

Appendix I - Proposal Response Forms

Several parts of the RFP require the use of Response Forms, which are provided in this Appendix. **The proposer must use the Response Forms when indicated and include in the appropriate section.** Unless otherwise instructed, do not retype or alter these forms.

APPENDIX I - PROPOSAL RESPONSE FORMS	1
Form A: Contractor/Subcontractor Information	2
Form B: Contractor Financial Qualifications	4
Form C: Reference Form	5
Form D: Proposed Server Configuration Form.....	6
Form E: Implementation Staffing Form.....	7
Form F: Training Hours Form.....	8
Form G: Specific Hardware Cost Form	9
Form H: System Software Cost Form	10
Form I: Application Software Cost Form:	11
Table 1: CAD Application Costs	11
Form J: Implementation Cost Form.....	18
Form K: Optional Costs.....	19
Form L: Total One Time Cost Form	20
Form M: Recurring Costs Summary Form	21
Form N: RFP Exceptions Form.....	22

Form A: Contractor/Subcontractor Information

Complete a copy of this form for each Contractor and Subcontractor.

1. Contractor/Subcontractor Name:
2. Prime Contractor? ___ Yes ___ No
3. Describe the nature of the contractor's organization (individual, partnership or corporation; private or public; profit or non-profit).
4. Headquarters Address:
5. Identify the Contractor Representatives for this proposal. Include the telephone number, email address and mailing address for each designated representative.

Name	Title	Contact Information

6. Provide the following information on the proposer's authorized negotiator:

Name/Title:

Contact Address:

Phone Number:

Email:
7. In what year was the company formed?
8. For how many years has the company provided public safety systems?
9. List other businesses in which the company is involved.
10. Is the company a subsidiary or owned by a larger company? If so, describe the parent company and the relationship of the company to the parent company.
11. How many employees does this company have?
12. For what length of time is your proposal valid (minimum 180 days)?
13. Location of installs in Wisconsin.
14. Number of installs in the United States. Please count multi-agency deployments as one install.
15. Number of multi-agency installs.

16. Has the Contractor (or Subcontractor) been involved in litigation within the past seven years? If so, state for each case of litigation:
- a. The nature of the litigation
 - b. The outcome of the litigation, unless it was governed by a confidentiality agreement (if so, please indicate as such)

Form B: Contractor Financial Qualifications

Complete a copy of this form for each firm supplying a major software component (e.g., if two firms are partnering to provide software, provide a copy of this form for each firm).

1. What was the Contractor's annual gross revenue and net profit percentage during the last three fiscal years?

	Annual Gross Revenue	Comments
Fiscal Year 2015		
Fiscal Year 2014		
Fiscal Year 2013		

2. Provide the following for at least one financial reference.

Bank Name: _____

Address: _____

Phone: _____

Contact: _____

Form C: Reference Form

Please list at least three references of similar size with multi-agency configurations of proposed solution:

	Agency Name, Address, Contact, Title, Phone Number, E-Mail	Approximate Service Area Population	Annual Reports, Calls for Service, and/or Annual Bookings	Current Version/ Applications Installed	Original Version Installed and Date	Key Interfaces
1.						
2.						
3.						
4.						
5.						

Form D: Proposed Server Configuration Form

Provide the following information for each required and recommended server. Marinette County prefers a virtual server environment. ***Make additional copies of this form as needed. Please attach any general server comments as appropriate.***

	Server #1	Server #2	Server #3
Server Platform (P – Physical, VM – Virtual)			
Server Function (e.g., Production, Backups, Reporting, etc.)			
# CPU Cores			
Main Memory Requirements			
Storage Requirements (GB/TB)			
Operating System Software Req'd.			
Recommended Total/Concurrent Users			
Additional Software/Components			

Form F: Training Hours Form

Indicate the on-site and off-site training hours for application software training, system software training, and hardware training that are included in this proposal. Provide a thorough description of the training, the recommended number of persons for the class, and the personnel expected to attend the training. Additionally, identify any optional training. The Cost Proposal must reflect the training hours proposed in this table, as well as any separately priced optional training. *Make as many copies of this form or add rows as needed.*

Training Class/Description	Recommended Number of Participants	Prerequisites	Location and Method of Delivery (e.g., classroom, online, etc.)	Personnel Expected to Attend Training	Hours
Totals:					

