

***TECHNICAL PROPOSAL PACKET
ATU RFP 25-001***

***Online Training Platform***

# PROPOSAL SIGNATURE PAGE

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| --- |
| **PROSPECTIVE CONTRACTOR’S INFORMATION** |
| Company: |  |
| Address: |  |
| City:  |  | State: |  | Zip Code: |  |
| Minority or Women-Owned Designation*See* the *Minority and Women-Owned Business* section of the Solicitation. | [x]  Not Applicable | AR Certification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROSPECTIVE CONTRACTOR CONTACT INFORMATION***Provide contact information to be used for Solicitation related matters.*  |
| Contact Person: |  | Title: |  |
| Phone: |  | Alternate Phone: |  |
| Email: |  |
| CONFIRMATION OF REDACTED COPY |
| [x]  YES, a redacted copy of submission documents is enclosed.[x]  NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.If a redacted copy of the submission documents is not provided with Respondent’s response packet, and neither box is checked, a copy of the non-redacted documents, except for financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See the *Proprietary Information* section of the Solicitation. |
| **REQUIRED CERTIFICATIONS** |
| By signing and submitting a response to this Solicitation, Respondent represents, warrants, and certifies that they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of a resultant contract:* Boycott Israel.
* Knowingly employ or contract with illegal immigrants.
* Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
* Employ a Scrutinized Company as a contractor.

Prospective Contractor further represents, warrants, and certifies that it shall not become a Scrutinized Company during the aggregate term of a contract resulting from this Solicitation. |

An official authorized to bind the Respondent to a resultant contract **shall** sign below. The signature below signifies agreement that any exception that conflicts with a Requirement of this Solicitationmay cause the Respondent’s proposal to be rejected.

**Authorized Signature:**  **Title:**

**Printed/Typed Name:**  **Date:**

# submission requirements checklist

The following items **must** be submitted with the Respondent’s proposal*:*

* *Proposal Signature Page*
* *Proposed Subcontractors Form*
* *Recommended Options Form*
* *Information for Evaluation*
	+ *Experience* (**2** pages or less)
	+ *Solution (****2*** *pages or less)*
	+ *Risk* (**2** pages or less)
* Copy of Prospective Contractor’s *Equal Opportunity Policy*
* Completed *Official Solicitation Price Sheet*

The following items, which must be submitted prior to a contract award to the Prospective Contractor, may also be included with the Prospective Contractor’s proposal:

* EO 98-04: *Contract and Grant Disclosure Form*

The following items should be submitted with the Prospective Contractor’s proposal, if applicable:

* *Voluntary Product Accessibility Template* (VPAT)
* Redacted copy of the submission documents
* Signed addenda

# RECOMMENDED OPTIONS FORM

Respondent should identify optional recommended services available to the State, along with the schedule impact and cost details of each item. If the Respondent does not offer optional recommended services, Respondent should indicate so by checking the appropriate box. Responses to this form *will not* be scored for evaluation purposes.

Costs associated with the optional recommended services **must** be included on this form and **must** **not** be included in the completed *pricing response.*

**Respondent proposes the following optional recommended services under a resulting contract:**

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| --- | --- |
| Item Description: |  |
| How Will This Add Value? |  |
| Schedule Impact: |  |
| Cost Details: |  |

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| --- | --- |
| Item Description: |  |
| How Will This Add Value? |  |
| Schedule Impact: |  |
| Cost Details: |  |

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| --- | --- |
| Item Description: |  |
| How Will This Add Value? |  |
| Schedule Impact: |  |
| Cost Details: |  |

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| Item Description: |  |
| How Will This Add Value? |  |
| Schedule Impact: |  |
| Cost Details: |  |

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| Item Description: |  |
| How Will This Add Value? |  |
| Schedule Impact: |  |
| Cost Details: |  |

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| --- | --- |
| Item Description: |  |
| How Will This Add Value? |  |
| Schedule Impact: |  |
| Cost Details: |  |

[ ]  **Respondent does not offer optional recommended services.**

# PROPOSED SUBCONTRACTORS FORM

Respondent **shall** complete the form for all subcontractors the Respondent proposes to use under a resulting contract. If the Respondent does not intend to use subcontractor(s), Respondent should indicate so by checking the appropriate box.

