

Appendix B – Offeror Response Form Attachments

RFP-ERP16001

RFP Title: Sealed Offers for Enterprise Payroll Solution

Table of Contents

[1.0 Offeror Experience Reference Form 1](#_Toc445299277)

[2.0 Offeror Staff Experience Reference Form 6](#_Toc445299278)

[3.0 CERTIFICATE OF ELIGIBILITY TO CLAIM PREFERENCE AS A HAWAII SOFTWARE DEVELOPMENT BUSINESS 7](#_Toc445299279)

[4.0 RFP Exceptions Form 9](#_Toc445299280)

1. Offeror Experience Reference Form

**Part 1. To be completed by the Vendor – Offeror or Subcontractor**

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Name: | Vendor Contact/Name: | | |
| Project Dates: | Vendor Contact Phone: | | |
|  |  | | |
| Customer Organization: | Customer Contact Name: | | |
| Customer Phone: | | |
| Customer Address: | Customer Fax: | | |
| Operating Budget of Organization: | | | |
|  | | | |
| Project included implementation of an Enterprise Payroll Solution:  Yes  No | | | |
| Project included implementation of an Enterprise Payroll Solution in a government and/or educational organization:  Yes  No | | | |
| Project included implementation of an Enterprise Payroll Solution in an educational organization with more than 30,000:  Yes  No | | | |
| Project included the implementation of Human Resources/Payroll for more than 5,000 employees:  Yes  No | | | |
| Scope of Project: | | | |
| Approximate # of System Users: | | | |
| Number of Employees of the Organization Included in the Human Resources/Payroll Implementation: | | | |
| Total One-Time Cost of Project (Estimated/Actual): | | | |
| Reason for Change in Total One-Time Cost of Project (if applicable): | | | |
|  | | | |
| Scope of Vendor’s Involvement in This Project: | | | |
| Original Value of Vendor’s Contract: | Actual Total Contract Value: | | |
| Reason(s) for Change in Value: | | | |
|  |  | | |
| Estimated Start & Completion Dates: From: |  | To: |  |
| Actual Start & Completion Dates: From: |  | To: |  |
| Reason(s) for Difference Between Estimated and Actual Dates: | | | |

**Part 2. To be completed by the Customer Organization**

Vendor Name (may be Subcontractor to Offeror): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PAST PERFORMANCE REFERENCE CHECK**  **Step 1:** Please review the information provided by the vendor of your project in Section 1 of this Offeror Experience Reference Form and validate that the information is or is not correct. If the information is not correct, please indicate what is not correct and why in Section 2: Validation of This Evaluation Form.  **Step 2:** Please rate the vendor’s performance in the questions below. Circle the number which corresponds to the performance rating for each category according to the rating scale described below. In addition, comments are appreciated but will not be scored.  Once you have completed the form, return a PDF copy via e-mail directly to the State of Hawaii Point of Contact as follows:  Debra A. Gagne  Office of Enterprise Technology Services  Email: ets.erp@hawaii.gov  In the subject line of the email to the State POC, notate “RFP--- Enterprise Payroll Solution – Client Reference.”  **The State of Hawaii appreciates your participation and may contact you regarding the information that you provided.** |

Vendor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Validation of Referenced Project Data Provided by Offeror in Section 1**

|  |
| --- |
| Comments from Customer Organization |
|  |

1. **Past Performance Reference**

**RATING GUIDELINES**

|  |  |
| --- | --- |
| Selection | Rating |
| 5 | Significantly exceeded your expectations. |
| 4 | Somewhat exceeded your expectations. |
| 3 | Met your expectations. |
| 2 | Somewhat below your expectations. |
| 1 | Significantly below your expectations. |

Please explain ratings of 1, 2, or N/A in the Comments section below.

| Criteria | Rating | Not Applicable |
| --- | --- | --- |
| 1. The vendor provided sufficient project resources with appropriate skill sets to meet all project goals and objectives. | 1   2   3   4   5 | N/A |
| 2. The vendor effectively managed its project staff to achieve project goals and objectives. | 1   2   3   4   5 | N/A |
| 3. The vendor met all required tasks and deliverables in a timely and satisfactory manner. | 1   2   3   4   5 | N/A |
| 4. The vendor provided effective training and knowledge transfer to meet project goals. | 1   2   3   4   5 | N/A |
| 5. The vendor satisfactorily managed the project scope and risk to adhere to the project schedule, control costs, and project goals. | 1   2   3   4   5 | N/A |
| 6. The vendor provided effective post-implementation maintenance and operations support. | 1   2   3   4   5 | N/A |

|  |
| --- |
| Comments: |
| For Criteria with Ratings of 1, 2 or N/A: |
| General Comments: |

|  |  |
| --- | --- |
| As a representative of the Customer Organization listed above, I approved the responses to the previous statements about the performance of the Vendor listed above on the project identified in Section 1 of this Offeror Experience Reference Form. | |
| Printed Name: | Printed Title: |
| Signature: | Date: |

