**PROPOSER INFORMATION**

Proposer Name: Click here to enter text.

Authorized Representative Name & Title: Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Website: Click here to enter text.

Legal Status: ☐ For-Profit ☐ Nonprofit ☐Sole Proprietor/Individual ☐Partnership

Women Owned: ☐ Yes ☐ No

Minority Owned: ☐ Yes ☐ No

If yes, select the ethnicity:

☐ American Indian or Alaska Native ☐ Black or of African decent

☐ Hispanic or Latino/a ☐ Native Hawaiian/Pacific Islander

☐ Western Asian/Middle Eastern ☐ East Asian/Far Eastern

☐ South Asian/Indian (Subcontinent) ☐ Southeast Asian

☐ Other Asian ☐ Multi-racial

Self-Describe: Click here to enter text.

Faith Based: ☐ Yes ☐ No

Partners included in this Proposal: Click here to enter text.

How did you hear about this RFP? *Please be specific.* Click or tap here to enter text.

**PROPOSAL INFORMATION**

Total dollar amount requested: Click here to enter text.

Proposal summary *(please use only one sentence)*:

Click here to enter text.

**REQUIRED CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Phone** | **Email** |
| Chief Executive Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| Contract Processing Contact | Click here to enter text. | Enter number. | Click here to enter text. |
| Chief Information Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| Chief Financial Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| MPER Contact\* | Click here to enter text. | Enter number. | Click here to enter text. |

*\** [*MPER*](http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Data-Processing/MPER.aspx) *is DHS’s provider and contract management system. Please list an administrative contact to update and manage this system for your agency.*

**BOARD INFORMATION**

*\* For the Board Chairperson, you must list an address, phone and email address different than the organization.*

Board Chairperson Name & Title: Click here to enter text.

Board Chairperson Address: Click here to enter text.

Board Chairperson Telephone: Click here to enter text.

Board Chairperson Email: Partners included in this Proposal: Click here to enter text.

How did you hear about this RFP? *Please be specific.* Click or tap here to enter text.

**REFERENCES**

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

*Please do not use employees of the Allegheny County Department of Human Services as references.*

Click here to enter text.

**CERTIFICATION**

Please check the following before submitting your Proposal, as applicable:

☐ I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania’s Right-to-Know Law.

☐ By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient’s decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

☐ My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

☐ My Proposal does not contain information that is either a trade secret or confidential proprietary information.

**ATTACHMENTS**

Please submit the following attachments with your Response Form. These can be found at [www.alleghenycounty.us/dhs/solicitations](http://www.alleghenycounty.us/dhs/solicitations).

* + - * Partner commitment letters, if applicable
			* MWDBE and VOSB documents *(see Sections 6.1 and 6.2 of the RFP for more details)*
			* W-9

**REQUIREMENTS**

Please respond to the following. The maximum score a Proposal can receive is 100 points. Your response to this section should not exceed 12 pages. (Pages 1-3 are not included in the page count).

**Comprehensiveness of the Software Solution (70 points possible)**

*Intuitive user interface (10 points)*

1. Describe how the user interface in your Solution is intuitive to both technical and non-technical users, including the self-service help and training within the user interface.

Click or tap here to enter text.

*Contract Workflow Management (15 points)*

2. Describe the contract workflow management features available in your Solution and how a contract could proceed through a workflow, including the flexibility capable for contracts to progress through customizable and visible workflows, and the process for notifying stakeholders of events or issues. Note how a stakeholder could review the status of a contract and what controls are available for this visibility. (15 points)

Click or tap here to enter text.

*Data Management (10 points)*

3. Describe how contract, service provider, funding source, and allocation data could be managed and linked to contracts in your Solution. (10 points)

Click or tap here to enter text.

*Integrations (20 points)*

4. Describe the API support for custom integrations available in your Solution, including the presence of integrations with Oracle (DW & OCI). Identify any applications in the existing DHS application ecosystem (see Appendix A of the RFP) that your Solution has existing integrations with.

Click or tap here to enter text.

*Reporting (10 points)*

5. Describe the reporting features available in your Solution, including the accessibility of standard reports and provision of customizable supports.

Click or tap here to enter text.

*Additional Optional Features (5 points)*

6. Describe any additional optional or innovative features available in your Solution.

Click or tap here to enter text.

**Implementation Plan (20 points possible)**

7. Provide and describe a 6-month timeline and plan for implementation of your Solution.

Click or tap here to enter text.

1. Describe how you will support DHS in building out our custom contract workflows. (5 points)

Click or tap here to enter text.

1. Describe how you will migrate historical contract data. (5 points)

Click or tap here to enter text.

1. Describe how you will offer initial employee and service provider training on the Solution. (5 points)

Click or tap here to enter text.

1. Describe the security measure in place to safeguard Protected Health Information (PHI) and satisfy security audits such as System and Organization Controls (SOC) 2. (5 points)

Click or tap here to enter text.

1. Provide evidence that your Solution complies with applicable federal and state accessibility requirements such as ADA, and that data will be hosted in the United States. (5 points)

Click or tap here to enter text.

**Financial Management and Budget (10 points, not included in page count)**

8. Attach a detailed 6-month set-up budget and an annualized implementation (from the conclusion of set-up through the end of year 3) budget that clearly supports the implementation plan. (5 points)

9. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget. (5 points)