



SPECIFICATIONS, INSTRUCTIONS, AND QUOTATIONS FORMS

FOR

RFQ# 21306

ePayables Software Solution

FOR THE

CLEVELAND MUNICIPAL SCHOOL DISTRICT

**DBA: THE CLEVELAND METROPOLITAN SCHOOL DISTRICT
111 SUPERIOR AVENUE E, SUITE 1800
CLEVELAND, OHIO 44114**

UNDER THE DIRECTION OF THE OFFICE OF DEPARTMENT OF FINANCE OF THE BOARD OF EDUCATION
OF THE CLEVELAND METROPOLITAN SCHOOL DISTRICT - CUYAHOGA COUNTY OHIO

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Letter Requesting Quotations

Date: August 12, 2020

Subject: Accounts Payable – ePayable Software Solution

Dear Vendors:

In order to be considered, all Quotations must be emailed to Derrick Clark, Procurement lead, at Derrick.Clark@clevelandmetroschools.org **on or before 1:00 pm, August 26, 2020.**

Written questions must be received **on or before 12:00 pm, August 18, 2020.** No telephone calls will be permitted. Email questions to: Derrick.Clark@clevelandmetroschools.org. Under no circumstances should any vendor interested in providing services identified in this RFQ, their designees, or any affiliated with their firm, contact any other District employee or official during the RFQ process attempt to lobby or influence the selection of a vendor pursuant to this RFQ. RFQ number and title must be included in all correspondence.

M. Angela Foraker

Executive Director of Procure to Pay

Instructions for Vendors

1. Quotations are due to **Derrick Clark** via email at Derrick.Clark@clevelandmetroschools.org on or before **1:00 pm August 26, 2020**.
2. The Cleveland Metropolitan School District reserves the right to reject any and all Quotations, to waive any and all informalities or irregularities, and to disregard all non-conforming responsive conditional Statements.
3. Vendor acknowledges and agrees that it has no vested contractual right until such time as a supplier contract encumbrance and written vendor contract have been issued and fully executed.
4. Vendor further acknowledges and agrees that execution of a contract and issuance of a purchase order is not a ministerial function, but is a formal requirement.
5. Vendor must present evidence to the District, upon request, that they are fully competent and have the necessary facilities, equipment, and financial resources to perform the work required within the time frame required.
6. Vendor's workmen, foremen, other personnel, and subcontractors will be required to meet Cleveland Metropolitan School District security, safety and health requirements if providing any onsite services. Vendor must issue personnel identification badges. Any worker not complying with CMSD security requirements will be immediately ordered off the project and without prejudice or recourse to CMSD.
7. Vendor agrees to successfully complete background checks on all of its employees, agents, and subcontractors who provide services under this Agreement at CMSD facilities. Vendor agrees to warrant that it will not at any time hire or utilize any individual to provide services under this Agreement on CMSD premises where such person has been convicted of, or pleaded guilty to, any criminal offense enumerated in O.R.C.3319.39(B).
8. The successful company, their subcontractors, and suppliers of labor and/or materials for this project on behalf of the Cleveland Metropolitan School District, including organizations having personnel, equipment, and vehicles on District property, shall provide evidence of insurance as follows:

Commercial General Liability	- including limited contractual liability
\$1,000,000.00 Limit of Liability	(per occurrence)

Automobile Liability	- including non-owned, and hired
\$1,000,000.00 Limit of Liability	(per occurrence)

Workers Compensation	- Workers compensation and employer's Insurance to the full extent as required
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Professional Liability	- including Cyber Insurance 100% of awarded contract amount
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This requirement must be fulfilled by the successful vendor providing the Purchasing Office of CMSD with a current Certificate of Insurance (standard ACORD form), showing the Board of Education of the Cleveland Municipal School District as an additional insured (Certificate holder does not constitute being an additional insured), within five (5) business days of Notice of Intent to Award Agreement. The certificates of insurance shall contain a provision that the policy or policies will not be canceled without thirty (30) days prior written notice to the District.

The required insurance must be provided by a company licensed by the State of Ohio, which company must be financially acceptable to the Administration of the Cleveland Municipal School District.

11. This request for quotations should be submitted **on or before 1:00 pm current local time, August 26, 2020**, to **Derrick Clark via email at Derrick.Clark@clevelandmetroschools.org**. The submission is to include the following:

- a. Completed and Signed RFQ # Quotation Form
- b. Vendor Request Form
- c. Taxpayer ID Form (W-9)
- d. Certificate of Debarment Form
- e. Signed Conflict of Interest Form
- f. Completed and notarized Vendor Qualification Form
- g. Completed and notarized Non-Collusion Affidavit
- h. Certificate of Liability Insurance

Vendor Request Form

VENDOR NUMBER
(IF APPLICABLE)

VENDOR NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

TELEPHONE NO.

