

Capitol Region Council of Governments



Request for Proposals (RFP) Contact Management Software and Related Services

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Request for Proposals (RFP) CRCOG Regional Permitting System

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I. Background

The Capitol Region Council of Governments (CRCOG) is a regional planning organization consisting of 29 towns and cities around Hartford, CT. Capitol Region Council of Governments (CRCOG) seeks a consultant/vendor to provide and implement **contact management software** at the CRCOG offices in Hartford, CT. The selected consultant shall install and configure the software as per CRCOG's need and provide optional documentation and training to assist select CRCOG staff in maintaining and updating the database.

II. This RFP Opportunity

CRCOG is seeking proposals to obtain contact management software that includes the following components:

A web-hosted as well as a traditional locally installed integrated system that will allow CRCOG staff to manage contacts and related activities in-office as well as remotely. This system will be used for email correspondence, contact management, scheduling and other related activities.

Through this RFP process, CRCOG will select a vendor with proven expertise to provide the software for the above mentioned purposes.

The purpose of this RFP is to solicit proposals that provide a reasonable basis to determine the best software option. The proposal should include the following products and services:

- ☐ Contact management software including:
 - o A web-based portal
 - o A traditional local install software package
- ☐ Hosting environment and services requirement
- ☐ Minimum hardware requirement for local/web access
- ☐ Software installation and technical support
- ☐ On-going software maintenance and support
- ☐ Software training services

The precise scope that the proposal should address for each of the above points is defined in the RFP Scope section below. CRCOG reserves the right to selectively include or exclude any non-software component of the proposal from the negotiated agreement with the selected vendor.

III. Objectives

The primary goal of the RFP is to purchase a contact management system that will manage CRCOG's contact database more effectively, provide stability and ease of operation of various tasks such as email management, electronic communication, meeting scheduling, and remote access.

IV. Scope

Software Functionality

CRCOG is looking to acquire the functionality that can be provided through an integrated system comprised of a web-access and a traditional locally installed system. CRCOG seeks to have **25 license** of the software.

The functions that comprise the scope of the software for both web and local install are the following:

- o Contact Inquiry
- o Contact update and modification
- o Built-in email functionality, scheduling, email tracking
- o Different levels of access for users and administrators
- o Fully compatible with various Office products and functionalities such as mail merge, label printing, data import/export
- o Software should be able to be synchronized with portable devices such as blackberry and PDA.

Software

CRCOG wishes to acquire software that is pre-existing within the marketplace (off-the-shelf) and requires no special customization of code other than built-in configuration options and user exit routines in performing the desired functions. This software is generically referred to as “packaged”.

All proprietary software in the vendor’s solution must be identified as to software product, function performed, its specific proprietary nature, and ramifications of its proprietary use. CRCOG seeks to acquire, as much as possible, non-proprietary software with open architectural characteristics.

Software Licensing

The vendor shall provide detailed descriptions of software and software support services to be delivered as part of this contract. The vendor shall provide all related software licensing costs including initial acquisition of the licenses and annual maintenance costs. These licensing costs must be identified on a product-specific level so that CRCOG can select the best option to fit its needs or budget.

Hosting Environment and Services

The vendor must describe the hardware/software platform(s) for hosting of the web portal and hosted version of the traditional installation.

The vendor shall describe their hosting platform/ configuration (servers, workstations, etc.) and include all environments necessary for development, testing, production and reporting environments. The description must include a detailed layout of individual servers (Application, database, web, etc.).

Software installation

For initial product set-up, the vendor will be required to install and configure the core software and any partnered products. This installation will encompass all elements of the solution proposed that is eventually available to all users. The environment must be able to be multi-user and support a minimum of 25 total seats.

On-going Software maintenance and support

CRCOG wishes to receive on-going updates and upgrades to the software packages as they become available.

Vendors shall provide a description of your software service level support agreements, your typical annual maintenance charges, and hourly rates for configuration assistance, or any bundled plans you may offer.

Software training

CRCOG expects the vendor to propose a training plan for CRCOG staff who will be administering the system. CRCOG also expects that the vendor has robust training facilities, programs and materials in-place today for the end-users. Vendors shall describe their general approach to training (in-classroom, webinar-based, on-line tutorials, etc) and the training plans preferred by your small- and mid-sized town clients.

Cost Proposal

Please use Appendix B of this RFP for cost proposal. Develop a worksheet based on the options listed in the Appendix B.

