**REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES DELAWARE EMERGENCY NOTIFICATION SYSTEM ISSUED BY GOVERNMENT SUPPORT SERVICES**

**CONTRACT NUMBER GSS18488-DENS**

**Contents:**

1. Attachments

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1. **Overview**

The State of Delaware Department of Government Support Services seeks professional services to Delaware Emergency Notification System (DENS). This request for proposals (“RFP”) is issued pursuant to 29 *Del. C.* §§ [6981 and 6982](http://delcode.delaware.gov/title29/c069/sc06/index.shtml).

The proposed schedule of events subject to the RFP is outlined below: Public Notice Date: May 31, 2018

Deadline for Questions Date: June 8, 2018 @3pm (Local Time) Response to Questions Posted by: Date: June 15, 2018

Deadline for Receipt of Proposals Date: June 28, 2018 @3:00pm (Local Time) On-Site Demonstrations at DEMA Date: July 10 – July 12, 2018

Estimated Notification of Award Date: October 31, 2018

Each proposal must be accompanied by a transmittal letter which briefly summarizes the proposing firm’s interest in providing the required professional services. The transmittal letter must also clearly state and justify any exceptions to the requirements of the RFP which the applicant may have taken in presenting the proposal. (Applicant exceptions must also be recorded on Attachment 3).

**The following attachments shall be completed in word.doc.**

**Please do not handwrite pertinent information into documents.**

## 1

6982(b) Version: July 7, 2017

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**NO PROPOSAL REPLY FORM**

**Attachment 1**

Contract No. GSS18488-DENS Contract Title: DELAWARE EMERGENCY

NOTIFICATION SYSTEM

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

|  |  |
| --- | --- |
| 1. | We do not wish to participate in the proposal process. |
| 2. | We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are: |
|  |  |
| 3. | We do not feel we can be competitive. |
| 4. | We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company. |
| 5. | We do not wish to sell to the State. Our objections are: |
|  |  |
| 6. | We do not sell the items/services on which Proposals are requested. |
| 7. | Other: |

|  |  |  |
| --- | --- | --- |
| FIRM NAME |  | SIGNATURE |

|  |
| --- |
| We wish to remain on the Vendor's List **for these goods or services**. |
| We wish to be deleted from the Vendor's List **for these goods or services**. |

**PLEASE FORWARD NO PROPOSAL REPLY FORM TO THE CONTRACT OFFICER IDENTIFIED.**

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**Attachment 2**

**CONTRACT NO.: GSS18488-DENS**

**CONTRACT TITLE: Delaware Emergency Notification System DEADLINE TO RESPOND: June 28 at 3:00 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, Government Support Services.

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, Government Support Services.

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

COMPANY NAME Check one) 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

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**Attachment 3**

Contract No. GSS18488-DENS

Contract Title: Delaware Emergency Notification System

EXCEPTION FORM

Proposals must include all exceptions to the specifications, terms or conditions contained in this RFP. If the vendor is submitting the proposal without exceptions, please state so below.

 By checking this box, the Vendor acknowledges that they take no exceptions to the specifications, terms or conditions found in this RFP.

|  |  |  |
| --- | --- | --- |
| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

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**Attachment 4**

Contract No. GSS18488-DENS

Contract Title: Delaware Emergency Notification System CONFIDENTIAL INFORMATION FORM

 By checking this box, the Vendor acknowledges that they are not providing any information they

declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

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| **Confidentiality and Proprietary Information** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

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**Attachment 5**

Contract No. GSS18488-DENS

Contract Title: Delaware Emergency Notification System BUSINESS REFERENCES

List a minimum of three business references, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

Please do not list any Personal References or State Employees as a business reference. If you have held a State contract within the last 5 years, please provide a separate list of the contract(s).

