

TITLE PAGE
FLORIDA DEPARTMENT OF HEALTH
DOH18-040



2.2018

REQUEST FOR PROPOSALS (RFP)
for
Inventory Management System (IMS)

Respondent Name: _____

Respondent Mailing Address: _____

City, State, Zip: _____

Telephone: _____ **Fax Number:** _____

E-Mail Address: _____

Federal Employer Identification Number (FEID): _____

BY AFFIXING MY SIGNATURE ON THIS PROPOSAL, I HEREBY STATE THAT I HAVE READ THE ENTIRE RFP TERMS, CONDITIONS, PROVISIONS AND SPECIFICATIONS AND ALL ITS ATTACHMENTS, INCLUDING THE REFERENCED PUR 1000 AND PUR 1001.

I hereby certify that my company, its employees, and its principals agree to abide to all of the terms, conditions, provisions and specifications during the competitive solicitation and any resulting contract including those contained in the Standard Contract.

Signature of Authorized Representative: _____

Printed (Typed) Name and Title: _____

*An authorized representative is an officer of the respondent's organization who has legal authority to bind the organization to the provisions of the proposals. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Proposal if signed by other than the authorized representative.

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SECTION 1.0 INTRODUCTORY MATERIALS

1.1 Statement of Purpose

The Department of Health (the Department) is requesting proposals for the implementation, maintenance, training, and oversight of an Inventory Management System (IMS).

1.1.1. Legal Authority

Chapter 287 and sections 252.35(2)(a)3 and 381.0011(7), Florida Statutes.

1.2 Definitions

1. **Active Items**: Inventory on hand.
2. **Additional Support**: Any services or products delivered to the Department outside of the resultant Contract that exceeds 200 or more hours of base support.
3. **Bug**: A functional or cosmetic defect of the inventory management system, with or without significant end user impact. A bug is an element, aspect, or feature of the solution that is not operating as designed, intended, or expected.
4. **Business Days**: Monday through Friday, excluding state holidays.
5. **Business Hours**: 8:00 a.m. to 5:00 p.m., Eastern Time, on all business days.
6. **Calendar Days**: All days, including weekends and holidays.
7. **Concurrent User Licensing**: The maximum number of people that can be on a system at the same time.
8. **Contract**: The formal agreement that will be awarded to the successful Respondent under this RFP, unless indicated otherwise.
9. **Contract Manager**: An individual designated by the Department to be responsible for the monitoring and management of the Contract.
10. **Core Functionality**: Refers to the functions that must be in place at all times, twenty-four hours a day, seven days a week, for the inventory management system to be considered fully operational.
11. **Department Administrator(s)**: The Department designated employee who oversees the inventory management system.
12. **Department Property Number**: The number assigned to a state asset that has a value of \$1,000.00 or more.
13. **Disaster**: A sudden event, such as an accident or a natural catastrophe, that causes great damage or loss of life.
14. **Dispensing Location**: The final destination that the goods are shipped to.

15. **Emergency**: A sudden, usually unexpected incident that does or could do harm to people, resources, property, or the environment. Emergencies range from localized incidents that affect a single office in a building, to human, natural, or technological incidents that damage, or threaten to damage, local operations. An emergency can cause the temporary evacuation of personnel or the permanent displacement of personnel and equipment from the site to a new operating location environment.
16. **Emergency Support Function 8 (ESF8)**: The health and medical support function in the State's system of disaster response activities.
17. **Enterprise License Option**: A software site license that is issued to a large company, which typically allows unlimited use of a program throughout the organization.
18. **Feature Request**: A change in functionality, feature, or operational mechanism that is not classified as a bug and that is not part of the designed and operational system.
19. **Federally Supported Program SNS Inventory File**: A pipeline file that lists the inventory that is being shipped to the state from the Centers for Disease Control and Prevention (CDC).
20. **Health Insurance Portability and Accountability Act (HIPAA)**: The federal legislation that sets standards for the management, protection, and transmission of health data.
21. **Help Desk**: A resource provided to the customer or end user via toll-free telephone numbers, websites, instant messaging, or email that is intended to provide information, guidance, and support related to products and services, which may also include troubleshooting problems.
22. **Help Guide**: A collection of instructions for performing a specific task that is designed to solve a specific class of problems in the program.
23. **Implementation and Transition Plan (Plan)**: A Plan that provides a timeline for implementation of the IMS and transition of data to a new IMS after the contract period is expired.
24. **Inventory Management System (IMS)**: A System that is used to track ESF8 assets.
25. **Kit**: A set or collection of tools, supplies, instructional matter, subitems, etc., for a specific purpose.
26. **Managed Inventory**: The specific supplies ordered to meet local needs during an incident.
27. **Minor Irregularity**: As used in the context of this solicitation, indicates a variation from the RFP terms and conditions which does not affect the price of the Proposal, or give the Respondent an advantage or benefit not enjoyed by other respondents, or does not adversely impact the interests of the Department.
28. **Mission Number**: A number the State uses to track county requests for aid during an incident.

29. **Monthly Training Webinar**: Defined as a one-hour long training session, hosted by the Respondent that is accessible to any user with Internet access.
30. **Must Enter Fields**: A number that describes or identifies an item, such as the lot number of the item, the serial number of the item, or the warranty number of the item.
31. **National Drug Code Number (NDC #)**: A unique 10-digit or 11-digit, three-segment number, and a universal product identifier for human drugs in the United States.
32. **National Emergency Medical Services Information System (NEMSIS) Compliant**: The national database used to store Emergency Medical Services data from the United States and Territories. NEMSIS is a universal standard for how patient care information resulting from an emergency 9-1-1 call for assistance is collected. The national data standards from the Emergency Medical Services Uniform Pre-Hospital Dataset Version 3.5.0, are available at <https://nemsis.org/>.
33. **Organization (ORG) Code**: A digit code that identifies departments or functional units.
34. **Point of Dispensing (POD)**: A specific location that is pre-screened and identified by an agency that can be used for distributing medications or vaccines to a large number of people in the event of an emergency.
35. **Pool**: The grouping together of resources (assets, equipment, personnel, effort, etc.) for the purposes of maximizing advantage or minimizing risk to the users.
36. **Prophylaxis**: A measure taken to maintain health and prevent the spread of disease.
37. **Proposal**: The complete written response of the Respondent to the RFP (technical and cost proposals), including properly completed forms, supporting documents, and attachments.
38. **Provider**: The entity awarded the Contract by the Department in accordance with the terms of this RFP.
39. **Regional Domestic Security Task Force (RDSTF)**: A statewide strategy developed and implemented by the Legislature to address prevention, preparation, protection, response, and recovery efforts by federal, state, and local law enforcement agencies; emergency management agencies; fire and rescue departments; first-responder personnel; and others in dealing with potential or actual terrorist acts within or affecting this state.
40. **Respondent**: The entity that submits a Proposal in response to this RFP.
41. **Severity Level 1**: When the IMS loses core functionality and is non-functional. This includes, but is not limited to, hardware failures, IP or DNS issues, database corruption, virus or malware intrusion, severe memory leaks, or bugs.
42. **Severity Level 2**: When the IMS loses key functionality or has a partial system failure with no workaround available because of environmental factors, such as hurricanes, power outages, floods, etc.

- 43. Severity Level 3:** When the IMS loses some normal system functionality.
- 44. Severity Level 4:** When the IMS has a minor loss of function or other problem where an easy workaround is present or requires a cosmetic adjustment (appearance of the IMS) to spelling or text alignment.
- 45. SIG Code or Label (SIGs):** A code used by physicians and pharmacies when communicating prescription information. SIGs provide physician's or pharmacist's instructions to the patient on how, how much, when, and how long the drug is to be taken and usually include any special instructions important in administering the medication. It is normally printed on a paper attached to the pill container itself, along with the name of the medication, names of the patient and the prescribed, refills remaining, etc.
- 46. Signee:** A person designated as being the final receiver of goods or shipments.
- 47. Site Coordinators:** The staff, designated by the Department, that coordinate the IMS maintenance and training at Department designated worksites.
- 48. Strategic National Stockpile (SNS):** A national repository of antibiotics, chemical antidotes, vaccines, antitoxins, antiviral, life support medications, intravenous (IV) fluids and IV administration sets, airway maintenance supplies, and other medical or surgical items used to augment federal, state, and local public health agencies in the event of a terrorist attack or other emergency.
- 49. Theater:** A virtual environment in the IMS that is designated as an approved Department warehouse.
- 50. Training Session:** An eight-hour training course provided by the Respondent in person and on-site.
- 51. User:** The Department authorized and identified person who is entering data into the IMS. Examples of users include representatives from the Department, including its county health departments, volunteers, and professional emergency response teams (including medical and logistical teams), with whom the Department works.
- 52. User Guide:** A technical communication document intended to give assistance to people using a particular system.
- 53. Vendor Bid System (VBS):** Refers to the State of Florida internet-based vendor information system at: http://vbs.dms.state.fl.us/vbs/main_menu.
- 54. Wildcard Search:** A search that uses a wildcard character, which is a kind of placeholder represented by a single character, such as an asterisk that can be interpreted as a number of literal characters or an empty string.
- 55. Zone:** An area that is separated from another area or is distinguished from another based on distinctive product or usage.

SECTION 2.0 PROCUREMENT PROCESS, SCHEDULE & CONSTRAINTS

2.1 Procurement Officer

The Procurement Officer assigned to this solicitation:

Florida Department of Health
Attention: Allegra Small
4052 Bald Cypress Way, Bin B07
Tallahassee, FL 32399-1749
Email: Allegra.Small@flhealth.gov

2.2 Restriction on Communications

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Officer as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response. Section 287.057(23), Florida Statutes.

2.3 Term

It is anticipated that the Contract resulting from this RFP will be for five years, beginning June 1, 2019, or the Contract execution date, whichever is later, and is subject to five one-year renewals as identified in **Section 2.4**. The Contract resulting from this RFP is contingent upon the availability of funds. The estimated budget is \$1,575,000.00.

2.4 Renewal

The Contract resulting from this solicitation may be renewed. Renewals may be made on a yearly basis for no more than three years beyond the initial contract, or for the term of the original Contract, whichever is longer. Renewals must be in writing, subject to the same terms and conditions set forth in the initial Contract and any written amendments signed by the parties. Renewals are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and are subject to the availability of funds.

2.5 Timeline

<u>EVENT</u>	<u>DUE DATE</u>	<u>LOCATION</u>
RFP Advertised / Released	April 2, 2019	Posted to the Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu
Questions Submitted in Writing	Must be received PRIOR TO: April 9, 2019 by 5:00 p.m., Eastern Time	Submit to: Florida Department of Health Central Purchasing Office Attention: Allegra Small Suite 310 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749 E-mail: Allegra.Small@flhealth.gov
Answers to Questions (Anticipated Date)	April 12, 2019	Posted to Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu
Sealed Technical and Cost Proposals Due	Must be received PRIOR TO: April 26, 2019 by 5:00 p.m., Eastern Time	Submit to: Florida Department of Health Central Purchasing Office Attention: Allegra Small 4052 Bald Cypress Way, Bin B07 Tallahassee, FL 32399-1749
Technical and Cost Proposals Opened	April 29, 2019 at 2:00 p.m., Eastern Time	PUBLIC OPENING Florida Department of Health 4052 Bald Cypress Way Suite 310 Tallahassee, FL 32399
Evaluation of Proposals (Anticipated Date)	April 30, 2019	Evaluation Team Members to begin evaluations individually.
Product Demonstrations (Anticipated Date)	May 20-24, 2019	Florida Department of Health 4052 Bald Cypress Way Room TBD Tallahassee, FL 32399
Posting of Intent to Award (Anticipated Date)	May 31, 2019	Posted to the Vendor Bid System at: http://vbs.dms.state.fl.us/vbs/main_menu

2.6 **Addenda**

If the Department finds it necessary to supplement, modify, or interpret any portion of the solicitation during the procurement process, a written addendum will be posted on the MyFlorida.com Vendor Bid System, http://vbs.dms.state.fl.us/vbs/main_menu. It is the responsibility of the Respondent to be aware of any addenda that might affect their Proposal.

2.7 **Questions**

This provision takes precedence over General Instruction #5 in PUR1001.

Questions related to this solicitation must be received, in writing (either via U.S. Mail, courier, e-mail, fax, or hand-delivery), by the Procurement Officer identified in **Section 2.1**, within the time indicated in the Timeline. Verbal questions or those submitted after the period specified in the Timeline will not be addressed.

Answers to questions submitted in accordance with the RFP Timeline will be posted on the MyFlorida.com Vendor Bid System web site:
http://vbs.dms.state.fl.us/vbs/main_menu.

2.8 **Basis of Award**

A single award will be made to the responsive, responsible Respondent offering the most advantageous Proposal through the evaluation of proposals in accordance with **Section 6.2**. The Department reserves the right to not make an award under this RFP, as determined to be in the best interest of the State.

2.9 **Identical Tie Proposals**

In the event that the Department's evaluation results in identical scoring outcomes between Respondents, the Department will determine the award based on the affected Respondents submitted **Identical Tie Certification, Attachment G**. Based on this form, the Department will give the award to a Respondent if it is a certified minority-owned (including women-owned) or veteran-owned business. If more than one Respondent is entitled to this preference, the preference will be given to the Respondent that is a qualifying business with the smallest net worth, consistent with section 295.187(4)(b), Florida Statutes. If the award cannot be decided based on this preference, the Department will apply the criteria identified in sections 287.082, 287.087, and 287.092, Florida Statutes, in that order of precedence.

