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| **ATTACHMENT D: BIDDER RESPONSE FORM**  This form is broken into Seven sections: Section 1. Administrative Response; Section 2. EO 18-03 Response; Section 3. Washington Small Business; Section 4. Certified Washington Veteran-owned Business; Section 5. Management Response; Section 6. Technical Response; and Section 7. Quotation/Cost Proposal. Bidders must respond to all questions in the order and in the expandable space provided. If a question requires Bidder to submit additional documents, please attach them to this document and label them clearly as part of your response to this Attachment D. | | | |
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| 1 | | **BIDDER INFORMATION (ADMINISTRATIVE RESPONSE)**  Bidder’s response to the questions in this Section 1, combined with the information provided in Bidder’s Submittal Letter and Certifications and Assurances, comprise Bidder’s Administrative Response to this Solicitation. While the Administrative Response is not given a number score, the information provided as part of Bidder’s Administrative Response may cause the Bid to be disqualified and may be considered in evaluating Bidder’s qualifications and experience. | **MAXIMUM TOTAL POINTS** |
|  | |  |  |
| a | | Please indicate whether you employ or Contract with current or former state employees. If the answer is yes, provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual’s employment history with the State of Washington; 3. a description of the Individual’s involvement with the response to this Solicitation; and 4. the Individual’s proposed role in providing the services under this any Contract that may be awarded. | NOT SCORED |
|  | | ANSWER: |  |
| b | | Please list the names and contact information of three individuals you agree may serve as Bidder references and may freely provide information to DSHS regarding the reference’s experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DSHS and the organizations and individuals providing a reference harmless from and against any and all liability for seeking and providing such reference. | NOT SCORED |
|  | | ANSWER: |  |
| c | | Please indicate whether your Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation. | NOT SCORED |
|  | | ANSWER: |  |
| d | | Please indicate whether you are requesting that DSHS consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which the text you request to change is found, and state the specific changes you are requesting. DSHS shall be under no obligation to agree to any requested changes, and will not consider changes to contract language or negotiate any new language not identified in response to this question. | NOT SCORED |
|  | | ANSWER: |  |
| e | | If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder’s Response containing such information and place the word “Proprietary” in the lower right hand corner of each of these identified pages. | NOT SCORED |
|  | | ANSWER: |  |
| f | | Please indicate whether you have had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party’s name, address and telephone number and provide a summary describing the alleged deficiencies in Bidder’s performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder’s position on the matter. “Termination for Cause” refers to any notice to Bidder to stop performance due to Bidder’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation. | NOT SCORED |
|  | | ANSWER: |  |
| g | | Please identify any prior contracts Bidder has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each. | NOT SCORED |
|  | | ANSWER: |  |
| h | | Please indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding was filed. | NOT SCORED |
|  | | ANSWER: |  |
| i | | Please describe your proposed plans for the use of Subcontractors in performing this Contract, listing each Subcontractor, its proposed role, and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each Subcontractor self-identifies or is certified as a Washington small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by DSHS. | NOT SCORED |
|  | | ANSWER: |  |
| J | | Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please indicate so. | NOT SCORED |
|  | | ANSWER: |  |
| **2** | | **BIDDER EO 18-03 CERTIFICATION** | MAXIMUM TOTAL POINTS |
|  | |  |  |
| EO | | Are your employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver?  **Please Note:** Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that your employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful Bidder, a term will be added to your Contract certifying this response and requiring notification to DSHS if you later require your employees to agree to these clauses or waivers during the term of the Contract. | **30 Points** |
|  | | ANSWER: |  |
| **3** | **BIDDER CERTIFICATION –WASHINGTON SMALL BUSINESS** | | MAXIMUM TOTAL POINTS |
|  | Are you a Washington Small Business as defined under **RCW 39.26.010**?  According to **Chapter 39.26.010 RCW**, to qualify as a Washington Small Business, Bidder must meet three requirements:   * 1. *Location*. Bidder’s principal office/place of business must be located in and identified as being in the State of Washington. A principal office or principal place of business is a firm’s headquarters where business decisions are made and the location for the firm’s books and records as well as the firm’s senior management personnel.   2. *Size*. Bidder must be owned and operated independently from all other businesses and have either: (a) fifty (50) or fewer employees; or (b) gross revenue of less than seven million dollars ($7,000,000) annually as reported on Bidder’s federal income tax return or its return filed with the Washington State Department of Revenue over the previous three consecutive years.   3. *WEBS Certification*. Bidder must have certified its Washington Small Business status in Washington’s Electronic Business Solution ([WEBS](http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx)). | | **30 Points** |
|  | ANSWER: | |  |
| **4** | **BIDDER CERTIFICATION – CERTIFIED WASHINGTON VETERAN-OWNED BUSINESS** | | MAXIMUM TOTAL POINTS |
|  | Are you a Certified Washington Veteran-Owned Business as defined under **RCW 43.60A.190**?  According to **Chapter 43.60A.190 RCW**, to qualify as a Certified Washington Veteran-Owned Business, Bidder must meet four requirements:   1. *51% Ownership. Bidder must be at least fifty-one percent (51%) owned and controlled by:* 2. *A veteran is defined as every person who at the time he or she seeks certification has received a discharge with an honorable characterization or received a discharge for medical reasons with an honorable record, where applicable, and who has served in at least one of the capacities listed in RCW 41.04.007;* 3. *A person who is in receipt of disability compensation or pension from the*   *Department of Veteran’s Affairs; or*   1. *An active or reserve member in any branch of the armed forces of the United States, including the national guard, coast guard, and armed forces reserves.* 2. *Washington Incorporation/Location. Bidder must be either an entity that is incorporated in the state of Washington as a Washington domestic corporation or, if not incorporated, an entity whose principal place of business is located within the State of Washington.* 3. *WEBS Certification. Bidder must have certified its Veteran-Owned business status in Washington’s Electronic Business Solution (*[*WEBS*](http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx)*).* 4. *WDVA Certification. Bidder must have provided certification documentation to the Washington Department of Veterans’ Affairs WDVA) and be certified by WDVA and listed as such on WDVA’s website (*[*WDVA – Veteran-Owned Businesses*](https://www.dva.wa.gov/veterans-their-families/veteran-owned-businesses/vob-search)*).* | | **30 Points** |
|  | ANSWER: | |  |

