# Tab 1 – Company Introduction and Relevant Experience

1. TRANSMITTAL CERTIFICATION

By signature on the Proposal, the Respondent certifies that it complies with:

1. The laws of the State of Kentucky and is licensed or qualified to conduct business in the State of Kentucky
2. All applicable local, state, and federal laws, codes, and regulations
3. All terms, conditions, and requirements set forth in this RFP
4. A condition that the Proposal submitted was independently arrived at, without collusion
5. A condition that the offer will remain open and valid for the period indicated in this solicitation; and any condition that the firm and/or any individuals working on the contract do not have a possible conflict of interest
6. The following Non-Collusion Affirmations

* I affirm that I am the Respondent, a partner of the Respondent, or an officer or employee of the Respondent’s corporation with authority to sign on the Respondent’s behalf.
* I also affirm that the attached has been compiled independently and without collusion or agreement, or understanding with any other Vendor designed to limit competition.
* I hereby affirm that the contents of this Proposal have not been communicated by the Respondent or its agent to any person not an employee or agent of the Lexington-Fayette County Health Department (LFCHD).

If the Respondent fails to comply with the provisions stated in this paragraph LFCHD reserves the right to reject the Proposal, terminate the contract, or consider the Respondent in default.

#### Table 1-01: Transmittal Certification and Primary Contact Information

| **Field** | **Response** |
| --- | --- |
| Name of the Respondent Representative |  |
| Title |  |
| Name of Company |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Signature of Authorized Officer of the Firm |  |
| *A signature provides LFCHD with the Respondent’s acknowledgement and acceptance of the RFP terms, requirements, and conditions, and the execution of same during the discharge of any succeeding contract.* | |

1. TRANSMITTAL LETTER

A Transmittal Letter, printed on letterhead, shall be submitted and signed by an authorized representative of the Respondent, such as the owner, partner, or in the case of a corporation, the President, Vice President, Secretary, or other corporate officer(s) that address the following:

1. A statement naming the Respondent (legal name and if corporation, whether corporation has corporate seal) and stating the type of entity for the Respondent and any joint Respondent or subcontractor (e.g., corporation, limited liability company, partnership, sole proprietor, etc.)
2. A statement of acknowledging that all addenda to this Request for Proposal have been reviewed by the Respondent; and
3. A statement disclosing whether or not the proposal contains confidential information, trade secrets or other proprietary data the Respondent does not want to be subject to public inspection.
4. COMPANY BACKGROUND AND HISTORY
5. Respondent to provide a comprehensive history statement of the firm, including any mergers, assignments, or other corporate changes during the past 10 years.

1. Respondent shall complete the Company Background and History Table as provided below.

If a partnership with third-party company is a part of the Proposal, the Company Background and History table shall be provided for each entity. It is expected that all points shall be addressed for each company involved in the Proposal, prime or third party. Respondent to copy the table as needed for each Partner/Third-Party Firm proposed and fill out for each.

#### Table 1-02: Company Background and History

| **Metric** | **Response** |
| --- | --- |
| Name of Respondent: |  |
| (*Copy form and Complete if applicable for each)*  **Name of Partner/Third-Party Firm:** |  |
| Total number of employees |  |
| Type and number of employees committed to the product and support being proposed |  |
| Office locations (City and State) |  |
| Total number of active clients | Private:  Government: |
| Total number of active Private Sector EHR clients |  |
| Total number of active Government Sector EHR clients |  |
| Total years offering proposed software systems |  |
| Total number of Kentucky Government clients with breakout by Municipality, County, Other | Municipality:  County: |
| Total number of completed implementations of the proposed product and version |  |
| Total number of active government clients using the proposed product version |  |
| Largest active government installation, including population |  |
| Smallest active government installation, including population |  |
| Other products offered by the company |  |

1. RELEVANT EXPERIENCE
2. Please describe your relevant experience working with Kentucky entities (Counties, Municipalities, etc.)

1. Please describe any relevant experience working with similarly situated municipalities, including any unique factors that arise during the implementation process.

1. Identify two recent project implementations that are most comparable to LFCHD’s proposed implementation, and provide a project profile for each, including: scope of modules; project duration; any unique requirements or circumstances that were a part of, or came up during, the project; the legacy system converted from; etc.

1. Please describe implementation barriers or challenges that have been experienced working within Kentucky on implementations. What proactive steps are planned in this proposed project to mitigate against similar challenges?

1. What sets the product(s) and services that your firm proposes apart from competitors’ products and services? Why should LFCHD select your firm to partner with?

1. USE OF SUBCONTRACTORS
2. The Respondent shall identify any of the required Services that are proposed to be subcontracted, if any. This table is to be copied and filled out for each proposed subcontractor.

#### Table 1-03: Subcontractor Questions

| **Question** | **Response** |
| --- | --- |
| Does your firm complete the implementations of the product being proposed or is this effort outsourced? |  |
| Has or will any portion of the proposed work be completed by subcontractors or contract employees? |  |
| **This below portion of the table is to be copied and filled out for each proposed subcontractor.** | |
| Name of subcontractor and address |  |
| Summary of Service and estimated percentage of Work the subcontractor will be providing. |  |
| Reasons for subcontracting |  |
| Experience |  |
| Detailed subcontractor responsibilities |  |
| Previous history of projects using the named subcontractor |  |
| Any additional relevant information |  |

LFCHD reserves the right to request a copy of the prime contractor/subcontractor contract verifying the prime contractor has the sole responsibility for any and all Services under this RFP and is financially liable, without exception, to LFCHD for all Services contracted by the Respondent and the subcontractor under this RFP.

LFCHD reserves the right to request additional information regarding the subcontractor(s) as it relates to references, history of the firm, and other relative information that has been required of the Respondent to submit in this RFP.

The substitution of one subcontractor for another may be made only at the discretion and prior written approval of LFCHD.

1. By signature (electronically or via ink) below on the Certification of Subcontractors/Partners, the Respondent and the Subcontractor/Partner certify that the Respondent has received the permission of the third-party to include the scope of software and services under the cover of the submitted proposal.

#### Table 1-04: Certification of Subcontractors/Partners

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Entity** | **Company Name** | **Representative Name** | **Title** | **Telephone Number** | **Email Address** |
| Respondent |  |  |  |  |  |
| Partner/Third-party software provider |  |  |  |  |  |
| Partner/Third-party software provider |  |  |  |  |  |

Respondents are instructed to return a copy of this Certification table signed by an authorized firm agent as part of proposal responses.