FAX NO

(Area Code) Number

(Area Code) Number

E-MAIL ADDRESS

PRIMARY CONTACT PERSON

REMIT TO (IF DIFFERENT FROM ABOVE)

VENDOR NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

TELEPHONE NO.

FAX NO

(Area Code) Number

(Area Code) Number

PRIMARY SERVICE, PRODUCT, OR SPECIALTY:

--

NOTE: VENDOR NAME AND TAX ID NUMBER MUST BE AS FILED WITH THE INTERNAL REVENUE SERVICE.

PLEASE INDICATE WHERE APPLICABLE

DIVERSITY BUSINESS ENTERPRISE:

YES

NO

MINORITY BUSINESS ENTERPRISE:

YES

NO

FEMALE BUSINESS ENTERPRISE:

YES

NO

Taxpayer ID Form

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requestor's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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-	-							
or								
Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Certificate of Debarment



Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____

Name and Title of Authorized Representative

Signature of Authorized Representative

Certificate of Debarment Pg. 2

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INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Conflict of Interest Form

Statement of Potential Conflicts of Interest

Vendor Name:	Primary Contact:
Address 1:	Telephone #:
Address 2:	Fax #:
City:	Email:
State, Zip:	Website:

Cleveland Metropolitan School District (CMSD) adheres to Ohio Ethics Law and strictly follows the opinion of the Ohio Ethics Commission. As such, each vendor is requested to submit this statement declaring any potential conflicts of interest in doing business with the District. Please answer the following two questions providing all requested information.

1. Are any current Cleveland Metropolitan School District (CMSD) employees, Cleveland Board of Education members, or any of their immediate family members, also members of the vendor's board of directors, hold any officer position with the vendor, or own any shares of any stock issued by the vendor?

Yes _____ No _____

If **Yes**, and if the CMSD employee, CMSD board member, or immediately family member is a member of the vendor's board of directors or holds an office with the vendor, please state the person's name and position with the vendor.

Name: _____

Position: _____

If **Yes**, and if the CMSD employee, CMSD board member, or immediate family member owns share of any stock in the vendor organization or company, state the percentage of all outstanding company shares owned by the CMSD employee or board member.

_____ %

2. Are any current CMSD employees, CMSD board members, or any immediate family members also employees of the vendor?

Yes _____ No _____

If **Yes**, please state the person's name and provide a description of their job duties for the provider:

Name: _____

Job Duties: _____

If **Yes**, please describe the contact that the vendor will have with the CMSD employee or CMSD board member in the course of providing services to the District:

CERTIFICATION

I do hereby certify that the foregoing statements are true and accurate, and that my signature below attests to the authenticity of my identity as the person actually signing this form. This document is not a contract. In order for a binding Agreement to exist, a signed Agreement will be required prior to any legally binding commitment by the District.

NOTARIZED STATEMENT

_____ being duly sworn and deposes says

That he/she is the _____ of
(title)

_____, and answers to all the
(organization)

foregoing questions and all statements therein contained are true and correct.

(signature)

Subscribed and sworn before me this ____ day of _____, 20 ____

Notary Public: _____

My commission expires: _____

Vendor Qualifications Form

Vendor must answer all questions or attach a written explanation for each question.

PROPOSER NAME: _____

ADDRESS: _____

CITY; STATE: _____ ZIP: _____

CONTACT PERSON: _____

TITLE: _____

TELEPHONE: () _____ TOLL FREE: () _____

TAXPAYER IDENTIFICATION NUMBER: _____

1. What type of organization? (i.e. corporation, partnership, etc.)
2. How many years has your organization been in business?
3. How many years has your organization been in business under its current name?
4. List any other aliases your organization has utilized in the last two years and the form of Business
5. If you are currently a corporation, list the following:
 - a. State of incorporation
 - b. Date of incorporation
 - c. President's name
 - d. Secretary's name
 - e. Treasurer's name
 - f. Statutory agent's name

