



**AMENDMENT #4
REQUEST FOR PROPOSAL
MDM0031030513
MHBE Consolidated Service Center
March 17, 2017**

This Amendment is being issued to amend and clarify certain information contained in the above named RFP. All information contained herein is binding on all Offerors who respond to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below; new language has been underlined and language deleted has been marked with a strikeout (ex. ~~language deleted~~).

1. Amend RFP Attachment D-1A #1 as follows:

- 1. MBE Participation (PLEASE CHECK ONLY ONE)**

I acknowledge and intend to meet IN FULL both the overall certified Minority Business Enterprise (MBE) participation goal of ~~25%~~ 10% percent.

Therefore, I am not seeking a waiver pursuant to COMAR 21.11.03.11. I acknowledge that by checking the above box and agreeing to meet the stated goal and subgoal(s), if any, I must complete the MBE Participation Schedule (Item 4 below) in order to be considered for award.

Updated Form Attached.

2. Amend RFP Section 3.5 (c) as follows:

The damage figures listed below in RFP Section 3.5.5-~~4~~ represent a good faith effort to quantify the range of harm that could reasonably be anticipated at the time of the making of the Contract and such liquidated damages are not considered a penalty.

3. Amend RFP Section 3.13.9 as follows:

If the Contractor and any relevant subcontractor fails during the Contract term to obtain an annual SOC 2 Report by the date specified in RFP Section ~~3.9.1~~ 3.13.1, the MHBE shall have the right to retain an independent audit firm to perform an audit engagement of a SOC 2 Report of the Information Functions and/or Processes utilized or provided by the Contractor and any relevant subcontractor under the Contract. The Contractor and any relevant subcontractor agrees to allow the independent audit firm to access its facility/ies for purposes of conducting this audit engagement(s), and will provide the necessary support and cooperation to the independent audit firm that is required to perform the audit engagement of the SOC 2 Report . The MHBE will invoice the Contractor for the expense of the SOC 2 Report(s), or deduct the cost from future payments to the Contractor.

4. Amend RFP Section 3.4.1 Liquidated Damages as follows:

Time is an essential element of the Contract and it is important that the work be vigorously performed until completion. For services that are not provided in accordance to the metrics specified in RFP Section 3.4.6 Service Level Measurements below, the Contractor shall be liable for liquidated damages in the amount provided for in this RFP, specifically RFP Section ~~3.8.~~3.5.

5. Amend RFP Section 3.4.6.1 as follows:

SLA ID	Scope of Work Section	Requirement	Metric/Calculation	Minimum Service Level Required per month
3.4.6.1	Operational Support Services	Service Level	<p>Percentage of calls answered by a live agent within a certain # of seconds (excludes calls abandoned in less than 30 seconds)</p> <p>Calculation: (Number of calls answered within the service level threshold / (Number of calls offered — Short abandoned calls))* 100. Short abandoned calls are defined as calls abandoned in less than 30 seconds.</p>	<p>Nov 1 - Jan 31: 80% within 600 <u>360</u> seconds</p> <p>Feb 1 – Oct 31: 80% within 180 seconds</p>

6. Amend RFP Section 3.2.1.2 Facility as follows:

3.2.1.12	Facility	The Contractor shall provide turn-key facilities, within the continental United States located in the State of Maryland within 100 miles of zip code 21202 (Baltimore, MD) , including furniture, cubicles, office supplies, etc. to perform the required work, including facilities and resources for training. The facility shall meet the following requirements:
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		<ul style="list-style-type: none">a. Facilities shall meet HIPAA security and Privacy requirements. At least 51% of all employees must be located in the State of Maryland.b. The Contractor shall provide training rooms that can hold up to twenty-five (25) students per room.c. The Contractor's security plan shall ensure physical and technical safeguards which exceed HIPAA compliance standards, and those related to MARS-E, PII, IIII. All necessary hardware and software for the Service Center will be provided by the contractor. <p>The Contractor's call center facility shall be equipped with appropriate CSR workstations, training rooms, break rooms, rest rooms, managerial and meeting space.</p> <p>Training rooms shall be equipped with presentation equipment, telephony, computers and monitors.</p> <ul style="list-style-type: none">a. The Contractor shall ensure adequate training space for multiple classes conducted simultaneously during initial and periodic staff ramp up periods.b. The Contractor shall provide technology enabled training rooms at proposed facility location, and ensure adequate training space during initial ramp up. <p>The Contractor shall provide on-site workspace and connectivity for up to 15 Maryland State employees. MHBE staff resources – number of resources may vary – should be scalable up to 15 staff.</p> <p><u>All required functions requested within this RFP and its attachments must be conducted in the United States.</u></p>
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Date Issued: March 17, 2017
Michelle Compton
Procurement Officer

Attachment: Updated Attachment D-1A

MBE ATTACHMENT D-1A

**MBE UTILIZATION AND FAIR SOLICITATION AFFIDAVIT & MBE PARTICIPATION
SCHEDULE**

This MBE Utilization and Fair Solicitation Affidavit and MBE Participation Schedule must be completed in its entirety and included with the Bid/Proposal. If the Bidder/Offeror fails to accurately complete and submit this Affidavit and Schedule with the Bid or Proposal as required, the Procurement Officer shall deem the Bid non-responsive or shall determine that the Proposal is not reasonably susceptible of being selected for award.