2.10 **Modifications and Withdrawal**

A Respondent may modify or withdraw its Proposal at any time prior to the submittal deadline, as specified in **Section 2.5**, by submitting a request to the Procurement Officer. Requests for modification or withdrawal of a submitted Proposal must be in writing and signed by an authorized signatory of the Respondent. Upon receipt and acceptance of such a request, the entire Proposal will be returned to the Respondent and will not be considered unless resubmitted by the Proposal due date and time.

2.11 Clarification Process

The Department may request clarification from the Respondent to resolve ambiguities or questioning information (i.e. minor irregularities) presented in its Proposal. Clarifications may be requested throughout this procurement process. The Respondent's answers to requested clarifications must be in writing and must address only the information requested. The Respondent's answers to requested clarifications must be submitted to the Department within the time specified by the Department.

2.12 Federal Excluded Parties List

In order to comply with Federal grant requirements, and determining Respondent responsibility in accordance with sections 287.057(1), (2) and (3), Florida Statutes, and Florida Administrative Code, Rule 60A-1.006(1), a Respondent or its subcontractor(s) that, at the time of submitting a Proposal for a new Contract or renewal of an existing Contract is on the Federal Excluded Parties List, is ineligible for, may not submit a Proposal for, enter into, or renew a Contract with an agency for goods or services, if any federal funds are being utilized.

SECTION 3.0 SCOPE OF SERVICES

3.1 Background

The Department's Bureau of Preparedness and Response (BPR) requires a system to track inventory levels, movement, and distribution of state emergency deployable resources.

3.2 Scope of Services

The Scope of Service for this RFP and the resulting Contract is for the implementation, maintenance, training, and oversight of the IMS. The IMS must include fiscal accountability functions for ESF8 assets. The Respondent will provide access to the IMS for users statewide.

3.2.1. Task List

3.2.1.1. Provide an IMS to include, but not limited to, the following requirements specified below and implement it throughout the term of the Contract. Ensure that the IMS:

- 3.2.1.1.1. Remain compatible with existing Department approved systems and share information between users and other systems.
- 3.2.1.1.2. Provide a web-based portal for multiple users to access the IMS simultaneously according to the Implementation and Transition Plan (Plan).
- 3.2.1.1.3. Work with the Department to revise the Plan as specified by the Department.
- 3.2.1.1.4. Facilitate the user's management of ESF8 assets and the SNS at a county and state level twenty-four hours a day, seven days a week.
- 3.2.1.1.5. Enable Department staff to track and report key ESF8 assets, and the SNS available during disasters on a county, RDSTF, region (as established under section 943.0312, Florida Statutes), and statewide basis.
- 3.2.1.1.6. Be flexible and allow for user expansion of data elements and fields.
- 3.2.1.1.7. Be accessible by any user from any location which has internet connectivity.
- 3.2.1.1.8. Monitor the IMS twenty-four hours a day, seven days a week, for daily functionality.
- 3.2.1.1.9. Have a radio frequency identification bar coding capability and bar code reading application to allow scanning via phone (android and iPhone capable).

- 3.2.1.1.10. Generate barcode labels of assorted sizes to accommodate individual items, cases, and pallets.
 - 3.2.1.1.11. Maintain a current and comprehensive data dictionary containing, at a minimum, the information below for each field (See Attachment F (Data Log) of this RFP) as follows:
 - 3.2.1.1.11.1. Field Name seen by user
 - 3.2.1.1.11.2. Definition of the Field Name
 - 3.2.1.1.11.3. Codename (used by Respondent's programmer)
 - 3.2.1.1.11.4. Field type (numeric, alpha)
 - 3.2.1.1.11.5. Field size (# of characters)
 - 3.2.1.1.11.6. Relationships to other fields (diagrams)
 - 3.2.1.1.11.7. Restricted Data Entry Options Y/N
 - 3.2.1.1.12. Create a Monthly Report demonstrating scheduled maintenance, daily backup, and recovery of the IMS. Submit the Monthly Report to the Department at the end of each month.
 - 3.2.1.1.13. Identify and document when IMS users should contact a Site Coordinator, Department Administrator, or the Respondent for technical support and maintain a current contact list for each.
 - 3.2.1.1.14. Provide a Help Guide in the IMS.
 - 3.2.1.1.15. Submit a User Guide to the Contract Manager upon contract execution.
- 3.2.1.2. Technical Issue Report Log and Issue Resolution Process**
- 3.2.1.2.1. Create and maintain a Technical Issue Report Log to track, escalate, document, and resolve issues encountered in the operation of the collective IMS solution. Report issues, which are a functional defect or bug caused by an element not operating as designed, implemented, or expected, on a monthly basis in the Technical Issue Report Log. Submit the Technical Issue Report Log to the System Administrators to the Department at the end of each month.
 - 3.2.1.2.2. Create and maintain an Issue Resolution Process to provide a framework on which to track, escalate, document, and resolve issues encountered in the operation of the collective IMS solution. Modifications to portions of the IMS that are operating as intended, do not apply to this escalation process. These modifications can be categorized as "feature requests/enhancements," or "configuration changes" and are escalated via a parallel project prioritization,

software road-mapping, and scheduling process. The Department must approve all resolutions.

3.2.1.3. Accessibility

- 3.2.1.3.1. Provide and activate concurrent user licensing at the time of contract execution to provide enterprise license options that can accommodate 100 users with the ability to bring on an additional 50 users during an emergency to the Department.
- 3.2.1.3.2. In the event internet connectivity is not available during an incident that the Department would have to respond to, the Respondent will provide the means for users to operate a stand-alone version of the IMS with the capability to upload data when internet connectivity becomes available.

3.2.1.4. Varying Levels of Access for the Administrator and the End User

- 3.2.1.4.1. Ensure that the IMS provides access linked to log-in for each individual user at any computer.
- 3.2.1.4.2. Set up the IMS structure so that individual users can view only select data components of software and select warehouse sites in the system (e.g. data designated as “common”, which is data all users can see without restrictions) or for all users to view data entered at a particular site). Department Administrators will control all user access levels.
- 3.2.1.4.3. Ensure that the IMS provides a secure log-in function for each user.
- 3.2.1.4.4. Provide Help Desk services that will be available Monday through Friday, 8:00 a.m. to 5:00 p.m., Eastern Standard Time, to assist with user sign-in issues.
- 3.2.1.4.5. Ensure that the IMS provides an intuitive front page.
- 3.2.1.4.6. Ensure that the IMS remains operational and available for users at all times, twenty-four hours a day, seven days a week.
- 3.2.1.4.7. Upload data into the IMS according to the Plan. Ensure the IMS is available throughout the term of the Contract. The data uploaded and developed data will remain the property of the Department.

3.2.1.5. Data Entry

- 3.2.1.5.1. Ensure that the following required fields are active in the IMS:
 - 3.2.1.5.1.1. Item Number
 - 3.2.1.5.1.2. Description (minimum 350-character field)
 - 3.2.1.5.1.3. Quantity (case, unit per case, # per unit)
 - 3.2.1.5.1.4. Cost

- 3.2.1.5.1.5. Department Property Number
- 3.2.1.5.1.6. Employee who is assigned the asset
- 3.2.1.5.1.7. Location
- 3.2.1.5.1.8. Tag Number for vehicles
- 3.2.1.5.1.9. Serial Number (minimum 20-character field)
- 3.2.1.5.1.10. Lot Number
- 3.2.1.5.1.11. Expiration Date
- 3.2.1.5.1.12. Group
- 3.2.1.5.1.13. Line
- 3.2.1.5.1.14. Sub Line
- 3.2.1.5.1.15. Company
- 3.2.1.5.1.16. Department
- 3.2.1.5.1.17. Pool
- 3.2.1.5.1.18. Pallet Number
- 3.2.1.5.1.19. Vendor-multiple if necessary
- 3.2.1.5.1.20. Event

3.2.1.5.2. The IMS must allow for data entry in the following additional required fields:

- 3.2.1.5.2.1. Purchase Date
- 3.2.1.5.2.2. Warranty
- 3.2.1.5.2.3. Direct Order Number, Purchase Order Number, and Purchase card
- 3.2.1.5.2.4. Funding Source
- 3.2.1.5.2.5. Funding Code
- 3.2.1.5.2.6. ORG Code
- 3.2.1.5.2.7. Expansion Option
- 3.2.1.5.2.8. Make
- 3.2.1.5.2.9. Model
- 3.2.1.5.2.10. Manufacturer's Number or NDC #
- 3.2.1.5.2.11. Usage
- 3.2.1.5.2.12. Mission Number

- 3.2.1.5.2.13. Mileage
- 3.2.1.5.2.14. Miles per Gallon
- 3.2.1.5.2.15. Gallons
- 3.2.1.5.2.16. Load (wattage load put on a generator)
- 3.2.1.5.2.17. Comment Field (for miscellaneous data tied to an item)
- 3.2.1.5.2.18. Prescription Number
- 3.2.1.5.2.19. SIG Code
- 3.2.1.5.2.20. Drug Enforcement Agency (DEA) Number
- 3.2.1.5.2.21. Facility Permit Number or Wholesale Distribution Number
- 3.2.1.5.3. Ensure that Department Administrators have the ability to identify additional must enter fields in the IMS at any given time.
- 3.2.1.5.4. The IMS must upload new data content to populate new fields against existing data content.
- 3.2.1.5.5. The IMS must provide the ability to provide an audit report showing new fields by item number and that tracks the updating of new field content to ensure proper loading of data.
- 3.2.1.5.6. The IMS must archive data throughout the term of the contract.
- 3.2.1.6. Data Editing Capability**
 - 3.2.1.6.1. The IMS must tag individual items (e.g. individual computer or sleeping cot) with multiple usages (e.g., general cache, H1N1, Special Needs Shelter Strike Team, Regional Emergency Response Advisor) and prices (e.g., item purchased in 2009 cost \$4.00, same item purchased in 2011 cost \$9.00). The IMS will put these items in the same location with different prices.
 - 3.2.1.6.2. The IMS must add and delete values without deleting and reentering the record, which allows the adjustment of item parameters without affecting active inventory, for the following fields:
 - 3.2.1.6.2.1. Item Number
 - 3.2.1.6.2.2. Description (minimum 350-character field)
 - 3.2.1.6.2.3. Quantity (case, unit per case, number per unit)
 - 3.2.1.6.2.4. Minimum and maximum
 - 3.2.1.6.2.5. Cost
 - 3.2.1.6.2.6. Department Property Number

- 3.2.1.6.2.7. Employee who is assigned the asset
- 3.2.1.6.2.8. Location
- 3.2.1.6.2.9. Tag Number for vehicles
- 3.2.1.6.2.10. Serial Number for a related item, such as such as computers, radios, generators (minimum 20-character field)
- 3.2.1.6.2.11. Lot Number
- 3.2.1.6.2.12. Expiration Date
- 3.2.1.6.2.13. Group
- 3.2.1.6.2.14. Line
- 3.2.1.6.2.15. Sub Line
- 3.2.1.6.2.16. Pool
- 3.2.1.6.2.17. Pallet Number
- 3.2.1.6.2.18. Vendor (multiple if necessary)
- 3.2.1.6.2.19. Event
- 3.2.1.6.2.20. Purchase Date
- 3.2.1.6.2.21. Warranty
- 3.2.1.6.2.22. Direct Order Number, Purchase Order Number, and Purchase Card
- 3.2.1.6.2.23. Funding Source
- 3.2.1.6.2.24. Funding Code
- 3.2.1.6.2.25. ORG Code
- 3.2.1.6.2.26. Expansion Option
- 3.2.1.6.2.27. Make
- 3.2.1.6.2.28. Model
- 3.2.1.6.2.29. Manufacturer's Number or NDC #
- 3.2.1.6.2.30. Usage
- 3.2.1.6.2.31. Mission Number
- 3.2.1.6.2.32. Mileage
- 3.2.1.6.2.33. Gallons
- 3.2.1.6.2.34. Load
- 3.2.1.6.2.35. Prescription Number
- 3.2.1.6.2.36. SIG Code

3.2.1.6.3. The IMS must add and delete values, for the following fields:

- 3.2.1.6.3.1. Location
- 3.2.1.6.3.2. Dispensing Location
- 3.2.1.6.3.3. Dispensing Location Type
- 3.2.1.6.3.4. Employee
- 3.2.1.6.3.5. Shift
- 3.2.1.6.3.6. Program
- 3.2.1.6.3.7. Company
- 3.2.1.6.3.8. Department
- 3.2.1.6.3.9. Pool
- 3.2.1.6.3.10. Funding Source
- 3.2.1.6.3.11. Funding Code
- 3.2.1.6.3.12. Events
- 3.2.1.6.3.13. ORG Code
- 3.2.1.6.3.14. Expansion Option
- 3.2.1.6.3.15. Version
- 3.2.1.6.3.16. Purchase Order Number
- 3.2.1.6.3.17. Vendor
- 3.2.1.6.3.18. Event
- 3.2.1.6.3.19. Mission Number
- 3.2.1.6.3.20. Mileage
- 3.2.1.6.3.21. Gallons
- 3.2.1.6.3.22. Load
- 3.2.1.6.3.23. Prescription Number
- 3.2.1.6.3.24. SIG Code

3.2.1.6.4. The IMS must have the capability for users to build Kits from subitems.

- 3.2.1.6.4.1. Kits must be deployed as a whole.
- 3.2.1.6.4.2. Kits must have the capability for sub items to be electronically depleted as they are consumed in field operations.
- 3.2.1.6.4.3. Kits must capture burn rates.

3.2.1.6.5. The IMS must:

- 3.2.1.6.5.1. Conduct patient tracking to track the identity, demographical data, and treatment of patients receiving mass prophylaxis at a POD site;
- 3.2.1.6.5.2. Be NEMESIS compliant;
- 3.2.1.6.5.3. Reduce the item count electronically in real-time as they are consumed in increments including lot control; and
- 3.2.1.6.5.4. Be HIPAA compliant.