- g. Name of shareholders, if less than 10
 - h. Principal place of doing business
6. If you are currently in a partnership, list the following:
 - a. Name and address of all general and limited partners.
 - b. Original name and date of organization's inception
 7. If you are neither a corporation nor a partnership, please describe your organization and list principals.
 8. Are you legally qualified to do business in the State of Ohio?
 9. Are you legally qualified to do business in Cuyahoga County and licensed by the City of Cleveland?
 10. Has your organization ever been (i) declared by a customer to be in default under a contract and/or (ii) sued by a customer for failure to completely a contract or properly perform services in a timely manner? If yes, please state where, when, and why.
 11. Has your organization ever been cited by a local, county, state, or federal authority for violation of a regulation or statute or failing to timely complete a contract in accordance with specifications? If yes, please state date, agency, and final disposition.
 12. Has your organization ever filed for bankruptcy? If yes, please state where, when and why?
 13. On a separate sheet, list the major customers for whom your organization has provided this type of equipment or service in the past five years. Include owner's name and type of work performed.
 14. Has your organization ever been sued by a supplier for failure to timely pay for materials or equipment provided? If yes, please provide details.

15. What is the dollar limit of your firm's General (CLS) Liability Insurance?

Name of insuring company: _____

Policy number: _____

16. What is the dollar limit of your firm's Automotive Liability Insurance?

Owned vehicles _____

Non-Owned vehicles _____

Name of insuring company _____

Policy number _____

17. List the name and address of every person having an interest in this RFQ.

18. Has any federal, state or local government entity ever cited or taken any action against your organization or any of its principals for failure to pay or remit any taxes including but not limited to income, withholding, sales, franchise, or personal property taxes? If yes, please give name of agency, date and amount of taxes overdue and resolution of the issue.

19. Is your organization and its' principals current in payment of personal property taxes?

20. The prospective lower tier participant certifies, by submission of this RFQ, that neither it nor its principals is presently debarred, suspended, proposed, for debarment or suspension, declared ineligible, or

voluntarily excluded from participation in this transaction by any State and/or Federal Department or Agency.

21. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this RFQ.

Notarized Statement

_____ being duly sworn and deposes says

that he/she is the _____ of
(title)

_____, and answers to all the
(organization)

foregoing questions and all statements therein contained are true and correct.

(signature)

Subscribed and sworn before me this _____ day of _____, 20__

Notary Public: _____

My commission expires: _____

Non-Collusion Affidavit

This Affidavit must be executed and shall accompany the proposal in order for the proposal to be considered.

NON-COLLUSION AFFIDAVIT
State of Ohio, Cuyahoga County

_____, being first duly sworn, deposes and says that

he/she is _____ of _____

of the party making the foregoing proposal; that such proposal is genuine and not collusive or sham; that said proposer has not colluded, conspired, connived, or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal, or that such other person shall refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or any other proposer, to fix any overhead, profit or cost element of said proposal price, or of that of any proposer, or to secure any advantage against the Board of Education of the Cleveland Metropolitan School District, or any person or persons interested in the proposal; and that all statements contained in said proposal are true; and further that such proposer has not, directly or indirectly, submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any Association or to any member or agent thereof.

Affiant

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public in and for Cuyahoga County, Ohio

My commission expires: _____

Sample Certificate of Liability Insurance
Sample: Acord Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : _____</td> <td>_____</td> </tr> <tr> <td>INSURER B : _____</td> <td>_____</td> </tr> <tr> <td>INSURER C : _____</td> <td>_____</td> </tr> <tr> <td>INSURER D : _____</td> <td>_____</td> </tr> <tr> <td>INSURER E : _____</td> <td>_____</td> </tr> <tr> <td>INSURER F : _____</td> <td>_____</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : _____	_____	INSURER B : _____	_____	INSURER C : _____	_____	INSURER D : _____	_____	INSURER E : _____	_____	INSURER F : _____	_____
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : _____	_____														
INSURER B : _____	_____														
INSURER C : _____	_____														
INSURER D : _____	_____														
INSURER E : _____	_____														
INSURER F : _____	_____														

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____
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Response Format, Scope of Work and Quote Requirements

General Information and Response Format

The scope of work and requirements for this RFQ are described below. Vendor responses must include the following information and be organized with the following headings. Each heading should be clearly marked.

Scope of Work and quotation responses are to be divided into sections as follows:

