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

P.O. Box 7931

Madison, WI 53707-7931

**Form B**

**Mandatory Requirements and Qualifications**

**RFP ETC0051 Strategic Partner for Pension Administration System**

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

**Instructions:**

1. Check “Agree” or “Disagree” to each 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. Include any clarifications, assumptions or exceptions to the requirements and qualifications below in the Assumptions/Exceptions section your Proposal.
2. Return this Form per Section 2.3 of the RFP.

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| **Agree** | **Disagree** | **Sec.** | **Qualification** |
|[ ] [ ]  **4.1** | If awarded a Contract, the Services provided by the Proposer to the Department under the Contract will be performed within the United States. |
|[ ] [ ]  **4.2** | Proposed Key Personnel must have the breadth of industry knowledge to support a significant and complex public pension transformation project and serve the role of strategic partner during the life of the engagement. |
|[ ] [ ]  **4.3** |

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| Both Proposer and Key Personnel must have at least five (5) years of experience in the last 15 years, within **each** of the following:* 1. Defining system requirements for a multi-employer Pension Administration System. Preferably for a commercial off the shelf solution.
	2. Development and writing of a Request for Proposal.
	3. Evaluation of vendor proposals, vendor selection and contract negotiation.
	4. Project Oversight and Executive Level Analysis and Reporting.
	5. Independent verification and validation activities and reporting
	6. Leading and working within cross-functional teams that include business subject matter experts, project managers, business analysts, architects, developers, and testers.
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|[ ] [ ]  **4.4** | Proposer agrees that all work products developed by Proposer for the Department (e.g. all written reports, drafts, presentations and meeting materials, etc., required under the Contract) will become the property of the Department. |
|[ ] [ ]  **4.5** | With regard to the services that Proposer is offering to the Department, Proposer currently has and will have no conflict of interest with regard to any other work performed by the Proposer on behalf of the State of Wisconsin. |
|[ ] [ ]  **4.6** | The Proposer is not currently suspended or debarred from performing federal or State government work. Proposer will notify the Department if Proposer becomes suspended or debarred from performing federal or State government work during the RFP process and during the Contract term should Proposer receive a Contract award.  |
|[ ] [ ]  **4.7** | During the past five (5) years, the Proposer has not 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.) Proposer will notify the Department if Proposer enters into bankruptcy or receivership or becomes involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct during the RFP process and during the Contract term should Proposer receive a Contract award. |
|[ ] [ ]  **4.8** | Proposer confirms it is able to complete all the required Tasks and timely provide all the required Deliverables described in RFP Section 5.0 should the Proposer receive a Contract award.  |
|[ ] [ ]  **4.9** | The successful vendor agrees not to submit a proposal for the COTS PAS RFP. |

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| **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 2.3.2 Assumptions and Exceptions of my company’s Proposal. |
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| 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: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |