



STATE OF ARKANSAS

Arkansas Department of Education

Four Capital Mall

Little Rock, Arkansas 72201-4222

TECHNICAL PROPOSAL PACKET ***ADE-18-001***

CAUTION TO VENDOR

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



STATE OF ARKANSAS

Arkansas Department of Education

Four Capital Mall

Little Rock, Arkansas 72201-4222

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: _____

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
Technical Specifications		
E.1	Please describe the technical specifications of your proposed solution, specifically, the programming language, operating system, and database selected and justification for selection.	5
E.2	Please describe your experience and expertise with creating applications using single sign-on systems.	5
E.3	Please describe the real-time, web-based application you propose to handle random moment time studies as it relates to this project.	5
E.4	Please describe how your solution incorporates ease-of-use features, and user-centric designs.	5
E.5	Please describe how the application allows for unique identification of administrators, coordinators, and participants, and their respective roles within a single system.	5
E.6	Please describe two examples of how a search functionality would be incorporated within the application.	5
E.7	Please describe how you plan to ensure that the solution will support the major desktop operating systems and browsers. Which operating systems and browsers will the application support?	5
E.8	Please describe your understanding and experience with building mobile-accessible website applications. How do you plan for the Time Study survey to be completed through a mobile device?	5
E.9	Please describe how the solution will send and track email notifications to participants of random moment-in-time studies.	5
E.10	Please describe your experience developing administration and reporting tools for a web-based application.	5

<p>E.11 Please list the mockups you have included for the system proposal or plan to design. If planning for the future, describe your methods for collecting information, the design process, and the delivery process.</p>	<p>5</p>
<p>Random Moment Time Study</p>	
<p>E.12 Please describe your understanding of Random Moment Time Study applications.</p>	<p>5</p>
<p>E.13 Please describe your past experience developing Random Moment Time Study applications.</p>	<p>5</p>
<p>Planning</p>	
<p>E.14 Please describe your projected timeline and milestones for the project.</p>	<p>5</p>
<p>E.15 Please describe the user testing environment.</p>	<p>5</p>
<p>E.16 Please describe the data backup and recovery strategy recommended.</p>	<p>5</p>
<p>E.17 Please describe the disaster recovery strategy recommended.</p>	<p>5</p>
<p>E.18 Please indicate your anticipated delivery time and describe any projected obstacles that would prevent the delivery time from being met, the duration of the delay, and the actions that you would take to remain timely.</p>	<p>5</p>
<p>90 points</p>	