1. *Transmittal Cover Letter*-prepare a letter transmitting the proposal on business letterhead. The letter should identify the business name, phone number, and business web address along with the name, phone number and email address of the key contact person. The letter must have the signature of a person with authority to obligate the business. The transmittal letter shall also contain a statement that the proposal is a firm offer for a ninety (90) day period.
2. A completed set of Required Purchasing Division documents set forth in Part 1 above.
3. *General Information Section*- provide the following:
 - a. **Executive summary:** Information about the firm's history, structure, organizational metrics, and qualifications for fulfilling CMSD's requirements
 - b. **Business Health:** information about the firm's financial structure and viability, particularly as it relates to fulfilling a multiple year agreement.
 - c. **Experience and expertise:** information about the firm's current and previous contracts, particularly those with organizations similar to CMSD.
 - d. General narratives about at least two clients using services similar to those being proposed for CMSD
 - e. **Management support services:** information about staff, project, issue, performance, quality, and risk management methodology.
 - f. **Security:** information about the firm's policies, practices, and standards for maintaining the confidentiality and integrity of client's data, intellectual property, and trade secrets.
 - g. **Risks:** firm's evaluation of the greatest challenges and risks associated with the project and suggestions for mitigating risk.
 - h. **References:** include three references of equal or larger size to this current RFQ project-ePayable Solution. Public sector experience is preferred, but not required. Please attach relevant supporting documentation, such as project plans, scope of work.

4. *Scope of Work*

The Scope of Work section shall specifically address the manner in which the vendor will meet the minimum terms present in the RFQ. Vendor response should provide enough information so that the evaluators will be able to determine the Vendor's ability to meet each requirement set forth below. Simply paraphrasing the RFQ will not be sufficient data for the evaluation and may be considered non-responsive to the RFQ.

5. **Quotation Form**- a completed, signed quotation form.

Vendor Profile

The primary attributes the District seeks in a vendor include:

- Demonstrated experience and success of vendor in providing services
- Responsiveness to specifications and an understanding of District needs.
- Capacity & resources to perform the services described in the RFQ.
- Availability and flexibility when it comes to meeting District needs.
- Ability to utilize local resources to meet CMSD needs and balance price of the services with overall benefit to community.

Contract Period & Award

Once awarded, the initial term of this contract will be from the award date through June 30, 2022, subject to the availability of District funding. The District may renew thereafter at the District's discretion for any number of times and for any period. CMSD may renew all or part of this Contract subject to the satisfactory performance of the awarded vendor and the needs of the District.

Evaluation Criteria and Procedures

Scope of Work and Quotation responses will be evaluated, first, as responsive or non-responsive to the RFQ's specifications. A preliminary review will be conducted of all responses submitted on time to ensure the Scope of Work and Quotation responses adhere to the mandatory requirements specified in the RFQ. Responses that do not meet the mandatory requirements will be deemed non-responsive and may be rejected. In the event that all Vendors responses do not meet one or more of the mandatory requirements, CMSD reserves the right to continue the evaluation of the responses and to select the response(s) which most closely meets the requirements specified in the RFQ. Responsive quotations to this RFQ must include, or meet, the following mandatory requirements:

1. Timely Submission
2. Transmittal Cover Letter
3. Responses to requirements
4. Experience and qualifications to provide the services
5. Cost quotation

Second, the Scope of Work and Quotation responses will be evaluated based on the information presented in the response, quotation and on additional information obtained during the evaluation process. Responses will be evaluated based on the following weighted criteria:

1. Price of eligible solution and services (40%)
2. Vendor experience and qualifications (30%)
3. Meeting District requirements and needs (30%)

Evaluations are based on the submitted quotation and scope of work response. During the evaluation process, CMSD may request clarifications from any Vendor under active consideration and may give any Vendor the opportunity to correct defects in its quotation response if the District believes doing so does not result in an unfair advantage to the Vendor and it is in CMSD's best interests. Any clarification response that is broader in scope than what CMSD has requested may result in the Vendor's response being disqualified.

CMSD may require top Vendors to be interviewed. Such presentations, demonstrations, and interviews will provide a Vendor with an opportunity to clarify its response to ensure a mutual understanding of the response content. CMSD reserves the right to interview, request presentations, demonstrations and to seek additional information related to criteria already specified in the RFQ after opening the response, but prior to entering into a contract, to reject any or all quotes, and to award a contract to one or multiple vendors as CMSD deems necessary to meet its objectives.

CMSD also reserves the right to check references identified by any proposer from any vendor that submitted a proposal. CMSD will select the responses deemed to be best value, with price and other criteria factors considered.

Scope of Work

Background and Project Description

CMSD Finance Division is responsible for the overall fiscal management of the Cleveland Metropolitan School District. Our mission is to support Cleveland schools through the strategic management and use of federal, state and local dollars. This responsibility requires the coordination of the District's \$1.5 billion budget. Across all funds, salary and benefits account for approximately 50% of total expenditures with purchased services accounting for another 16.5%. Community school (charter) pass-through expenditures and tuition payments to other providers accounts 18% of total expenditures while supplies and materials, capital outlay, and other uses account for the balance

The Accounts Payable (AP) team within the Finance Division is responsible for processing supplier invoices, employee reimbursements and issuing payments for non-personnel expenditures at the school or department level. The AP team processes approximately 40,000 invoices and 20,000 computer-generated, printed checks totaling approximately \$4,730,000 on a fiscal year basis. Checks are generated in Workday and are produced using an XML platform. The AP team is also responsible

for processing payments for all employee payroll garnishments and other employee related deductions. Approximately 743 payments are issued through electronic transmission via Automated Clearing House totaling approximately \$160,000,000.00 annually.