3.2.1.7. Search Capability

3.2.1.7.1. The IMS must search for the following records with specified field values including, but not limited to:

- 3.2.1.7.1.1. Item Number
- 3.2.1.7.1.2. Description (all or part)
- 3.2.1.7.1.3. Usage
- 3.2.1.7.1.4. Employee
- 3.2.1.7.1.5. Funding Source
- 3.2.1.7.1.6. Property Number
- 3.2.1.7.1.7. Lot Number
- 3.2.1.7.1.8. Serial Number
- 3.2.1.7.1.9. Location
- 3.2.1.7.1.10. Tag Number
- 3.2.1.7.1.11. Pool
- 3.2.1.7.1.12. Expiration Date (Range)
- 3.2.1.7.1.13. Mission Number
- 3.2.1.7.1.14. Department
- 3.2.1.7.1.15. Company
- 3.2.1.7.1.16. Prescription Number
- 3.2.1.7.1.17. Locally added data elements
- 3.2.1.7.1.18. Wild Card Search

3.2.1.8. Reporting Capability

3.2.1.8.1. The IMS must create ad-hoc reports to include, but not limited to, the following fields:

- 3.2.1.8.1.1. Item Number (all or partial warehouses)
- 3.2.1.8.1.2. Minimum and maximum quantity

- 3.2.1.8.1.3. Description
- 3.2.1.8.1.4. Usage
- 3.2.1.8.1.5. Owner
- 3.2.1.8.1.6. Funding Source
- 3.2.1.8.1.7. Expiration Date
- 3.2.1.8.1.8. Lot Number
- 3.2.1.8.1.9. Location
- 3.2.1.8.1.10. Employee
- 3.2.1.8.1.11. Line ledger for designated items
- 3.2.1.8.1.12. Prescription Number

3.2.1.8.2. The IMS must create a printable Bill of Lading report in pdf format to include, but not limited to, the following fields:

- 3.2.1.8.2.1. Date
- 3.2.1.8.2.2. Weight
- 3.2.1.8.2.3. Shipper Name
- 3.2.1.8.2.4. Shipper Address
- 3.2.1.8.2.5. Shipper Point of Contact
- 3.2.1.8.2.6. Shipper Point of Contact Number
- 3.2.1.8.2.7. Signee Name
- 3.2.1.8.2.8. Signee Address
- 3.2.1.8.2.9. Signee Point of Contact
- 3.2.1.8.2.10. Signee Point of Contact Number
- 3.2.1.8.2.11. Unique Number
- 3.2.1.8.2.12. Special Instructions
- 3.2.1.8.2.13. Received By
- 3.2.1.8.2.14. Agent or Driver
- 3.2.1.8.2.15. Agent or Driver Signature
- 3.2.1.8.2.16. Agent or Driver Print Name
- 3.2.1.8.2.17. Received Date
- 3.2.1.8.2.18. Received Time
- 3.2.1.8.2.19. Seal Number
- 3.2.1.8.2.20. Truck Number
- 3.2.1.8.2.21. Number of Skids
- 3.2.1.8.2.22. Total Shipment Weight

- 3.2.1.8.3. The IMS must create warehouse location reports including the following:
 - 3.2.1.8.3.1. A Warehouse Location Checklist by Item report that provides a list of all active items in the warehouses by item, is sorted by item, and includes the item number, property number, serial number, description, quantity, and location within the warehouse.
 - 3.2.1.8.3.2. A Warehouse Location Checklist by Location report that provides a list of all active items in the warehouse by location and is sorted by various fields.
- 3.2.1.8.4. The IMS must create reports for tracking of inventory estimates as follows:
 - 3.2.1.8.4.1. A report that provides a list of all individual items that have an estimated worth of less than \$1000.00, a subtotal for the number of these individual items, and a grand total of these items at the end of the report.
 - 3.2.1.8.4.2. A report that provides a list of all individual items that have an estimated worth equal to or greater than \$1000.00, a subtotal for the number of these individual items, and a grand total of these items at the end of the report.
- 3.2.1.8.5. The IMS must create reports for users to look up a category of items or specific items as follows:
 - 3.2.1.8.5.1. User must choose a group, line, and sub-line to view a report which provides a list of all active items sorted by warehouse and a grand total at the end of the report.
 - 3.2.1.8.5.2. User must choose an item number to view a report, which provides a list of all active items sorted by warehouse and a grand total at the end of the report.
 - 3.2.1.8.5.3. User must choose a Pool to view a report, which provides a list of all active items sorted by warehouse and a grand total at the end of the report.
 - 3.2.1.8.5.4. User must choose a funding source to view a report, which provides a list of all active items sorted by warehouse and a grand total at the end of the report.
- 3.2.1.8.6. The IMS must create inventory by location reports for the tracking of locations as follows:
 - 3.2.1.8.6.1. All Items by Location report that provides a list of all items in the database sorted by warehouse.
 - 3.2.1.8.6.2. All Items for Specified Location report that is used for looking up items in a specific location by the selection of a location ID

number and provides a list of all active items and a grand total at the end of the report

- 3.2.1.8.7. The IMS must create an Inventory Equipment Receipt Form that is used to sign equipment in and out.
- 3.2.1.8.8. The IMS must create an Inventory Usage Assignment Report that provides a list of all active items subtotaled by usage and a grand total at the end of the report.
- 3.2.1.8.9. The IMS must create an Inventory of Specified Usage Report, which will be used for looking up items for a specific usage. The IMS will allow a user to choose a usage ID number, to view the report, and the report will provide a list of usage, subtotaled by warehouse, and a grand total at the end of the report.
- 3.2.1.8.10. The IMS must create reports for inventory assignments as follows:
 - 3.2.1.8.10.1. All Items report that provides a list of all employees and the items assigned to them.
 - 3.2.1.8.10.2. A Specified Employee report to be used for looking up items for a specific employee. The user must be able to choose an employee ID number to view the report, which will provide a list of all items assigned to that specific person.
- 3.2.1.8.11. The IMS must create reports for inventory of computers that have the following capabilities:
 - 3.2.1.8.11.1. Report all active items of computers sorted by employee issuance.
 - 3.2.1.8.11.2. Report all active items of computers in a specific warehouse.
 - 3.2.1.8.11.3. Look up computers assigned to a specific employee. The user must be able to choose an employee ID number to view the report which includes the following fields: funding source, ORG Code, item description, property number, item number, serial number, and owner information.
 - 3.2.1.8.11.4. Report a line listing of all computers that are maintained, not limited to, the Theater that the report requester is presently operating out of. The report must be sorted by owner and location and provide the following additional fields: item number, property number, status, owner, description, location, usage, and cost.
- 3.2.1.8.12. The IMS must create reports for inventory vehicle reports, as follows:

- 3.2.1.8.12.1. A Vehicle Maintenance Report with date parameters that provides a description of each vehicle including, but not limited to color, tag, make, model, owner, and vehicle identification number (VIN), and a list of all services performed including the service date, odometer reading, name of Vendor where repairs took place, and the repair cost. The report will provide a subtotal for each vehicle and a grand total at the end of the report.
- 3.2.1.8.12.2. A Vehicle Monthly Mileage Report that provides a list of all vehicles sorted by owner and the miles used each month.
- 3.2.1.8.12.3. A Vehicles in Inventory Report that provides a list of all vehicles monitored by the BPR and sorted by status.

3.2.1.8.13. The IMS must create reports for inventory deployed including:

- 3.2.1.8.13.1. A Deployed Materials as of Specified Date Report that tracks deployed materials, is able to be viewed by a user when they enter an event and provides a list of all items deployed for that event.
- 3.2.1.8.13.2. A Deployed Materials by Employee Issuance Report that tracks assets that have been assigned to employees during an event.
- 3.2.1.8.13.3. An Assets assigned for All Mission Number Report that tracks all assets that are assigned to all mission numbers.
- 3.2.1.8.13.4. An Assets assigned to a Specific Mission Number Report that tracks assets that are assigned to a specific mission number.

3.2.1.9. Compatibility

- 3.2.1.9.1. The IMS must import the Federally Supported Program SNS Inventory file into the IMS within twenty-four hours after input or upload of the file.
- 3.2.1.9.2. The IMS must be compatible with all vendors that the Department works with, which includes the Department's prime wholesale vendors and carriers.
- 3.2.1.9.3. The IMS must upload federally requested report criteria, create a report, and export data to fulfill any federally supported program requirements.

3.2.1.10. Equipment Maintenance

- 3.2.1.10.1. The IMS must provide fleet management capabilities to track vehicle maintenance items. The following fields are required, but may change based on the needs of the Department:
 - 3.2.1.10.1.1. Date
 - 3.2.1.10.1.2. Current Mileage

- 3.2.1.10.1.3. Oil Change Date
- 3.2.1.10.1.4. Oil Change Mileage
- 3.2.1.10.1.5. Oil Change Cost
- 3.2.1.10.1.6. Oil Change Vendor
- 3.2.1.10.1.7. Repairs (non-restricted data entry field)
- 3.2.1.10.1.8. Repairs Cost
- 3.2.1.10.1.9. Repairs Vendor
- 3.2.1.10.1.10. Repairs Date
- 3.2.1.10.1.11. Fuel
- 3.2.1.10.1.12. Fuel Cost
- 3.2.1.10.1.13. Fuel Gallons
- 3.2.1.10.1.14. Fuel Miles per Gallon (auto fill)

3.2.1.10.2. The IMS must track generator maintenance items. The following fields are required, but may change based on the needs of the Department:

- 3.2.1.10.2.1. Date
- 3.2.1.10.2.2. Repairs (non-restricted data entry field)
- 3.2.1.10.2.3. Repairs Cost
- 3.2.1.10.2.4. Repairs Vendor
- 3.2.1.10.2.5. Repairs Date
- 3.2.1.10.2.6. Hours Run
- 3.2.1.10.2.7. Load
- 3.2.1.10.2.8. Oil Change

- 3.2.1.11. The IMS must provide email reminders and updates to the system users.
- 3.2.1.12. If the Respondent will access Department or state data, provide data to the Department, or connect in any way to the Department's networks, Respondent must comply with **Attachment D**.
- 3.2.1.13. Host and maintain the IMS throughout the term of the contract. All hosted applications or solutions and data storage must be within the United States.
- 3.2.1.14. Execute data conversion to upload all existing data into the IMS within 30 days from the date of contract execution. Perform all edits during conversion. The completion of data migration and transition must be approved by the Department upon review of final conversion product.

3.2.1.15. The IMS must provide system maintenance to include at a minimum:

3.2.1.15.1. Training Plan:

- 3.2.1.15.1.1. Provide two-day trainings each contract year as specified by the Department. No more than ten, two-day trainings will be requested by the Department each contract year.
- 3.2.1.15.1.2. Provide two days of onsite technical support each contract year as specified by the Department for its yearly Strategic National Stockpile Receipt, Stage, and Store exercise training.
- 3.2.1.15.1.3. Provide a User Help Desk that is available twenty-four hours a day, seven days a week, for system technical support.
- 3.2.1.15.1.4. Host a minimum of one monthly training webinar, for a total of 12 trainings each contract year, for all Department authorized users. The trainings must include user open tickets and progress on outstanding issues. The Department will specify training webinar topics based on current needs. Record the training webinars. Create a registration and attendee report and submit it to the Department within 48 hours following the completion of each training webinar.
- 3.2.1.15.1.5. Provide a recorded webinar of basic user functions within sixty days from the date of contract execution. The Department will specify the content for the recorded webinar.
- 3.2.1.15.1.6. Provide technical support for Department bar code printers, scanners, and phone applications Monday through Friday, 8:00 a.m. to 5:00 p.m., Eastern Standard Time, including state holidays.

3.2.1.16. Create documents that describe the requirements, capabilities, limitations, design, operation, and maintenance of the IMS. Submit these documents to the Contract Manager within 30 days of contract execution.

3.2.1.17. System Maintenance

- 3.2.1.17.1. The IMS must provide automatic, periodic system clean up (example: defragment for a central processing unit), clean up indices, and system inefficiencies.
- 3.2.1.17.2. Host scheduled monthly system maintenance meetings via webinar for the Department and the Respondent to review and update the IMS functionality.

3.2.1.18. Technical Support

- 3.2.1.18.1. Upon request, the Respondent will provide representation and on-site technical assistance during an event requiring a response for the massive movement of product from the state to county level for federal support of the incident.

- 3.2.1.18.2. Timelines for response and resolution as follows:
 - 3.2.1.18.2.1. Respond to a Severity Level 1 and target the issue for resolution within 60 minutes of the Department's notification. If the system is non-functional for more than sixty minutes, the failover procedure may be initiated at the request of the Department.

 - 3.2.1.18.2.2. Respond to a Severity Level 2 within 60 minutes of the Department's notification and target the issue for resolution within 24 hours of the Department's notification. If the issue is not resolved within 24 hours, the Department may escalate the severity level to a Severity Level 1 and the failover procedure may be initiated at the request of the Department.

 - 3.2.1.18.2.3. Respond to a Severity Level 3 within 12 hours of the Department's notification and target the issue for resolution within three business days of the Department's notification. If Respondent does not resolve the issue within three business days, the Department may request that the Severity Level be increased to a Severity Level 2.

 - 3.2.1.18.2.4. Respond to a Severity Level 4 within twenty-four hours of the Department's notification and target the issue for resolution within 30 business days of the Department's notification. If Respondent does not resolve the issue within 30 business days, the Department may request that the Severity Level be increased to a Severity Level 3.

3.2.1.19. System Enhancement

- 3.2.1.19.1. Provide automatic, periodic system upgrades outside of business hours and when there is not a state of emergency event. Submit upgrades to the Department for approval before implementing system upgrades.

