

REQUEST FOR PROPOSAL FOR:

COVID SCREENING MOBILE APP

COMMUNITY COLLEGE SYSTEM OF NH

PURPOSE:

The purpose of this REQUEST FOR PROPOSAL is to establish a contract for the Community College System of New Hampshire (CCSNH) for a **mobile application for COVID-19 self-screening service**.

VENDOR CERTIFICATIONS

The vendor who is awarded the contract must be duly registered to conduct business in the State of New Hampshire.

CONTRACT TERM:

The term of any resulting contract shall end on or before June 30, 2021

CCSNH shall have the right to terminate the contract at any time by giving the Contractor a thirty (30) day written notice.

PAYMENT AND COMPENSATION:

Payment terms: 100% due within 30 days after satisfactory launch of app, receipt of the invoice, approval, and acceptance by CCSNH. Partial payments are allowed.

SCOPE OF SERVICES:

Work within this request for proposal (RFP) shall include the following:

CCSNH request bids for the following package of services. Our expectation is that the services will be delivered from a single provider as an integrated whole with respect to each component described below. Specifications below are based on a proposed package of services. CCSNH will consider similar integrated services.

The COVID screening mobile application proposed must have the following capabilities for up to 15 separate locations:

Banner Integration

Ability to migrate relative information through an API with Banner, information may include but is not limited to:

- Student ID
- First Name
- Last Name
- Class Schedule
- Phone Number
- Student/Faculty/Staff

COVID Self Screening Assessment

- Ask pertinent screening health questions on a daily basis
- Determine appropriate responses to health questions and if its safe to return to campus

- Ability to modify, add or remove questions and responses as needed
- Available in multiple languages and have images related to screening question, *i.e.*, temperature has an image of thermometer, lack of smell has an image of a nose, etc.

Report Analytics

- Calculate combined responses to track health concerns daily
- Determine which facilities occupied have the most risk based on question responses, occupancy, etc.
- Dashboard capabilities to determine trends
- Capable of emailing end of day statistical and other information to designated personnel
- Contact tracing ability (based on Banner data, not GPS) to identify exposed individuals who may be at risk

Policy Uploads

- Allow for policies to be added and amended as needed

Maintain Individual Users Privacy

- Maintain HIPAA, FERPA and other relative legal regulations
- Maintain user anonymity

Institutional Branding

- Ability to upload branding images
- Provide internal link to college websites, specifically to COVID related concerns
- Change background, font, colors

ADDITIONAL INFORMATION:

CCSNH reserves the right to request a demonstration of the mobile app and to make a written request for additional information from a bidder to assist in understanding or clarifying a Bid Proposal. The demonstration is to be provided via remote meeting/webinar and responses to written requests for additional information are to be provided in writing.

All local, state and federal regulations are to be followed. Any fines assessed to CCSNH due to the lack of these regulations being followed will be the responsibility of the successful bidder.

The Contractor who is awarded the contract will need to complete a Form Contract for Services (sample available upon request) and provide the required Corporate Resolution (corporations/LLC) or Partnership Certificate of Authority or Sole Proprietor Certification of Authority, whichever applies, to show the individual signing the contract is authorized to do so. The Contractor will also need to supply a current Certificate of Good Standing from the New Hampshire Secretary of State.

COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS - EQUAL EMPLOYMENT OPPORTUNITY.

In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws. During the term of any contract, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination. If the contract is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 (“Equal Employment Opportunity”), as supplemented by the regulations of the United States Department of Labor (41C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States shall issue to implement these regulations. The

Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of a proposed contract.

INSURANCE:

Insurance will be more fully addressed at the time a Form Contract for Services is submitted after the bidding process. The Contractor awarded the contract will need to furnish an insurance certificate which includes the following:

The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, for the benefit of CCSNH, the following insurance: Comprehensive general liability insurance, which shall include advertising injury and all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate.

The policies shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the CCSNH, and authorized to do business in the State of New Hampshire.

The certificates shall contain a clause prohibiting cancellations or modifications of the policy earlier than 10 days after written notice thereof has been received by CCSNH.

The certificates are required to name CCSNH as additional insured.

ADDENDUM:

In the event it becomes necessary to add to or revise any part of this RFP prior to the scheduled submittal date, CCSNH will email addenda to all who have already submitted bids and post any changes to its website www.ccsnh.edu/open-bids. Before your submission, always check for any addenda or other materials that may have been issued which would affect the RFP by checking this website.

Any change, correction or deviation to this RFP must be addressed in a written addendum. Verbal changes will not be allowed

SUBMISSION OF RFP RESPONSE:

Bids are due on July 10, 2020 at 2 p.m. If any Addenda to the RFP are issued, please acknowledge in your bid. **Your response must include all the materials requested in this RFP document.** Bids should be emailed to Jason Bishop at jbishop@ccsnh.edu. CCSNH is not responsible for proposals not received due to equipment failure, mail delays, etc. If you want to ensure your proposal was received, please verify by calling Jason Bishop at 603-230-3516.

AWARD: as applicable:

Selection will be made by a committee and will be made in the best interests of CCSNH. Weighted values will be as follows:

- .4 Adequacy and completeness of proposal
- .2 Experience in provision of comparable services
- .4 Cost

CCSNH reserves the right to accept or reject any or all of the proposals.

CCSNH reserves the right to waive any and all informalities in its best interest.

BID RESULTS:

Bid results may be viewed when available, once the award has been made, on our web site only at: www.ccsnh.edu/closed-bids

EXHIBIT A
COVID Screening Mobile App Services

Community College System of NH

BID FORM

Company Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Bid price: _____ \$ _____

Signature: _____

Printed Name: _____

Date: _____

Acknowledging Inclusion of Addendum:

Signature: _____

Printed Name: _____

Date: _____

This bid must be signed by a person authorized to legally bind the bidder.