAMeWORKS

Desired Modules

* HR/PR
  + Benefits
  + ACCRUAL PROCESSING ON USER SPECIFIED DATES
  + Position Control
  + Salary and Wage Administration
  + Training and Development
  + Health and Safety
  + FMLA TRACKING
  + Applicant Tracking
  + JOB REQUISITION AND TRACKING
  + STANDARD REPORTS
  + Payroll
  + Time Entry
  + SALARY AND BENEFIT PROJECTIONS
* Planning & Permitting
  + APPLICATION PROCESS
  + Building Permits and Inspections
  + Code Enforcement
  + procedure Management
  + GIS Integration
  + Land/Parcel Management
  + Planning & Zoning
* Finance
  + Miscellaneous Billing
  + General Ledger
  + JOURNAL POSTINGS
  + CLOSING & ADJUSTMENTS - With Security
  + Accounts Payable
  + AP INVOICE POSTING
  + CHECK INFORMATION
  + 1099 CAPABILITIES
  + Account Information
  + PO Matching
  + Cash Receipts
  + Accounts Receivable & General Billing
  + CUSTOMER DATA RECORD
  + INVOICES/STATEMENTS
  + RECEIPTS
  + Work Orders
  + SERVICE REQUESTS
  + PREVENTIVE MAINTENANCE
  + FACILITIES MANAGEMENT
  + RESOURCES
* Requisitions
* Purchase Orders
* Receiving
* Inventory
* Budgeting
* Fixed Assets
* Projects
* Grants
* Contract Management
* Bid Management

See additional attachment 5a for specific Requirements

See additional attachment 5b for specific Police Dept. Requirements

Attachment 6: COST

**(Please Attach Vendors Cost Breakdown in Capital and ongoing/reoccurring costs)**

Attachment 7: system users

Number of city employees:367

Number of expected Power users:50

Number of expected system administrators: 10

number of potential Public client connections:3000

Number of current system users:

|  |  |  |
| --- | --- | --- |
|  | **Financials** | **Utilities** |
| **TOTAL:** | 28 | 27 |

Attachment 8: Company Background

Complete one form for each software Vendor, implementation services firm and third-party Vendor identified in your proposal.

| **COMPANY BACKGROUND** | |
| --- | --- |
| **Company Name** |  |
| **Company Location:** |  |
| *Location of corporate headquarters* |  |
| *Location of nearest office/location to the City* |  |
| **Vendor Experience** | |
| **Years of Experience:** |  |
| *# of years in business:* |  |
| *# of years providing Financial/HR systems to public*  *sector:* |  |
| **Customer Base:** |  |
| *# of public sector clients* |  |
| *# of public sector clients using the version of the*  *software application being proposed.* |  |
| *# of public sector clients in Wyoming* |  |
|  |  |
| *Identify by name, some of the clients similar to the City (i.e, similar in size, complexity, location, type of organization)* |  |
| **Market Focus:** |  |
| *Identify other industries serviced* |  |
| **User Group:** | |
| *Identify national and regional user groups* |  |
| *Explain the purpose and function of user groups* |  |
| *Identify if there is an annual or biannual user*  *conference* |  |
| *Identify next planned national conference (location and date)* |  |
| **Terminated Projects:** |  |
| *List any terminated public sector projects. Please disclose the jurisdiction and explain the reason for the termination.* |  |
| **Organization Size** | |
| **Number of Employees:** |  |
| *If Vendor is a subsidiary, identify # of employees in proposing company/division.* |  |
| **Total Revenue:** |  |
| *If Vendor is a subsidiary, identify revenues of proposing company/division* |  |
| *Identify the percentage of revenue used for research & development by the proposing company/division* |  |
| **Corporate Notes** | |
| **Ownership:**  *Privately held? Publicly traded? Parent Company?* |  |
| **Certified Partnerships:** |  |
| *Identify any certifications held by your firm if you are implementing or reselling another firm's products.* |  |
| *If partnering, please identify the amount of time the implementer has worked with the software Vendor and how many implementations the two parties have completed together.* |  |
| *If using a third party product, please identify the amount of time the implementer has worked with the third party software Vendors and how many implementations the two have completed together* |  |

Attachment 9 – Maintenance and Support

|  |  |
| --- | --- |
| **PROPOSED MAINTENANCE AND SUPPORT** |  |
| **Post-implementation support** | |
| Days of on site support after go-live |  |
| Other on site support after go-live (month end, year end, open enrollment, etc.) |  |
| **Support Options** |  |
| Support Packages Offered (Bronze, Silver, Gold, etc.) |  |
| Support Package Proposed |  |
| **Other Support:** | |
| Remote desktop support |  |
| Additional on-site support |  |
| **Telephone Support** | |
| Hours available |  |
| Problem Reporting and Resolution Procedures |  |
| Response time for various levels of severity |  |
| **User Groups** | |
| Local User Group |  |
| User Group Members (number) |  |
| **Third Parties** | |
| Support provided for third party products? |  |
| **Upgrades/Patches** | |
| Upgrade Frequency (major and minor releases) |  |
| How are upgrades delivered? |  |
| Are upgrades required? |  |
| How many versions are currently supported? |  |

Attachment 10 – Technical Specifications

|  |  |
| --- | --- |
| **TECHNICAL SPECIFICATIONS** |  |
| **Technology Architecture** | |
| Platforms supported |  |
| Optimal and minimum network requirements |  |
| Optimal and minimum database requirements |  |
| Optimal and minimum server requirements |  |
| Optimal and minimum desktop (client) requirements |  |
| Is content delivered through a web browser (browsers supported?) |  |
| Please describe the various operating environments (test, train, production), and the recommended hardware requirements (can test and train run on the same hardware). |  |
| **Administration Toolsets/Skills** | |
| What application toolsets are included in software |  |
| What programming languages and skills required to maintain software |  |
| What tools are available to customize/modify software (example: add fields, change forms) |  |
| **Security** | |
| What security tools are provided in software? |  |
| How is security profile defined? |  |
| How many levels of security are available? |  |
| Are rights given on an individual or group basis? |  |
| What programming knowledge does our security administrator need to possess? |  |
| Does system support active directory? |  |
| Does system support single sign on? |  |
| **Workflow** | |
| Does system have workflow tools? |  |
| Can workflow rules be applied to proposed third party solutions? |  |
| **Network Bandwidth** | |
| What are bandwidth requirements? |  |

Attachment 11 – Notarized Signature Page

In compliance with this Request for Proposals (RFP) and subject to all conditions imposed therein, and hereby incorporated by reference, the undersigned Officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby offers and agrees to furnish the services described in accordance with the attached proposal, or as mutually agreed upon by subsequent negotiation. The signator hereby certifies that he is an agent authorized to bind the company.

Name and address of Firm: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Federal ID No.

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

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

Subscribed and sworn to before me, a Notary Public, in and for said County and State on this

\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

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

Notary Public

Commission Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment 12 –Exceptions and Alternates