V. Proposal Requirements

A. Submission

Sealed responses, in accordance with the format prescribed below, will be received at the Capitol Region Council of Governments, located at 241 Main Street, 4th Floor, Hartford, CT 06106, December 4, 3:00 p.m. **Any responses received after the advertised opening date and time shall be rejected.**

Firms are asked to provide one original, signed copy and a CD-ROM including all materials in electronic format. All files shall be in PDF or readable by Microsoft Office.

Submissions must be clearly marked “*CRCOG RFP Contact Management Software and Related Services.*”

Note that the submission of any proposal indicates acceptance by the firm of the terms and conditions contained herein, unless otherwise specifically noted in the proposal itself and confirmed in resulting contracts.

B. Questions

General inquiries concerning the Request for Proposals must be made to:

Pramod R Pandey
Senior Transportation Planner
CRCOG
241 Main Street, 4th Floor
Hartford, CT 06106
860-522-2217, ext. 216
ppandey@crcog.org

However, no oral interpretations shall be made to any respondent as to the meaning of any of the proposal documents. Every request for an interpretation shall be made in writing, addressed and forwarded either to the address above, **faxed to (860) 724-1274 or emailed to ppandey@crcog.org**. To receive consideration, such questions must be received at least seven (7) calendar days before the established date for receipt of responses.

CRCOG staff will arrange as addenda, which shall be made a part of this RFP and any resulting contracts, all questions received as above provided and the decisions regarding each. At least five (5) calendar days prior to the receipt of responses, CRCOG staff will post a copy of any addenda to CRCOG's website, located at www.crcog.org. It shall be the responsibility of each respondent to determine whether any addenda have been issued and if so, to download copies directly from the agency's website.

C. Proposal Format

The following are mandatory submittals for this RFP. Failure to provide the requested information may be cause for the bid to be deemed non-responsive and may result in disqualification. The RFP Checklist must be used as a cover sheet.

1. Cover Sheet: RFP Checklist

See Attachment A

2. Vendor General Information

See Attachment C

3. Designated Account Manager/Project Team

Vendors must include the name, address, phone number, fax number and email address of the designated account manager. A valid email address is a mandatory submission requirement for this RFP. Vendors must have the ability to communicate, send files, download files, etc. from the Internet.

<u>Account Manager Name:</u> <u>Account Manager Address:</u> <u>Account Manager Phone Number:</u> <u>Account Manager Fax Number:</u> <u>Account Manager E-mail Address:</u>

4. References

The Supplier shall also submit the contact person, company name, account size, and phone number of at least three references, preferably from the public sector. CRCOG reserves the right to verify Supplier's experience and references.

5. Evaluation Criteria

The following factors will be used by the evaluation team to evaluate the proposals and to determine the best proposer:

1. The response to the software requirements.
2. The response to the general system and technical requirements.
3. Information requested on the vendor and company experience in providing similar solutions to public sector organizations.
4. The general responsiveness of the RFP to meeting the objectives and scope as outlined in Sections III and IV.
5. Cost

The order in which the above factors are presented is no indication of the relative weight the evaluation factors have been assigned in the evaluation methodology

6. Oral Presentation/Software Demonstration

A bidder may be required to give an oral presentation and/or software demonstration, included in this RFP. It is within CRCOG's discretion whether to require a bidder to give an oral presentation or demonstration. Action by CRCOG in this regard shall not be construed to imply acceptance or rejection of a proposal. CRCOG will contact a vendor's primary contact should it decide to request an oral presentation or demonstration.

VI. Special terms and conditions

A. Ownership of Responses

All responses submitted in response to this RFP are to be the sole property of CRCOG and shall be subject to the provisions of Section 1-210 of the Connecticut General Statutes (re: Freedom of Information). Any proprietary information must be clearly marked at the top and bottom of each page.

B. Amending or Canceling Request

CRCOG reserves the right to amend or cancel this RFP, prior to the due date and time.

C. Waiver of Informalities

The Capitol Region Council of Governments reserves the right to accept or reject any and all responses to this Request for Proposal, or any part thereof, and to waive any informalities and/or technicalities that are deemed to be in the best interest of the participants.

D. Collusion

By responding, the vendor implicitly states: that his/her proposal has not been made in connection with any other competing firm submitting a separate response to this RFP; is in all respects fair; and has been submitted without collusion or fraud. It is further implied that the supplier did not participate in the RFP development process, had no knowledge of the specific contents of the RFP before its issuance, and that no employee of the CRCOG participated either directly or indirectly in the supplier's proposal preparation.

E. Assigning/ Transferring of Agreement

Any successful vendor is prohibited from assigning, transferring, conveying, subletting or otherwise disposing of this agreement of its rights, title, or interest therein or its power to execute such an agreement to any other person, company or corporation without prior consent and approval in writing from CRCOG.

