

**NEW HAMPSHIRE DEPARTMENT OF EDUCATION  
REQUEST FOR PROPOSALS**



**The NH Department of Education seeks an individual to assist with the oversight of the ongoing development and implementation of the Educator Information System. (EIS)**

**DEADLINE FOR RECEIPT OF PROPOSALS**

Applications due: May 27, 2016

**PROPOSAL INQUIRIES & SUBMISSION**

Questions regarding this Request for Proposals (RFP) should include applicant fax number and/or email.

Direct questions and application to:

Marjorie Schoonmaker  
Department of Education  
101 Pleasant Street  
Concord, New Hampshire  
Fax: (603) 271-7530 Phone: (603) 271-3620  
Email: Marjorie.Schoonmaker@doe.nh.gov

**CONTRACT PERIOD**

Start date upon Governor and Council approval, it is estimated that the services will be provided through June 30, 2017.

**PURPOSE**

The contractor will assist the DOE with improving the functionality of the Educator Information System (EIS). The vendor providing services under this contract will assist the Department in refining the functionality of the system and its interaction with other DOE data systems. The contractor will provide support to districts currently using the educator evaluation system (EES) tool while building a transition plan for such districts and vendor to independently support future use and development of the system. The contractor will provide guidance to the Department as it considers its future relationship with the third party vendor that created the system. The contractor will work with the third party vendor to implement enhancements in New Hampshire that are created by the vendor for other states. The contractor will perform other duties as requested by the Division Director to support the EIS and knowledge transfer to NH DOE staff.

## **I. BACKGROUND INFORMATION**

The Bureau of Credentialing contracted with Hupp Technologies to develop and implement an Education Information System (EIS). The Web based .NET application is a citizen centric application that allows on-line application and processing by educators, school districts, institutes of higher education, as well as department personnel. The system also includes a single sign on component that enables the department and school personnel to manage access to department applications.

The EIS improves the state's ability to issue credentials, to ensure all educators are qualified for their teaching assignments, to allow payments for certification applications and certification renewals with credit card processing, to provide opportunities to analyze the recruitment and retention of educators and to integrate with the i4see (Initiative for School Empowerment & Excellence) systems to support the districts' ability to access data for school improvement. The project has been driven through a collaboration of internal staff and technology resources with external resources being brought in as needed.

As we continue with implementation of the EIS, the Department of Education seeks consulting services to help ensure the system is operating effectively. The contractor will assist the Department of Education staff to work with the vendor. The contractor will help ensure the business requirements and design provides an effective solution for the Department of Education.

## **II. REQUIREMENTS**

The Department is seeking a consultant with experience in credentialing, technology, student assessment systems and student data management systems to provide leadership and guidance during the ongoing implementation of the Educator Information System. Applicants should have deep content skills with regards to the technologies and business functions related to this project. Applicants should have knowledge of the functionality of the Educator information System developed by Hupp Technologies. The contractor should be familiar with the data collected through this system and the ability to connect the information to other systems including the student level data systems at the Department. The contractor must be able to understand how the data captured within the EIS is integrated with other systems and requirements of the Department.

The contractor will provide expertise and support in the following areas:

1. Assist the state project manager with the implementation of the Educator Information System project. Ensure the system is clearly understood, manages credentialing data, processes credit card transactions, maintains compliance with Payment Card Industry Data Security Standards, and integrates as appropriate with other Department of Education data systems.
2. Provide leadership to the Department to help ensure the EIS project is functioning to perform the necessary business operations for the credentialing process within the scope of the system. .
3. Provide assistance to support the districts already using the educator evaluation system.
4. To perform other duties as assigned by the Division Director.

### III. APPLICATION REQUIREMENTS

Applicants for this RFP must provide the following information, not to exceed 10 pages, double-spaced, with font not smaller than 12 points:

1. a concise abstract of your experiences that explain the background you would bring to this role;
2. a description of the services that you could provide in this role to support the Department of Education as well as schools and districts;
3. an itemized budget;
4. time available (hours, days of the week); and
5. current resume with references

