Attachment A : Intent to Bid and Minimum Qualifications Response Form

# Firm details and Intent to Bid confirmation

|  |  |
| --- | --- |
| Bidding Vendor Firm Name |  |
| Bidding Vendor Primary Contact Name |  |
| Bidding Vendor Primary Contact Email |  |
| Bidding Vendor Primary Contact Phone |  |

I hereby certify that I am an authorized representative of the firm listed above and that we intend to provide a response / bid to the PAS RFP published by BCERS.

Authorized Representative’s Signature:

Authorized Representative’s Name:

Authorized Representative’s Title:

Date:

# Minimum Qualifications

Please confirm that you meet or exceed the minimum qualifications listed in this section and provide additional information as requested. Bidding Vendors not meeting these minimum qualifications will be disqualified from further evaluation and will not proceed to any following RFP steps as defined in this RFP.

|  |  |
| --- | --- |
| Minimum Qualifications | Explanation of how you meet these qualifications. Please include citable client names where applicable |
| The Respondent must certify that it has no material conflicts of interest with BCERS or any of its participating employers. | <in no more than 3 sentences or bullets, please explain how you meet this requirement> |
| The Respondent must have been actively engaged in defined benefit pension administration system implementations for at least five (5) years and must have successfully completed at least one (1) full implementation within the past five (5) years. | <in no more than 3 sentences or bullets, please explain how you meet this requirement> |
| The proposed solution must be an integrated system offering out-of-the-box functionality for all core pension administration functions as outlined in the BCERS PAS RFP.  BCERS expects the Bidding Vendor to leverage an existing implementation of similar size and complexity as a baseline for this project. | <in no more than 3 sentences or bullets, please explain how you meet this requirement> |
| The solution must be SaaS-based and hosted by a leading cloud service provider with both primary and secondary data centers and backups located within the contiguous United States. | <in no more than 3 sentences or bullets, please explain how you meet this requirement> |
| Data ownership must remain with BCERS, with full capability to query and retrieve data at any time. | <in no more than 3 sentences or bullets, please explain how you meet this requirement> |
| All logical and physical access to BCERS data must be restricted to personnel under U.S. jurisdiction, with no offshore access permitted. | <in no more than 3 sentences or bullets, please explain how you meet this requirement> |
| The Bidding Vendor must comply with recognized federal, state, and industry cybersecurity standards, including but not limited to ISO 27001, NIST SP 800-53 Revision 5, and NIST SP 800-171. | <in no more than 3 sentences or bullets, please explain how you meet this requirement> |
| The Bidding Vendor must be able to comply with all applicable Maryland state laws governing business transactions with a Maryland entity. | <in no more than 3 sentences or bullets, please explain how you meet this requirement> |

# Professional References

Bidding Vendors must provide **three (3) professional references** that demonstrate the firm’s experience and performance on **system implementation projects for public pension organizations** of comparable size and complexity to BCERS. Each referenced project must have been **successfully completed within the past five (5) years**.

## Client Reference #1

|  |  |
| --- | --- |
| Reference Organization Name |  |
| Reference Organization Address |  |
| Reference Contact |  |
| Reference Phone |  |
| Reference Email |  |
| Years with Client |  |
| Client Details | # of Employers:  # of Members:  # of Plans and Tiers:  # of staff:  Asset Size: |
| Project Name, description and scope |  |
| Project Cost until warranty period (Bidding Vendor’s portion only) |  |
| Project Duration |  |
| Is System live? |  |

## Client Reference #2

|  |  |
| --- | --- |
| Reference Organization Name |  |
| Reference Organization Address |  |
| Reference Contact |  |
| Reference Phone |  |
| Reference Email |  |
| Years with Client |  |
| Client Details | # of Employers:  # of Members:  # of Plans and Tiers:  # of staff:  Asset Size: |
| Project Name, description and scope |  |
| Project Cost until warranty period (Bidding Vendor’s portion only) |  |
| Project Duration |  |
| Is System live? |  |

## Client Reference #3

|  |  |
| --- | --- |
| Reference Organization Name |  |
| Reference Organization Address |  |
| Reference Contact |  |
| Reference Phone |  |
| Reference Email |  |
| Years with Client |  |
| Client Details | # of Employers:  # of Members:  # of Plans and Tiers:  # of staff:  Asset Size: |
| Project Name, description and scope |  |
| Project Cost until warranty period (Bidding Vendor’s portion only) |  |
| Project Duration |  |
| Is System live? |  |

# Litigation or Other Legal Proceedings for the past five (5) years

* If Bidding Vendor’s firm has been involved in any legal actions, bankruptcy proceedings, lawsuits, arbitrations or formal protests related to PAS projects for the past five (5) years, please list them below.
* Please also list any current legal actions, lawsuits, arbitrations or formal protests related to PAS projects in which the Bidding Vendor’s firm is currently involved as a defendant.

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Case Name and Date(s) | Court details | Summary and Outcome |
| < e.g. lawsuit, protest, etc.> | <case name and dates where applicable> | <court name / location where applicable> | <Brief summary of proceedings, parties involved and outcome if available> |

# Provide a list of all Public Employee Pension clients in which your firm was terminated for cause in the past five (5) years.

|  |  |  |
| --- | --- | --- |
| Pension System | Date(s) | Comments |
| <organization name> | <date of termination for cause> | <add comments if desired, otherwise, please leave blank> |