APPENDIX C – BID RESPONSE FORMS

Table of Contents

Form 1.1 Intent to Bid (Cover Letter) 1
Form 2.1 Form for Submission of Questions and Requests 2
Form 5.1 Administrative Requirements Response Matrix 3
Form 5.2 Contractor/Subcontractor Information 5
Form 5.3 Standard Form 204 Payee Data Record 7
Form 5.4 Confidentiality Statement 8
Form 5.5 DVBE Participation 9
Form 6.1 Minimum Qualifications Matrix 10
Form 6.2 Bidder Experience Reference Form 11
Form 6.3 Staff Experience Reference Form 16
Form 7.1 Bidder Proposal Assumptions Form 18
Form 7.2 Hardware Specifications Form 20
Form 8.1 Bidder's Acceptance of the CDCR' Contract Terms (including exhibits) 21

Form 1.1 Intent to Bid (Cover Letter)

LETTER OF INTENT TO BID

(To be completed by the Bidder)

Date: _____

California Prison Health Care Services
Attn: Priscilla Dodson, RFP-08-001-ITS
501 J Street
P.O. Box 4038
Sacramento, CA 95812-4038

Reference: RFP-08-001-ITS

Dear Ms. Dodson:

This is to notify you that (insert company's name) intends to submit a bid response on the above noted RFP for the CDCR Health Care Scheduling System.

The individual to whom all information regarding this RFP (e.g. addenda) should be transmitted is:

Sincerely,

_____ _____
Name Title

_____
Company

_____
Street Address City State Zip

(____)_____ (____)_____
Phone Fax

_____
E-mail address:

Form 2.1 Form for Submission of Questions and Requests

	Your Organization's Name	Your Organization's Contact Information
#	RFP Reference (Section, Page, Paragraph)	Question/Request

Form 5.1 Administrative Requirements Response Matrix

ADMINISTRATIVE REQUIREMENTS RESPONSE MATRIX

Proposal Item	Vendor Agrees to Meet?		Reference to Proposal Response Section
1. Bidder must agree to accept full Prime Contractor responsibility for coordinating and controlling all aspects of the contract and any Subcontractors. The Bidder must check "Yes" on the Matrix indicating compliance, or "No" on the Matrix indicating non-compliance with the requirement.	**YES** ☐	**NO** ☐	
2. Bidder must agree to complete and submit the Contractor/Subcontractor Information provided as Form 5.2 in Appendix C of this RFP. The Bidder must check "Yes" on the Matrix indicating compliance, or "No" on the Matrix indicating non-compliance with the requirement.	**YES** ☐	**NO** ☐	
3. Bidder's Proposal submission must contain Bidder's certification with the California Secretary of State to do business in California. If certification has not been received, a copy of Bidder's application and statement of the status must be included. The Bidder must check "Yes" on the Matrix indicating compliance, or "No" on the Matrix indicating non-compliance with the requirement.	**YES** ☐	**NO** ☐	
4. Bidder's Final Proposal submission must contain a fully executed copy of STD Form 204, Payee Data Record, provided as Form 5.3 in Appendix C, Bid Response Forms of this RFP. The Bidder must check "Yes" on the Matrix indicating compliance, or "No" on the Matrix indicating non-compliance with the requirement.	**YES** ☐	**NO** ☐	
5. Bidder agrees it shall, and shall cause its Subcontractors to, submit as part of its Proposal a signed copy of the Confidentiality Statement provided as Form 5.4 in Appendix C of this RFP. Additional confidentiality and/or non-disclosure agreements or statements may also be required to be signed by Contractor and Subcontractor personnel, prior to working on this project. The Bidder must check "Yes" on the Matrix indicating compliance, or "No" on the Matrix indicating non-compliance with the requirement.	**YES** ☐	**NO** ☐	

Proposal Item	Vendor Agrees to Meet?		Reference to Proposal Response Section
6. Bidder agrees it shall submit as part of its Proposal a copy of the DVBE Participation form provided as Form 5.5 in Appendix C, Bid Response Forms, of this RFP. The Bidder must check "Yes" on the Matrix indicating compliance, or "No" on the Matrix indicating non-compliance with the requirement.			

Form 5.2 Contractor/Subcontractor Information

[Use this form to provide information about the Primary Contractor and ALL Subcontractors being proposed as part of this bid. **A separate form must be provided for each company.**

THE TEXT WITHIN THESE BRACKETS SHOULD BE DELETED IN YOUR RESPONSE.]