- 3.2.1.19.2. Provide software upgrades as requested by the Department. Software upgrade requests are at the Department's sole discretion.

- 3.2.1.19.3. Provide future development as needed and approved by the Department. Provide future development upon request by the Department.

3.2.2. Minimum Qualifications and Experience

3.2.2.1. The Respondent must have a minimum of five years of business or corporate experience, with the last three years in the provision of inventory resource management. Details of the Respondent's experience must be provided in narrative form and in sufficient detail to allow the Department to evaluate its complexity and relevance. The following **Experience Narrative** must be included in the Respondent's Proposal:

- 3.2.2.1.1. A narrative description of the Respondent's experience, for the provision of services similar to those identified in this RFP over the past three years, that fully demonstrate that the Respondent has the experience and ability to completely and timely perform all service contemplated by this RFP;
- 3.2.2.1.2. Description of experience with integrated and non-integrated medical teams, and county health departments;
- 3.2.2.1.3. Description of experience with the integration of public health and private sector preparedness efforts;
- 3.2.2.1.4. Experience with providing effective working relationships with a variety of partners, including intergovernmental relationships;
- 3.2.2.1.5. Experience with providing effective communications to different target audiences;
- 3.2.2.1.6. Experience with team facilitation, project development, management, and support services;
- 3.2.2.1.7. Experience with the Strategic National Stockpile Program;
- 3.2.2.1.8. Experience with the Pharmaceutical Chain of Custody;
- 3.2.2.1.9. Experience with the National Incident Management System (NIMS);
- 3.2.2.1.10. Experience with warehouse management and distribution;
- 3.2.2.1.11. Experience in working with licensed healthcare professionals' practice patterns and informational needs; and
- 3.2.2.1.12. Experience with the Florida's Domestic Security Organizational and Operational Structures as identified in Sections 252.31 through 252.62, Florida Statutes, and Section 943.0312, Florida Statutes.

3.2.2.2. The Respondent's organizational structure, which must be described with clear line of authority depicted.

SECTION 4.0 INSTRUCTIONS FOR PROPOSAL SUBMITTAL

4.1 **General Instructions to Respondents (PUR1001)**

This section explains the general instructions of the solicitation process to respondents (PUR 1001) and is a downloadable document incorporated into this solicitation by reference. This document should not be returned with the Proposal:

<http://dms.myflorida.com/content/download/2934/11780>

The terms of this solicitation will control over any conflicting terms of the PUR1001.

4.2 **Proposal Format**

The Department discourages lengthy proposals. Respondents are asked to use the following format:

4.2.1 Proposals should be on paper that is 8.5 by 11 inches.

4.2.2 The font size and style are at the discretion of the Respondent but should be at least 11 point.

4.2.3 The pages should be numbered, and one-inch margins should be used.

4.2.4 Technical Proposals should include an index identifying the page number or section where information can be located in the Proposal.

4.2.4.1. Separation of Technical and Cost Proposals (Mandatory Requirement):

Respondents must separate the Technical Proposal from the Cost Proposal and ensure labeling as described in **Section 4.4.**

4.3 **Copies of Proposals**

Respondents must submit the following copies:

4.3.1. Technical Proposal

One original and four paper copies of the Technical Proposal must be submitted no later than the date and time set forth in the Timeline. In addition, one electronic copy the original Technical Proposal on a single USB storage device, or CD, viewable in Adobe Acrobat Reader (PDF) must be submitted. The electronic copy submitted must contain the entire Technical Proposal as the submitted original copy, including all supporting and signed documents.

The PDF electronic copy of the “original” Technical Proposal will be considered the control if there are any differences between the paper and electronic copies.

Refer to **Section 4.7** for information on redacting confidential information, if applicable.

Respondents must not disclose cost information in the body of the Technical Proposal. Including cost information will cause the Proposal to be disqualified (Mandatory Requirement, refer to Section 4.11).

4.3.2. Cost Proposal

One original paper copy of the Cost Proposal (**Mandatory Requirement, refer to Section 4.11.3**) must be submitted using **Attachment A**, no later than the date and time set forth in the timeline. In addition, one electronic copy of the Cost Proposal on a single USB storage device, or CD, viewable in Adobe Acrobat Reader (PDF) must be submitted. The electronic copy submitted must contain the entire Cost Proposal as the submitted original copy, including all supporting and signed documents.

The PDF electronic copy of the “original” Cost Proposal will be considered the control if there are any differences between the paper and electronic copies.

The Cost Proposal must be enclosed in a separate sealed envelope and must be identified in accordance with **Section 4.4.2**. No additional documentation should be included in the Cost Proposal envelope.

4.4 Proposal Labeling

4.4.1. Technical Proposal

The Technical Proposal should be sealed and identified as follows:

DOH18-040
Request for Proposals for
Inventory Management System (IMS)
Due:
Respondent's Name
TECHNICAL PROPOSAL

4.4.2. Cost Proposal

It is **mandatory** that the Respondent's Cost Proposal be in a separate sealed envelope and identified as follows:

DOH18-040
Request for Proposal for
Inventory Management System (IMS)
Due:
Respondent's Name
COST PROPOSAL

4.4.3. All proposals must be sent or delivered to the Department of Health, Central Purchasing Office, 4052 Bald Cypress Way, Bin B07, Tallahassee, Florida 32399.

4.5 Instructions for Submittal

- 4.5.1. Respondents must complete, sign, and return the “Title Page” with the Proposal submittal. **(Mandatory Requirement)**
- 4.5.2. Respondents must complete, sign, and return the “Cost Proposal” in a separate sealed envelope with the Proposal submittal. **(Mandatory Requirement)**
- 4.5.3. Respondents must submit all technical and cost data in the formats specified in the RFP.
- 4.5.4. Proposals must be sent via mail, courier, or hand delivered to the location indicated in the Timeline. **(Mandatory Requirement)**
- 4.5.5. Proposals submitted via electronic mail (email) or facsimile will **not** be considered.
- 4.5.6. The Department is not responsible for improperly marked proposals.
- 4.5.7. It is the Respondent’s responsibility to submit its response at the proper place and time indicated in the RFP Timeline.
- 4.5.8. The Department’s clocks will provide the official time for Proposal receipt.
- 4.5.9. Materials submitted will become the property of the State of Florida and accordingly, the state reserves the right to use any concepts or ideas contained in the response.

4.6 Cost of Preparation

Neither the Department nor the state is liable for any costs incurred by a Respondent in responding to this solicitation.

4.7 Public Records and Trade Secrets

Notwithstanding any provisions to the contrary, public records must be made available pursuant to the provisions of the Public Records Act, Chapter 119, Florida Statutes. If the Respondent considers any portion of its Proposal to be confidential, exempt, trade secret, or otherwise not subject to disclosure pursuant to Chapter 119, Florida Statutes, the Florida Constitution or other authority, the Respondent must segregate and clearly mark the document(s) as “**CONFIDENTIAL.**”

Simultaneously, the Respondent will provide the Department with a separate redacted paper and electronic copy of its Proposal and briefly describe in writing the grounds for claiming exemption from the public records law, including the specific statutory citation for such exemption. This redacted copy must contain the solicitation name, number, and the name of the Respondent on the cover, and must be clearly titled “**REDACTED COPY.**”

The redacted copy must be provided to the Department at the same time the Respondent submits its response and must only exclude or redact those exact portions which are claimed confidential, proprietary, or trade secret. The Respondent will be responsible for defending its determination that the redacted portions of its Proposal are confidential, trade secret, or otherwise not subject to disclosure. The Respondent must protect, defend, and indemnify the Department for any and all claims arising from or relating to the

determination that the redacted portions of its response are confidential, proprietary, trade secret, or otherwise not subject to disclosure. Respondent's failure to submit a redacted copy with its Proposal, constitutes authorization by the Respondent for the Department to produce the entire documents, data or records submitted by the Respondent in answer to a public records request for these records.

4.8 Cost Proposal (Mandatory Requirement)

Each Respondent must provide its proposed cost using **Attachment A**, Cost Proposal. The proposed cost should not be carried more than two places to the right of the decimal point.

4.9 Documentation

Respondents must complete and submit the following information or documentation as part of their Technical Proposal:

4.9.1. References

Respondents must provide contact information for three entities the Respondent has provided commodities or services of a similar size and nature of those requested in this solicitation. Respondents must use **Attachment B, Reference Form**, of this RFP to provide the required information. The Department reserves the right to contact any and all entities, prior to execution of a Contract, in order to verify experience. Information received may be considered in the Department's determination of the respondent's responsibility. The Department's determination is not subject to review or challenge.

4.9.2. The **IMS Operational Plan** must be submitted, which outlines the Centralized Issue Tracking Process and the Centralized Change Management process, hosted by the Respondent, for all IMS Services. The IMS Operational Plan must also define the process of resolving issues concerning the operability of the IMS.

4.9.3. The **Initial Implementation and Transition Plan** (Plan) must be submitted and include the following information:

4.9.3.1. Outline how the Respondent will address operation and implementation of the IMS and include details of how the Respondent will address potential issues that may arise during the transition of the Department's current IMS to the Respondent's IMS, which should focus on continuity of operations for the users and the system functionalities;

4.9.3.2. Outline key activities that must be completed while working with the Department and the current contractors during the transition period;

4.9.3.3. A schedule of proposed timeframes for estimated implementation and transition of the following:

4.9.3.3.1. On-boarding of resources;

4.9.3.3.2. Participating in knowledge transfer including a breakdown by service area;

4.9.3.3.3. Work environment and technology set-up;

4.9.3.3.4. Introduction to Department stakeholders; and

4.9.3.3.5. Takeover of services;

4.9.3.4. Other required service operation transition services; and

4.9.3.5. Continuity of service after the end of the Contract.

4.9.4. Identical Tie Certification, Attachment G, must be completed as specified in **Section 2.9.**

4.9.5. Description of Contract Disputes

Respondent must identify all contract disputes the Respondent (including its affiliates, subcontractors, agents, etc.) has had with any customer(s) within the last five years related to contracts under which the Respondent provided(s) commodities or services in the United States on an organizational or enterprise level that may impact or has impacted the Respondent's ability to provide the services described in this solicitation. Respondents must use **Attachment H, Contract Dispute Reporting Form**, of this RFP to provide the required information. The term "contract disputes" means any circumstances involving the performance or non-performance of a contractual obligation that resulted in any of the following actions:

4.9.5.1. Identification by the Contract customer that the Respondent was in default or breach of a duty or performance under the contract.

4.9.5.2. An issuance of a notice of default or breach.

4.9.5.3. The assessment of any fines or direct, consequential, or liquidated damages under such contracts.

4.9.5.4. For each dispute, the Respondent must list the following information:

4.9.5.4.1. Identify the contract to which the dispute related;

4.9.5.4.2. Explain what the dispute related to; and

4.9.5.4.3. Explain whether and how the dispute was resolved.

4.9.5.5. If there are no such contract disputes, the Respondent must submit a statement confirming this fact under this title in its Proposal.

4.9.6. Subcontractors List Form, Attachment I, must be completed as specified in **Section 5.7.**

4.9.7. HIPAA Business Associate Agreement, Attachment J, must be completed as specified in **Section 5.15.**

4.10 **Special Accommodations**

Persons with disability requiring special accommodations should call the Department's Purchasing office at least five business days, prior to any pre-proposal conference, Proposal opening, or meeting at (850) 245-4199. If hearing or speech impaired, please contact the Department's Purchasing office through the Florida Relay Service, at 1-800-955-8771 (TDD).

4.11 **Responsive-Responsible (Mandatory Requirements)**

Respondents must complete and submit the following **mandatory** information or documentation as a part of their Proposal and comply with mandatory requirements. Any Proposal which does not meet the below requirements or contain the specified information will be deemed non-responsive.

- 4.11.1. Proposals must be received, per **Section 4.5.4**, by the time specified in the Timeline, **Section 2.5**.
- 4.11.2. The Title Page of this RFP must be completed, signed, and returned with the Technical Proposal.
- 4.11.3. The Cost Proposal (**Attachment A**) must be completed, signed, and returned in a separate sealed envelope with RFP submittal. **Cost information must not be contained in Respondent Technical Proposals.**
- 4.11.4. Statement of Non-Collusion. Respondents must sign and return with their Proposal the Statement of Non-Collusion form (**Attachment C**).
- 4.11.5. Respondent Certification Regarding Scrutinized Companies Lists (**Attachment E**) must be completed as specified.
- 4.11.6. Contract Dispute Reporting Form (**Attachment H**) must be completed as specified.
- 4.11.7. Respondent's **Experience Narrative** must be submitted as specified in **Section 3.2.2**.

4.12 **Late Proposals**

The Procurement Officer must receive proposals pursuant to this RFP no later than the date and time shown in the Timeline (Refer to **Section 2.5**). Proposals that are not received by the time specified will not be considered.

SECTION 5.0: CONTRACT TERMS AND CONDITIONS

5.1 General Contract Conditions (PUR1000)

The General Contract Conditions (PUR 1000) form is a downloadable document incorporated in this solicitation by reference, which contains general Contract terms and conditions that will apply to any Contract resulting from this RFP, to the extent they are not otherwise modified. This document should not be returned with the Proposal. <http://dms.myflorida.com/content/download/2933/11777>

The terms of this solicitation will control over any conflicting terms of the PUR1000. Paragraph 31 of PUR 1000 does NOT apply to this solicitation or any resulting Contract.

5.2 Scrutinized Companies

All Respondents seeking to do business with the Department must be in compliance with section 287.135, Florida Statutes. The Department may, at its option, terminate a contract if the Respondent is found to have submitted a false certification as provided under section 287.135(5), Florida Statutes, been placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or have been engaged in business operations in Cuba or Syria.