CMSD is considering implementing an Electronic Payment Solution (ePayable Solution) and seeking responses and price quotes from qualified vendors to provide a Software as a Service (SaaS) ePayable Solution and related project management, implementation, training and on-going annual support and maintenance. While the District is seeking responses and price quotes for complete ePayable Solutions (invoice automation to electronic/virtual payments and reporting functionality), the District plans to implement electronic payment/virtual card payment options during the 2020-2021 fiscal year, with the potential to expand and grow to complete ePayable functionality over time. The District will consider vendor responses and price quotes for complete ePayable Solution and SaaS solutions that have limited e-payable functions like electronic payment (virtual card and/or electronic check payments) functionality currently. Vendor responses should include in detail if the ePayable Solution they are proposing is fully automated or limited.

CMSD is interested in an ePayable Solution that is configurable and scalable to the District's current and growing Finance, Accounting, Supplier Invoicing and Payment needs. Vendor's response should indicate in the affirmative that they can meet the District's requirements and expectations. Any noted exceptions must be clearly stated in the vendor's response. CMSD does not waive any specification requirement or accept any noted exception in Vendor's response as a waiver by receipt of the response. The ePayable Solution and vendor supports should meet the needs, expectations, requirements and specifications set forth in each header section that follows.

Objectives and Expectations

The District is seeking an ePayable Solution and vendor supports and services that meet the following objectives and expectations:

- Offer additional, flexible payment options for suppliers.
- Improve cash flow strategies.
- Improve revenue by maximizing earnings on cash rebate programs.
- Reduce waste and cost associated with manual check processing.
- Minimize payment errors, risks and exposure to check fraud.
- Provide immediate supplier payments while CMSD incurs longer float.
- Improve reporting on spend visibility.
- Seamlessly integrate with the District's existing Finance, Workday
- Provide District and supplier access to a system/portal that will permit payment research and report generation.
- Provide 24/7 customer service to suppliers and District staff.
- Provide training during implementation and on an as needed basis
- Ensure information is stored with the highest level of security.
- Provide project management and complete implementation within a 90-day timeframe.
- Provide best practices regarding software implementation and training.
- Devise a comprehensive schematic of how the ePayable program will operate.

- Conduct a cost analysis to determine which vendors would qualify for the program.
- Provide supplier enrollment outreach to convert suppliers from paper check to electronic payment.
- Continually update and manage the ePayable Solution so that CMSD benefits from new modules/features/functions of the software.

Functionality Requirements

The District is seeking an ePayable Solution that provides the following functionality:

- Automated invoice processing (to be considered in the future).
- The system and process shall have the capability of securely transmitting invoice and payment information.
- Allow for electronic payment options, including but not limited to electronic checks and/or virtual cards, that also push from CMSD's current ERP system, Workday, to a supplier/payee with rebate offerings.
- Electronic/virtual card options must be nationally recognized card system that provides for widest possible acceptance with all set-up and service charges excluded from card charges and provided at no cost to CMSD.
- Electronic remittance advice/statement provided to suppliers/payees.
- Integration/interface with Workday.
- Stop payment process for payments issued through the ePayable program.
- Sustainability from a vendor and CMSD perspective.
- Visually appealing and ease of use by CMSD and/or suppliers on multiple devices.
- Detailed online reporting, including but not limited to number of payments issued, remaining balanced, dates of issuance, rebate payment details, reconciliation, and spend analysis.
- Provide and receive routine (daily, weekly, monthly) data file of invoice, banking and/or payment information either through integration of ePayable solution with Workday or other file transfer means.
- Provides a portal for use by CMSD to monitor, maintain, and reconcile payments and financial information on demand.
- User controls- ability to limit access to portal and/or ePayable solutions to authorized users requiring individual credentials with varying levels of user permissions (create, view, edit..etc).
- 1099 Reporting capability.

Enrollment/Enrollment -Campaigns

Vendor shall initiate and be responsible for enrolling suppliers/payees to the ePayable solution at no additional cost to the District. Vendor shall also solicit enrollment of prospective suppliers/payees via

multiple means of communication and other campaign methods as necessary to ensure a successful marketing and enrollment of prospective suppliers/payees.

