**Questions on State of Delaware RFP - July 11, 2012**

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| Section number: | **I. Overview** |
| Paragraph number  | N/A |
| Page number  | 2 |
| Text of passage being questioned  | “Deadline for Receipt of Proposals Date: Wednesday, August 22, 2012” |
| Question  | Based on the complexity and volume of the RFP requirements, Vendor respectfully requests a 30-day extension of the proposal due date in order to allow all vendors sufficient time to develop a comprehensive solution and compliant proposal. |
| Answer | The request for extension is not granted at this time. Vendors are being given over 6 weeks to develop their proposals. Also, the Department has a schedule based on the timeline set in the RFP and does not want to delay implementation of the contract. |

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| Section number: | **1.3 Required Response Format**  |
| Paragraph number  | 1 |
| Page number  | 4 |
| Text of passage being questioned  | “A paragraph-by-paragraph response of the technical specifications shall be provided indicating compliance with every described requirement, specification and function included in this RFP.” |
| Question  | Will the State provide vendors an editable electronic version of the RFP (e.g., Microsoft Word) in order to allow vendors to enter responses directly into the forms, or does the State want vendors to recreate the RFP forms?  |
| Answer | The technical specifications are now available at <http://bids.delaware.gov/bids_detail.asp?i=1348&DOT=N> as a Microsoft Word file called Appendix A – Scope of Work and the other forms in the RFP are on the following pages. |

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**Attachment 1**

NO PROPOSAL REPLY FORM

**CONTRACT # SHS-12-004-CADRMSMDSU**

**CONTRACT TITLE: Public Safety CAD, RMS, and Mobile Data System Upgrade**

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:

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

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

 **CONTRACT NO.: SHS-12-004-CADRMSMDSU Attachment 2**

**CONTRACT TITLE: Public Safety CAD, RMS, and Mobile Data System Upgrade**

**OPENING DATE: Wednesday, August 22, 2012**

**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 Safety & Homeland Security.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents the Vendor’s acceptance of the terms and conditions of this Request for Proposal 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 Safety & Homeland Security

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

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|  | 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (circle one) (circle one) (circle one)

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| COMPANYCLASSIFICATIONS:CERT.NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Women Yes NoBusinessEnterprise (WBE) | Minority Yes NoBusinessEnterprise (MBE) | Disadvantaged Yes NoBusinessEnterprise (WBE) |

[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 BE SIGNED, NOTARIZED AND RETURNED WITH YOUR PROPOSAL TO BE CONSIDERED**

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

Notary Public My commission expires

City of County of State of

**Attachment 3**

CONTRACT NO. SHS-12-004-CADRMSMDSU

Contract Name Public Safety CAD, RMS, and Mobile Data System Upgrade

PROPOSAL REPLY SECTION

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.

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| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
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**Note: use additional pages as necessary.**

**Attachment 4**

CONTRACT NO. SHS-12-004-CADRMSMDSU

Contract Name Public Safety CAD, RMS, and Mobile Data System Upgrade

PROPOSAL REPLY SECTION

🞏 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: Add additional pages as needed.**

**Attachment 5**

CONTRACT NO. SHS-12-004-CADRMSMDSU

Contract Name Public Safety CAD, RMS, and Mobile Data System Upgrade

**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 State Employee as a business reference. If you have held a State contract within the last 5 years, please list the contract.

1. Business Name/Mailing Address:

Contact Name/Phone Number:

Number of years doing business with :

Describe type of work performed:

2. Business Name/Mailing Address:

Contact Name/Phone Number:

Number of years doing business with :

Describe type of work performed:

3. Business Name/Mailing Address:

Contact Name/Phone Number:

Number of years doing business with :

Describe type of work performed:

SUBCONTRACTOR INFORMATION FORM **ATTACHMENT 6**

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| **PART I – STATEMENT BY PROPOSING VENDOR** |
| 1. CONTRACT NO.SHS-12-004-CADRMSMDSU | 2. Proposing Vendor Name: | 3. Mailing Address |
| 4. SUBCONTRACTOR |  |
| a. NAME | 4c. Company OMWBE Classification:Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. Mailing Address: | 4d. Women Business Enterprise [ ]  Yes [ ]  No4e. Minority Business Enterprise [ ]  Yes [ ]  No4f. Disadvantaged 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