1. Please complete the following table:

Name of company	
Name of parent company	
Length of time in business	
Length of time in business of designing, developing and implementing systems for public sector organizations	
Number of full time personnel employed in your company	

2. Where is your headquarters located? Field offices?

3. Which office would service this account?

4. In the following table, please list credit references that can verify the financial standing of your company. Additionally, attach the most recent audited financial statement or annual report for your company.

Institution	Address	Phone Number

1. **Prime Contractor only:** Attach the most recent audited financial statements or annual reports for the last three (3) years.
   1. Income Statement
   2. Balance Sheet
   3. Statement of Cash Flows

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2. **Prime Contractor only:** Can you certify to the best of your knowledge that your organization or any of its officers:
   1. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency?
      YES ☐ **NO** ☐

   2. Have not within a five (5) year period preceding this RFP been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; 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?
      YES ☐ **NO** ☐

   3. Have not within a five (5) year period preceding this RFP had one or more transactions terminated for cause or default?
      YES ☐ **NO** ☐

Form 5.3 Standard Form 204 Payee Data Record

The Bidder shall review, complete and sign the Standard Form 204, Payee Data Record at the following DGS website by following the link provided directly below:

http://www.cgcc.ca.gov/forms/std204.pdf

Form 5.4 Confidentiality Statement

Confidentiality Statement
for
Request for Proposal RFP-08-001-ITS, Health Care Scheduling System

As an authorized representative and/or corporate officer of the company named below, my company covenants and warrants that it and its employees will not use or disclose any documents, diagrams, information and information storage media made available to us by the CDCR in connection with RFP-08-001-ITS except only for purposes of responding to that RFP or in conjunction with any contract arising therefrom. My company covenants and warrants that only those employees who are authorized and required to use such materials for such purposes will have access to them. The foregoing restrictions will not apply to any information that is or becomes in the public domain or that we can show was already known by my company prior to disclosure.

My company further covenants and warrants that all materials provided by the CDCR will be returned promptly after use and that all copies or derivations of the materials will be physically and/or electronically destroyed. We will include with the returned materials, a letter attesting to the complete return of materials and documenting the destruction of copies and derivations. Failure to so comply will subject this company to liability, both criminal and civil, including all damages to the State and third parties. CDCR is authorized to inspect and verify the above.

If my company is awarded the contract, it will not enter into any agreements or discussions with a third party concerning such materials prior to receiving written confirmation from the CDCR that such third party has a confidentiality agreement with the CDCR similar in nature to this one.

_____ _____
Signature of Representative Date

_____
Typed/Hand written Name of Representative

_____
Typed/Hand written Title of Representative

_____
Typed/Hand written Name of Company

Form 5.5 DVBE Participation

STD 840

Review, complete and sign the Standard Form 840 (rev. 1/2005) at the following DGS website "Small Business and DVBE Services" by following the link provided directly below:

http://www.documents.dgs.ca.gov/pd/dvbe/dvbereq.pdf

STD 843

Review, complete and sign the Standard Form 843 (rev. 11/2005) at the following DGS website "Small Business and DVBE Services" by following the link provided directly below:

http://www.documents.dgs.ca.gov/pd/poliproc/STD-843FillPrintFields.pdf

Form 6.1 Minimum Qualifications Matrix

Proposal Item	Vendor Agrees to Meet?		Reference to Proposal Response Section
Minimum Bidder Qualification Requirement 1: The Bidder must supply one (1) reference that verifies that the Bidder (Prime Contractor or Subcontractor) has designed, developed, tested, and successfully implemented a complete, integrated scheduling solution within the last five (5) years for a paying customer external to the Bidder's organization.	**YES** ☐	**NO** ☐	
Minimum Bidder Qualification Requirement 2: The Bidder must supply one (1) reference that verifies that the Bidder (Prime Contractor or Subcontractor) has designed, developed, tested, and successfully implemented a health care solution within the last five (5) years for a paying customer external to the Bidder's organization.	**YES** ☐	**NO** ☐	
Minimum Bidder Qualification Requirement 3: While optional, the Bidder is encouraged to supply one (1) reference that verifies that the Bidder (Prime Contractor) has designed, developed, tested, and successfully implemented a solution of similar size and complexity to the HCSS Project within a correctional environment within the last five (5) years for a paying customer external to the Bidder's organization.	**YES** ☐	**NO** ☐	
Minimum Bidder Qualification Requirement 4: The Bidder must supply one (1) reference that verifies that the Bidder (Prime Contractor) has designed, developed, tested, and successfully implemented a solution of similar size and complexity to the HCSS Project within the last five (5) years with a contract value over $10 million in one-time total project costs for a paying customer external to the Bidder's organization.	**YES** ☐	**NO** ☐	