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| **5-01** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE Part 1) - PASS/FAIL QUESTIONS** | **(Pass/Fail)** |
|  | **YES/NO ANSWERS ONLY**  **A NO ANSWER TO ANY QUESTION IN THIS SECTION (5-01) WILL RESULT**  **IN AUTOMATIC DISQUALIFICATION OF BID** |  |
| A | Does your proposed solution offer multiple layers of encryption? (For example,AES-256- bit encryption, or higher, and TLS 1.2?) | P/F |
|  | ANSWER:   YES  NO |  |
| B | Does your proposed solution have the capability to automatically archive all sent and all received faxes? | P/F |
|  | ANSWER:  YES  NO |  |
| C | Does your proposed solution have the capability of tracking all fax transmissions using unique identifiers? | P/F |
|  | ANSWER:  YES  NO |  |
| D | Does your proposed solution meet the following current security standards established by federal and state state law, regulations and policies: | P/F |
|  | ANSWER:  HIPAA  YES  NO  SOC-3  YES  NO  GLBA?  YES  NO  NIST 800-53?  YES  NO |  |
| E | Does your proposed solution allow for compartmentalization of business units such that each business unit may have separate administrators and segregated data that is inaccessible by members of other business units? | P/F |
|  | ANSWER:  YES  NO |  |
| F | Is your proposed solution capable of handling varying fax sizes up to 1000 pages for a single fax? | P/F |
|  | ANSWER:  YES  NO |  |
| H | Does your proposed Service Level Agreement (or equivalent) include 24/7, customer service? | P/F |
|  | ANSWER:  YES  NO |  |
| I | Does your proposed solution allow incoming faxes to be automatically directed to particular receiving systems or apparatus such as: ? | P/F |
|  | Fax to Folder:  YES  NO  Fax to Email:  YES  NO  Fax to Printers:  YES  NO  Fax to Mobile devices:  YES  NO  Fax to Fax Machines :  YES  NO |  |
| J | Does your proposed solution offer data protection, deletion, and storage capabilities that meet DSHS record retention standards or allow DSHS administrators to specify the length of time records need to be retained? (*Please see* [*state-government-general-records-retention-schedule.pdf*](https://www.sos.wa.gov/sites/default/files/2025-06/state-government-general-records-retention-schedule.pdf) *for details regarding general Washington state record retention standards and* [*DSHSchedule.pdf*](https://www.dshs.wa.gov/sites/default/files/forms/pdf/DSHSchedule.pdf) *for details regarding DSHS-specific record retention standards.)* | P/F |
|  | ANSWER:  YES  NO |  |
| K | Does the proposed solution offer a custom URLs to access the platform? | P/F |
|  | ANSWER:  YES  NO |  |
| L | Can the proosed solution provide toll lines and DIDs with local area code and prefix? | P/F |
|  | ANSWER:  YES  NO |  |