1. Offeror Staff Experience Reference Form

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Project Role(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meets Mandatory Staff Qualifications (if applicable): ❑ Yes ❑ No

The Offeror must provide a completed Offeror Staff Experience Reference Form for each member of the Project Team the Offeror identified for “Section 5.0, Offeror Qualifications” and attach a resume that reflects the staff person’s experience. Resumes shall be included in Attachment 4 (Offeror Staff Resumes) and Attachment 5 (Subcontractor Staff Resumes).

Projects Where Team Member Performed Role:

For each project experience listed and to meet staff experience qualifications, indicate the customer name and customer contact information; whether the project was for a public sector agency; the project name and description; **start and end dates the team member performed the role**; duration of the experience; whether the project included Enterprise Payroll Solution implementation; contract value; experience gained; and minimum qualifications being met by the project as described in “Appendix K: Project Organization and Staffing.” Staff in key roles must include a minimum of two references in the Offeror Staff Experience Reference Form:

| Customer Organization  Name of Organization  Contact Name  Contact Phone #  Contact E-Mail Address | Public Sector Yes/ No | K-12  Yes/ No | Org. Size  (# of employees) | Org. Size  (# of students) | Project Name and Description | Team Member’s Role in Project | Dates/  Duration | Contract Value |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| e.g., “Y” Benefit Fund, Jane Jones (808-555-9000; zzz@xxx.org) |  |  |  |  | Project X |  | 07/01/2006 –06/30/2007  12 mos. | $5M |
|  |  |  |  |  |  |  |  |  |

3.0 CERTIFICATE OF ELIGIBILITY TO CLAIM PREFERENCE AS A HAWAII SOFTWARE DEVELOPMENT BUSINESS

**STATE OF HAWAII**

**CERTIFICATE OF ELIGIBILITY**

**TO CLAIM PREFERENCE**

**AS A HAWAII SOFTWARE DEVELOPMENT BUSINESS**

**AS DEFINED BY SECTION 103D-1006, HRS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Authorized Officer’s Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Office or Position Held) (Name of Offeror)

certify that the principal place of business or ancillary headquarters of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Name of Offeror)

is located in the State of Hawaii at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

and that the above named office was opened on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

and, that eighty percent (80%) of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Offeror)

employees who will be performing the work on the software development project described in

RFP/IFB No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are domiciled in Hawaii. To the best of my knowledge, the

names and residence addresses of the employees who will perform the work are as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Address)

(Attach a continuation sheet, if necessary.)

I further certify that any changes in the personnel identified above shall be reported to the

Contract Administrator or purchasing agency's contact person identified in the RFP/IFB.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. RFP Exceptions Form

The State will entertain exceptions to the RFP, except to the extent provisions are required by law. Offerors must submit with their proposals any exceptions that they wish to discuss; however, many clauses are required by Hawaii state law, particularly Exhibits 4-5, and cannot be changed. Offeror exceptions must be set forth in detail in a Word table in the proposal, together with the section of the RFP affected by the exceptions, the issue, the reason for the proposed change, and proposed alternative language which is highlighted to show the exact changes to the RFP. Proposed language changes not submitted in the format presented below shall not be considered and may be returned without review. Due to the nature of the procurement and the proposed time schedule, the State is not inclined to consider exceptions other than those that may significantly benefit the State due to their impact on cost or schedule. Offerors are instructed to base their Cost Proposals on the RFP, not terms or exceptions proposed by the Offerors. In no event is an Offeror to submit its own standard contract terms and conditions as a response to this RFP.

Following is the table to be used for such proposed exceptions/changes:

1. **RFP Exceptions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Number** | **Reference (Section, Page, and Paragraph)** | **Issue** | **Reason for Proposed Change, and Impact on Schedule and/or Cost** | **Exact Proposed Alternative or Additional Language to Insert into RFP (Highlight additions, changes in yellow)** |
|  |  |  |  |  |