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| 1. | **Contact Name & Title:** |
|  | **Business Name:** |
|  | **Address:** |
|  | **Email:** |
|  | **Phone # / Fax #:** |
|  | **Current Vendor (YES or NO):** |
|  | **Years Associated & Type of Work Performed:** |
| 2. | **Contact Name & Title:** |
|  | **Business Name:** |
|  | **Address:** |
|  | **Email:** |
|  | **Phone # / Fax #:** |
|  | **Current Vendor (YES or NO):** |
|  | **Years Associated & Type of Work Performed:** |
| 3. | **Contact Name & Title:** |
|  | **Business Name:** |
|  | **Address:** |
|  | **Email:** |
|  | **Phone # / Fax #:** |
|  | **Current Vendor (YES or NO):** |
|  | **Years Associated & Type of Work Performed:** |

**STATE OF DELAWARE PERSONNEL MAY NOT BE USED AS REFERENCES.**

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**Attachment 6**

SUBCONTRACTOR INFORMATION FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** | | | | |
| 1. CONTRACT NO. GSS18488-DENS | | 2. Proposing Vendor Name: | | 3. Mailing Address |
| 4. SUBCONTRACTOR | |  | | |
| a. NAME | | 4c. Company OSD Classification:  Certification Number: | | |
| b. Mailing Address: | | 4d. Women Business Enterprise Yes No  4e. Minority Business Enterprise Yes No 4f. Disadvantaged Business Enterprise Yes No 4g. Veteran Owned Business Enterprise Yes No 4h. Service Disabled Veteran Owned  Business Enterprise Yes No | | |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR | | | | |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | | 8. DATE SIGNED | |
| 6b. TITLE OF PERSON SIGNING |
| **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** | | | | |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | | 11. DATE SIGNED | |
| 9b. TITLE OF PERSON SIGNING |

**\* Use a separate form for each subcontractor**

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**Attachment 10**

**PERFORMANCE BOND**

Bond Number:

KNOW ALL PERSONS BY THESE PRESENTS, that we, , as principal

(“**Principal**”), and , a corporation, legally

authorized to do business in the State of Delaware, as surety (“**Surety**”), are held and firmly bound unto the (“**Owner**”) (***insert State agency name***), in the amount of ($ ), to be paid to **Owner**, for which payment well and truly to be made, we do bind ourselves, our and each and every of our heirs, executors, administrations, successors and assigns, jointly and severally, for and in the whole, firmly by these presents.

Sealed with our seals and dated this day of , 20 .

NOW THE CONDITION OF THIS OBLIGATION IS SUCH, that if **Principal**, who has been awarded by

**Owner** that certain contract known as Contract No. dated the day of

, 20 (the “Contract”), which Contract is incorporated herein by reference, shall well and truly provide and furnish all materials, appliances and tools and perform all the work required under and pursuant to the terms and conditions of the Contract and the Contract Documents (as defined in the Contract) or any changes or modifications thereto made as therein provided, shall make good and reimburse **Owner** sufficient funds to pay the costs of completing the Contract that **Owner** may sustain by reason of any failure or default on the part of **Principal**, and shall also indemnify and save harmless **Owner** from all costs, damages and expenses arising out of or by reason of the performance of the Contract and for as long as provided by the Contract; then this obligation shall be void, otherwise to be and remain in full force and effect.

**Surety**, for value received, hereby stipulates and agrees, if requested to do so by **Owner**, to fully perform and complete the work to be performed under the Contract pursuant to the terms, conditions and covenants thereof, if for any cause **Principal** fails or neglects to so fully perform and complete such work.

**Surety**, for value received, for itself and its successors and assigns, hereby stipulates and agrees that the obligation of **Surety** and its bond shall be in no way impaired or affected by any extension of time, modification, omission, addition or change in or to the Contract or the work to be performed thereunder, or by any payment thereunder before the time required therein, or by any waiver of any provisions thereof, or by any assignment, subletting or other transfer thereof or of any work to be performed or any monies due or to become due thereunder; and **Surety** hereby waives notice of any and all such extensions, modifications, omissions, additions, changes, payments, waivers, assignments, subcontracts and transfers and hereby expressly stipulates and agrees that any and all things done and omitted to be done by and in relation to assignees, subcontractors, and other transferees shall have the same effect as to **Surety** as though done or omitted to be done by or in relation to **Principal**.

**Surety** hereby stipulates and agrees that no modifications, omissions or additions in or to the terms of the Contract shall in any way whatsoever affect the obligation of **Surety** and its bond.

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## Any proceeding, legal or equitable, under this Bond may be brought in any court of competent jurisdiction in the State of Delaware. Notices to **Surety** or Contractor may be mailed or delivered to them at their respective addresses shown below.

