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**Knowledge Services MSP**

**State of Mississippi**

**Request for Project Services**

**Agency/Department:

Project Name:**

**Timeline / Important Dates**

|  |  |
| --- | --- |
| **Activity** | **Date**  |
| Issue of SOW/Project Request for Services |  |
| Pre-bidders Conference (optional) |  |
| Deadline for Vendors to Submit Written Questions, via Q&A Template, to SOW@knowledgeservices.com by 3:00pm CST |  |
| Agency Answers to Written Questions  |  |
| Proposals Due in dotStaff™ by 3:00pm CST |  |
| Services Awarded |  |
| Services Start | Upon fully executed work order and issuance of purchase order |

*The above timeline is only an illustration of the Project RFS process. The dates associated with each step are not to be considered binding. Due to the unpredictable nature of the Project RFS process in general, these dates are commonly subject to change. At the conclusion of the evaluation process, all Respondents will be informed of the evaluation team’s findings.*

*During the procurement process, vendors are to have no contact with the Agency. Such action may disqualify Respondent from further consideration for an award or contract resulting from this process.*

**Project Background**

**Project Overview**

**Background**

**Required Experience**

**Scope of Work & Deliverables**

**Environment / Other Requirements**

**Place of Performance**

**Period of Performance**

**Acceptance Criteria**

Milestones/Deliverables must be submitted for approval into the VMS dotStaff upon completion. Email, hand delivery, postal service submittals are considered incomplete.

Agency/Dept Name will have 10 working days to review/validate the deliverable and either notify Vendor of acceptance in writing or provide Vendor a detailed list of deficiencies that must be remedied prior to approval of the deliverable. Agency/Dept Name/Acronym reserves the right to take additional time to review submitted deliverables if it’s in the best interest of the department to do so.

In the event Agency/Dept Name/Acronym notifies the Vendor of deficiencies, the Vendor shall make necessary corrections within five working days unless Agency/Dept Name/Acronym consents in writing to a longer period of time. MDWFP has 10 working days to review and accept or reject the corrected deliverable. If Agency/Dept Name/Acronym deems the corrected deliverable(s) as not acceptable Agency/Dept Name/Acronym reserves the right to terminate the SOW contract with selected vendor and payment for the unacceptable deliverable(s) will not be authorized. While this procedure allows a Vendor two opportunities to correct deliverable deficiencies, Agency/Dept Name/Acronym, at its sole discretion, may choose to allow the Vendor an additional correction cycle if the deficiencies are not substantial or if it is in Agency/Dept Name/Acronym best interest to do so.

**(Select expected pricing model – delete all others)**

**Pricing Models**

## **Milestone/Deliverable Pricing Model**

|  |  |
| --- | --- |
| **Milestone/Deliverable** | **Cost** |
| Milestone/Deliverable 1:  | $  |
| Milestone/Deliverable 2:  | $  |
| Milestone/Deliverable 3:  | $  |
| Milestone/Deliverable 4:  | $  |
| Milestone/Deliverable 5:  | $  |
| Total Project Costs: | $  |

**\* Note:** *Total Project Costs are not to exceed amount submitted/proposed.* *Price must be* ***ALL INCLUSIVE****, including, but not limited to, any and all travel and delivery costs.*

## **Fixed-bid Pricing Model**

|  |  |
| --- | --- |
| **Project Costs:** | **Cost** |
| Total Project Fixed Costs\*: | $  |

**\* Note:** *Total Project Costs are not to exceed amount submitted/proposed.* *Price must be* ***ALL INCLUSIVE****, including, but not limited to, any and all travel and delivery costs.* **Hourly Billing Pricing Model**

|  |  |  |  |
| --- | --- | --- | --- |
| **Resource’s Role / Job Title**  | **Hourly Bill Rate** | **Project Hours** | **Total Cost** |
| Role 1:  | $  |  | $  |
| Role 2:  | $  |  | $  |
| Role 3:  | $  |  | $  |
| Role 4:  | $  |  | $  |
| Role 5:  | $  |  | $  |
| Total Project Costs: | $ |  | $  |

**\* Note:** *Total Project Costs are not to exceed amount submitted/proposed.* *Price must be* ***ALL INCLUSIVE****, including, but not limited to, any and all travel and delivery costs.*

|  |  |
| --- | --- |
| **Change Order Rate:** | $  |

**Evaluation Process and Criteria**

Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the Request for Project Services in a cost-effective manner.

