

**ADDENDUM #4**  
**INVITATION TO NEGOTIATE (ITN) #: ITN031618FCO1**  
**(ELECTRONIC BENEFITS TRANSFER/ELECTRONIC FUNDS TRANSFER (EBT/EFT) SERVICES)**

FAILURE TO FILE A PROTEST WITHIN THE TIME PRESCRIBED IN SECTION 120.57(3), FLORIDA STATUTES, OR FAILURE TO POST THE 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.

Invitation to Negotiate (ITN) #: ITN031618FCO1 for Electronic Benefits Transfer/Electronic Funds Transfer (EBT/EFT) posted August 14, 2018, are hereby amended in underline/strikethrough format as follows (unchanged parts included solely for context):

**1. EBT\_EFT ITN Section 4.2.3, second and third sentences are amended to read:**

The Programmatic cross-reference table must be directly behind TAB 2 ~~the title page~~ in the Programmatic Reply. The Financial cross-reference table must be directly behind the title page in the Financial Reply, as referenced in Section 4.3.1.1.

**2. EBT\_EFT ITN Section 4.3.1.1 is created to read:**

**4.3.1.1 TAB 1: Offeror's Cross Reference Table for Financial Reply**

The Financial cross-reference table is to be included here and must be directly behind the title page in the Financial Reply, as referenced in Section 4.2.3.

**3. EBT\_EFT ITN, Appendix V, Section 2.a. "Appendix VII" is hereby corrected to read "Appendix IX".**

**4. EBT\_EFT ITN, Appendix XIII: COST SHEET FORM, Pages 77 and 78 are replaced by Attachment # 1 of this Addendum.**

**5. Appendix II, Exhibit C, Section C-1.1.11.9, # 1. is hereby amended to read:**

**C-1.1.11.9. EBT-only Equipment Support Services**

The Provider shall provide the following services for the EBT-only POS terminals it deploys:

1. Repair or replacement services on faulty POS terminal equipment within ~~24~~ 48 hours (two (2) business days) of the request for service;

**6. Appendix II, Exhibit C, Section C-1.1.12., fourth paragraph, second sentence which reads "All retailers, acquirers/TPPs, and ATM networks shall be allowed to select cutoff times that accommodate their business day." is hereby removed.**

**7. Appendix II, Exhibit C Section C-1.2.19.3. is hereby amended as follows:**

**C-1.2.19.3. Retailer Mobile Apps**

The Provider shall make available retailer mobile apps for both Android and iOS (Apple) devices for WIC authorized retailers. The WIC State Office is seeking a solution that will remain in operation even if a different Provider is selected in a future procurement. As such, the WIC State Office under the terms of this acquisition shall possess all rights to the mobile app software delivered under the service contract. The Provider shall deliver both source and compiled code for the software, along with all applicable system and user documentation that will allow another processor to update, maintain and enhance the software and its functionality.

The following general requirements are to be observed. The Provider shall make available a mobile app ~~two (2) different mobile apps~~ for retailer use (~~General Merchant App and a Farmers Market App~~). ~~These apps~~ This app shall be used for full-service retailers or for farmer's market service. The apps should be downloadable from appropriate sites available to users at no cost. The Provider shall

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provide the WIC State Office downloads at no cost and will replace, upgrade and maintain all app functions for the term of the Contract. The Provider shall upgrade the app, at no cost, as material new technology becomes available and agreed to by both parties.

**8. Appendix II, Exhibit C Section C-1.2.19.3.1 is hereby amended as follows:**

**C-1.2.19.3.1. Transaction Set**

The following transactions shall be supported by the apps:

1. Purchase
2. Balance Inquiry
3. Voids or Cancellations
4. Reversals

~~These~~ This applications will ~~each~~ provide the retailer access to the participant's current WIC benefit balances to facilitate transaction processing between and within the WIC EBT system. Access to the specific category of benefit balances is controlled at the EBT Provider system as described within the WIC system requirements (e.g. exclusive display of FMNP balance in the farmer's app only).

