



# STATE OF ARKANSAS

## OFFICE OF STATE PROCUREMENT

1509 West 7th Street, Room 300  
Little Rock, Arkansas 72201-4222

# ***TECHNICAL PROPOSAL PACKET***

## ***SP-16-0086***

### **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), <b>shall</b> 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: \_\_\_\_\_

- *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.

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- C. Describe previous or current engagements (of a similar size, nature, and complexity as defined by the RFP requirements) that your company has performed within the last three (3) years that demonstrate its capability to perform the service required in this RFP. 5 points

**Include the following:**

- Contract duration, including dates
- Geographic area served and size of system installation
- Type of cards produced
- Brief written description of the solution provided and the methodology employed
- A reference from each previous/current engagement that can be contacted for verification of all data submitted (*include name, title, company name, address, and telephone number*).
- Volume of enrollment and secure card production services operations on a yearly basis
- Name, address, and telephone number of sub-contractors used, if any
- Describe what role subcontractors will play in implementing, servicing and maintaining the system.

- D. Submit a detailed report of the required key staff with actual responsibility for this project. List by: 5 points

- Name
  - Provide a resume for each of the key personnel on the team
- Proposed position on project team
- Describe their primary duties and responsibilities
- Relevant experience for each phase of implementation, including:
  - Planning and design
  - Infrastructure design & installation
  - Development, integration testing, and deployment
  - Transition
  - Describe their experience relative to this RFP

- E. Identify potential sub-contractors 5 points
- Describe their experience, primary duties and responsibilities

- F. Describe, in detail, the level of security clearance to be provided with employees involved in any aspect of this system. Also, include an example of a security clearance report at this level of security. 5 points

Security clearance plan must be approved by the State.

#### E.4 Technology Requirements

- A. Detail your methodology and approach toward completing section (2.1) of this RFP including software, hardware, development, design, customization, implementation, strategy, training, and maintenance. 5 points
- B. **Tech Upgrades** - This contract will contain an option for a technology evaluation and upgrade at the end of year (3) three. 5 points
- Describe your plan for completing the evaluation.



## E.5 Image Capture Workstation

- A. Image Capture Workstation (ICW) **must** be able to fit within a 4 foot long by 2 foot deep flat surface area. The Image Capture Workstation **shall** consist of the following: 5 points

### List brand and model number for items 1-8

1. Small form factor computer
2. USB keyboard and mouse
3. Flat panel LCD monitors, 2 for each workstation, (minimum 19" to maximum 22")
4. Universal power supply with uninterruptible power backup
5. Image capture camera
6. Signature pad
7. Card issuance printer
8. Photo backdrop

### List camera dimensions

### List printer dimensions

## E.6 Data Conversion Plan

- A. Describe your Customer Image and Data Conversion Plan for processing existing State files to create the initial Facial Recognition System Database. 5 points

## E.7 Functional Requirements

- A. Describe the functionality of your DL/ID card Issuance System and Facial Recognition solution 5 points
- B. Describe Workstation functionality 5 points
- C. Describe Search and Selection functionality 5 points
- D. Describe Automated functionality 5 points

## E.8 Security and Privacy

### A. Card Security:

- Submit samples of Driver's License/Identification cards which demonstrate the security features in your system. 5 points
- Submit Design Security Features Report 5 points

### B. System Security:

- Describe your plan to ensure the security of each individual aspect of the system. 5 points
- Describe your plan for transitioning from the current DL/ID Card Issuance and Facial Recognition System to your new System 5 points

**C. Data Integrity:**

- Describe your plan for ensuring the integrity of data entering the system and data outbound from the system. Provide a sample Data Integrity Report. 5 points

**D. Disaster Recovery:**

- Describe your Disaster Recovery Plan for the complete solution. 5 points
- Describe two (2) examples of how the proposed system may be restored in worst case disaster scenarios. 5 points

**E.9 Maintainability**

- A. Describe your preventative maintenance plan for the DL/ID Card Issuance System. 5 points
- B. Describe the qualifications of the people maintaining the servers. 5 points
- C. Describe the qualifications of the people maintaining the Image Capture Workstations. 5 points

**E.10 Supplies / Inventory**

- A. Describe your plan for a Reorder Review Inventory Control System designed to prevent inventory supply outages. 5 points
- B. Describe your plan for an inventory tracking system that ensures accurate inventory reconciliation. 5 points

**E.11 Service Support**

- A. Describe your plan to provide a manufacturer-authorized, standby, service staff whose priority is to respond immediately when calls are received from any of the State's Revenue Offices, or card-issuing locations. 5 points  
  
Describe how you deal with after-hours service calls.
- B. Vendor and Agency Integration – Regarding your current clients, describe how you collaborate with them to create synergy and enhance overall system management. 5 points
- C. Describe your service-related performance standards. 5 points
- D. Describe the service levels you maintain at your current client sites. 5 points

**E.12 Training**

- |   |          |
|---|----------|
| A. Card Issuance: Describe the operator training that will be provided for the DL/ID card issuance and Facial Recognition System.   | 5 points |
| <b>List detailed descriptions of:</b> <ul style="list-style-type: none"> <li>• Type of training</li> <li>• What the training will consist of</li> <li>• Books, pamphlets, other training materials, etc. that will be provided</li> <li>• Where the training will be conducted</li> <li>• When the training will be conducted</li> <li>• Who will conduct the training</li> </ul> |          |
| B. Onboarding: Explain your training process pertaining to onboarding.  | 5 points |
| C. Implementation: Explain your training process pertaining to implementing the system.   | 5 points |
| D. Technical Training Documentation: Vendor must provide software technical documentation for all proposed equipment sufficient to allow State technical staff to make an informed analysis of the hardware and software proposed.  | 5 points |
| E. Operator Use, Continuing Education: Describe your continuing education plan for operators working on this system.  | 5 points |

**E.13 Testing and Acceptance – Pilot Program**

- |                                    |          |
|------------------------------------|----------|
| A. Submit your Pilot Program Plan. | 5 points |
|------------------------------------|----------|

**E.14 Reporting**

- |   |          |
|---|----------|
| A. Describe the full reporting capability of your system.   | 5 points |
| B. Describe the capability of your system to handle these job functions:  | 5 points |
| <ul style="list-style-type: none"> <li>• Monthly System Repair Report</li> <li>• Monthly System Availability/Uptime Report</li> <li>• Card Issuance and Facial Recognition rejection/approval Report</li> </ul> |          |

**E.15 New Technology**

- |   |          |
|---|----------|
| A. Describe emerging or future technology your company offers that will improve or enhance the State's driver's license/ID card customer service.   | 5 points |
| B. <b>Future Innovations -</b>  | 5 points |
| a. Describe your approach in dealing with these items: <ul style="list-style-type: none"> <li>i. Central Issuance</li> <li>ii. Cloud Technology</li> <li>iii. Digital Cards</li> <li>iv. Any relevant innovations which became available in the previous three (3) years</li> </ul> |          |