Refer to Respondent Certification Regarding Scrutinized Companies Lists (**Attachment E**) Form, **Section 4.11.5**.

5.3 Conflict of Interest

Section 287.057(17)(c), Florida Statutes, provides “A person who receives a Contract that has not been procured pursuant to subsections (1)-(3) to perform a feasibility study of the potential implementation of a subsequent Contract, who participates in the drafting of a solicitation or who develops a program for future implementation, is not eligible to Contract with the agency for any other Contracts dealing with that specific subject matter, and any firm in which such person has any interest is not eligible to receive such Contract. However, this prohibition does not prevent a Respondent who responds to a request for information from being eligible to Contract with an agency.”

The Department considers participation through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or any other advisory capacity to constitute participation in drafting of the solicitation.

Refer to Statement of Non-Collusion, **Section 4.11.4**.

5.4 Certificate of Authority

All limited liability companies, corporations, corporations not for profit, and partnerships seeking to do business with the State must be registered with the Florida Department of State in accordance with the provisions of Chapters 605, 607, 617, and 620, Florida Statutes, respectively prior to Contract execution. The Department retains the right to ask for verification of compliance before Contract execution. Failure of the selected contractor to have appropriate registration may result in withdrawal of Contract award.

5.5 **Respondent Registration**

Each Respondent doing business with the State of Florida for the sale of commodities or contractual services, as defined in section 287.012, Florida Statutes, must register in the MyFloridaMarketPlace system, unless exempted under Florida Administrative Code, Rule 60A-1.033. State agencies must not enter into an agreement for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, with any Respondent not registered in the MyFloridaMarketPlace system, unless exempted by rule. The successful Provider must be registered in the MyFloridaMarketPlace system within five days after posting of the Intent to Award.

Registration may be completed at:

<https://vendor.myfloridamarketplace.com/vms-web/spring/login?execution=e2s1>

Respondents lacking internet access may request assistance from MyFloridaMarketPlace Customer Service at 866-352-3776 or from State Purchasing, 4050 Esplanade Drive, Suite 300, Tallahassee, FL 32399.

5.6 **Minority and Service Disabled Veteran Business Participation**

The Department encourages Minority, Women, Service-Disabled Veteran, and Veteran-Owned Business Enterprise participation in all its solicitations.

5.7 **Subcontractors**

Respondent may enter into written subcontracts for performance of services under the Contract resulting from this solicitation. Anticipated subcontract agreements known at the time of Proposal submission and the amount of the subcontract must be identified in the Proposal. If a subcontract has been identified at the time of Proposal submission, a copy of the proposed subcontract must be submitted to the Department. No subcontract that Respondent enters into with respect to performance under the Contract will in any way relieve Respondent of any responsibility for performance of its Contract responsibilities with the Department. The Department reserves the right to request and review information in conjunction with its determination regarding a subcontract request and reject any subcontractor proposed by the Respondent in its Proposal.

The Respondent must complete **Attachment I**, Subcontractors List Form, in its entirety and submit it with the Proposal.

5.8 **Performance Measures**

Pursuant to section 287.058, Florida Statutes, the resulting Contract must contain performance measures which specify the required minimum level of acceptable service to be performed. These will be established based on final determination of tasks and deliverables.

5.9 Financial Consequences

Pursuant to section 287.058, Florida Statutes, the Contract resulting from this solicitation must contain financial consequences that will apply if Respondent fails to perform in accordance with the Contract terms. The financial consequences will be established based on final determination of the performance measures and Contract amount.

5.10 Standard Contract

Respondents must become familiar with the Department's Standard Contract which contains administrative, financial, and non-programmatic terms and conditions mandated by federal law, state statute, administrative code rule, or directive of the Chief Financial Officer.

Use of the Standard Contract is mandatory for Departmental contracts and the terms and conditions contained in the Standard Contract are non-negotiable. The Standard Contract terms and conditions are located at: http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/_documents/DOH-Standard-Contract.pdf.

5.11 Conflict of Law and Controlling Provisions

Any Contract resulting from this RFP, plus any conflict of law issue, will be governed by the laws of the State of Florida. Venue must be Leon County, Florida.

Respondents acknowledge that this solicitation (including but not limited to the resulting Contract, exhibits, attachments, or amendments) is not a rule nor subject to rulemaking under Chapter 120 (or its successor) of the Florida Statutes and is not subject to challenge as a rule or non-rule policy under any provision of Chapter 120, Florida Statutes.

5.12 Agency Inspectors General

It is the duty of every state officer, employee, agency, special district, board, commission, contractor, and subcontractor to cooperate with the inspector general in any investigation, audit, inspection, review, or hearing pursuant to section 20.055, Florida Statutes.

5.13 Records and Documentation

To the extent that information is used in the performance of the resulting Contract or generated as a result of it, and to the extent that information meets the definition of "public record" as defined in Section 119.011(12), Florida Statutes, said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, Respondent must make the public records available for inspection or copying upon request of the Department's custodian of public records at cost that does not exceed the costs provided in Chapter 119, Florida Statutes, or otherwise, and must comply with Chapter 119 at all times as specified therein. It is expressly understood that the Respondent's refusal to comply with Chapter 119, Florida Statutes, will constitute an immediate breach of the Contract resulting from this RFP and entitles the Department to unilaterally cancel the Contract agreement.

Unless a greater retention period is required by state or federal law, all documents pertaining to the program contemplated by this RFP must be retained by the Respondent for a period of six years after the termination of the resulting Contract or longer as may be required by any renewal or extension of the Contract. During the records retention period, the Respondent agrees to furnish, when requested to do so, all documents required to be retained. Submission of such documents must be in the Department's standard word processing format. If this standard should change, it will be at no cost incurred to the Department. Data files will be provided in a format readable by the Department.

The Respondent must maintain all records required to be maintained pursuant to the resulting Contract in such manner as to be accessible by the Department upon demand. Where permitted under applicable law, access by the public must be permitted without delay.

5.14 Attorney's Fees

In the event of a dispute prior to or post award, each party responding to this solicitation shall be responsible for its own attorneys' fees, except as otherwise provided by law.

5.15 Health Insurance Portability and Accountability Act of 1996 (HIPAA) Business Associate Agreement

Respondent must execute a HIPAA Business Associate Agreement (**Attachment J**) and comply with all provisions of state and federal law regarding confidentiality of patient information. See Attachment J, Business Associate Agreement, for further details.

SECTION 6.0 PROPOSAL EVALUATION PROCESS AND CRITERIA

6.1 Introduction

The Department will evaluate and score proposals to determine the most advantageous Proposal. The ability of the Department to evaluate a respondent's Proposal is dependent upon the completeness of the Proposal.

Failure of a Respondent to provide information requested by this RFP may result in reduction in scoring during the evaluation.

The Department may accept or reject any and all proposals, and waive any minor irregularity, technicality, or omission if the Department determines that doing so will serve the State's best interests.

6.2 Evaluation Criteria

6.2.1 Evaluation of Proposals

The Proposals deemed responsive and responsible (in accordance with **Section 4.11, Mandatory Requirements**) will be evaluated and scored, based on the established criteria defined in **Attachment K, Evaluation Criteria**. Evaluation sheets will be used by the Evaluation Team to designate the point value assigned to each Proposal, Category I – Technical Proposal and Category II – Technical Demonstrations.

The evaluation will involve the point scoring of each criterion within each category. The following shows the maximum number of points that may be awarded for each category. The raw scores in each evaluation area from each team member will be averaged together. These average scores will be added to determine each Respondent's Technical Proposal score.

Evaluation Criteria	Maximum Points
Category I - Technical Proposal – Attachment K	<u>140</u>
Category II - Technical Demonstrations – Attachment K	<u>270</u>
Category III - Cost Proposal, Section 4.3.2 and 6.3.1.	<u>100</u>
TOTAL MAXIMUM POINTS POSSIBLE	<u>510</u>

6.2.2 Technical Demonstration

The Respondent must describe and demonstrate how the IMS solution presented in the Technical Proposal will function. Respondents are required to present a Live Technical Demonstration of all applicable items listed in **Category II of Attachment K**, to be evaluated by the Evaluation Team. The time and date for Technical Demonstration will be determined by the Department as specified in Section 2.5, Timeline.

6.3 Cost Proposal Opening

Cost Proposals will be opened in a public meeting after scoring and ranking of Technical Proposals.

6.3.1. Cost Proposal Scoring

The Department's cost evaluation will be based upon the Respondent's proposed cost, as prescribed in **Section 4.3.2** of this RFP. The proposed cost will be scored in accordance with the below formula:

$$\text{Maximum Cost Proposal Points} \times (\text{Lowest Proposal Cost} / \text{Respondent's Proposal Cost}) = \text{COST SCORE}$$

6.4 Notice of Agency Decision

At the conclusion of the evaluation of the Proposals the Department will announce its intended decision. Notice will be posted on the state's Vendor Bid System. The Department will award to the responsible, responsive Respondent determined to be the most advantageous to the state, taking into consideration Technical and Cost Proposals.

Award of a Contract does not guarantee placement of order for services.

The Department reserves the right to award more than one Contract as a result of this RFP.

6.5 Protests

Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post a bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Only documents delivered by the U.S. Postal Service, a private delivery service, in person, or by facsimile during business hours (8:00 a.m. - 5:00 p.m., Eastern Time) will be accepted. Documents received after hours will be filed the following business day.

No filings may be made by email or any other electronic means. All filings must be made with the Agency Clerk ONLY and are only considered "filed" when stamped by the official stamp of the Agency Clerk. It is the responsibility of the filing party to meet all filing deadlines.

Do not send Proposals to the Agency Clerk's Office. Send all Proposals to the Procurement Officer and address listed in Section 2.5, Timeline.

The Agency Clerk's mailing address:

Agency Clerk, Florida Department of Health
4052 Bald Cypress Way, BIN A-02
Tallahassee, Florida 32399-1703
Telephone No. (850) 245-4005

The Agency Clerk's physical address for hand deliveries:

Agency Clerk, Florida Department of Health
2585 Merchants Row Blvd.
Tallahassee, Florida 32399
Fax No. (850) 413-8743

**ATTACHMENT A
COST PROPOSAL
DOH18-040**

The Department will pay the Respondent a fixed price, fixed fee and fixed price, unit cost payment each month for the performance of the deliverables. Cost Proposals will be scored to award the maximum number of points to the lowest total price. In the event of a conflict between the total contract price and the unit price, the unit price controls. Note: The Department's funding for the Bureau of Preparedness and Response is contingent upon an annual grant award.

In the tables below, Respondent must provide the fixed price, fixed fee; fixed price, unit cost; and the total annual amount for each year of the contract, including renewals. Insert the Overall Grand Total by adding the Grand Total Amount for the Five-Year Initial Term; the Grand Total Amount for the Five-Year Renewal Term; and the Grand Total Amount for Additional Services.

INITIAL TERM YEAR ONE					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
Implementation (One-time)	3.2.1.1	Fixed Fee	\$ _____	1	\$ _____
Data Migration and Transition (One-time)	3.2.1.14	Fixed Fee	\$ _____	1	\$ _____
System Maintenance (Monthly)	3.2.1.17	Fixed Fee	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Cost	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Cost	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Fee	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (YEAR ONE)					\$ _____

Respondent Name: _____

Printed (Typed) Name and Title: _____

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INITIAL TERM (YEAR TWO)					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Fee	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Cost	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Cost	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Fee	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (YEAR TWO)					\$ _____

INITIAL TERM (YEAR THREE)					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Fee	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Cost	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Cost	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Fee	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (YEAR THREE)					\$ _____

Respondent Name: _____

Printed (Typed) Name and Title: _____

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INITIAL TERM (YEAR FOUR)					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Fee	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Cost	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Cost	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Fee	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (YEAR FOUR)					\$ _____

INITIAL TERM (YEAR FIVE)					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Fee	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Cost	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Cost	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Fee	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (YEAR FIVE)					\$ _____
GRAND TOTAL AMOUNT FOR FIVE YEAR INITIAL TERM (SUM OF YEAR ONE THROUGH FIVE)					\$ _____

Respondent Name: _____

Printed (Typed) Name and Title: _____

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FIVE-YEAR RENEWAL TERM					
RENEWAL YEAR ONE					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Price	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Price	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Price	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Price	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (RENEWAL YEAR ONE)					\$ _____

RENEWAL YEAR TWO					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Price	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Price	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Price	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Price	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (RENEWAL YEAR TWO)					\$ _____

Respondent Name: _____

Printed (Typed) Name and Title: _____

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RENEWAL YEAR THREE					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Price	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Cost	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Cost	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Price	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (RENEWAL YEAR THREE)					\$ _____

RENEWAL YEAR FOUR					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Price	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Cost	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Cost	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Price	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (RENEWAL YEAR FOUR)					\$ _____

Respondent Name: _____

Printed (Typed) Name and Title: _____

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RENEWAL YEAR FIVE					
Description of Item	RFP Section Reference	Payment Type	Price	Estimated Quantity	Amount
System Maintenance (Monthly)	3.2.1.17	Fixed Price	\$ _____	12	\$ _____
Onsite Technical Support (Daily Rate)	3.2.1.15.1.2	Unit Cost	\$ _____	1	\$ _____
Two-Day Trainings	3.2.1.15.1.1	Unit Cost	\$ _____	10 (per year)	\$ _____
Monthly Training Webinar	3.2.1.15.1.4	Fixed Price	\$ _____	12 (per year)	\$ _____
TOTAL AMOUNT (RENEWAL YEAR FIVE)					\$ _____
GRAND TOTAL AMOUNT FIVE-YEAR RENEWAL TERM (SUM OF RENEWAL YEAR ONE THROUGH FIVE)					\$ _____

Respondent Name: _____

Printed (Typed) Name and Title: _____

**ATTACHMENT A
COST PROPOSAL
DOH18-040**

ADDITIONAL SERVICES (Initial Term and Renewal Term)

Instructions for completing Additional Services Cost Table:

Respondents must provide an Hourly Rate for Emergency Onsite and Development services. The below rates will be used by the Department as needed throughout the Contract term. Respondents will not need to complete the Total Amount columns for Emergency Onsite Technical Assistance and the Development Hours Rate. Neither the Emergency Onsite Technical Assistance or Development Hours Rate will be used to calculate the Grand Total Cost or the Respondent's Cost Score.