**9. Appendix II, Exhibit C Section C-1.2.19.3.2 is hereby removed.**

**10. Appendix II, Exhibit C Section C-1.2.19.3.3 is renumbered C-1.2.19.3.2.**

**11. Appendix II, Exhibit C, Section C-2.1.2.1. is amended as follows:**

**C-2.1.2.1. Minimum Qualifications for Provider Representative**

Provider personnel is subject to acceptance and approval by the Department. The minimum qualifications for the Provider's assigned Project Representative are as follows:

1. Five (5) years of project management experience; three (3) of the past five (5) years as the project manager for the development, implementation and/or operation of an EBT or other financial system of comparable size and complexity as that defined within this contract; ~~Currently employed for the past three (3) years~~ by the Provider, preferably as the project manager for an EBT or other financial systems project(s) of similar size and complexity as that of the Florida EBT Project;
2. Past management experience of proposed FL EBT/EFT key personnel, including subcontractors, with individuals having worked together as a unit in the past or currently for the effective and successful delivery of quality EBT/EFT services;
3. Successful management of the delivery of EBT/EFT services for a customer(s) with a similar scope of services as contemplated by this contract; and
4. Successful management of the delivery of EBT/EFT services for a customer with similar volumes of accounts and transactions.

**12. Appendix II, Exhibit C, Sections C-2.1.3.1. is amended as follows:**

**C-2.1.3.1. Minimum Qualifications**

Provider personnel is subject to acceptance and approval by the Department. The minimum qualifications for the Provider's assigned EBT Project Business Analyst are as follows:

1. Five years of project management experience; three of the past five years as the Business Analyst for the development, implementation and/or operation of an EBT or other financial system of comparable size and complexity as that defined within this contract;
2. Currently ~~employed for the past three years~~ by the Provider, preferably as a business analyst for an EBT or other financial systems project(s) of similar size and complexity as that of the Florida EBT Project;
3. Successful management of the delivery of EBT/EFT services for a customer(s) with a similar scope of services as contemplated by this Contract; and

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4. Successful management of the delivery of EBT/EFT services for a customer with similar volumes of accounts and transactions.

**13. Appendix II, Exhibit C, Sections C-2.1.4.1. is amended as follows:**

**C-2.1.4.1. Minimum Qualifications**

Provider personnel is subject to acceptance and approval by the Department. The minimum qualifications for the Provider's assigned Business Analyst/Programmer are as follows:

1. Five years of project management experience; three of the past five years as the Business Analyst for the development, implementation and/or operation of an EBT or other financial system of comparable size and complexity as that defined within this contract;
2. ~~Currently employed for the past three years~~ by the Provider, preferably as a business analyst for an EBT or other financial systems project(s) of similar size and complexity as that of the Florida EBT Project;
3. Successful management of the delivery of EBT services for a customer(s) with a similar scope of services as contemplated by this Contract; and
4. Successful management of the delivery of EBT services for a customer with similar volumes of accounts and transactions.

**14. Appendix II, Exhibit C, Sections C-2.1.5.1. is amended as follows:**

**C-2.1.5.1. Key Personnel Minimum Qualifications**

Provider personnel is subject to acceptance and approval by the Department. The minimum qualifications for the Provider's key personnel identified in its project organization chart are as follows:

1. Three (3) years-experience in performing the assigned tasks and providing the types and level of services required in this Contract, preferably as an employee or as a subcontractor or other authorized representative of the Provider;
2. Current or past experience working with other proposed FL EBT key personnel as a unit for the effective and successful delivery of quality EBT/EFT services;
3. Demonstrated success, either current or past, in performing the tasks assigned or in providing the services to a customer with a similar scope of services; and
4. Successful performance of assigned tasks or in the delivery of EBT/EFT services to a customer with similar volumes of accounts and transactions.

**15. Appendix II, Exhibit E, Section E-3.2, # 23 Performance Measure Column "4.,5.,6." are renumbered to read "1.,2.,3."**

**16. Appendix II, Exhibit E, Section E-4.2., # 14 Performance Measure Column, second sentence is amended to read: "Provide repair or replace EBT-only POS equipment identified as failed no later than 48 hours (two business days) after notice when notified and repair action must be accomplished at some point after normal business hours."**