Proposed Technical Solution

The software solution must be able to handle the functionality required by CMSD as set forth above. In its response, the vendor should provide, in broad strokes, a description of the technical solution and how it meets the needs of the District. The vendor should describe all the modules that are being offered in the proposed solution and how they fit together as an integral part of the e-Payable solution.

System Implementation

CMSD requires the vendor to provide the SaaS solution, project management, implementation services and training support for this project. Implementation should follow the best practices for an ePayable Solution implementation. It is the Vendor's responsibility in their response to outline which modules/processes are implemented in what order and the logic for that sequence, including all interface and/or integration scope of work. Implementation for electronic payments should be completed in a 30 - 90 days period. Implementation of ePayable functionality beyond electronic payments will be discussed with the awarded vendor, and the District and awarded vendor will mutually agree upon a project timeline for additional phases of work. Project timeline for implementing electronic payment functionality is subject to change at CMSD's discretion. Vendor's should include any additional costs associated with an extended or adjusted implementation timeline for electronic payments portion of the work on their Quotation Form.

Key milestone dates are:

- Proposed project start date: September 29th, 2020
- Proposed accounts payable training date: November 30th, 2020
- Proposed end date: December 28th, 2020

Please note: Key Milestone Dates listed above are subject to change at the discretion of the District. Service providers will be notified of changes to the schedule, as appropriate.

CMSD expects the vendor to utilize a discovery phase to work with the functional team to review processes and document future state processes, based on best practices for various process areas required for the ePayable Solution. CMSD staff is fully aware that current processes are likely not optimal and a new system may be able to support not only the implementation of new processes, but also support the data collection, data transfer and data sharing across departments/divisions more effectively to enhance process efficiency and decision making. CMSD will count on the vendors to be detailed in their description of best practices, best processes and integration ability.

CMSD expects vendors to follow an approach that reduces risk, ensures a high-quality implementation, moves at a rapid pace, and is strategically planned to make transitions as seamless as possible.

CMSD requires the vendor to describe the software lifecycle of their product including version control and any planned future releases and functionality. CMSD is looking for a long-term, sustainable solution that will meet the growing demands and changes of CMSD. Therefore, the solution provided must not be limited in its ability to grow and change over time. CMSD wants to engage with a vendor that uses standard software development and implementation practices. In addition, the vendor must

be able to describe how any CMSD customizations impact software releases, and/or how the timeline required for this project impact CMSD's ability to access the latest version of software.

Architecture

CMSD is interested in an ePayable Solution SaaS only. The vendor should describe what is required (e.g. infrastructure, hardware, software, etc.) for the District to acquire in order to implement the vendor's solution if any infrastructure is required for the ePayable Solution.

The vendor should describe all necessary environments needed for not only the implementation, but also the long-term sustainability and maintenance of the system. This should include but not be limited to the test environment, training environment, and production environments necessary to ensure there is version control, proper testing, and vetted code in production. As an ePayable solution, CMSD is expecting these environments to be on the vendor site. The vendor should describe these environments in detail, how they are used, and the access CMSD has to them or what CMSD needs to access them.

Interfaces

While the functions of the ePayable Solution should be met in the proposed solution, the technology must interface/integrate with other major technology systems such as the Workday in both the current form and the future solution. Lastly, the solution should provide the District access to technology that can be sustained over time including the ability to easily maintain, upgrade, and integrate as the District evolves.

The following are main systems for interface with the ePayable Solution

1. Workday

Configuration/Customization

While CMSD would like the majority of the software and functionality to be "out of the box" and included in the base product, the District also understands that there may be a need to configure the system. The vendor must note in its responses if various functional requirements identified in the Scope of Work above are out of the box, configurable, or would require customization. The vendor should describe their process and approach to configuration – including how configuration requirements are gathered and confirmed, how and when configurations are implemented in the system, who has the ability and responsibility to make configuration changes, and how configuration changes are confirmed.

The vendor should describe the process and approach for how configuration changes are made *prior* to system implementation and how these changes are made *post-implementation*.

Compliance with State and Federal Mandates

The system shall comply with FERPA and HIPAA. The system shall functionally meet all Ohio Revised Code, Ohio Administrative Code, and Ohio Department of Education requirements. Vendors must include in their bid how State mandated changes (including legislative, judicial or administrative) will be incorporated into their software over time.

Security

A high level of system and data security is a critical attribute of all District systems. Vendors should describe their security policies and protocols to ensure that District data would be protected. This should include: how you protect your systems from breach of security, cyber-attacks and viruses, backup procedures, user authentication, access logs, data store and transfer processes, and accessibility of audit trails.