**Summary of Evaluation Criteria:**

|  |  |
| --- | --- |
| **Criteria** | **Points** |
| Cost (recommended: 35% of total points) |  |
| Adherence to Mandatory Requirements |  |
| Quality of Experience |  |
| Quality of Staff |  |
| Quality of Project Plan |  |
| Quality of References |  |
| Total | **100 available points** |

Insert scoring methodology

State cost scoring:

Cost points will be assigned using the following formula:

|  |
| --- |
| **(1-((B-A)/A))\*n**  |
| A = | Total cost of lowest valid proposal; |
| B = | Total cost of proposal being scored; |
| n = | Maximum number of points allocated to cost; in this case, **35**. |

Until the project statement of work is approved and fully executed, any actions you take in reliance of contract approval are at your own risk. Therefore, it may be unwise to expend funds or incur expenses in anticipation that contract negotiations will be successful, and a tendered contract will be approved.

All project milestones, deliverables, tasks, or other such project activities shall be entered and approved in the dotStaff™ VMS by the State. Vendor acknowledges and agrees that Knowledge Services’ payment to Vendor is contingent upon approval by the State and receipt of payment from the State by Knowledge Services. The State is solely responsible for approval and payment of all project activities, and Knowledge Services is not responsible or liable to Vendor for non-approval or non-payment by the State.

**Change Order Requirements**

Proposal must include an hourly rate, or rate schedule, for performing any Change Orders requested by <INSERT AGENCY NAME & ACRONYM>.  Following the initial first one-year period, rates may not increase annually beyond five percent (5%) or the percent increase in the consumer price index for all Urban Consumers, US City Average (C.P.I.-U) for the preceding year, whichever is less.

Vendor shall submit a fully loaded rate to include any travel or per diem costs, and a base rate that does not include travel or per diem costs. The fully loaded rate would be used only when travel is required. These rates shall remain in effect for the duration of the contract.

Vendor Staff related travel expenses as required and approved by <INSERT AGENCY ACRONYM> for a Change Order shall be covered by and invoiced as part of the “fully loaded” rate (or less) as travel expenses will not be reimbursed; Change Order hours for any Vendor Staff where travel is not required or approved by <INSERT AGENCY ACRONYM> shall be invoiced at the “base” rate (or less).

The Vendor shall acknowledge that Vendor will not have the right to make changes to any deliverable without the prior written approval of <INSERT AGENCY ACRONYM> if the changes would require <INSERT AGENCY ACRONYM> to incur costs to modify or upgrade other software or equipment used by <INSERT AGENCY ACRONYM> or for which <INSERT AGENCY ACRONYM> is financially responsible.

It is understood that the State may, at any time by a written order, make changes in the scope of the project. No changes in scope are to be conducted or performed by the Contractor except by the express written approval of <INSERT AGENCY ACRONYM>. The Contractor shall be obligated to perform all changes requested by the Customer, which have no price or schedule effect.

The Contractor shall have no obligation to proceed with any change that has a price or schedule effect until the parties have mutually agreed in writing thereto. Neither <INSERT AGENCY ACRONYM> nor the Contractor shall be obligated to execute such a change order; and if no such change order is executed, the Contractor shall not be obliged or authorized to perform services beyond the scope of this Agreement and the work order. All executed change orders shall be incorporated into previously defined deliverables.

The Contractor shall be compensated for work performed under a change order according to the hourly change order rate agreed upon by Contractor and <INSERT AGENCY ACRONYM>. If there is a service that is not defined in the change order rate, the Contractor and <INSERT AGENCY ACRONYM> will negotiate the rate. The Contractor agrees that this change order rate shall be a “fully loaded” rate, that is, it includes the cost of all materials, travel expenses, per diem, and all other expenses and incidentals incurred by the Contractor in the performance of the change order. The Contractor shall submit change order billing through the dotStaff system upon acceptance by the Customer of all work documented in the change order.