Respondents must provide a price for Data Migration and Transition services. Respondent will be paid for this service **ONLY** if the contract resulting from this solicitation is not renewed or is terminated. Respondents will need to complete the Total Amount column for Data Migration and Transition services, which will be used in the calculation of the Grand Total Cost.

Description of Item	RFP Section Reference	Payment Type	Initial Term		Renewal Term		Total Amount	
Emergency Onsite Technical Assistance	3.2.1.18.1	Unit Cost	\$ _____ Hourly Rate		\$ _____ Hourly Rate			
Development Hours Rate	3.2.1.19.3	Unit Cost	\$ _____ Hourly Rate		\$ _____ Hourly Rate			
Data Migration and Transition (if applicable)	3.2.1.14	Fixed Price	\$ _____ Price	+	\$ _____ Price	=	\$ _____	
GRAND TOTAL AMOUNT ADDITIONAL SERVICES (Sum of Data Migration & Transition for Initial Term + Renewal Term)								\$ _____

Respondent Name: _____

Printed (Typed) Name and Title: _____

**ATTACHMENT A
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OVERALL GRAND TOTAL	
Grand Total for Five-Year Initial Term	\$ _____
Grand Total for Five-Year Renewal Term	\$ _____
Grand Total for Additional Services	\$ _____
OVERALL GRAND TOTAL COST	\$ _____

Respondent Name: _____

Respondent Mailing Address: _____

City, State, Zip: _____

Telephone: _____ **Fax Number:** _____

E-Mail Address: _____

Federal Employer Identification Number (FEID): _____

BY AFFIXING MY SIGNATURE ON THIS PROPOSAL, I HEREBY STATE THAT I HAVE READ THE ENTIRE RFP TERMS, CONDITIONS, PROVISIONS AND SPECIFICATIONS AND ALL ITS ATTACHMENTS, INCLUDING THE REFERENCED PUR 1000 AND PUR 1001. I hereby certify that my company, its employees, and its principals agree to abide to all of the terms, conditions, provisions and specifications during the competitive solicitation and any resulting contract including those contained in the Standard Contract.

Signature of Authorized Representative: _____

Printed (Typed) Name and Title: _____

*An authorized representative is an officer of the respondent's organization who has legal authority to bind the organization to the provisions of the Proposals. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Proposal if signed by other than the authorized representative.

**ATTACHMENT B
REFERENCES FORM
DOH18-040**

Respondent's Name: _____

Respondents must provide contact information for three references evidencing experience as described in **Section 3.2.2**. Respondents must use this reference form to provide the required information. The Department reserves the right to contact any and all entities in the course of this solicitation in order to verify experience. Information received may be considered in the Department's determination of the Respondent's responsibility. The Department's determination is not subject to review or challenge.

1.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work Performed:	
	Contract Begin and End Dates: mm/dd/yyyy to mm/dd/yyyy	

**ATTACHMENT B
REFERENCES FORM
DOH18-040**

2.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work Performed:	
	Contract Begin and End Dates: mm/dd/yyyy to mm/dd/yyyy	

**ATTACHMENT B
REFERENCES FORM
DOH18-040**

3.	Company/Agency Name:	
	Address:	
	City, State, Zip:	
	Contact Name:	
	Contact Phone:	
	Contact Email Address:	
	General Description of Work Performed:	
	Contract Begin and End Dates: mm/dd/yyyy to mm/dd/yyyy	

**ATTACHMENT C
STATEMENT OF NON-COLLUSION
DOH18-040**

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject Contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant Bid, proposal or reply. This Bid, proposal or reply is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Provider, Respondent, or Vendor to the provisions of this Bid, proposal or reply.

Signature of Authorized Representative*

Date

*An authorized representative is an officer of the Respondent's organization who has legal authority to bind the organization to the provisions of the Bids. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.

ATTACHMENT D
APPLICATION, DATA SECURITY, AND CONFIDENTIALITY
DOH18-040

This attachment is for the purpose of ensuring adequate information security protection is in place in at all times during this contract between the Department of Health hereinafter referred to as “the (Department)” and service providers, vendors, and information trading partners, all referenced hereinafter together referred to as “Providers” in this attachment.

In this document, the term State Data means any electronic information including, but not limited to, records, files, computer programs, and databases, that are owned by the state of Florida.

1. **Hosting Data or Applications** – This section applies to all contracts whereby a Provider is hosting data, or hosting an application that processes data, on behalf of the Department. Provider will comply with the following:
 - a. Provider, its employees, subcontractors, and agents will comply with all security and administrative requirements of the Department in performance of this contract. Provider will provide immediate notice to the Department’s Information Security Manager (ISM), or their designee, in the event it becomes aware of any security breach and any unauthorized transmission of State Data as described below or of any allegation or suspected violation of security requirements of the Department.
 - b. Provider will produce, upon entering a contract, a current security audit (no more than 12 months old) performed by a third party that is certified to perform such audits that demonstrate the use of sound security measures and practices by the Provider hosting the data or application that is processing data, as defined by a nationally recognized security framework. Provider will produce the status of any corrective action plans underway to address deficiencies found in the security audit. Provider must provide an annual update on any open corrective action plans associated with the most recent audit’s noted deficiencies. The Department has the right to require Provider to produce a new or updated audit every three years during the contract term, at Provider’s expense.
 - c. Provider will provide a copy of its American Institute of Certified Public Accountants (AICPA) “Standards for Attestation Engagements no. 18” (SSAE 18) Service Organization Controls (SOC) Report, SOC #, Type #, to the Department within 5 business days of the start of the resulting contract. For each additional year of the contract, at the request of the Department, Provider will obtain a current American Institute of Certified Public Accountants (AICPA) “Standards for Attestation Engagements no. 18” (SSAE 18).
 - d. Data Loss Prevention: Provider will perform periodic backups of all data (files, programs, databases, electronic records, etc.) hosted by Provider on behalf of the Department sufficient to ensure no data loss occurs, and that data will be restored from backup when necessary at the Provider’s sole expense. In the event of loss of any State Data or records, where such loss is due to the negligence of Provider or any of its subcontractors or agents, the Department may be entitled to sanctions by law or financial consequences per the Contract.
 - e. Breach: A confirmed event that compromises the confidentiality, integrity or availability of information or data. In the event of a breach of any State Data where such breach is due to the negligence of Provider or any of its subcontractors or agents, the Department may be entitled to sanctions by law or financial consequences per the Contract. Provider may be subject to administrative sanctions for failure to comply with section 501.171, Florida Statutes, for any breach of data, due to a failure to maintain adequate security, and responsible for any costs to the Department for the breach caused by Provider.

ATTACHMENT D
APPLICATION, DATA SECURITY, AND CONFIDENTIALITY
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- f. Data Protection: No State Data or information will be stored in, processed in, or shipped to offshore locations or outside of the United States of America, regardless of method, except as required by law. Access to State Data will only be available to approved and authorized staff, including offshore Provider personnel, that have a legitimate business need. Requests for offshore access will be submitted in accordance with the Department established processes and will only be allowed with express written approval from the Deputy Secretary of Operations. Third parties may be granted time-limited terminal service access to IT resources as necessary for fulfillment of related responsibilities with prior written approval by the ISM. Third parties will not be granted remote access via VPN, private line, or firewall holes, without an approved exemption. Requests for exceptions to this provision must be submitted to the ISM for approval. When remote access needs to be changed, the ISM will be promptly notified. Provider will abide by all Department and state of Florida data encryption standards regarding the transmission of confidential or confidential and exempt information. Documented encryption standards will be provided upon request. Offshore data access must be provided via a trusted method such as SSL, TLS, SSH, VPN, IPsec or a comparable protocol approved by the ISM. Confidential information must be encrypted using an approved encryption technology when transmitted outside of the network or over a medium not entirely owned or managed by the Department.
 - g. Notice Requirement: Provider will notify the Department upon detection of anomalous or malicious traffic within the scope of contracted services. To the extent applicable, failure to notify the Department of events or incidents that result in breach will subject Provider to legal sanctions, financial consequences per the contract and/or any costs to the Department of such breach of security.
 - h. Data Retention: Provider must retain data as follows:
 - i. Copies: At contract termination or expiration, submit copies of all finished or unfinished documents, data, studies, correspondence, reports and other products prepared by or for Provider under the contract; submit copies of all State Data to the Department in a format to be designated by the Department in accordance with section 119.0701, Florida Statutes; shred or erase parts of any retained duplicates containing personal information of all copies to make any personal information unreadable.
 - ii. Originals: At contract termination or expiration--retain its original records, and maintain, in confidence to the extent required by law, Provider's original records in un-redacted form, until the records retention schedule expires and to reasonably protect such documents and data during any pending investigation or audit.
 - iii. Both Copies and Originals: Upon expiration of all retention schedules and audits or investigations and upon notice to the Department, destroy all State Data from Provider's systems including, but not limited to, electronic data and documents containing personal information or other data that is confidential and exempt under Florida public records law.
2. **Application Provisioning** – This section applies to all contracts whereby a Provider is making available a software application to be used by the Department for collecting, processing, reporting, and storing data. Provider's software application used for the Department's automation and processing must support, and not inhibit, each of the following Department security requirements:
- a. Users must never share account passwords or allow other users to use their account credentials. Users are responsible for all activities occurring from the use of their account credentials.
 - i. Department employees are responsible for safeguarding their passwords and other authentication methods by not sharing account passwords, email encryption passwords,

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personal identification numbers, smart cards, identification badges, or other devices used for identification and authentication purposes.

- ii. Passwords will not be passed or stored in plain text. Passwords must be encrypted or secured by other means when stored or in transit.
 - b. Department employees will be accountable for their account activity.
 - i. Audit records will allow actions of users to be uniquely traced for accountability purposes.
 - ii. User accounts must be authenticated at a minimum by a complex password. Department accounts will require passwords of at least 10 characters to include an upper and lowercase letter, a number, and a special character.
 - iii. Department employees must log-off or lock their workstations prior to leaving the work area.
 - iv. Workstations must be secured with a password-protected screensaver with the automatic activation feature set at no more than 10 minutes.
 - c. Department employees must not disable, alter, or circumvent Department security measures.
 - d. Computer monitors must be protected to prevent unauthorized viewing.
 - e. Consultation involving confidential information must be held in areas with restricted access.
 - f. Confidential information must be printed using appropriate administrative, technical, and physical safeguards to prevent unauthorized viewing.
 - g. Access to data and information systems must be controlled to ensure only authorized individuals are allowed access to information and that access is granted upon a “need-to-know” basis only.
 - h. User accounts will be deleted or disabled, as appropriate, within 30 days of employment termination, non-use of account for 60 consecutive days, or under direction of a manager or Personnel and Human Resource Management’s notification of a security violation.
 - i. Confidential information will not be disclosed without proper authority. It is the responsibility of each member of the workforce to maintain the confidentiality of information and data. Any employee who discloses confidential information will ensure sufficient authorization has been received, the information has been reviewed and prepared for disclosure as required, and no revocation of the requesting document has been received.
 - j. All employees are responsible for protecting Department data, resources, and assets in their possession.
 - k. All employees are responsible for immediately notifying their local information security coordinator of any violation of Department security policies, or suspected/potential breach of security.
 - l. All employees will be knowledgeable of the classifications of data and information and the proper handling of data and information.
3. **Data Interchange** – This section applies to contracts whereby the Department will be sending data transmissions to, or receiving data transmissions from, a Provider for the purpose of independent processing. Examples include: sending laboratory orders to a laboratory, receiving laboratory results, sending billing information to a clearing house, receiving billing results or notification of payment, sending vital statistics to the Social Security Administration, sending physician licensing information to Florida’s

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Agency for Health Care Administration, receiving continuing education credit information for medical profession licensees, etc. Data interchange contracts must have a data sharing agreement in place. Provider will comply with the following:

- a. Follow all Department and state of Florida data encryption standards regarding the transmission of confidential or confidential and exempt information between the Department and the Provider. Documented encryption standards will be provided upon request. All transmission of confidential or confidential and exempt data must utilize a protected protocol such as SSL, TLS, SSH, VPN, IPsec or a comparable protocol approved by the ISM.
 - b. Use of any connection to the Department's network will be for retrieving information delivered by the Department, or sending data to the Department, and not for any other access to resources on the Department's network.
 - c. Protect and maintain the confidentiality of all data, files, and records, deemed to be confidential or confidential and exempt, retrieved from the Department pursuant to this agreement. The user will immediately notify the Department's ISM of any loss or breach of information originating from the Department and retrieved by Provider.
4. **All IT Services** – This section applies to all contracts whereby a Provider is providing IT services to the Department.

Provider will protect and maintain the confidentiality of all data, files, and records, deemed to be confidential or confidential and exempt, acquired from the Department pursuant to this agreement. Except as required by law or legal process and after notice to the Department, Provider will not divulge to third parties any confidential information obtained by Provider or its agents, distributors, resellers, subcontractors, officers or employees in the course of performing contract work, including, but not limited to, security design or architecture, business operations information, or commercial proprietary information in the possession of the state or the Department.