Respondents should not include additional information relating to subcontractors on this form or as an attachment to this form.

**Respondent proposes to use the following subcontractor(s) under a resulting contract:**

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| --- | --- | --- |
| **SUBCONTRACTOR’S COMPANY NAME** | **STREET ADDRESS** | **CITY, STATE, ZIP** |
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[x]  **Respondent does not propose to use subcontractors under a resulting contract.**

# INFORMATION FOR EVALUATION – EXPERIENCE

Using this template, Respondent should provide the Respondent’s experience and capabilities to meet the Solicitation requirements. The information provided should be prioritized beginning with the most important and/or relevant experience listed first.

Respondents may expand the space in each table, add a table, or delete a table as needed, but Respondents **shall not** exceed the **two**-page limit for this subsection. See RFP Section 3.5 for more information about this subsection.

Respondents may delete the instructions above and example shown below to allow for additional room for response.

**Example:**

|  |  |
| --- | --- |
| **Claim of Expertise:** | *We have a significant amount of experience in providing P-Card and T-Card services to State governments, and consistently delivery high performance.* |
| **Documented Performance:** | *We currently have 10 similar services, with an average rebate to the client of 5% and the average customer satisfaction rating on these services is currently a 9.8 out of 10.* |

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| --- | --- |
| **Claim of Expertise:** |  |
| **Documented Performance:** |  |

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| **Claim of Expertise:** |  |
| **Documented Performance:** |  |

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| **Claim of Expertise:** |  |
| **Documented Performance:** |  |

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| **Claim of Expertise:** |  |
| **Documented Performance:** |  |

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| **Claim of Expertise:** |  |
| **Documented Performance:** |  |

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| **Claim of Expertise:** |  |
| **Documented Performance:** |  |

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| **Claim of Expertise:** |  |
| **Documented Performance:** |  |

# INFORMATION FOR EVALUATION – SOLUTION

Using this template, Respondents should include a narrative to address and provide a high-level overview of the solution and/or approach proposed using the requirements outlined in the Solicitation.

Respondents **shall not** exceed the **two**-page limit for this subsection. See RFP Section 3.5 for more information about this subsection.

Respondents may delete the instructions above to allow for more room to respond.

# INFORMATION FOR EVALUATION – RISK

Using this template, Respondents should identify and prioritize major risks that they reasonably foresee could potentially prevent or impair the Respondent’s delivery of the solution as offered in the proposal or to otherwise fail to meet the University’s desired outcome, specifications, and performance standards, and how they will mitigate, manage, and/or minimize each risk listed.

Respondents may expand the space in each table, add a table, or delete a table as needed, but Respondents **shall not** exceed the **two**-page limit for this subsection. See RFP Section 3.5 for more information about this subsection.

Respondents may delete the instructions above and the example shown below to allow for more room to respond.

**Example:**

|  |  |
| --- | --- |
| **Risk Description:** | *Participating Entity does not understand how to use the Commercial Card Program.* |
| **Solution:** | *A full-time training group will hold education meetings at all Participating Entity locations twice a year throughout the length of the contract.*  |
| **Documented Performance:** | *This risk mitigation has been used on the last 4 clients and has received a 10/10 satisfaction rating. These four clients have reported 0 complaints from their constituents regarding the usage of their commercial card program.* |

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| **Risk Description:** |  |
| **Solution:** |  |
| Documented Performance: |  |

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| **Risk Description:** |  |
| **Solution:** |  |
| Documented Performance: |  |

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| **Risk Description:** |  |
| **Solution:** |  |
| Documented Performance: |  |

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| **Risk Description:** |  |
| **Solution:** |  |
| Documented Performance: |  |