Form 6.2 Bidder Experience Reference Form

Section 1. To be completed by the Bidder

Meets RFP Bidder Experience Requirement #: ____	
Project Information	
Bidder Name:	Bidder Contact/Name:
Project Dates:	Bidder Contact Phone:
Customer Organization:	Customer Contact Name:
	Customer Phone:
Customer Address:	Customer Fax:
Designed, developed, tested, and successfully implemented a complete, integrated scheduling solution within the last five (5) years for a paying customer external to the Bidder's organization: ☐ Yes ☐ No	
Designed, developed, tested, and successfully implemented a health care solution within the last five (5) years for a paying customer external to the Bidder's organization: ☐ Yes ☐ No	
Designed, developed, tested, and successfully implemented a solution of similar size and complexity to the HCSS Project within a correctional environment within the last five (5) years for a paying customer external to the Bidder's organization: ☐ Yes ☐ No	
Designed, developed, tested, and successfully implemented a solution of similar size and complexity to the HCSS Project within the last five (5) years with a contract value over $10 million in one-time total project costs for a paying customer external to the Bidder's organization: ☐ Yes ☐ No	
Project Objectives:	
Bidder's Involvement:	

Project Benefits:				
Project Measurements:				
Operating Budget of Organization:		# of Users:		
Estimated one-time costs:		Actual one-time costs:		
Reason(s) for Change in one-time cost:				
Original Value of Vendor's Contract:		Actual Total Contract Value:		
Reason(s) for Change in Value:				
Estimated Start & Completion Dates:	From:		To:	
Actual Start & Completion Dates:	From:		To:	
Reason(s) for Difference Between Estimated and Actual Dates:				

Section 2. To be completed by the Customer Organization

Bidder Name: _____

Vendor Name *(if different than Bidder Name above, e.g., a vendor that may be a subcontractor to the Bidder):* _____

Customer Organization: _____

PAST PERFORMANCE REFERENCE CHECK

Step 1: Please review the information provided by the vendor of your project in Section I of this Bidder Experience Reference Form and validate that the information is or is not correct. If the information is not correct, please indicate what is not correct and why, in Section A: Validation of this evaluation form.

Step 2: Please rate the vendor's performance in the questions below. Circle the number, which corresponds to the performance rating for each category according to the rating scale described below. In addition, comments are appreciated, but will not be scored.

Once you have completed the form, please return it to the Bidder in a sealed envelope. The CDCR has the right to contact the references of the Bidder's Firm and/or Staff and may contact you.

The California Prison Health Care Services appreciate your participation.

Your specific responses and comments will be held in strictest confidence.

Bidder Name:_____

Customer Organization:_____

1. Validation of Referenced Project Data Provided by Bidder in Section 1

Comments from Customer Organization

2. Past Performance Reference

RATING GUIDELINES

Selection	Rating
5	Significantly exceeded your expectations.
4	Somewhat exceeded your expectations.
3	Met your expectations.
2	Somewhat below your expectations.
1	Significantly below your expectations.

Please explain ratings of 1, 2, or NA in the Comments section below.

Criteria	Rating	Not Applicable
1. The vendor provided sufficient project resources to meet all project goals and objectives.	5 4 3 2 1	NA
2. The vendor provided sufficient staff with appropriate skill sets.	5 4 3 2 1	NA
3. The vendor effectively managed their project staff to achieve project goals.	5 4 3 2 1	NA
4. The vendor and its assigned project staff possessed effective communication skills (both oral and written) and effectively managed communication among team members.	5 4 3 2 1	NA
5. The vendor met all required tasks and deliverables timely and satisfactorily.	5 4 3 2 1	NA
6. The vendor regularly provided high quality and frequent knowledge transfer as part of their project performance.	5 4 3 2 1	NA

Criteria		Rating	Not Applicable
7.	The vendor completed the work within original bid budget (contract value), billings were current, accurate and complete.	5 4 3 2 1	NA
8.	The vendor provided accurate and thorough project documentation.	5 4 3 2 1	NA
9.	The vendor satisfactorily managed project scope to adhere to project schedule and control costs.	5 4 3 2 1	NA
10.	The vendor managed project risk satisfactorily (risks were identified and mitigated timely and appropriately).	5 4 3 2 1	NA
11.	The vendor adequately documented and justified changes through a change control process.	5 4 3 2 1	NA
12.	The vendor provided advanced notice of slippages and appropriate mitigation.	5 4 3 2 1	NA

Comments:
For Criteria With Ratings of 1, 2, or N/A:
General Comments:

As a representative of the Customer Organization listed above, I approved the responses to the following statements about the performance of the Vendor listed above on the project identified in Section I of this Bidder Experience Reference Form.	
Printed Name:	Printed Title:
Signature:	Date:

Form 6.3 Staff Experience Reference Form

Bidder Name: _____

Prime Contractor/Subcontractor Organization: _____

Proposed Project Role: _____

Key Role(s)* (if applicable): _____

* see RFP Section VI.3.2.1

Team Member's Name: _____

The Bidder must provide a completed Staff Experience Reference Form for each proposed staff person of this project. At a minimum, the Bidder must identify those individuals who will be performing specific key roles as stipulated in RFP Section VI.3.2.1, Project Staff.

