**FORM A**

**PROPOSAL CHECKLIST**

**RFP ETJ0048 - Business Process Management and Strategic Mapping Consulting Services**

This form must be completed by the Proposer by marking the appropriate check-boxes below. By marking these boxes, Proposer acknowledges compliance with these items.

**Instructions:**

1. Review/complete each exhibit/appendix/form listed below. Check the appropriate boxes.
2. Complete the Proposer Information box below: print company name and the name of the representative signing this form (must be authorized to legally bind the company), sign and date.
3. Return this form per Section 2.4.1 of the RFP (TAB 1).

|  |  |  |
| --- | --- | --- |
| **Appendix 1:** General Questionnaire |  | Have read and completed |
| **Appendix 2:** Requirements and Technical Questionnaire |  | Have read and completed |
| **Appendix 3:** Department Terms and Conditions |  | Have read and understand |
| **Appendix 4:** Pro Forma Contract |  | Have read and understand |
| **FORM A:** Proposal Checklist (this form) |  | Completed and signed |
| **FORM B:** Mandatory Proposer Qualifications |  | Completed and signed |
| **FORM C:** Subcontractor Information |  | Completed |
| **FORM D:** Request for Proposal Signature Page |  | Completed and signed |
| **FORM E:** Vendor Information |  | Completed |
| **FORM F:** Vendor References |  | Completed |
| **FORM G:** Designation of Confidential and Proprietary Information |  | Completed and signed |
| **FORM H:** Cost Proposal Workbook (paper copy must be signed) |  | Completed and signed |
| **Current W-9** (use online IRS Form) |  | Completed and signed |

**Proposer Information:**

|  |  |
| --- | --- |
| Proposer Company Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: | Click or tap here to enter text. |
|  |  |
| Signature Date: | Click or tap here to enter text. |

**FORM B**

**MANDATORY PROPOSER QUALIFICATIONS**

**RFP ETJ0048 - Business Process Management and Strategic Mapping Consulting Services**

The following requirements are Mandatory for all Proposers. Failure to comply with one or more of the Mandatory qualifications may disqualify a Proposer.

**Instructions:**

1. Check “Agree” or “Disagree” to each Mandatory requirement as appropriate.
2. Complete the “ACKNOWLEDGE AND ACCEPT” section:

* Print company name.
* Print the name of the representative signing this form (must be authorized to legally bind the company).
* Sign and date.

1. Return this form per Section 2.4.1 of the RFP (include in TAB 1 of the Proposal).

|  |  |  |  |
| --- | --- | --- | --- |
| **Agree** | **Disagree** | **Sec.** | **Qualification** |
|  |  | **4.1** | Pursuant to Wis. Stat. § 16.705 (1r), services must be performed within the United States. |
|  |  | **4.2** | Proposer agrees that all work products developed by Proposer as part of the project described in this RFP (e.g. all written reports, drafts, presentations and meeting materials, etc.) shall become the property of the Department. |
|  |  | **4.3** | The Proposer shall have no conflict of interest with regard to any other work performed by the Proposer on behalf of the State of Wisconsin. |
|  |  | **4.4** | The Proposer shall not be suspended or debarred from performing federal or State government work. |
|  |  | **4.5** | During the past five (5) years, the Proposer must not have been in bankruptcy or receivership or been involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct. If the Proposer provides a response of “DISAGREE,” Proposer must provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Proposer. |

|  |  |  |
| --- | --- | --- |
| **ACKNOWLEDGE AND ACCEPT:** | | |
| This form has been reviewed by me and shall become part of the final Contract. I am a duly authorized representative of my company and have the authority to legally bind my company. I hereby acknowledge and accept responsibility for the accuracy of the responses given above. I further accept that my company’s Proposal *may* be rejected on the grounds that any item listed above is marked as “Disagree.” Also, I acknowledge I have specified and provided a reason for any answer marked as “Disagree” in TAB 3 Assumptions and Exceptions of my company’s Proposal. | | |
|  |  |

|  |  |
| --- | --- |
| Proposer Company Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: | Click or tap here to enter text. |
|  |  |
| Signature Date: | Click or tap here to enter text. |