F. Termination

CRCOG may terminate any contract(s) or any part of any contracts resulting from this process at any time for: cause, default or negligence on the part of the vendor; or if the vendor fails, in the opinion of the respective participant's purchasing agent, to meet the general terms and conditions of any resulting contract or to provide a level of service that is deemed to be in the best interest of the participant

G. Insurance Requirements

The Successful bidder shall be required to furnish a Certificate of Insurance evidencing the following insurance coverage prior to the execution of this Agreement. Failure to maintain insurance coverage as required and to name the Capitol Region Council of Governments as the Additional Insured will be grounds for termination of the contract. In addition:

- (a) *The insurance requirements shall apply to all subcontractors and/or consultants.*

- (b) *All policy forms shall be on the occurrence form. Exceptions must be authorized by CRCOG unless the coverage is for Professional Liability where the common form is claims made.*
 - (c) *Acceptable evidence of coverage will be on the ACORD form or a form with the same format.*
 - (d) *All renewal certificates shall be furnished at least 10 days prior to policy expiration.*
 - (e) *Each certificate shall contain a 30 day notice of cancellation.*
 - (f) *Insurance shall be issued by an insurance company licensed to conduct business in the State of Connecticut which has at least an "A-"VIII policy holders rating according to Best Publications latest edition Key Rating Guide.*
- i. **Comprehensive General Liability, including Contractual Liability, Products/Completed Operations Insurance**, as applicable, with limits not less than \$2,000,000 for all damages because of bodily injury sustained by each person as the result of any occurrence and \$1,000,000 bodily injury aggregate per policy year and limits of \$1,000,000 for all property damage sustained by each person as a result of any one occurrence and \$1,000,000 property damage aggregate per policy year or a combined single limit of \$1,000,000. All, if any, deductibles are the sole responsibility of the Supplier to pay and/or indemnify.
 - ii. **Automobile Liability Insurance** including non-owned and hired vehicles in the same limits as indicated in Section H.1, above.
 - iii. **Workers' Compensation Insurance** at the Connecticut statutory limit including Employers' Liability with limits of \$100,000 each accident, \$500,000 for each disease/policy limit, and \$100,000 for disease for each employee.
 - iv. **Excess Liability Umbrella Form** over sections H.1, H.2, and H.3- Employers' Liability with limits up to \$4,000,000.
 - v. ***The Capitol Region Council of Governments shall be named as an Additional Insured as its interest may appear on the appropriate coverage in sections H.1, H.2, H.3-Employers' Liability and H.4 in the section reserved for comments on the ACORD Form insurance certificate.***
 - vi. **Professional Liability Insurance** with limits up to \$2,000,000 aggregate limit issued on claims made basis for the term of the contract and continuing for two years following the completion of the contract at the Supplier's cost.
 - a. Comprehensive Commercial General Liability Insurance, including blanket Contractual Liability Insurance, Premises/Operations, Independent Contractors, and Products/Completed Operations Insurance issued by an insurance company licensed to conduct business in the State of Connecticut with limits not less than: \$1,000,000 for all damages because of bodily injury sustained by each person as the result of each occurrence and \$2,000,000 bodily injury aggregate per policy year; and limits of \$2,000,000 for all property damage aggregate per policy year or a limit of \$1,000,000

Combined Single Limit (CSL). All, if any, deductibles are the sole responsibility of the supplier to pay and/or indemnify.

- b. Automobile Liability Insurance issued by an insurance company licensed to conduct business in the State of Connecticut with limits not less than: \$500,000 for all damages because of bodily injury sustained by each person as a result of any occurrence and \$500,000 aggregate per policy year; and limits of \$500,000 for all damages because of property damage sustained as the result of any one occurrence or \$500,000 Combined Single Limit (CSL). All, if any, deductibles are the sole responsibility of the supplier to pay and/or indemnify.
- c. Workers' Compensation Insurance in accordance with Connecticut State Statutes.

H. Indemnification

To the fullest extent permitted by law, the Supplier shall release, defend, indemnify, and hold harmless CRCOG from any and all suits, claims, losses, damages, costs (including, without limitation, reasonable attorney fees) compensation, penalties, fines, liabilities or judgments or any name or nature for:

- (1) Bodily injury, sickness, disease or death; and/or
- (2) Damage to or destruction of property, real or personal; and/or
- (3) Financial losses (including, without limitation, those caused by loss of use)

sustained by any person or concern of CRCOG which is caused or alleged to have been caused in whole or in part, by the negligent act(s) or omission(s) of the vendor, its officers, employees, agents, or Subcontractors, in the performance of any resulting contract or from the inaccuracy of any representation or warranty of the Supplier contained in the Contract Documents. This indemnity should not be affected by other portions of the specifications relating to insurance requirements.