Projects Where Team Member Performed Role:

For each project experience listed, indicate the customer name and customer contact information, whether the project was for a public sector agency, project name, **start and end dates the team member performed the role**, duration of the experience, whether the project included a scheduling system or health care system implementation, contract value, and the overall experience gained. Staff identified for Key Roles must include a minimum of two references.

Customer Name and Contact	Public Sector (Y/N)	Organization Size	Project Name and Description	Dates/ Duration**	Scheduling/HC Implementation (Y/N)	Contract Value	Experience Gained
e.g., Department of Health, John Smith (212-555-9000)			Project 1	05/2006 - 04/2007 12 mos.		$53M	Training
Total Years of Experience in Role:							

**** Dates/Duration:** Provide the start and end date the vendor was involved in the cited project using MM//YYYY format.

Summary Description of Skill Sets and Experience:

Individual Qualifications		
Certifications (if applicable)		
PMI/PMP	Member ID#:	
	Earned Date:	Expiration Date:
Other	Member ID#:	
	Earned Date:	Expiration Date:
Education		
Bachelors:	Subject area	Earned date
1.		
2.		
Masters:	Subject area	Earned date
1.		
2.		
Doctorate:	Subject area	Earned date
1.		
2.		

Form 7.1 Bidder Proposal Assumptions Form

Assumptions regarding pricing made by the Bidder in responding to this RFP do not obligate the CDCR in any way. The number and extent of assumptions made by the Bidder may impact the score in the Initial Evaluation, as described in RFP Section IX.1.5. Contract Exceptions Review. Additionally, assumptions made by the Bidder may make the Proposal conditional and may cause the Bidder's Proposal to be rejected.

The Bidder shall provide complete pricing for the set of Services as described in the enclosures to this RFP. This pricing is all-inclusive for the specified services to be provided under this RFP. The pricing spreadsheet methodology is based on the pricing and charges requirements contained in RFP Appendix D, Cost Workbook

Pricing for the HCSS as indicated in RFP Section VII, Pricing Proposal and RFP Appendix D, Cost Workbook shall be based on the CDCR provided Contract terms and conditions, including Exhibits, and Mandatory Requirements of the RFP (not the Bidder's exceptions to the terms and conditions). The Bidder is required to state all other assumptions upon which its pricing is being determined in Table 1, Bidder Proposal Assumptions below. Assumptions shall not conflict with Contract terms and conditions (including Exhibits) or Mandatory Requirements of this RFP.

A detailed pricing response template is provided in RFP Appendix D, Cost Workbook in the form of a Microsoft Excel workbook. The template includes individual detailed fee worksheets that Bidder is required to complete. The pricing template includes fee summary sheet that provides roll-up pricing for all contract years.

Bidder shall provide pricing consistent with the following:

1. Apply the pricing and fee requirements as described in RFP Appendix D, Cost Workbook
2. Clearly identify and explain all of the pricing assumptions made, upon which pricing is predicated including the cost/pricing impact if the assumption turns out not to be valid
3. State if any charge is subject to special conditions, and clearly specify those conditions and quantify their impact upon the charges

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The CDCR will favor a response that contains a minimum number of constraints, caveats, and exceptions to the requirements and terms and conditions contained in the RFP.

1. Bidder Proposal Assumptions

Bidder Proposal Assumptions			
ITEM #	**REFERENCE (Section, Page, Paragraph)**	**DESCRIPTION**	**RATIONALE**

1.			
2.			
3.			

Signature

Printed Name

Title

Date

Form 7.2 Hardware Specifications Form

Hardware Specifications						
Hard-ware Item #	**Hardware Item**	**Environment (e.g., Dev, Q1, Q2, Training, Stage, Production)**	**Manu-facturer**	**Detailed Description (e.g., number of processors, amount and type of storage and memory, type of network card)**	**Operating System**	**Earliest Proposed Purchase Date**
1	Item 1					
2	Item 2					
3	Item 3					

Form 8.1 Bidder's Acceptance of the CDCR' Contract Terms (including exhibits)

The Contract, Statement of Work (SOW) and other key contract documents provided in Word format as part of the RFP (see RFP Appendix A, Statement of Work and RFP Appendix I, Contract).