### IV. PROPOSAL SUBMISSION AND REVIEW

#### Bid Procedures

1. An original and three identical copies of a formal proposal must be sent or delivered to **Marjorie Schoonmaker**, Department of Education by 4:30 pm. The proposal must include an original signature of the person authorized by the submitting entity to submit the proposal. Incomplete or late applications may be returned without review. As an accommodation to our rural state, fax and email transmissions are acceptable; an original hard copy must be mailed simultaneously according to submission timelines.
2. Proposals shall be submitted to:  
**Marjorie Schoonmaker**  
**New Hampshire Department of Education**  
**101 Pleasant Street**  
**Concord, NH 03301**
3. Proposals will be reviewed for completeness and eligibility. Ineligible or significantly incomplete proposals will be returned. A review panel will evaluate applications according to application requirements. The number of points to be awarded for each of the proposal elements is shown in parentheses. Each proposal shall include:
  - a. *(zero to 45 points)* a concise abstract of your experiences that explain the background you would bring to this role
  - b. *(zero to 30 points)* a description of the services that you could provide to meet the goals of this RFP
  - c. *(zero to 25 points)* an itemized budget including all fees
4. In order to provide bidders with the opportunity to present a response to this RFP that best presents their credentials and approach, a page limit has been established for the proposal. Additionally, the bidder's ability to develop a concise proposal which responds to all of the elements herein will be considered favorably in rating the proposal. Supplementary materials may be included as part of the submittal. These should either explain or expand upon information presented in the formal proposal. All supplementary materials must be clearly identified (e.g., Appendix A, B, etc.) and cross-referenced in the text of the formal proposal.
5. Qualified bidders may be asked to provide the Department with additional written materials or documentation of qualifications, and may be asked to meet with the proposal evaluation team to discuss their proposal.

6. Each bidder shall submit, along with the formal proposal, a completed/signed “Alternate W-9 Form” (see Attachment B).
7. Notification: It is the Department’s intent to act promptly. Following review, eligible applicants will be contacted by Department of Education staff to discuss any modifications that may be required. Applicants whose proposals are recommended at less than the amount requested may be asked to revise the project budget and/or scope of work.

## **V. Timeline**

A contract to acquire consultant services for more than \$5,000 requires Governor and Council approval. It is anticipated that the effective date for the contract will be on or the contract will extend through.

## **VI. Limitation on Price**

1. The bidder should present a budget that is reasonable and contains sufficient detail and justification for the services to be provided.
2. The current estimated amount to be budgeted by the State of New Hampshire to fund this service is up to for the period of this contract beginning in and completing.

## **VII. Terms and Conditions**

1. Unless otherwise deleted or modified by mutual agreement between the State of New Hampshire and the Contractor, all terms and conditions contained on page 2 of Form P-37 (Attachment A) shall be incorporated into the contract.
2. In creating or adapting project documents and communications, Contractor must utilize Microsoft Office 97 for Windows or its Macintosh equivalent, as needed for problem-free transfer, copying, and editing of files between contractor, the NH Department of Education, and other project partners.
3. The State shall not be responsible for or pay any costs incurred by the bidder in the preparation of the proposal submitted in response to this RFP.
4. The Department reserves the right to seek clarification of any information contained in a proposal submitted in response to this RFP.
5. The Department reserves the right to reject any and all proposals submitted in response to this RFP. In addition, the distribution of this RFP shall not commit the State to issue a contract.
6. If the Department chooses to award a contract in response to this RFP, the successful bidder shall be notified by letter. The Department shall then develop a contract for Governor and Council approval. The contract shall incorporate, by reference, all provisions of this RFP and the successful bidder’s proposal. In preparing a contract with the successful bidder, the Department reserves the right to clarify any terms and conditions contained in the proposal.
7. The Department may determine if it is in the best interest of the State to seek a “BEST AND FINAL OFFER” from bidders submitting acceptable and/or potentially acceptable proposals. The “BEST AND FINAL OFFER” would provide a bidder the opportunity to amend or change their original proposal to make it more acceptable to the State. The Department reserves the right whether or not to exercise this option.
8. Any expectations of support by the Department must be clearly defined by the Contractor.
9. Public announcements or news releases pertaining to the award of a contract shall not be made without the written permission of the Commissioner of Education.

10. The State shall not be responsible for any work performed by the successful bidder prior to the effective date of a contract approved by Governor and Council.

11. All obligations of the State, including the continuance of payments under an approved contract shall be contingent upon the availability and continued appropriation of state, federal or other funds and in no event shall the State be liable for any payments in excess of such available appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate or amend the contract immediately upon giving the contractor notice of such termination or amendment.

12. When delivering services under an approved contract, the Contractor shall work under the broad supervision of the Department Contracting Officer for this project.