To the fullest extent permitted by law, the vendor agrees to release, defend, indemnify and hold harmless CRCOG, from any loss, claim, cost, penalty, fine or damage that may arise out of the failure of the Supplier, its officers, agents, employees, or Subcontractors to comply with any laws or regulations of the United States and the State of Connecticut. This undertaking shall not be affected by other portions of these specifications relating to insurance requirements.

I. Affirmative Action

CRCOG is an equal opportunity employer and requires an affirmative action policy from all suppliers and vendors as a condition of doing business with CRCOG, as per Federal Order 11246. By signing the proposal sheet for this bid, all vendors agree to this condition of doing business with CRCOG and should CRCOG choose to audit their compliance, the vendor agrees to cooperate fully.

J. Severability

If any terms or provisions of this Request for Proposals shall be found to be illegal or unenforceable, then such term or provision shall be deemed stricken and the remaining portions of this document shall remain in full force and effect.

VII. Appendices

A. Coversheet/Check list

Company Name: _____

Name of person completing RFP: _____

Telephone Number of person completing RFP: _____

E-mail address of person completing RFP: _____

Checklist:

- ☐ Use RFP Checklist as Cover Sheet
- ☐ Vendor Profile Form (Attachment C)
- ☐ Cost Proposal (as outlined in Section IV of the RFP, above). Use format from Appendix B.

B. Cost Proposal

Provide a fixed rate price proposal for option A. Provide a fixed rate price proposal for alternate options B and/or C, if necessary. All price proposals shall be through acceptance of the software. (CRCOG will choose from one of these three options.)

- | | |
|----------|--|
| Option A | Shall include all required tasks from Section IV- Software Functionality. |
| Option B | Shall include all required tasks from Section IV- Software Functionality, combined with one year of software assurance and technical support as a package. |
| Option C | One year of software assurance and technical support (list separately with Option A), if purchase separately at a later date. |

Provide hourly rates and estimated hours needed for each Option 1 through 3.

- | | |
|----------|---|
| Option 1 | Hourly rate for staff training |
| Option 2 | Hourly rate for software installation and configuration |
| Option 3 | Any additional cost not mentioned above. |

Provide any additional software required to achieve all required tasks from Section IV- Software Functionality.

C. Vendor Profile Sheet

COMPLETE VENDOR LEGAL BUSINESS NAME		Taxpayer ID # (TIN): ☐ SSN ☐ FEIN	
		Write/Type SSN/FEIN Number	
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)			
BUSINESS ENTITY: ☐ CORPORATION ☐ LLC CORPORATION ☐ LLC PARTNERSHIP ☐ LLC SINGLE MEMBER ENTITY ☐ NON-PROFIT ☐ PARTNERSHIP ☐ INDIVIDUAL/SOLE PROPRIETOR			
NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.			
BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT) E. OTHER (DESCRIBE IN DETAIL)			
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE IN THE STATE? (ENTER LETTER FROM ABOVE) →			
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE IN THE STATE? (ENTER LETTER FROM ABOVE) →			
NOTE: IF YOUR BUSINESS IS A PARTNERSHIP , YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.			
NOTE: IF YOUR BUSINESS IS A CORPORATION , IN WHICH STATE ARE YOU INCORPORATED?			
VENDOR ADDRESS STREET CITY STATE ZIP CODE Add Additional Business Address & Contact information on back of this form.			
VENDOR E-MAIL ADDRESS		VENDOR WEB SITE	
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. ☐ SAME AS VENDOR ADDRESS ABOVE. CONTACT INFORMATION: NAME (TYPE OR PRINT)			
1 ST BUSINESS PHONE:		Ext. #	HOME PHONE:
2 ND BUSINESS PHONE:		Ext. #	1 ST PAGER:
CELLULAR:		2 ND PAGER:	
1 ST FAX NUMBER:		TOLL FREE PHONE:	
2 ND FAX NUMBER:		TELEX:	
WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE NAMED VENDOR			DATE EXECUTED
TYPE OR PRINT NAME OF AUTHORIZED PERSON			TITLE OF AUTHORIZED PERSON
IS YOUR BUSINESS CURRENTLY A CERTIFIED SMALL BUSINESS ENTERPRISE? ☐ YES (ATTACH COPY OF CERTIFICATE) ☐ NO			
IS YOUR BUSINESS CURRENTLY A CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE (DBE)? ☐ YES ☐ NO			