IN WITNESS WHEREOF, **Principal** and **Surety** have hereunto set their hand and seals, and such of them as are corporations have caused their corporate seal to be hereto affixed and these presents to be signed by their duly authorized officers, the day and year first above written.

**PRINCIPAL**

Name:

Witness or Attest: Address:

By: (SEAL)

Name: Name:

Title:

(Corporate Seal)

**SURETY**

Name:

Witness or Attest: Address:

By: (SEAL)

Name: Name:

Title:

(Corporate Seal)

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# Appendix A - MINIMUM MANDATORY SUBMISSION REQUIREMENTS

Each vendor solicitation response should contain at a minimum the following information:

* + - 1. Transmittal Letter as specified on page 1 of the Request for Proposal including an Applicant's experience, if any, providing similar services.
      2. The remaining vendor proposal package shall identify how the vendor proposes meeting the contract requirements and shall include pricing. Vendors are encouraged to review the Evaluation criteria identified to see how the proposals will be scored and verify that the response has sufficient documentation to support each criteria listed.
      3. Pricing as identified in the solicitation
      4. One (1) complete, signed and notarized copy of the non-collusion agreement (See Attachment 2). Bid marked “ORIGINAL”, **MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK .** All other copies may have reproduced or copied signatures – Form must be included.
      5. One (1) completed RFP Exception form (See Attachment 3) – please check box if no information

– Form must be included.

* + - 1. One (1) completed Confidentiality Form (See Attachment 4) – please check if no information is deemed confidential – Form must be included.
      2. One (1) completed Business Reference form (See Attachment 5) – please provide references other than State of Delaware contacts – Form must be included.
      3. One (1) complete and signed copy of the Subcontractor Information Form (See Attachment 6) for each subcontractor – only provide if applicable.
      4. One (1) complete OSD application (See link on Attachment 9) – only provide if applicable
      5. One (1) signed copy of the Contractor Confidentiality (Non-Disclosure) and Integrity of Data Agreement (Attachment 15)
      6. One (1) signed copy of the completed and signed Terms and Conditions for Cloud Contracting and External Hosting (Attachment 16).
      7. One (1) copy of the network diagram that document’s the user’s interaction with the solutions and any other interfaces (Template found in Attachment 14).
      8. One (1) completed Software Inventory of the proposed solutions (Attachment 13).

The items listed above provide the basis for evaluating each vendor’s proposal. **Failure to provide all appropriate information may deem the submitting vendor as “non-responsive” and exclude the vendor from further consideration.** If an item listed above is not applicable to your company or proposal, please make note in your submission package.

Vendors shall provide proposal packages in the following formats:

1. Two (2) paper copies of the vendor proposal paperwork. **One (1) paper copy must be an original copy, marked “ORIGINAL” on the cover, and contain original signatures.**
2. One (1) electronic copy of the vendor proposal saved to CD or DVD media disk, or USB memory stick. The electronic price file is only accepted in EXCEL FORMAT. Do not scan the pricing spreadsheet in .pdf format. The pricing file in excel shall be a separate file from all other files within the electronic copy.

## STATE OF DELAWARE GOVERNMENT SUPPORT SERVICES

**APPENDIX B**

**Pricing Forms**

Provide pricing as an overall annual fee schedule for the requirements of this RFP. The initial contract term is three (3) years, with two (2) one (1) year extensions possible. Pricing submitted is on an annual basis. Remaining annual fees are dependent on contract extensions through negotiation.

|  |  |
| --- | --- |
| **DESCRIPTION** | **ANNUAL FEE** |
| First Year | $ |
| Second Year | $ |
| Third Year | $ |
| Fourth Year (Optional) | $ |
| Fifth Year (Optional) | $ |
| Total | $ |

Provide pricing for the other requirements listed below. If one or more line item is included in the annual fee state so.

|  |  |
| --- | --- |
| **DESCRIPTION** | **FEE** |
|  |  |
| Set-up/Start-up | $ |
| Updates (Mapping & telephone numbers) | $ |
| Activation (All associated costs) | $ |
| Other (Provide Detailed Description) | $ |

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