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# APPENDIX C -VENDOR CAPABILITIES

**WSIPC RFP 25-03**

**Alternative Learning Experience (ALE) Information Management System**

## Vendor Profile

**Briefly describe your company in one page or less:**

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**Provide the Name, Address, Email Address, and Telephone Number of the Legal Entity**

Provide the name, address, email address, and telephone numbers (including toll free numbers) of the legal entity with whom WSIPC may execute any contract arising from this RFP.

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| --- | --- |
| **Name** |       |
| **Address** |       |
| **Email Address** |       |
| **Telephone Numbers (including toll-free numbers)** |       |

**Legal Status**

Describe the legal status of the Vendor, such as corporation or sole proprietor.

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**Name, Title, Address, Email Address, and Telephone Number of Principal Officer(s) and/or Account Manager**

Provide the name, address, email addresses, and telephone (including toll free numbers) of the principal officers of the Proposer’s company, proposed account manager and designated representative (Proposer) for any contract arising from this RFP.

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| --- | --- |
| **Name** |       |
| **Professional Title** |       |
| **Address** |       |
| **Email Address** |       |
| **Telephone Numbers (including toll free numbers)** |       |

|  |  |
| --- | --- |
| **Name** |       |
| **Professional Title** |       |
| **Address** |       |
| **Email Address** |       |
| **Telephone Numbers (including toll-free numbers)** |       |

|  |  |
| --- | --- |
| **Name** |       |
| **Professional Title** |       |
| **Address** |       |
| **Email Address** |       |
| **Telephone Numbers (including toll-free numbers)** |       |

|  |  |
| --- | --- |
| **Name** |       |
| **Professional Title** |       |
| **Address** |       |
| **Email Address** |       |
| **Telephone Numbers (including toll-free numbers)** |       |

**With your proposal, include a copy of your current year W-9.**

|  |  |
| --- | --- |
| **W-9 Included** | [ ]  |

**With your proposal, include a copy of your active Business License.**

|  |  |
| --- | --- |
| **Business License included** | [ ]  |

**In accordance with,** [**RCW 23.95**](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.com%2Fv3%2F__https%3A%2Fapp.leg.wa.gov%2FRCW%2Fdefault.aspx%3Fcite%3D23.95__%3B!!NpxR!gl-O3hHQDaflVgfxMmHq6tEwVti0FLx-eBiika7FlFm1CLyfdPSUZOH1P226zbasvBMrbSqH0eifkdX8hS4%24&data=05%7C02%7Ccgefeller%40wsipc.org%7C40091d6d56fc4085c71708ddb986f4f2%7Ce181104180dd431793d0c7c5aaf0bf8d%7C0%7C0%7C638870711479272448%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=4%2FisE2ju4CkwDobvq9yZED7%2F7jdUEDsop4LivGHkRlE%3D&reserved=0) **Uniform Business Code - WA, each distinct entity (with its own corporate identity and tax ID) must be separately registered to transact business in Washington State.**

**Are you licensed to do business in Washington State?**

|  |  |
| --- | --- |
| **No** | [ ]  |
| **Yes** | [ ]  |

**Is there any pending litigation against your company?**

|  |  |
| --- | --- |
| **No** | [ ]  |
| **Yes** | [ ]  |
| **If you selected Yes, please provide a full explanation:** |
|       |

**Has your company ever been or is now on the WA State debarred contractor list?**

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| --- | --- |
| **No** | [ ]  |
| **Yes** | [ ]  |
| **If you selected Yes, please provide a full explanation:** |
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## Organizational Experience

Describe your company’s experience in providing product and/or services. This includes your experience providing services to the K-12 educational and public sector. Include evidence of minimum sales of $500,000.00 in the last 18 months to educational customers.

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## Customer Base

Describe the demographics of your company’s customer base.

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## Customer Support Model

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| **Describe in detail your customer support model:** |
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| **What are your customer help/information response times?** |
|       |
| **Describe your customer help/information access:** |
|       |
| **Describe your account representative’s role:** |
|       |
| **How many employees staff your customer support help desk?** |
|       |

## References

Provide three (3) references from customers who have received product and/or services for more than three (3) years.

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| --- |
| **Reference #1** |
| **Name** |       |
| **Professional Title** |       |
| **Company** |       |
| **Address** |       |
| **Email Address** |       |
| **Telephone Number** |       |

|  |
| --- |
| **Reference #2** |
| **Name** |       |
| **Professional Title** |       |
| **Company** |       |
| **Address** |       |
| **Email Address** |       |
| **Telephone Number** |       |

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| **Reference #3** |
| **Name** |       |
| **Professional Title** |       |
| **Company** |       |
| **Address** |       |
| **Email Address** |       |
| **Telephone Number** |       |

## Brand Name

State the brand name of the hardware, software, or services you are offering in the proposal. Vendors that represent more than one brand are not required to submit a separate proposal for each brand name.

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## Marketing Model

Describe your company’s marketing model that will be used to market the proposed solution(s) to educational and/or public agencies.

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## Ability to Meet Delivery of Product or Service

The Proposer agrees that all goods are to be shipped by Proposer, at no additional charge to Purchaser, FOB Destination. Where specific authority is granted to ship goods FOB shipping point, Vendor agrees to prepay all shipping charges, route as instructed or if instructions are not provided, route through the cheapest common carrier, and bill Purchaser as a separate item on the invoice for said charges. Proposer also agrees that Purchaser reserves the right to refuse COD shipments.