Security shall be engineered into the system and it shall be able to adapt to future security needs, allowing for flexibility and expandability. The system shall be capable of resisting a concerted system compromise effort from both internal and external threats. The ePayable Solution shall also provide stringent security and access controls with clear and consistent access policies for all level of users.

Security of public access is also critical. External supplier access may be required for the ePayable Solution. External suppliers should be able to log into the solution and be able to access and upload information.

Data Ownership

CMSD will maintain ownership of all its data. No CMSD data should be made available or accessible to any third party organization or data source other than those that have been authorized through this contract to work with CMSD and the chosen vendor, or when a data sharing agreement has been signed to share data between systems. In any case that a contract between CMSD and vendor is discontinued, the vendor must provide CMSD all of its data within 30 days of the termination of the contract. In their RFQ response, vendors must confirm that all ownership of data is the sole property of CMSD, that the data will not be accessible or available to the vendor for any other use other than trouble shooting & support, and that the data will not be available to any third party expect those designated or authorized by CMSD in writing. Vendors should verify the data ownership requirements. Vendors should discuss in detail the protocol they will use to provide data to CMSD should CMSD and the vendor discontinue a contract.

Performance

The ePayable Solution will be essential to the District's operations and must be available to carry out processes such as:

- High system usage
- Quarterly reporting and data

The District needs to understand service level agreements (SLA) that the vendor will commit to and performance the vendor has for clients, including system availability and performance monitoring processes. The District expects a SLA with 99.99% system availability.

CMSD requires that the vendor have a single point of contact for CMSD to escalate system and performance issues and this point of contact will work with CMSD to resolve the issue, as necessary. CMSD will expect the vendor to provide quarterly reports on system performance, including, but not limited to: issue resolution time, system performance, performance to SLA, resolution of escalated issues.

In addition, vendors should provide details about system maintenance windows. The vendor's response must provide their release process and schedule along with a communication plan to communicate the release and details to CMSD. This should include details on the mechanism to address a release/patch that is not functioning correctly.

Troubleshooting/Testing/Go-Live Requirements

CMSD expects the vendor to have testing procedures and plans to ensure that the system meets requirements and that defects are addressed prior to go-live. The selected vendor will support the District with testing the system.

Maintenance/Licensing/Warranty

The District is seeking an ePayable Solution that meets the following Maintenance/Licensing/Warranty requirements:

- The vendor should provide a test, training, and production environment.
- The software maintenance agreement must cover a twenty-four (24) hour, seven (7) days a week operating window (24/7). The vendor must correct any material programming errors that are attributable to the vendor within a reasonable time, provided CMSD notifies the vendor, either orally or in writing, of a problem with the software and provides sufficient information to identify the problem.
- All software components must carry a warranty of three (3) years. The warranty period is to begin on the day of system acceptance, not the day the software is loaded on the system. Vendor's proposal must state the period covered by warranty.
- System acceptance will occur after system development, and full system testing. In addition, system acceptance will only occur after the help desk, back-up procedures and all security procedures have been set up and agreed upon. All documentation for the help desk, training, release dates, recovery and back procedures and agreed-upon SLAs must also be submitted – in writing – to CMSD prior to system acceptance and sign off. Any additional terms of acceptance testing will be discussed and negotiated with the vendor during the contract period. CMSD will document system acceptance in writing. The vendor should note any issues or documentation they have from similar projects that they have used for system acceptance and sign off for CMSD review.
- CMSD recognizes that some vendors offer maintenance agreements that cover multiyear periods but require the payment to be made at the time of acceptance. The District encourages

vendors to provide these maintenance options, but for evaluation purposes, the “year at-a-time” prices will be used. If the selected quote includes the discounted, multi-year maintenance agreements and if the total price of the quote fits within the guidelines of the approved expenditure, the District may take advantage of that maintenance option. If a mandatory license agreement is required, then the vendor must list the price on a yearly basis.

- The vendor must provide maintenance during the warranty period at no cost to CMSD. That maintenance program must include all new releases, updates, patches, and fixes to the Commercial Software. It also must include a commitment to keep the software current with the operating environment in which it is designed to function and a commitment to promptly correct all material defects in the software.
- The vendor shall provide fixed prices for the system source code and any associated development licenses for updating the source code.

Technical Support Requirements

CMSD expects the vendor to provide help and support during the implementation, go-live and post go-live period for the first year of use. Vendor support must be available during CMSD’s business hours: 7:00 am-5:00 pm EST. Critical priority issues should be addressed 24/7. The vendor should describe other available support (e.g., on-site, remote dial-in, website access to patches, and knowledge base). The vendor should also provide CMSD with reports on technical support requests and resolutions, including but not limited to time to resolve, issue category, resolution.

