



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"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <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"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian 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: _____

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: _____

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: _____

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: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in 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
E.1 GENERAL REQUIREMENTS (EXPERIENCE)	
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 experience 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 experience concerning USDA Federal regulations pertaining to 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 as outlined in this RFP.	5 points
E.2 TRANSITION IN REQUIREMENTS	
Provide a schedule outlining the transition in phase including milestones.	5 points
E.3 EBT SYSTEM FUNCTIONALITY	
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
Describe your plan to 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
Describe 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
E.4 EBT CARD REQUIREMENTS	
Describe the distribution process for EBT cards and packets.	5 points
Describe your process for replacing lost or stolen cards.	5 points
E.5 CUSTOMER SERVICE CALL CENTER, HELP DESK, IVRS REQUIREMENTS	
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 detail how cardholders access ATMs and POS terminals to obtain cash.	5 points
Describe your plan to 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
Explain what you would do to gather transaction history if the agency requested.	5 points
Describe your interactive voice response system (IVRS) and features.	5 points

E.6 TRAINING	
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
E.7 POS TERMINALS	
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
Describe your process 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
E.8 FINANCIAL TRANSACTION/TRANSMISSION REQUIREMENTS, FINANCIAL ADJUSTMENT PROCESSING	
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
Provide a functional overview and a detailed description of the operating environment, procedures, flow charts and workflow of the EBT System.	5 points
Explain the schedule cardholder's would be notified of adjustments to their EBT accounts.	5 points
E.9 MAINTENANCE & CHANGE REQUEST PROCESSES & PROCEDURES	
Provide your contingency plan for unprocessed change order requests.	5 points
Describe the EBT systems integration process for TPPs	5 points
E.10 DHS/DCO PROBLEM MANAGEMENT CONTRACT MONITORING & PROBLEM RESOLUTION	
Describe your specific strategy for problem management controls.	5 points
Provide an overview explaining how you intend to provide 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
E.11 SYSTEM PERFORMANCE, SYSTEM SECURITY PLAN, FRAUD PREVENTION ANALYSIS	
Describe how your company will provide card security.	5 points
Describe how you intend to monitor 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
E.12 THIRD PARTY PROCESSORS, INDEPENDENT AUDIT, CERTIFICATION BANK REQUIREMENTS	
Provide copies of independent audit and all certifications required.	5 points
E.13 PROJECT MANAGEMENT	
Provide a list of key personnel including EBT Project Manager, Lead Business Analyst, and Lead Programmer. The list should include education and experience.	5 points
Provide a list of Project Management task that encompass all duties for managing staff. The list should include key personnel roles and responsibilities.	5 points
E.14 REPORTING	
Describe your plan to meet reporting requirements as outlined in this RFP.	5 points
Describe your system tracking capabilities.	5 points
E.15 TRANSITION-OUT REQUIREMENTS	
Describe your complete transition out plan.	5 points