Upon agreement of the parties to enter into a change order, the parties will execute such a change order setting forth in reasonable detail the work to be performed thereunder, the revisions necessary to the specifications or performance schedules of any affected project work plan, and the estimated number of professional services hours that will be necessary to implement the work contemplated therein. The price of the work to be performed under any change order will be determined based upon the change order rate; however, the change order will be issued for a total fixed dollar amount and may not be exceeded regardless of the number of hours actually expended by the Contractor to complete the work required by that change order. The project work plan will be revised as necessary.

The Contractor will include in the progress reports delivered under this Agreement; the status of work performed under all then­ current change orders.

In the event the Contractor and <INSERT AGENCY ACRONYM> enter into a change order which increases or decreases the time required for the performance of any part of the work under this Agreement, the Contractor shall submit to the Customer a revised version of the project work plan, clearly indicating all changes, prior to implementing any such changes.

**Disclosure of sub-vendors**

1. Vendor must disclose any subcontractors to be utilized in the Vendor’s proposal. Complete the sub-vendor portion below to disclose sub-vendor relationships and responsibilities. If sub-vendors are not being utilized as part of the proposal submitted to the above-named project, please check the box below, or include a statement in your written response.

|  |  |
| --- | --- |
| Bidder Company Name |  |
| Bidder Contact Name |  |
| Bidder Contact Information |  |
| Date of Submission |  |
|[ ]  I certify, sub-vendors will not be utilized in this procurement opportunity |

**Sub Vendor Disclosure**

|  |  |
| --- | --- |
| Bidding Vendor Name |  |
| Sub-vendor name |  |
| Sub-vendor address |  |
| Sub-vendor contact name |  |
| Services provided by sub vendor related to the above-named bid project |  |
|[ ]  I certify this sub-vendor is not debarred in the State of Mississippi |
| Sub-vendor name |  |
| Sub-vendor address |  |
| Sub-vendor contact name |  |
| Services provided by sub vendor related to the above-named bid project |  |
|[ ]  I certify this sub-vendor is not debarred in the State of Mississippi |
|  |  |
| Sub-vendor name |  |
| Sub-vendor address |  |
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**Supplier Response**

All items listed below are mandatory. If they are not included, the proposal may be failed and not further considered.

**Proposals must be submitted as a single document of PDF.**

 **The response should be in the following order:**

**COMPANY INFORMATION**

1. Provide legal name of your company, street address, legal incorporation status, name of subsidiaries, company size and parent company.

**GENERAL COMPANY PROFILE**

1. Describe your competitive advantage (what sets you apart or your company strength)
2. Describe your experience related to the type of project and/or services being requested.

**EXECUTIVE SUMMARY (Please limit to two pages)**

**REFERENCES**

1. Must provide three References for which your company provided a similar project and/or services being requested.

**RESPONSE AREA**

1. Solution Proposal, inclusive of everything required from Project Overview – Statement of Work Template
	1. Description of deliverables to be provided by Supplier
2. Subcontracting Information (if applicable)
3. Roles & Responsibilities
	1. Contractor Staff, Roles & Responsibilities
	2. Client Staff, Roles & Responsibilities
	3. Other Roles & Responsibilities
	4. Resumes of Key Personnel assigned to Project
4. Project Planning and Approach
5. Project Management
6. Pricing Summary

## **Milestone/Deliverable Pricing Model**

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| --- | --- |
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| --- | --- |
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| --- | --- |
| Bidder Company Name |  |
| Bidder Contact Name |  |
| Bidder Contact Information |  |
| Date of Submission |  |
|[ ]  I certify, sub-vendors will not be utilized in this procurement opportunity |

**Sub Vendor Disclosure**

|  |  |
| --- | --- |
| Bidding Vendor Name |  |
| Sub-vendor name |  |
| Sub-vendor address |  |
| Sub-vendor contact name |  |
| Services provided by sub vendor related to the above-named bid project |  |
|[ ]  I certify this sub-vendor is not debarred in the State of Mississippi |

|  |  |
| --- | --- |
| Sub-vendor name |  |
| Sub-vendor address |  |
| Sub-vendor contact name |  |
| Services provided by sub vendor related to the above-named bid project |  |
|[ ]  I certify this sub-vendor is not debarred in the State of Mississippi |
|  |  |
| Sub-vendor name |  |
| Sub-vendor address |  |
| Sub-vendor contact name |  |
| Services provided by sub-vendor related to the above-named bid project |  |
|[ ]  I certify this sub-vendor is not debarred in the State of Mississippi |