**FORM C**

**SUBCONTRACTOR INFORMATION**

**RFP ETJ0048 - Business Process Management and Strategic Mapping Consulting Services**

**Instructions:**

1. List of all Proposer Subcontractors, consultants and suppliers (including Proposer subsidiaries), if any, that will provide services, products, content, work and supplies as part of the Services described in the Proposal being submitted.
2. Provide a list of all persons who contributed to authoring the Proposal.
3. Complete the Proposer information box: Print company name and the name and title of the representative signing this form (must be authorized to legally bind the company), Sign and date.
4. Return this form per Section 2.4 of the RFP (TAB 1).
5. Add additional copies of this form as necessary.

|  |  |  |
| --- | --- | --- |
| **Name of Subcontractor/ Consultant/Supplier/Proposal Author** | **Address** | **Work/Service/Product/Content to be Performed/Supplied** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Proposer Information:**

|  |  |
| --- | --- |
| Proposer Company Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: | Click or tap here to enter text. |
|  |  |
| Signature Date: | Click or tap here to enter text. |

**FORM D**

**PROPOSER SIGNATURE PAGE**

Enter the information requested in highlighted areas:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROPOSALS MUST BE SEALED AND ADDRESSED TO:**   |  |  | | --- | --- | | Express delivery:  Beth Bucaida  **RFP ETH0052-54**  Dept. of Employee Trust Funds  4822 Madison Yards Way  Madison, WI 53707-7931 | USPS Mail delivery:  Beth Bucaida  **RFP ETH0052-54**  Dept. of Employee Trust Funds  PO Box 7931  Madison, WI 53707-7931 | | | Proposal envelopes/boxes must be sealed and plainly marked in the lower corner with Request for Proposal **ETJ0048.** Late Proposals will be rejected. Proposals MUST be received by ETF on or before the date and time that the Proposal is due. Proposals received after that time/date will be rejected. Receipt of a Proposal by the State mail system does not constitute receipt of a Proposal by ETF. Any Proposal which is inadvertently opened as a result of not being properly and clearly marked is subject to rejection. Proposals must be submitted separately, i.e., not included with sample packages or other proposals. Records will be available for public inspection after issuance of the notice of intent to award or the award of the Contract. The terms and conditions specified in the RFP apply to any subsequent Contract. | | | | | |
| **REQUEST FOR PROPOSAL** | |
| **RFP ETJ0048** | | Proposals MUST be in this office no later than:  **January 21, 2020 @ 2:00 PM CST** | | | | | Public Opening  No Public Opening |
| **PROPOSER** (Company Name and Address)  Click or tap here to enter text. | | Name (Contact for further information)  Beth Bucaida | | | | | |
| Phone  608-267-3933 | | | | Date  December 17, 2019 | |
| **Description** | | | | | | | |
| Request for Proposals (RFP):  **ETJ0048 - Business Process Management and Strategic Mapping Consulting Services, including:**  • on-site consulting services, training and executive support in the areas of business process management, process blueprint, strategic planning and organizational effectiveness including development of an outcomes-based metrics program and portfolio management;  • remote/off-site consulting, advisory and review services in the areas noted above; and  • ad hoc work as needed and as negotiated between the Department and the Contractor.  For the Department of Employee Trust Funds (ETF).  RFP amendments, questions & answers will be posted on the ETF website at <http://etfextranet.it.state.wi.us/> and will not be mailed.  **\*\*\* Faxed and e-mailed Proposals will not be accepted \*\*\***  **\*\*\* This page must be completed, signed and included with your Proposal \*\*\*** | | | | | | | |
| By signing this document I, an authorized representative of the Proposer named above, certify that my company has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a Proposal; that the Proposal we have submitted for this RFP (listed above) has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that our Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.  We will comply with all terms, conditions and specifications required by the State in the RFP (listed above) and all terms of our Proposal. | | | | | | | |
| Name of Authorized Company Representative (Type or Print):  Click or tap here to enter text. | Title:  Click or tap here to enter text. | | | Phone: Click or tap here to enter text. | | | |
| e-Mail: Click or tap here to enter text. | | | |
| Signature  Click or tap here to enter text. | Date: Click or tap here to enter text. | | Federal Employer Identification No.: Click or tap here to enter text. | | SS # if Sole Proprietor (voluntary): Click or tap here to enter text. | | |
|