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| **5-02** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE Part 2) – Scored Questions**  **TO BE ANSWERED ONLY IF YOU ANSWERED “YES” TO ALL QUESTIONS IN SECTION 5-01** | MAXIMUM TOTAL POINTS |
| A | Please explain your firm’s fax data encryption methods that are available for your proposed solution, including all available encryption algorithms (for example, AES-256 bit encryption). | 50 |
|  | ANSWER: |  |
| B | Please list all security protocols that your proposed solution supports, such as HIPAA, GLBA, NIST 800-53, and PCI-DSS | 75 |
|  | ANSWER: |  |
| C | Please list all Security Certifications that your firm has been awarded. | 50 |
|  | ANSWER: |  |
| D | Please outline your firm’s disaster and outage preparedness plans, including any redundancy and failover mechanisms, and describe how those plans enable your firm to ensure continued business operatons during short term incidents, as well as during incidents with more extensive recovery periods. | 100 |
|  | ANSWER: |  |
| E | Please identify the countries through which your customer fax data is routed and the countries in which data is stored. If customer data is stored in a jurisdiction other than the United States, for each such jurisdiction, please describe the data sovereignty policies that would apply to DSHS data when stored there. | 50 |
|  | ANSWER: |  |
| F | Please provide the historical reliability/uptime data for your proposed solution for the twelve month period ending on April 1, 2025. If such data is unavailable, please explain the reason the data cannot be provided. If warranted, be sure to mark your answer as CONFIDENTIAL and note your expectations of confidentiality for this information in Question “e” of Section 1. | 100 |
|  | ANSWER: |  |
| G | Does your proposed solution include an app for sending and receiving faxes for mobile devices or multi-function copier machines? | 25 |
|  | ANSWER:  YES  NO |  |
| H | Can your proposed solution be integrated with existing systems such as land lines and email? | 25 |
|  | ANSWER:  YES  NO |  |
| I | Please list all file formats that are supported in your proposed solution, for example, jpeg, pdf, tiff, etc. | 100 |
|  | ANSWER: |  |
| J | What types of customer support channels does your proposed solution include (e.g. email, live chat, phone support, etc.) and what hours are these support channels available? | 100 |
|  | ANSWER: |  |
| K | What is the average response time to customer support requests for critical issues? For non-critical issues? | 50 |
|  | ANSWER: |  |
| L | What training resources does your proposed solution include (e.g. manuals, web recordings, on-line videos, etc.)? | 75 |
|  | ANSWER: |  |
| M | What onboarding resources are included in your proposed solution? | 50 |
|  | ANSWER: |  |
| N | What options are available on the URL or cloud platform? (Storage, folders, reports, etc. customer service/help desk, etc.) | 150 |
|  | ANSWER: |  |
| L | Is billing customizable to DSHS billing codes? | 100 |
|  | ANSWER:  YES  NO |  |
| M | What reports are provided and what data is included in the reports? | 100 |
|  | ANSWER: |  |
| N | Are cover pages customizable and able to be edited by the end user? | 50 |
|  | ANSWER: |  |
| O | How long does porting of existing lines, DID, and toll numbers take? | 50 |
|  | ANSWER: |  |

