



**STATE OF ARKANSAS**

OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300

Little Rock, Arkansas 72201-4222

***TECHNICAL PROPOSAL PACKET***  
***SP-16-0125***

**CAUTION TO VENDOR**

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.



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## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

RESPONDENT'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit		
Minority Designation: <i>See Minority Business Policy</i>	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> African American <input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran	
	AR Minority Certification #: _____		Service Disabled Veteran Certification #: _____		

VENDOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with vendor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), shall be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

**An official authorized to bind the vendor to a resultant contract must sign below.**

The signature below signifies agreement that either of the following **shall cause the vendor's proposal to be disqualified**:

- Additional terms or conditions submitted in their proposal, whether submitted intentionally or inadvertently.
- Any exception that conflicts with a Requirement of this *Bid Solicitation*.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## **SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_



## INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

*Do not include additional information if not pertinent to the itemized request.*

		Maximum RAW Score Available
<b>E.1</b>	<b>GENERAL REQUIREMENTS (EXPERIENCE)</b>	
	Provide a company history including the number of years and experience in developing, implementing, and managing financial systems such as EBT, Electronic Funds Transfer (EFT), financial network services, and transaction processing.	5 points
	Describe your <b>experience</b> as it pertains to the developing, implementing, and managing financial systems such as EBTs, EFTs, financial network services and transaction processing including utilization of pre-existing commercial networks, ATMs and POS terminals.	5 points
	Describe your <b>experience</b> concerning USDA Federal regulations <b>pertaining to</b> the EBT System.	5 points
	Provide your bank account structure in the Transition-In Plan.	5 points
	Describe your existing commercial networks, ATMs, and POS terminals.	5 points
	Provide a short concise synopsis outlining transaction processing, retailer management, and customer service including all services, supplies and functions for the EBT System <b>as outlined in this RFP.</b>	5 points
<b>E.2</b>	<b>TRANSITION IN REQUIREMENTS</b>	
	<b>Provide a schedule outlining the transition in phase including milestones.</b>	5 points
<b>E.3</b>	<b>EBT SYSTEM FUNCTIONALITY</b>	
	Describe your contingency plan for circumventing communication outages of longer than five (5) minutes.	5 points
	Provide a security plan that addresses the process of eliminating unauthorized access.	5 points
	<b>Describe your plan to</b> ensure that all transmitted data will be accurately and completely received to prevent incomplete and/or duplicate data?	5 points
	Describe your inventory control system.	5 points
	<b>Describe</b> your capability to process and accept out of state card transactions.	5 points
	How does your system facilitate tracking and retaining individual benefits?	5 points
	Describe system functionality workflow and your efforts to maintain.	5 points
	Describe how you intend to provide online access to FNS?	5 points
<b>E.4</b>	<b>EBT CARD REQUIREMENTS</b>	
	Describe <b>the distribution process for</b> EBT cards and packets.	5 points
	Describe your process <b>for replacing lost or stolen cards.</b>	5 points
<b>E.5</b>	<b>CUSTOMER SERVICE CALL CENTER, HELP DESK, IVRS REQUIREMENTS</b>	
	Describe your customer service call center including staff, availability, support from IVRS and help desk, and performance standards.	5 points
	Provide specific locations of all technical and support services, i.e., customer service call center, retailer help desk, state support help desk, card production facility, etc.	5 points
	How will the data processing technical support help desk monitor the system and transmission line?	5 points
	Describe in <b>detail how cardholders access</b> ATMs and POS terminals to obtain cash.	5 points
	<b>Describe your plan to</b> ensure that all data and information housed by the system are fully protected against unauthorized access?	5 points
	Provide a timeframe for Customer Service Call Center to be operational.	5 points
	Describe all employee support you will provide Call Center employees once the system is activated.	5 points
	<b>Explain what you would do to gather transaction history if the agency requested.</b>	5 points
	Describe your interactive voice response system (IVRS) and features.	5 points

<b>E.6 TRAINING</b>	
Describe in detail the following training information for staff, cardholders, & retailers:	
a. Training options such as hands-on, initial, on-going, etc.	5 points
b. Training materials and resources	5 points
c. Training programs	5 points
Describe how much training will be provided, number of trainers and whether given by you or subcontracted through another company.	5 points
<b>E.7 POS TERMINALS</b>	
Describe your method to blocking access to TANF benefits at POS terminals.	5 points
Provide an overview of POS transaction types and functions.	5 points
Describe your plan for supplying POS equipment to the exempt locations maintained by USDA requesting vendor supplied Terminals.	5 points
<b>Describe your process</b> to capture both on and off line transactions including online EBT, System initiated, online processing interactions, offline processing manual vouchers, online transactions processing related to cardholder, retailer and financial institution accounts, initiated at access terminals.	5 points
<b>E.8 FINANCIAL TRANSACTION/TRANSMISSION REQUIREMENTS, FINANCIAL ADJUSTMENT PROCESSING</b>	
Describe in detail how the proposed system supports financial transaction processing including the following:	
a. identify networks included in the EBT system	5 points
b. on-line and off-line financial transactions	5 points
c. retailer & financial institution account processing	5 points
How does your system support reporting of benefit access?	5 points
<b>Provide a functional overview and a detailed description of the operating environment, procedures, flow charts and workflow of the EBT System.</b>	5 points
Explain <b>the schedule</b> cardholder's would be notified of adjustments to their EBT accounts.	5 points
<b>E.9 MAINTENANCE &amp; CHANGE REQUEST PROCESSES &amp; PROCEDURES</b>	
Provide your <b>contingency plan for unprocessed change order requests.</b>	5 points
Describe the EBT systems integration process for TPPs	5 points
<b>E.10 DHS/DCO PROBLEM MANAGEMENT CONTRACT MONITORING &amp; PROBLEM RESOLUTION</b>	
<b>Describe your specific strategy for problem management controls.</b>	5 points
Provide an overview explaining how you intend to <b>provide</b> contract monitoring and the steps you plan to take for problem resolution.	5 points
Describe the precautions you will take to ensure an EBT SNAP benefit account is not closed when a SNAP case closes.	5 points
Explain the steps you will take to ensure that open accounts remain open during account close outs.	5 points
<b>E.11 SYSTEM PERFORMANCE, SYSTEM SECURITY PLAN, FRAUD PREVENTION ANALYSIS</b>	
Describe how your company will provide card security.	5 points
Describe how you intend to <b>monitor</b> ATM accessibility.	5 points
Describe your Security Plan for the EBT System.	5 points
Describe how effective your Fraud Prevention Plan has been with other EBT Systems.	5 points
<b>E.12 THIRD PARTY PROCESSORS, INDEPENDENT AUDIT, CERTIFICATION BANK REQUIREMENTS</b>	
Provide copies of independent audit and all certifications required.	5 points
<b>E.13 PROJECT MANAGEMENT</b>	
<b>Provide a list of key personnel including EBT Project Manager, Lead Business Analyst, and Lead Programmer. The list should include education and experience.</b>	5 points
<b>Provide a list of Project Management task that encompass all duties for managing staff. The list should include key personnel roles and responsibilities.</b>	5 points
<b>E.14 REPORTING</b>	
<b>Describe your plan to meet reporting requirements as outlined in this RFP.</b>	5 points
Describe your <b>system tracking capabilities.</b>	5 points
<b>E.15 TRANSITION-OUT REQUIREMENTS</b>	
<b>Describe your complete transition out plan.</b>	5 points