If delivery is not made in the quantities and at the times specified, Purchaser shall have the right, at its option, to cancel the entire order or that part of same that is not so delivered. If Purchaser accepts delayed delivery the time of payment shall be extended accordingly.

Proposer may charge eligible Purchasers for express shipping when requested by the eligible Purchaser. A packing list must be furnished with each shipment that includes the eligible Purchaser’s name, purchase order number, contact number, quantity and other pertinent information.

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| --- | --- | --- |
| **Do you agree to the statement above?** | **Yes** | **[ ]**  |

## Price Reduction Protection

If the quoted price is reduced between the time the quotation is provided to the customer and the time the Vendor’s agent receives the customer's purchase order, the customer shall receive the benefit of the price reduction. All price reductions posted by the Vendor must be passed on to the customer. In no event shall the Vendor’s agent hold customer orders in anticipation of a price reduction and then not pass on the price reduction to the customer.

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| **Do you agree to the statement above?** | **Yes** | **[ ]**  |

## Use of Third Party Vendors

The Proposer must state whether third-party Vendors are, or are not, being used. If used, third-party Vendors must be listed in the Proposer's response. Changes in third-party participation in the Proposer’s solution during the course of the contract must be reviewed with and approved by WSIPC.

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| --- | --- | --- | --- | --- |
| **Are Third-party Vendors being used?** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **If you selected Yes, list Vendors below** |
|       |

## Agent Re-seller Usage

If Agent Re-sellers are proposed, the Proposer must describe what hardware or services they will provide, how they are certified, how they are contractually bound to the contract terms and conditions, and how their sales will be accurately tracked and reported.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are Agent Re-sellers proposed?** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **If you selected Yes, answer the following questions:**  |
| **What hardware or services will they provide?** |       |
| **How are they certified?** |       |
| **How are they contractually bound to the contract terms and conditions?** |       |
| **How will their sales be accurately tracked and reported?** |       |

## Subcontractor Qualifications

If Subcontractors are proposed, the Proposer must describe what services the Subcontractor will perform. The Proposer shall also assure that they will not assign or transfer any of its rights or obligations under the purchasing contract. The Proposer additionally assures that Subcontractors are in good standing with the Washington Department of Revenue and the Department of Labor and Industries.

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| --- | --- | --- | --- | --- |
| **Are Subcontractors proposed?** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **If you selected Yes, answer the following questions:**  |
| **Describe what services the Subcontractors will perform:** |
|       |
| **The Proposer assures that the Vendor will not assign or transfer to Subcontractors any of its rights or obligations under the purchasing contract.** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **The Proposer assures that Subcontractors are in good standing with the Washington Department of Revenue and the Department of Labor and Industries.** | **Yes** | **[ ]**  | **No** | **[ ]**  |

## Minimum Product Sales Volume

The Proposer must demonstrate to WSIPC’s satisfaction its ability to adequately manage the projected sales volume of this optional use contract. The Proposer’s RFP response must state the Vendor’s 2024 sales volume within the category established in this RFP.

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| --- |
| **Demonstrate your ability to adequately manage the projected sales volume of this optional use contract.** |
|       |
| **State the Vendor’s 2024 sales volume within the category established in this RFP.**  |
|       |

## Eligibility for Participation in Federal Programs

The Proposer should provide the Vendor’s System for Award Management (SAM) registration number as evidence of eligibility to participate in federal programs with its proposal. If the Proposer is not already registered for the SAM, it may do so at the System for Award Management website (<https://www.sam.gov/SAM/>). The Proposer should assert that neither the Vendor, nor any of its Subcontractors, have been debarred or suspended, or proposed for debarment or suspension. The Proposer should also assert that the Vendor is in compliance with all other Washington State Public Works Requirements.

|  |  |
| --- | --- |
| **Vendor’s System for Award Management (SAM) registration number:** |       |
| **The Proposer asserts that neither the Vendor, nor any of its Subcontractors, have been debarred or suspended, or proposed for debarment or suspension.** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **The Proposer asserts that the Vendor is in compliance with all other Washington State Public Works Requirements.**  | **Yes** | **[ ]**  | **No** | **[ ]**  |

## Prior Contract Performance

If the Vendor has had a contract terminated for default during the past five years, the Proposer must describe all such incidents. Termination for default is defined as notice to stop performance due to the Vendor’s non-performance or poor performance and the issue was either: (a) not litigated; or (b) litigated and such litigation determined the Vendor to be in default.

Submit full details of all terminations for default experienced by the Vendor in the past five years including the other party's name, address, and telephone number. Present the Vendor’s position on the matter. WSIPC will evaluate the facts and may, at its sole discretion, reject the Proposer’s proposal if the facts discovered indicate that completion of a contract resulting from this RFP may be jeopardized by selection of the Vendor.

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| --- | --- | --- | --- | --- |
| **Has the Vendor had a contract terminated for default during the past five years?** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **If you selected Yes, answer the following questions:**  |
| ***Instance #1:*** |
| **Other party's name** |       |
| **Other party's address** |       |
| **Other party’s telephone number** |       |
| **Provide full details of the termination for default experienced by the Vendor** |
|       |
| **Present the Vendor’s position on the matter** |
|       |
| ***Instance #2:*** |
| **Other party's name** |       |
| **Other party's address** |       |
| **Other party’s telephone number** |       |
| **Provide full details of the termination for default experienced by the Vendor** |
|       |
| **Present the Vendor’s position on the matter** |
|       |