**ATTACHMENT E
RESPONDENT CERTIFICATION REGARDING SCRUTINIZED COMPANIES LIST
DOH18-040**

Respondent Name: _____

Respondent Mailing Address: _____

City-State-Zip: _____

Telephone Number: _____

Email Address: _____

Federal Employer Identification Number (FEID): _____

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of the Respondent, I hereby certify that the company identified above in the section entitled "Respondent Name" is not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Signature of Authorized Representative*: _____

Printed (Typed) Name and Title: _____

*An authorized representative is an officer of the Respondent's organization who has legal authority to bind the organization to the provisions of the Bids. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Bid if signed by other than the President, Chairman or owner.

**ATTACHMENT F
DATA LOG EXAMPLE
DOH18-040**

FIELD NAME (Database Field Label, if Different from Form Field Name)	DEFINITION of the Field Name	CODENAME USED BY PROGRAMMER & RELATIONSHIP TO OTHER FIELDS	RESTRICTED DATA ENTRY OPTIONS?	NOTES	FIELD TYPE	FIELD LENGTH
LAST UPDATE	Date of last update to specified record		Y	Auto fill based on current date	Date [mm/dd/yy]	8
DATA ENTRY	Who last updated record		Y	Auto fill based on user data entry		
OPERATOR				data entry operator		
STATUS	Availability of given item		Y			1
PURCHASE DATE			N		Date [mm/dd/yy]	8
DATE OF INITIAL ENTRY	Date when record initially created		N	Auto fill based on current date	Date [mm/dd/yy]	8

**ATTACHMENT G
IDENTICAL TIE CERTIFICATION FORM
DOH18-040**

Respondent Name: _____

Respondent Mailing Address: _____

City-State-Zip: _____

Telephone Number: _____

Email Address: _____

Federal Employer Identification Number (FEID): _____

Chapter 287, Florida Statutes, provide Respondents the advantage of “tie breakers” whenever two or more bids, proposal, or replies received by an agency are equal with respect to price, quality, and service. For a Respondent to take advantage of the below “tie breakers,” it must meet the statutory qualifications for one or more of these provisions and certify that it qualifies for the cited preference.

If the Department discovers that any information on this form is false after the award to the Respondent is made, the Department reserves the right to terminate the Contract and hold the awarded Respondent liable for costs associated with re-procuring the services. The Respondent certifies that the below preferences apply to its Proposal.

Yes	No	Applicable Certification
		<u>Certified Minority Business Enterprise:</u> This Proposal is from a certified minority-owned firm or company in accordance with section 287.057(11), Florida Statutes, with a company net worth of _____.
		<u>Service Disabled Veterans Business Enterprise:</u> This Proposal is from a service disabled veterans business enterprise in accordance with section 295.187, Florida Statutes., with a company net worth of _____.
		<u>Drug Free Workplace:</u> This Proposal is from a Respondent that currently maintains a drug-free workplace environment in accordance with section 287.087, Florida Statutes, and will continue to promote this policy through implementation of that section.
		<u>Foreign Manufacturer:</u> This Proposal is from a foreign manufacturer with a factory in Florida employing over 200 employees in the State in accordance with section 287.092, Florida Statutes.
		<u>This Proposal is from a Respondent that is not eligible for any of the above preferences.</u>

As the person authorized to sign this statement on behalf of the Respondent, I certify that this Proposal complies fully with the above requirements.

Signature of Authorized Representative*: _____

Printed (Typed) Name and Title: _____

*An authorized representative is an officer of the Respondent's organization who has legal authority to bind the organization to the provisions of the Proposals. This usually is the President, Chairman of the Board, or owner of the entity. A document establishing delegated authority must be included with the Proposal if signed by other than the President, Chairman or owner.

**ATTACHMENT H
CONTRACT DISPUTE REPORTING FORM FOR RESPONDENT
DOH18-040**

Additional contract dispute information can be documented on page two of this form and subsequent copies of page two as needed.

Customer Name:	_____
Contract Number(s):	_____
Date of Contract Dispute:	_____

Explanation of Dispute:

Resolution of Dispute:

Amount of Fine (if any): _____

**ATTACHMENT I
SUBCONTRACTORS LIST FORM
DOH18-040**

Each Respondent must submit with its response a list of the subcontractors who will perform work under the Contract that is expected to result from this solicitation. The Respondent must determine that a listed subcontractor has been successfully engaged in performing the services required under this solicitation and is qualified to provide the services under the resulting Contract.

In the event that no subcontractor will be used, this form must be returned with the Respondent’s response indicating “No Subcontractors will be used.”

NO SUBCONTRACTORS WILL BE USED:

Subcontractor Name:	
Product or Services Provided	
Address:	
City and Zip	
Phone #	

Subcontractor Name:	
Product or Services Provided	
Address:	
City and Zip	
Phone #	

Subcontractor Name:	
Product or Services Provided	
Address:	
City and Zip	
Phone:	

***Authorized Representative’s Signature**

***Typed Name and Title of Authorized Representative**

***This individual must have the authority to bind the Respondent.**

ATTACHMENT J
HIPAA BUSINESS ASSOCIATE AGREEMENT
DOH18-040

Combined HIPAA Privacy Business Associate Agreement and Confidentiality Agreement and HIPAA Security Rule Addendum and HI-TECH Act Compliance Agreement and the Florida Information Protection Act of 2014

This Agreement is entered into between the State of Florida, Florida Department of Health ("Covered Entity"), and _____ ("Business Associate"). The parties have entered into this Agreement for the purpose of satisfying the Business Associate contract requirements in the regulations at 45 CFR 164.502(e) and 164.504(e), issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Security Rule, codified at 45 Code of Federal Regulations ("C.F.R.") Part 164, Subparts A and C; Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No. 111-5 (Feb. 17, 2009) and related regulations. This Agreement corresponds to the following contract #, purchase order, or memorandum of agreement _____.

1.0 Definitions

Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in 45 CFR 160.103 and 164.501. Notwithstanding the above, "Covered Entity" shall mean the State of Florida Department of Health. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g); "Secretary" shall mean the Secretary of the U.S. Department of Health and Human Services or his designee; and "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

Part I: Privacy Provisions

2.0 Obligations and Activities of Business Associate

- (a) Business Associate agrees to not use or further disclose Protected Health Information ("PHI") other than as permitted or required by Sections 3.0 and 5.0 of this Agreement, or as required by Law.
- (b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- (c) Business Associate agrees to take reasonable measures to protect and secure data in electronic form containing personal information as defined by §501.171, Florida Statutes.
- (d) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- (e) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- (f) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- (g) Business Associate agrees to provide access, at the request of Covered Entity or an Individual, and in a prompt and reasonable manner consistent with the HIPAA regulations, to Protected Health Information in a designated record set, to the Covered Entity or directly to an Individual in order to meet the requirements under 45 CFR 164.524.

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HIPAA BUSINESS ASSOCIATE AGREEMENT
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- (h) Business Associate agrees to make any Amendment(s) to Protected Health Information in a designated record set that the Covered Entity or an Individual directs or agrees to pursuant to 45 CFR 164.526, in a prompt and reasonable manner consistent with the HIPAA regulations.
- (i) Business Associate agrees to make its internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity available to the Covered Entity, or at the request of the Covered Entity, to the Secretary in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- (j) Business Associate agrees to document disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
- (k) Business Associate agrees to provide to Covered Entity or an Individual an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528, in a prompt and reasonable manner consistent with the HIPAA regulations.
- (l) Business Associate agrees to satisfy all applicable provisions of HIPAA standards for electronic transactions and code sets, also known as the Electronic Data Interchange (EDI) Standards, at 45 CFR Part 162 no later than October 16, 2003. Business Associate further agrees to ensure that any agent, including a subcontractor, that conducts standard transactions on its behalf, will comply with the EDI Standards.
- (m) Business Associate agrees to determine the Minimum Necessary type and amount of PHI required to perform its services and will comply with 45 CFR 164.502(b) and 514(d).
- (n) Business Associate agrees to comply with all aspects of §501.171, Florida Statutes.

3.0 Permitted or Required Uses and Disclosures by Business Associate General Use and Disclosure.

- (a) Except as expressly permitted in writing by Department of Health, Business Associate may use Protected Health Information only to carry out the legal responsibilities of the Business Associate, but shall not disclose information to any third party without the expressed written consent of the Covered Entity.
- (b) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide data aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).
- (c) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j) (1).

4.0 Obligations of Covered Entity to Inform Business Associate of Covered Entity's Privacy Practices, and any Authorization or Restrictions.

- (a) Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 CFR 164.520, as well as any changes to such notice.
- (b) Covered Entity shall provide Business Associate with any changes in, or revocation of, Authorization by Individual or his or her personal representative to use or disclose Protected Health Information, if such changes affect Business Associate's uses or disclosures of Protected Health Information.
- (c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR

ATTACHMENT J
HIPAA BUSINESS ASSOCIATE AGREEMENT
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164.522, if such changes affect Business Associate's uses or disclosures of Protected Health Information.

5.0 Confidentiality under State Law.

- (a) In addition to the HIPAA privacy requirements and the data security requirements of §501.171, Florida Statutes, Business Associate agrees to observe the confidentiality requirements of Chapter 381, Florida Statutes and any other Florida Statute relating to the confidentiality of information provided under this agreement.
- (b) Receipt of a Subpoena. If Business Associate is served with subpoena requiring the production of Department of Health records or information, Business Associate shall immediately contact the Department of Health, Office of the General Counsel, (850) 245-4005. A subpoena is an official summons issued by a court or an administrative tribunal, which requires the recipient to do one or more of the following:
 - 1. Appear at a deposition to give sworn testimony, and may also require that certain records be brought to be examined as evidence.
 - 2. Appear at a hearing or trial to give evidence as a witness, and may also require that certain records be brought to be examined as evidence.
 - 3. Furnish certain records for examination, by mail or by hand-delivery.
- (c) Employees and Agents. Business Associate acknowledges that the confidentiality requirements herein apply to all its employees, agents and representatives. Business Associate assumes responsibility and liability for any damages or claims, including state and federal administrative proceedings and sanctions, against Department of Health, including costs and attorneys' fees, resulting from the breach of the confidentiality requirements of this Agreement.

6.0 Permissible Requests by Covered Entity.

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

7.0 Term and Termination.

- (a) Term.

The Term of this Agreement shall be coterminous with the underlying contract, purchase order, or memorandum of understanding giving rise to this agreement.
- (b) Termination for Cause.

Without limiting any other termination rights the parties may have, upon Covered Entity's knowledge of a material breach by Business Associate of a provision under this Agreement, Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. If the Agreement of Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, the Covered Entity shall have the right to immediately terminate the Agreement. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.
- (c) Effect of Termination.
 - 1. Within sixty (60) days after termination of the Agreement for any reason, or within such other time period as mutually agreed upon in writing by the parties, Business Associate shall return to Covered Entity or destroy all Protected Health Information maintained by Business Associate in any form and shall retain no copies thereof. Business Associate

ATTACHMENT J
HIPAA BUSINESS ASSOCIATE AGREEMENT
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also shall recover, and shall return or destroy with such time period, any Protected Health Information in the possession of its subcontractors or agents.

2. Within fifteen (15) days after termination of the Agreement for any reason, Business Associate shall notify Covered Entity in writing as to whether Business Associate elects to return or destroy such Protected Health Information. If Business Associate elects to destroy such Protected Health Information, it shall certify to Covered Entity in writing when and that such Protected Health Information has been destroyed. If any subcontractors or agents of the Business Associate elect to destroy the Protected Health Information, Business Associate will require such subcontractors or agents to certify to Business Associate and to Covered Entity in writing when such Protected Health Information has been destroyed. If it is not feasible for Business Associate to return or destroy any of said Protected Health Information, Business Associate shall notify Covered Entity in writing that Business Associate has determined that it is not feasible to return or destroy the Protected Health Information and the specific reasons for such determination. Business
3. Associate further agrees to extend any and all protections, limitations, and restrictions set forth in this Agreement to Business Associate's use or disclosure of any Protected Health Information retained after the termination of this Agreement, and to limit any further uses or disclosures to the purposes that make the return or destruction of the Protected Health Information not feasible.
4. If it is not feasible for Business Associate to obtain, from a subcontractor or agent, any Protected Health Information in the possession of the subcontractor or agent, Business Associate shall provide a written explanation to Covered Entity and require the subcontractors and agents to agree to extend any and all protections, limitations, and restrictions set forth in this Agreement to the subcontractors' or agents' uses or disclosures of any Protected Health Information retained after the termination of this Agreement, and to limit any further uses or disclosures to the purposes that make the return or destruction of the Protected Health Information not feasible.

Part II: Breaches and Security Incidents

8.0 Privacy or Security Breach.

Business Associate will report to Covered Entity's Privacy Officer or other department contact within 2 business days after the discovery, any unauthorized access, use, disclosure of Covered Entity's protected health Information not permitted by the Business Associates Agreement along with any breach of Covered Entity's unsecured protected health information. Business Associate will treat the breach as being discovered in accordance with 45 CFR §164.410. If a delay is requested by a law enforcement official in accordance with 45 CFR §164.412, Business Associate may delay notifying the Covered Entity for the applicable time period. Business Associates report will at a minimum:

- (a) Identify the nature of the breach or other non-permitted use or disclosure, which will include a brief description of what happened, including the date of any breach and the date of discovery of the breach;
- (b) Identify Covered Entity's Protected Health Information that was subject to the non-permitted use or disclosure or breach (such as whether name, social security number, date of birth, home address, account number or other information was disclosed/accessed) on an individual basis;
- (c) Identify who made the non-permitted use or disclosure and who received it;

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- (d) Identify what corrective or investigational action Business Associate took or will take to prevent further non-permitted uses or disclosures, to mitigate harmful effects and to protect against any further breaches;
- (e) Identify what steps the individuals who were subject to a breach should take to protect themselves;
- (f) Provide such other information, including a written report, as Covered Entity may reasonably request.