Training/Documentation Requirements

The vendor must provide in depth training to the District licensed user(s) and System Administrator that includes the utilization of process flows, all screens and execution of all reports, and all data feeds/points of system integration with other CMSD systems. The in-depth should include troubleshooting system issues. Access to system guides and knowledge base (e.g. documents, videos, FAQs) from the vendor should also be provided. CMSD prefers in-person training, and is willing to consider other methods of training in consideration of COVID-19 and social distance parameters.

Quotation Form

The undersigned proposes to provide an ePayable Solution and related services in accordance with the scope of work, expectations and requirements set forth in the RFQ to the entire satisfaction of, and acceptance by, the District and for the following prices. The vendor confirms that the offer below is good for a period of ninety (90) days from submittal due date.

THE QUOTATION MUST INCLUDE THE FOLLOWING:

- Cover Page including the RFQ number, title and complete vendor name and mailing address and clearly labeled QUOTATION FORM
- Quotation Form including the items listed below. Vendors may create a quotation form in another format. However, all items listed here must be addressed; otherwise the RFQ response may be deemed non-responsive.
- Additional or optional pricing must be included on the Quotation Form. No additional charges, other than those listed on the Quotation Form, shall be made. Quotation must also include, where applicable,
 - clearly delineate all costs.
 - line itemized pricing.
 - Time and materials costs must be listed clearly, by like item, where applicable.
 - An agreed-upon dispute resolution mechanism must be defined.
 - There is no guarantee of any minimum amount of services that may be requested during the term of the contract.
 - Vendor travel charges.
- The District requests quotes for a SaaS solution.

1.1 Quotation Form Narrative

In this section, the vendor should describe how costing works for the solution. The narrative should articulate the cost proposal as well as the long term costs for CMSD to own/use the system.

1.2 Quotation Form Narrative Overall Costs

The vendor should use the tables below to articulate the cost for the implementation of their proposed solution. Any additional pricing material that is not in this form will not be accepted. Third party costs should be included.

Quotation Form

System Design & Implementation for ePayable Software Solutions		
<i>Task</i>	<i>Cost</i>	<i>Notes</i>
Overall Project Management		
Kick-off Meeting including detailed demo/review of system		
Requirements Confirmation		
Process Mapping		
System Configuration		
System Customization (if any based on the requirements matrix)		
Electronic Check Processing		
System Functional Testing		
System Performance Testing		
Total		

Functional Modules				
	<i>Data Collection</i>		<i>Research Request Portal</i>	
<i>Task</i>	<i>Cost</i>	<i>Notes</i>	<i>Cost</i>	<i>Notes</i>
Core Modules as required for features described in the RFQ				
Optional Modules*				
Interface with Workday				
Total				

*These are not required modules. If vendor offer other modules for other features/functions, please state this.

	Training & Technical Support	
<i>Task</i>	<i>Cost</i>	<i>Notes</i>
Overall Project Management for Training & Support		
Technical Support		
Total		

Cost Proposal (use the rows below if applicable)	Additional/Optional Pricing	
<i>Task</i>	<i>Cost</i>	<i>Notes</i>
[Please specify, add additional rows if necessary, to be explicit about cost]		
Total		

Total Price for Implementation of SAAS Solution:

1.3 Cost Proposal Licensing & Maintenance Costs

- Maintenance costs to address as many of the functional requirements as possible for a period of one year.
- Provide pricing by specific cost item on a year-by-year basis, representing the District’s anticipated Total Cost of Ownership.
- Include detail as applicable for SaaS solutions: software, hardware, licensing, etc.

Cost Proposal (use the rows below if applicable)	Licensing & Maintenance	
<i>Task</i>	<i>Cost</i>	<i>Notes</i>
Licensing & Maintenance Year 1		
Additional Software Costs		
Hardware		
Total		

Total Optional One Year Licensing & Maintenance Cost:

Cost Proposal (use the rows below if applicable)	Licensing & Maintenance - Additional Option Year	
<i>Task</i>	<i>Cost</i>	<i>Notes</i>
Licensing & Maintenance Additional Option Year		
Total		

Total for additional year Licensing & Maintenance Cost:

Cost Proposal (use the rows below if applicable)	Test, Training, and Production Environment	
<i>Environment</i>	<i>Cost</i>	<i>Notes</i>
Test		
Training		
Production		
Total		

Total Tenant Cost:

Vendors must complete the signatory requirement below

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Signature: _____

Printed Name: _____

Date: _____