In connection with the Bid/Proposal submitted in response to Solicitation No. MDM0031013850, I affirm the following:

1. MBE Participation (PLEASE CHECK ONLY ONE)

I acknowledge and intend to meet IN FULL both the overall certified Minority Business Enterprise (MBE) participation goal of 10% percent.

Therefore, I am not seeking a waiver pursuant to COMAR 21.11.03.11. I acknowledge that by checking the above box and agreeing to meet the stated goal and subgoal(s), if any, I must complete the MBE Participation Schedule (Item 4 below) in order to be considered for award.

OR

I conclude that I am unable to achieve the MBE participation goal and/or subgoals. I hereby request a waiver, in whole or in part, of the overall goal and/or subgoals. I acknowledge that by checking this box and requesting a partial waiver of the stated goal and/or one or more of the stated subgoal(s) if any, I must complete the MBE Participation Schedule (Item 4 below) for the portion of the goal and/or subgoal(s) if any, for which I am not seeking a waiver, in order to be considered for award.

2. Additional MBE Documentation



I understand that if I am notified that I am the apparent awardee or as requested by the Procurement Officer, I must submit the following documentation within 10 Business Days of receiving notice of the potential award or from the date of conditional award (per COMAR 21.11.03.10), whichever is earlier:

- (a) Good Faith Efforts Documentation to Support Waiver Request (**Attachment D-1C**)
- (b) Outreach Efforts Compliance Statement (**Attachment D-2**);
- (c) MBE Subcontractor/MBE Prime Project Participation Statement (**Attachments D-3A/B**);
- (d) Any other documentation, including additional waiver documentation if applicable, required by the Procurement Officer to ascertain Bidder or Offeror responsibility in connection with the certified MBE participation goal, if any.

I understand that if I fail to return each completed document within the required time, the Procurement Officer may determine that I am not responsible and therefore not eligible for contract award. If the Contract has already been awarded, the award is voidable.

3. Information Provided to MBE firms

In the solicitation of subcontract quotations or offers, MBE firms were provided not less than the same information and amount of time to respond as were non-MBE firms.

4. MBE Participation Schedule

Set forth below are the (i) certified MBEs I intend to use, (ii) the percentage of the total Contract amount allocated to each MBE for this project and, (iii) the items of work each MBE will provide under the Contract. I have confirmed with the MDOT database that the MBE firms identified below (including any self-performing MBE prime firms) are performing work activities for which they are MDOT certified.

Prime Contractor	Project Description	Project/Contract Number

LIST INFORMATION FOR EACH CERTIFIED MBE FIRM YOU AGREE TO USE TO ACHIEVE THE MBE PARTICIPATION GOAL AND SUBGOALS, IF ANY. MBE PRIMES: PLEASE COMPLETE BOTH SECTIONS A AND B BELOW.

SECTION A: For MBE Prime Contractors ONLY (including MBE Primes in a Joint Venture)

<p>MBE Prime Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <p><input type="checkbox"/> African American-Owned</p> <p><input type="checkbox"/> Hispanic American- Owned</p> <p><input type="checkbox"/> Asian American-Owned</p> <p><input type="checkbox"/> Women-Owned</p> <p><input type="checkbox"/> Other MBE Classification</p>	<p>Percentage of total Contract Value to be performed with own forces and counted towards the MBE overall participation goal (up to 50% of the overall goal): _____%</p> <p>Percentage of total Contract Value to be performed with own forces and counted towards the subgoal, if any, for my MBE classification (up to 100% of not more than one subgoal): _____%</p> <p>Description of the Work to be performed with MBE prime's own workforce: _____ _____ _____</p>
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SECTION B: For all Contractors (including MBE Primes and MBE Primes in a Joint Venture)

<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p>	<p>Percentage of Total Contract to be provided by this MBE: _____%</p> <p>Description of the Work to be Performed: _____ _____ _____ _____</p>
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<input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American-Owned <input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification	<hr/> <hr/>
MBE Firm Name: _____ MBE Certification Number: _____ (If dually certified, check only one box.) <input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American-Owned <input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification	Percentage of Total Contract to be provided by this MBE: _____% Description of the Work to be Performed: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
MBE Firm Name: _____ MBE Certification Number: _____ (If dually certified, check only one box.) <input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American-Owned	Percentage of Total Contract to be provided by this MBE: _____% Description of the Work to be Performed: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification	
<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American-Owned <input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification	<p>Percentage of Total Contract to be provided by this MBE: _____%</p> <p>Description of the Work to be Performed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>MBE Firm Name: _____</p> <p>MBE Certification Number: _____</p> <p>(If dually certified, check only one box.)</p> <input type="checkbox"/> African American-Owned <input type="checkbox"/> Hispanic American-Owned <input type="checkbox"/> Asian American-Owned <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other MBE Classification	<p>Percentage of Total Contract to be provided by this MBE: _____%</p> <p>Description of the Work to be Performed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Continue on separate page if needed)



I solemnly affirm under the penalties of perjury that: (i) I have reviewed the instructions for the MBE Utilization & Fair Solicitation Affidavit and MBE Schedule, and (ii) the information contained in the MBE Utilization & Fair Solicitation Affidavit and MBE Schedule is true to the best of my knowledge, information and belief.

Bidder/Offeror Name
(PLEASE PRINT OR TYPE)

Signature of Authorized Representative

Address

Printed Name and Title

City, State and Zip Code

Date

SUBMIT THIS AFFIDAVIT WITH BID/PROPOSAL