Bidder must respond to these documents including the Contract and SOW in Appendix A, Statement of Work and RFP Appendix I, Contract, in accordance with the procedures and format set forth below. The CDCR will only review issues raised on the "Issues Lists".

Response to the contract documents must be consistent with the following example provided for the Contract response:

1. **Issues List** – A detailed paragraph-by-paragraph, contract clause-by-contract clause description of any issues or concerns that Bidder may have with the Contract ("***Issues List*** "). If Bidder objects to a particular paragraph or clause, then Bidder will need to further describe, in business terms and not in proposed language, the nature of its concern and what terms Bidder is willing to accept. The Issues List shall provide the reason or rationale supporting the item of concern and/or counter response. Simply stating that a provision is "Not Acceptable" or "to be negotiated", or proposing alternative contract terms without describing in business language the reason or rationale may be considered non-responsive. If Bidder does not identify specific concerns with a particular paragraph or contract clause, the CDCR will consider the paragraph and/or clause acceptable. Bidder shall also provide a description of the business benefit to the CDCR for the proposed language changes.

   The samples below illustrate both <u>acceptable</u> and <u>non-acceptable</u> forms of responses. The format labeled "Acceptable" should be followed in Bidder's response. Responses that reflect or contain content that mirror the non-acceptable samples may be considered non-responsive be reviewed by the CDCR. The Issues List is to be provided to the CDCR in Volume IV of the Proposal, in Microsoft Word format, as described in RFP Section VIII, Proposal Format.

2. **Redlined Documents** – In addition to the issues list described above, the Bidder shall provide a Redlined copy of the Contract showing the requested changes in accordance with Section 1 above.

3. **No Standard Bidder Form Contracts** – Do not provide a copy of the Bidder's standard contract or SOW to the CDCR. The CDCR will be using the enclosed Contract and SOW in negotiations with the Bidder, and the CDCR' legal counsel will be making all agreed upon revisions to these documents.

ISSUES LIST – SAMPLE

4. Acceptable Form of Bidder Response

ITEM #	REFERENCE (Section, Page, Paragraph)	ISSUE	BIDDER PROPOSED SOLUTION/RATIONALE AND BENEFITS OF PROPOSED SOLUTION TO THE CDCR
1	Section 20.11	Governing law – California	Bidder proposes using New York law as the applicable State law. **Rationale**: New York is the location of company's headquarters. **Benefit to the CDCR:** Reduced overhead costs passed on to the CDCR

5. Unacceptable Form of Bidder Response

ITEM #	REFERENCE (Section, Page, Paragraph)	ISSUE	BIDDER PROPOSED SOLUTION/RATIONALE AND BENEFITS OF PROPOSED SOLUTION TO THE CDCR
1	Section 20.11	Governing Law - California	***14.13 Governing Law; Exclusive Jurisdiction***. This Agreement shall in all respects be interpreted under, and governed by, the internal laws of the State of New York including, without limitation, as to validity, interpretation and effect, without giving effect to New York' conflicts of laws principles.

REASONS WHY FORM IS NOT ACCEPTABLE:

1. Replacement paragraph response
2. _____No business discussion on why Section 20.11 is not acceptable
3. _____No reason or rationale of the concern is provided
4. _____No benefit to the CDCR noted

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Response to the SOW and other Contract Documents

The Bidder shall respond to the SOW and other contract documents provided in the RFP according to the same procedures and format set forth in the Contract response example above. Redlined copies of other RFP documents are not required or requested.

Mark the Appropriate Choice, below:

_____ Bidder accepts Contract Terms (including Exhibits) without exception.

OR

_____ Bidder proposes exceptions/modifications to the Contract Terms (including Exhibits). Summarize any and all exceptions to Contract Terms (including Exhibits) below. With respect to the Contract terms and conditions, enclose both a red-lined version of Contract terms and

conditions that clearly shows each proposed exception/modification, and provide written documentation to substantiate each proposed exception/modification using the table below. *CDCR considers the Bidder to agree to all terms and conditions of the Contract (including Exhibits), unless identified herein. Absence of issues will constitute agreement for those terms not herein addressed, and will not be subject to further negotiation.*

5. Issues List

ITEM #	REFERENCE (Section, Page, Paragraph)	ISSUE	BIDDER PROPOSED SOLUTION/RATIONALE AND BENEFITS OF PROPOSED SOLUTION TO THE CDCR
1.			
2.			
3.			

_____
Signature

_____
Printed Name

_____
Title

_____
Date