**RFP DTI16630-ITSTFFSVCS, INFORMATION TECHNOLOGY PROJECT STAFFING**

**This is not a complete set of required proposal reply documents. These Word documents are supplied to assist vendors and use of this package does not excuse any vendor from complying with Section III of the RFP.**

This package of Addendum 5 Word documents includes the following attachments:

* Attachment 2 – Non-Collusion Statement
* Attachment 12 – Supplemental Salesforce And ServiceNow Information

**Attachment 2**

**CONTRACT NO.: DTI16630-ITSTFFSVCS**

**CONTRACT TITLE: Information Technology Project Staffing**

**DEADLINE TO RESPOND: August 16, 2016 at 1:00 PM (Local Time)**

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal**, and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation** submitted this date to the State of Delaware, Department of Technology and Information.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 3, the Vendor’s acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Department of Technology and Information.

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check one)

|  |  |
| --- | --- |
|  | Corporation |
|  | Partnership |
|  | Individual |

NAME OF AUTHORIZED REPRESENTATIVE

(Please type or print)

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF DELAWARE

FEDERAL E.I. NUMBER LICENSE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| COMPANY CLASSIFICATIONS:  CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Certification type(s) | Circle all that apply |
| Minority Business Enterprise (MBE) | Yes No |
| Woman Business Enterprise (WBE) | Yes No |
| Disadvantaged Business Enterprise (DBE) | Yes No |
| Veteran Owned Business Enterprise (VOBE) | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | Yes No |

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:

(COMPANY NAME)

ADDRESS

CONTACT

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

**AFFIRMATION:** Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner,

Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES NO if yes, please explain

**THIS PAGE SHALL HAVE ORIGINAL SIGNATURE, BE NOTARIZED AND BE RETURNED WITH YOUR PROPOSAL**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_\_\_\_ day of , 20 \_\_\_\_\_\_\_\_\_\_

Notary Public My commission expires

City of County of State of

**ATTACHMENT 12 – SUPPLEMENTAL SALESFORCE AND SERVICENOW INFORMATION**

 By checking this box, Offeror acknowledges the proposal does not include any Salesforce or ServiceNow positions. Responses to the questions below are not required.

**OR**

Vendors are required to provide a reply to each question listed below. Your replies will aid the evaluation committee as part of the overall qualitative evaluation criteria of this Request for Proposal. Your responses should contain sufficient information about your company so evaluators have a clear understanding of your company’s background and capabilities. Failure to respond to any of these questions may result in your proposal to be rejected as non-responsive.

**SALESFORCE/SERVICENOW TIER 1**

|  |  |
| --- | --- |
| 1.1. | Demonstrate 2 years of experience in Salesforce and/or ServiceNow by detailing projects, engagements and/or work efforts with timelines. |
|  |  |

|  |  |
| --- | --- |
| 1.2. | List a minimum of 3 resources with individual Salesforce and/or ServiceNow certifications by name, title and certification type with certification numbers. |
|  |  |

|  |  |
| --- | --- |
| 1.3. | Demonstrate 'project' experience in the Salesforce and/or ServiceNow space in excess of $200k Total Contract Value by providing project name, scope statement and total contract value. |
|  |  |

**SALESFORCE/SERVICENOW TIER 2**

|  |  |
| --- | --- |
| 2.1. | Demonstrate 7 years of experience in Salesforce and/or ServiceNow by detailing projects, engagements and/or work efforts with timelines. |
|  |  |

|  |  |
| --- | --- |
| 2.2. | List Salesforce and/or ServiceNow minimum 'Gold Level' and/or 'Master Preferred' Credentials/Certification status with descriptions and applicable credential numbers. |
|  |  |

|  |  |
| --- | --- |
| 2.3. | List a minimum of 10 resources with individual Salesforce and/or ServiceNow certifications by name, title and certification type with certification numbers. |
|  |  |

|  |  |
| --- | --- |
| 2.4. | List a minimum of 21 certified and non-certified internal employee Salesforce/ServiceNow resources (may include 10 certified resources listed previously if internal employees) |
|  |  |

|  |  |
| --- | --- |
| 2.5. | Demonstrate 'project' experience in the Salesforce and/or ServiceNow space in excess of $1.0M Total Contract Value by providing project name, scope statement and total contract value. |
|  |  |

|  |  |
| --- | --- |
| 2.6. | Do you have a minimum $30M in annual corporate revenues?  If yes, provide copies of annual financial statements demonstrating the $30M minimum in annual corporate revenues. |
|  |  |