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| **6** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
| A | Please describe your firm’s experience providing cloud fax services to large organizations that must adhere to multiple regulatory compliance and other privacy protocols. | 200 |
|  | ANSWER: |  |
| B | In addition to the experience you are asked to describe above, please discuss experience, skills, expertise, and qualifications your organization possesses that are relevant to an evaluation of your ability to perform the Contract that is the subject of this Solicitation. Please ensure that your answer to this question includes all information that you wish DSHS to consider in determining whether you meet the minimum Bidder qualifications set forth in the Solicitation Document. Please include any relevant experience that distinguishes your organization or makes it uniquely qualified for the Contract. | 125 |
|  | ANSWER: |  |
| C | Please summarize past contracts you have entered into with agencies or governmental subdivisions of the State of Washingon, including the name of the agency (or governmental subdivision), the year the contract began and the year it ended, if applicable, the nature of the goods or services your firm provided under the contract, and the name of the customer’s contract manager. | 125 |
|  | ANSWER: |  |
| D | Please describe the measures that your firm takes to ensure that its services and products are updated when needed to remain compliant with emerging laws and regulations, and that the technology and protocols that you use are both stable and current. | 150 |
|  | ANSWER: |  |
| E | Please provide the names of the key team members you will assign to this Contract, if you are the Successful Bidder, and provide their proposed roles and copies of resumes describing the relevant experience they possess. If the key team members have not been selected yet, please give the position titles and a description of the position, of those members of yor firm who will be assigned to service, manage and oversee the contract with DSHS should your firm be awarded a contract as a result of this competitive solicitation. | 100 |
|  | ANSWER: |  |

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| **7** | **BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE)** | MAXIMUM TOTAL POINTS: 700 |

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| A | Please input the proposed one-time-only, initial set up items, and the proposed cost for each (exclusive of taxes and tariffs) into the table below, inserting additional rows as necessary. |

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| Proposed One-Time, Initial Customer Set-up Item | Proposed Cost |
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| B | In the spaces provided in the table below, please input the proposed cost for each of the following categories of services that will be charged as initial set-up fees and as upgrade fees whenever ugraded, additional, or expanded services are ordered (such as when a new DSHS Administration is added). Also use the spaces in the table below to identify additional items, the applicable Service Levels, and the proposed cost of each Service Level, inserting additional rows as necessary. Bidders are cautioned to ensure there are not duplicate costs. |

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| **Solution Elements** | **Level 1** | **Bidder’s Proposed Cost** | **Level 2** | **Bidder’s Proposed Cost** | **Level 3** | **Bidder’s Proposed Cost** | **Level 4** | **Bidder’s Proposed Cost** |
| Local numbers (ported) | 100-300 | $ | 300 – 400 | $ | 400 - 850 | $ | 850 – 1,200 | $ |
| Establishment of additional Web Portals | N/A |  | N/A |  | N/A |  | N/A |  |
| Web portal user additions | 10-50 | $ | Up to 1,000 | $ | Up to 5,000 | $ | Up to 10,000 | $ |
| ATA hardware adapters | 1-100 | $ | Up to 200 | $ | Up to 500 | $ | Up to 1,000 | $ |
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| C | in the spaces provided in the table below, please input the proposed monthly cost for each of the ongoing services into the table below and identify any additional items with their applicable Service Levels and the proposed cost of each Service Level. Insert additional lines as necessary. |

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| **Solution Elements** | **Level 1** | **Bidder’s Proposed Cost** | **Level 2** | **Bidder’s Proposed Cost** | **Level 3** | **Bidder’s Proposed Cost** | **Level 4** | **Bidder’s Proposed Cost** |
| Inbound Faxes – cost per page | 1 – 100 pages | $ | Up to 5000 pages | $ | Up to 8,000 pages | $ | Up to 12, 000 pages | $ |
| Outbound Faxes – cost per page | 1 – 100 pages | $ | Up to 1000 pages | $ | Up to 5,000 pages | $ | Up to 10,000 pages | $ |
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