Form G: Specific Hardware Cost Form

The Proposer will supply any propriety or specific hardware not contained within the Marinette County current network environment to ensure that the application software provided by the Proposer will perform at its optimum capabilities for the County. Please note the County reserves the right to purchase hardware from sources other than the Proposer. Use this form to list all hardware that the Proposer will include with the system. *Make as many copies of this table or add rows as needed.*

Component Description	Make/Model, Part #	Qty	Total Purchase Cost	Annual Maintenance Cost
Total Hardware Cost:				

Form H: System Software Cost Form

Use this form to list all system software being proposed for the System. All software included in the System Software Form must be detailed individually in this form. *Make as many copies of this table or add rows as needed to ensure all costs are included.*

Description	Release/Level	Cost	Annual Maintenance Cost
Total System Software Cost:			

Table 4: Field Reporting System (FR) Costs

Please list Field Reporting costs by agency (Marinette County vs. City of Marinette)

Automated Field Reporting System (ARS) Component	Package Name	Number of User Licenses	Package Cost	Modification Cost	Total Cost	Annual Maintenance Cost
ARS Subtotal:						

Table 6: Interface Costs

Interface	Total Cost	Annual Maintenance Cost

Table 7: Other Module/Component Costs

Module/Component	Package Name	Number of User Licenses	Package Cost	Customization Modification Cost	Total Cost	Annual Maintenance Cost
Other Subtotal:						

Table 8: Total Proposed Application Software Solution Costs

	Total One-Time Cost	Total Annual Maintenance Cost
Total CAD Application Cost (From Table 1)		
Total Mobile Application Cost (From Table 2)		
Total Law Enforcement RMS Application Cost (From Table 3)		
Total Field Reporting Application Cost (From Table 4)		
Total JMS Application Cost (From Table 5)		
Total Interface Cost (From Table 6)		
Total Other Module/Component Cost (From Table 7)		
Total Application Software Cost		

Form J: Implementation Cost Form

Use this form to describe and list all other costs that would be associated with implementation of your System. Costs not identified will not be accepted in a final Contract. *Make additional copies of this form or add rows as necessary to include all costs.*

Item	Cost
Installation of Hardware	
Installation of Software Applications	
Installation of Third Party Software(break out costs for each third party application)	
System Integration	
Project Management	
Conversion Costs (break out costs for each module (CAD/RMS/JMS) – separate RMS by agency (City of Marinette/Marinette County))	
Training Costs – (for recommended training plan)	
Travel – (based on recommended training and implementation plan)	
Other: (describe)	
Total Implementation Costs:	

Form K: Optional Costs

Use this form to describe and list all optional cost items that could be associated with implementation of the System. Where applicable, identify the section of the Proposal that refers to the listed optional item. *Make additional copies of this form or add rows as necessary to include all costs.*

Optional Items	Proposal Section Reference	Cost	Annual Maintenance Cost
Total Optional Costs:			

Form L: Total One Time Cost Form

Provide a summary of all one-time costs for the proposed System. Any subtotals carried forward to this page should agree with the corresponding detail pages.

Item	One Time Cost	Total Annual Maintenance Cost
Hardware		
System Software		
Application Software		
Implementation		
Total Not To Exceed One Time Cost (Excluding Options)		
Subtotal One Time Cost (Options)		
Total Not To Exceed One Time Cost (Including Options)		

Form M: Recurring Costs Summary Form

Use this form to provide a summary of all recurring costs for the proposed System for the first five (5) years of ownership after implementation acceptance. A one year warranty following final solution acceptance is highly desirable and will have substantial impact on the final solution provider selection. Any subtotals carried forward to this page should agree with the corresponding detail pages.

Item	Recurring Cost Year 1	Recurring Cost Year 2	Recurring Cost Year 3	Recurring Cost Year 4	Recurring Cost Year 5
Hardware Maintenance					
System Software Maintenance					
Application Software Maintenance					
Other Recurring Costs					
Total Annual Recurring Costs (Excluding Options)					
Subtotal Recurring Costs (Options)					
Total Annual Recurring Costs (Including Options)					

Form N: RFP Exceptions Form

Add any additional line items for exceptions as necessary and reference any explanatory attachments within the line item to which it refers.

	RFP Section #, Page #	Exception <i>Describe the nature of the Exception</i>	Explanation of Why This is an Issue for You	Your Proposed Alternative to Meet Marinette County Needs
1				
2				
3				