**RFI 26-86377**

**ATTACHMENT A**

**RESPONSE TEMPLATE**

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| **INSTRUCTIONS** |
| * Please supply requested information ***in the blue-shaded areas*** and indicate any attachments that have been included. * Document all attachments with which section and question they pertain to. |

**THE SOLUTION**

* Description of the solution to satisfy the requirements established in the RFI.

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**APPROACH AND DELIVERABLES**

* Summarize your proposed approach to meet needs addressed and tasks to implement. Describe how your organizational capabilities, experience, resources, and approach can be leveraged to ensure a successful outcome.

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**PROJECT TIMELINE**

* Summarize your proposed project schedule and timeline for implementing the solution and conducting training on the solution consistent with goals as described in this RFI.

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**BACKGROUND AND EXPERIENCE**

* Qualifications related to implementation of similar systems especially in other states.

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**COMPANY STRUCTURE**

* Legal form of the respondent’s business organization, types of business ventures in which the organization is involved, and a chart of the organization.

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**REFERENCES**

* The Respondent must include a list of at least three (3) clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFI. Any state government for whom the Respondent has provided these products and services should be included; also to be included should be clients with locations near Indianapolis, as site visits may be arranged. Information provided should include the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information.

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| **Reference One** | **Enter your response below.** |
| Legal Name of Company or Governmental Entity |  |
| Industry of Company |  |
| Mailing Address |  |
| Telephone Number |  |
| Contact Name |  |
| Title |  |
| Telephone/Fax Number |  |
| E-mail Address |  |
| Time period in which services were provided |  |
| Please describe the service provided to this reference |  |

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| **Reference Two** | **Enter your response below.** |
| Legal Name of Company or Governmental Entity |  |
| Industry of Company |  |
| Mailing Address |  |
| Telephone Number |  |
| Contact Name |  |
| Title |  |
| Telephone/Fax Number |  |
| E-mail Address |  |
| Time period in which services were provided |  |
| Please describe the service provided to this reference |  |

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| **Reference Three** | **Enter your response below.** |
| Legal Name of Company or Governmental Entity |  |
| Industry of Company |  |
| Mailing Address |  |
| Telephone Number |  |
| Contact Name |  |
| Title |  |
| Telephone/Fax Number |  |
| E-mail Address |  |
| Time period in which services were provided |  |
| Please describe the service provided to this reference |  |

**TRAINING AND CERTIFICATION**

* Training provided to use the system and certification(s) available to meet industry requirements.

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**SECURITY**

* Describe your security policy and disaster recovery or business continuity plans and explain how they conform to the State’s security policy (i.e. https://www.in.gov/iot/2394.htm).

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**COSTS**

* Estimated costs to create environment as described in this RFI, which lists the one-time and recurring costs for the proposed solution. Describe change management methodology and software upgrades.

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