8.1 Security of Electronic Protected Health Information.

WHEREAS, Business Associate and Department of Health agree to also address herein the applicable requirements of the Security Rule, codified at 45 Code of Federal Regulations (“C.F.R.”) Part 164, Subparts A and C, issued pursuant to the Administrative Simplification provisions of Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA-AS”), and the Florida Information Protection Act (FIPA) §501.171, Florida Statutes, so that the Covered Entity may meet compliance obligations under HIPAA-AS and FIPA the parties agree:

- (a) Business Associate will develop, implement, maintain, and use administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information (as defined in 45 C.F.R. § 160.103) and Personal Information (as defined in §501.171, Florida Statutes) that Business Associate creates, receives, maintains, or transmits on behalf of the Plans consistent with the Security Rule.
- (b) Reporting Security Incidents. Business Associate will report to Covered Entity any successful (A) unauthorized access, use, disclosure, modification, or destruction of Covered Entity’s Electronic Protected Health Information or unauthorized access of data in an electronic form containing Personal Information as defined in §501.171, Florida Statute, or (B) interference with Business Associate’s system operations in Business Associate’s information systems, of which Business Associate becomes aware.

8.2 Corrective Action:

- (a) Business Associate agrees to take prompt corrective action and follow all provisions required in state and federal law to notify all individuals reasonably believed to be potentially affected by the breach.
- (b) Cure: Business Associate agrees to take prompt corrective action to cure any security deficiencies.

Part III

9.0 Miscellaneous

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- (a) Regulatory References. A reference in this Agreement to a section in the Privacy Rule or the Security Rule means the section as in effect or as amended, and for which compliance is required.
- (b) Amendment. Upon the enactment of any law or regulation affecting the use or disclosure of Protected Health Information, Personal Information, Standard Transactions, the security of Health Information, or other aspects of HIPAA-AS or FIPA applicable or the publication of any decision of a court of the United States or any state relating to any such law or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, either party may, by written notice to the other party, amend this Agreement in such manner as such party determines necessary to comply with such law or regulation. If the other party disagrees with such Amendment, it shall so notify the first party in writing within thirty (30) days of the notice. If the parties are unable to agree on an Amendment within thirty (30) days thereafter, then either of the parties may terminate the Agreement on thirty (30) days written notice to the other party.
- (c) Survival. The respective rights and obligations of Business Associate under Section 7.0 of this Agreement shall survive the termination of this Agreement.
- (d) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the Privacy Rule and the confidentiality requirements of the State of Florida.
- (e) No third-party beneficiary. Nothing expressed or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors or assignees of the parties, any rights, remedies, obligations, or liabilities whatsoever.
- (f) Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the state of Florida to the extent not preempted by the Privacy Rules or other applicable federal law.
- (g) The laws of the State of Florida shall apply to the interpretation of this Agreement or in case of any disagreement between the parties; the venue of any proceedings shall be the appropriate federal or state court in Leon County, Florida.
- (h) Indemnification and performance guarantees. Business Associate shall indemnify, defend, and save harmless the State of Florida and Individuals covered for any financial loss as a result of claims brought by third parties and which are caused by the failure of Business Associate, its officers, directors or agents to comply with the terms of this Agreement. Additionally, Business Associate shall indemnify the State of Florida for any time and expenses it may incur from breach notifications that are necessary under either §501.171, Florida Statute or the HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414, which are caused by the failure of Business Associate, its officers, directors or agents to comply with the terms of this Agreement.

- (i) Assignment: Business Associate shall not assign either its obligations or benefits under this Agreement without the expressed written consent of the Covered Entity, which shall be at the sole discretion of the Covered Entity. Given the nature of this Agreement, neither

**ATTACHMENT J
HIPAA BUSINESS ASSOCIATE AGREEMENT
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subcontracting nor assignment by the Business Associate is anticipated and the use of those terms herein does not indicate that permission to assign or subcontract has been granted.

For: **DEPARTMENT OF HEALTH**

By: _____

Title: _____

Date: _____

For: _____ (Name of Business Associate)

By: _____

Title: _____

Date: _____

**ATTACHMENT K
EVALUATION CRITERIA
RFP DOH18-040
INVENTORY MANAGEMENT SYSTEM (IMS)**

INSTRUCTIONS

RFP Section Reference: The section identified in the RFP which addresses the evaluation criteria.

Total Possible Points: The maximum points that can be awarded for each evaluation criteria.

Points Awarded: Apply the total points based on the evaluation criteria guide.

Cross Reference: Identify the section in the Respondent's Proposal which addresses the evaluation criteria. Page numbers and/or section references should be used.

Notes: Use this section to justify "0" points awarded if Respondent fails to provide the required information in the Proposal.

Total Points Awarded: Total sum of all points awarded for each evaluation criteria.

Grand Total Points Awarded: Total sum of awarded points for Category I - Technical Proposal and Category II - Technical Demonstration Evaluations.

Submit Score Sheet: After completing the score sheets, print and sign the document. Return score sheets to the Central Purchasing Office.

A score should be assigned by the Department's Evaluators to each question as follows:

Point	Evaluation
0	Not Addressed: Fails to address or include the required information in the Proposal.
2	Unsatisfactory: Not clearly presented or vague.
4	Poor: Below minimum requirements; demonstrates insufficient understanding of the project; demonstrates poor programmatic capability.
6	Adequate: Meets minimum requirements; demonstrates general understanding of project acceptable programmatic capability.
8	Good: Above minimum requirements; Respondent(s) has a good approach with above-average understanding of the project, and above-average programmatic capability.
10	Exceptional: Exceeds minimum requirements; demonstrates superior understanding of the project, excellent and innovative programmatic capability, and understanding approach, and clarity in presentation.

**ATTACHMENT K
EVALUATION CRITERIA
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INVENTORY MANAGEMENT SYSTEM (IMS)**

RESPONDENT NAME:				
CATEGORY I - TECHNICAL PROPOSAL (140 Possible Points Total)				
1. Business Experience and Qualifications (10 Possible Points Total)				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.2	2. How comprehensive is the Respondent's overall background and experience and does it demonstrate their ability to effectively implement and provide services under a resulting Contract from the RFP?	0-10	10	
NOTES				
TOTAL POINTS AWARDED FOR BUSINESS EXPERIENCE AND QUALIFICATIONS:				10
2. Service Delivery Approach (130 Possible Points Total)				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.3.1	1. To what extent does the Respondent describe their ability to provide and activate concurrent user license at the time of contract execution to provide enterprise license options that can accommodate 100 users with the ability to bring on an additional 50 users as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.1.1	2. To what extent does the Respondent's IMS meet the requirement to remain compatible with existing Department approved systems and share information between users and other systems as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.1.2	3. To what extent does the Respondent's IMS provide a web-based portal for multiple users to access the IMS simultaneously as required in the RFP?	0-10	10	
NOTES				

**ATTACHMENT K
EVALUATION CRITERIA
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RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.5.1 3.2.1.5.2 3.2.1.5.3	4. How comprehensive is the Respondent's Proposal in describing how they would meet the data entry requirements to ensure the specified data fields are active in the IMS, allow for data entry in additional required fields, and identify additional must enter fields at any given time?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.6.1	5. To what extent does the Respondent's Proposal describe their approach to tag individual items with multiple usages and prices, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.6.4	6. To what extent does the Respondent's Proposal describe their capability to meet the requirements relating to Kits, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.3 - 3.2.1.8.13	7. How comprehensive in the Respondent's approach in creating warehouse location reports, create reports for tracking of inventory estimates, create reports for users to look up a category of items or specific items, create inventory by location reports for the tracking of locations, an Inventory Equipment Receipt Form, an Inventory Usage Assignment Report, an Inventory of Specified Usage Report, reports for inventory assignments, reports for inventory of computers, reports for inventory vehicle reports, and reports for inventory deployed, as required in the RFP?	0-10	10	
NOTES				

**ATTACHMENT K
EVALUATION CRITERIA
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RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.12.1 3.2.1.8.12.2 3.2.1.8.12.3	8. To what extent does the Respondent's Proposal describe their capability to capture maintenance on vehicles and equipment as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.9.1 3.2.1.9.2 3.2.1.9.3	9. How well does the Respondent's Proposal describe its ability to meet the IMS compatibility requirements as specified in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.14	10. How comprehensive is the Respondent's Proposal in demonstrating their ability to execute data conversion to upload all existing data into the IMS, and perform all edits during conversion as required in this RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.15.1	11. How comprehensive is the Respondent's Training Plan?	0-10	10	
NOTES				

**ATTACHMENT K
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RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.17 3.2.1.18	12. How comprehensive is the Respondent's approach in providing and meeting the requirements for system maintenance and technical support as required in the RFP, to include timeliness for response and resolution?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
4.11.5	13. How comprehensive is the Respondent's initial Implementation and Transition Plan, does it provide details on how the Respondent will address potential issues that may arise during the transition of the current system, and does it focus on continuity of operations?	0-10	10	
NOTES				
TOTAL POINTS AWARDED FOR SERVICE APPROACH:				130
TOTAL POINTS AWARDED FOR CATEGORY I - TECHNICAL PROPOSAL: (Sum of Background Experience and Qualifications + Service Approach)				140

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CATEGORY II - TECHNICAL DEMONSTRATION EVALUATION (270 Points Total)				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.1.2	1. How well does the Respondent's IMS demonstrate its ability to provide a web-based portal multiple users to access the IMS simultaneously as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.1.7	2. How well does the Respondent's IMS demonstrate the ability to allow accessibility by any user from any location which has internet connectivity?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.1.8	3. How well does the Respondent's IMS demonstrate the ability to be monitored 24 hours, seven days a week by the Respondent for daily functionality?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.1.9	4. How well does the Respondent's IMS demonstrate its ability to have a radio frequency identification bar coding capability and bar code reading application to allow scanning via phone (android and iPhone capable)?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.1.10	5. How well does the Respondent's IMS demonstrate its ability to generate barcode labels of assorted sizes to accommodate individual items, cases, and pallets, as required in the RFP?	0-10	10	
NOTES				

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RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.3.2	6. How well does the Respondent's IMS demonstrate the ability to provide a means for users to operate a stand-alone version of the IMS with capability to upload data when internet connectivity becomes available, in the event internet connectivity is not available?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.4.1 3.2.1.4.2 3.2.1.4.3	7. How well does the Respondent's IMS demonstrate the varying levels of access for both the Administrator and the end user, including secure log-in functionality for each user?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.4.5	8. How well does the Respondent's IMS demonstrate its ability to provide an intuitive front page to the IMS?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.5.1 3.2.1.5.2	9. How well does the Respondent's IMS demonstrate the ability to enter required data fields and allow for data entry in the additional required fields?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.5.3	10. How well does the Respondent's IMS demonstrate the ability to identify additional must enter data fields in the IMS at any given time as required in in the RFP?	0-10	10	
NOTES				

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RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.5.5	11. How well does the Respondent's IMS demonstrate its ability to provide an audit report showing new fields by item number and that tracks the updating of new field content to ensure proper loading of data, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.5.6	12. How well does the Respondent's IMS demonstrate the ability to archive data throughout the term of the resulting contract, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.6.1	13. How well does the Respondent's IMS demonstrate its ability to tag individual items, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.6.2	14. How well does the Respondent's IMS demonstrate the ability to add and delete values for specified fields, without affecting active inventory, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.6.4	15. How well does the Respondent's IMS demonstrate its capabilities to build Kits, as required in the RFP?	0-10	10	
NOTES				

**ATTACHMENT K
EVALUATION CRITERIA
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RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.6.5.1	16. How well does the Respondent's IMS demonstrate its ability to track the identity, demographical data, and treatment of patients receiving mass prophylaxis at a Point of Dispensing (POD) site, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.7.1	17. How well does the Respondent's IMS demonstrate its ability to search for records with specified field values, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.1	18. How well does the Respondent's IMS demonstrate its ability to create ad-hoc reports for specified fields, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.2	19. How well does the Respondent's IMS demonstrate its ability to create printable Bill of Lading report to include specified fields, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.3	20. How well does the Respondent's IMS demonstrate its ability to create warehouse location reports, as required in the RFP?	0-10	10	
NOTES				

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RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.4	21. How well does the Respondent's IMS demonstrate its ability to create reports for tracking of inventory estimates, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.5	22. How well does the Respondent's IMS demonstrate its ability to create reports for users to look up a category of items or specified items, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.6	23. How well does the Respondent's IMS demonstrate its ability to create inventory by location reports for the tracking of locations, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.10	24. How well does the Respondent's IMS demonstrate its ability to create reports for inventory assignment, as required in the RFP?	0-10	10	
NOTES				
RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.11	25. How well does the Respondent's IMS demonstrate its ability to create reports for inventory of computers, as required in the RFP?	0-10	10	
NOTES				

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RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.8.12 3.2.1.10	26. How well does the Respondent's IMS demonstrate its ability to create reports for inventory vehicle reports and track equipment maintenance, as required in the RFP?	0-10	10	

NOTES

RFP Section Reference	Evaluation Criteria	Possible Points	Points Awarded	Cross Reference
3.2.1.11	27. How well does the Respondent's IMS demonstrate its ability to provide email reminders and updates to the system users, as required in the RFP?	0-10	10	

NOTES

TOTAL POINTS AWARDED FOR CATEGORY II - TECHNICAL DEMONSTRATION:	270
GRAND TOTAL POINTS AWARDED FOR TECHNICAL EVALUATION: (Sum of Category I + Category II)	410

EVALUATION CERTIFICATION: I certify that the evaluation of this application was completed independently and consistent with the instructions provided.

Signature

Date

Print Name