**Department of Employee Trust** **Funds**

P.O. Box 7931

Madison, WI 53707-7931

**FORM E**

**Vendor Information**

**RFP ETJ0048 - Business Process Management and Strategic Mapping Consulting Services**

**Provide the information requested below:**

|  |  |  |
| --- | --- | --- |
| Proposer Company Name:\* Click or tap here to enter text. | | |
| dba name: Click or tap here to enter text. | | |
| Main Phone: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip:  Click or tap here to enter text. |

\*Legal business name, as it appears on company’s W-9.

**Proposer contact for questions concerning your Proposal:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Name/title of Proposer contact responsible for affirmative action compliance:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Proposer contact for ETF invoicing/billing:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Proposer contact for legal notices:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

|  |
| --- |
| CEO / President Name: Click or tap here to enter text. |

**Department of Employee Trust Funds**

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**RFP ETJ0048 - Business Process Management and Strategic Mapping Consulting Services**

|  |
| --- |
| **Proposer Company Name:** Click or tap here to enter text. |

Instructions: Provide the requested information for a minimum of four (4) entities for which you have provided, or currently provide, services that are similar to the services requested in this RFP. Do not include the State of Wisconsin as a reference.

|  |  |  |
| --- | --- | --- |
| Entity Name: Click or tap here to enter text. | | |
| Contact Person Name and Title: Click or tap here to enter text. | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. |
| Plan(s)/services offered through Proposer and number of employees: Click or tap here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| Entity Name: Click or tap here to enter text. | | |
| Contact Person Name and Title: Click or tap here to enter text. | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. |
| Plan(s)/services offered through Proposer and number of employees: Click or tap here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| Entity Name: Click or tap here to enter text. | | |
| Contact Person Name and Title: Click or tap here to enter text. | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. |
| Plan(s)/services offered through Proposer and number of employees: Click or tap here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| Entity Name: Click or tap here to enter text. | | |
| Contact Person Name and Title: Click or tap here to enter text. | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. |
| Plan(s)/services offered through Proposer and number of employees: Click or tap here to enter text. | | |

**FORM G**

**DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION**

**RFP ETJ0048 - Business Process Management and Strategic Mapping Consulting Services**

The material my company has submitted in response to **RFP #ETJ0048** includes proprietary and confidential information that qualifies as a trade secret, as provided in § 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, my company requests that certain pages of our Proposal, as indicated below, be treated as confidential material and not be released without our written approval. I understand other information cannot be kept confidential unless it is a trade secret.

Trade secret is defined in § 134.90(1)(c), Wis. Stats. as follows: “Trade secret” means information, including a formula, pattern, compilation, program, device, method, technique or process to which all the following apply:

* The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
* The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

Prices always become public information when Proposals are opened, and therefore cannot be kept confidential.

Failure to include this form with your Proposal may mean that all information provided as part of your Proposal will be open to examination and copying. The state of Wisconsin (State) will consider other markings of confidentiality in your Proposal to be insufficient. **If you are not including any confidential or proprietary materials with your Proposal, please write “none” in the first row below.**

**My company requests the following documents/sections/pages not be released:**

|  |  |  |
| --- | --- | --- |
| **Proposal Section/Attachment Name** | **Page #** | **Topic** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Attach additional copies of this form if necessary.**

In the event the designation of confidentiality of the above-listed information is challenged, my company hereby agrees to provide legal counsel or other necessary assistance to defend the designation of confidentiality and to hold the State harmless for any costs or damages arising out of the State withholding the materials. My company agrees to hold the State harmless for any damages arising out of the release of any materials unless they are specifically identified above.

|  |  |
| --- | --- |
| Proposer Company Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: | Click or tap here to enter text. |
|  |  |
| Signature Date: | Click or tap here to enter text. |