13. All materials developed under this agreement/contract are the property of the NH Department of Education and will be provided to the Department in electronic form.

### **VIII. Terms and Conditions – for full Local Education Agency Employees**

Full time employees of a school district may work out a mutual agreement with their administration to serve as a developer. In such case compensation will happen through the FORM 1 system.

### **IX. Evaluation of Proposals**

All proposals will be reviewed and rated by a qualified evaluation team appointed by the Division of Program-Support. Each proposal will be rated in accordance with the requirements established in this RFP. The maximum number of points for each of the required elements of a proposal is identified in Bid Procedures above. Additional points will be awarded for elements of added value for the Department that the Contract proposes. The Department shall be under no obligation to contact bidders for clarification of their proposals, but it shall reserve the right to do so at any time prior to the awarding of a contract. If the Department chooses to award a contract relative to this RFP, it shall be to the responsive bidder that receives the highest total rating as a result of the proposal evaluation process.

### **IX. Tentative Work Schedule**

The contracting officer at the Department of Education will work with the successful bidder to prepare a contract for submission to the Governor and Council. The successful bidder will be required to provide the Department with the following information. Do not supply this information with your proposal. It will only need to be submitted by the successful bidder:

- A for-profit corporation will need to provide proof of legal status.
- A social service or non-profit organization will need to provide: a statement of the purpose of the organization; a list of the board of directors and applicable salaries; a list of principal staff and salaries; and a recent financial statement. In addition, the successful bidder will need to submit a Certificate of Authority authorizing the company to do business with the State of New Hampshire, Department of Education at the time the contract is signed. Non-profit corporations only may submit either a certificate of good standing or proof of non-profit status such as an Internal Revenue Service determination notice.

**NEW HAMPSHIRE DEPARTMENT OF EDUCATION  
REQUEST FOR PROPOSALS**

COVER SHEET

(COMPLETE ALL THAT APPLIES)

APPLICANT:

\_\_\_\_\_

PROJECT TITLE:

\_\_\_\_\_

PROJECT DIRECTOR:

NAME:

\_\_\_\_\_

TITLE:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE:

\_\_\_\_\_

FAX:

\_\_\_\_\_

E-MAIL:

\_\_\_\_\_

AMOUNT OF FUNDS REQUESTED:

\$

\_\_\_\_\_

Certification by Authorized or Institutional Official:

The applicant certifies that to the best of his/her knowledge the information in this application is correct, that the filing of this application has been authorized by the body, group, or institution being represented and that the applicant will comply with the attached statement of assurances.

\_\_\_\_\_  
Typed or Printed Name of Person Submitting

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Person Submitting

\_\_\_\_\_  
Date

*DOE June 1, 2005*



STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM
PAYER'S REQUEST FOR TAX PAYER IDENTIFICATION AND CERTIFICATION
PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided you may be subject a 31% withholding on each payment made to you. To avoid this 31% withholding & to ensure the accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is part of a GROUP PRACTICE, it is the group name & TIN which is required on the Alternate W-9.
If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

NAME \_\_\_\_\_

ADDN'T OR D.B.A. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER INFORMATION

Please indicate what the number below is - CHECK ONLY ONE:

\_\_\_ EMPLOYER IDENTIFICATION NUMBER OR \_\_\_ SOCIAL SECURITY NUMBER

NUMBER USED ON IRS TAX RETURN \_\_\_\_\_
(This number must be the one assigned to the name given above)

DESIGNATION - Select ALL that best describes your business. For more information see the letter enclosed with this form.

- \_\_\_ Corporation \_\_\_ Individual \_\_\_ Estate or Trust
\_\_\_ Government (Federal/State/Local) \_\_\_ Sole Proprietor \_\_\_ Rental
\_\_\_ Rental Agency \_\_\_ Partnership \_\_\_ Emt Exams
\_\_\_ Non-Profit (attach copy of exemption)

List the principal type of service, product, or other provided: \_\_\_\_\_

Under penalty of perjury, I declare that the information provided is true, correct and complete, to the best of my knowledge and belief.

NAME & TITLE (print or type) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING ALTERNATE W-9**

Please complete ALL sections of the form. If any section is left blank, the form will be returned and payment to you may be delayed.

Please complete the name and address portion of the form as you wish to have payments made.

### **NAME**

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This is the name to whom checks will be made payable. It must be the name that matches the taxpayer identification number on the form.

### **ADDRESS and CITY/STATE/ZIP**

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This is the address to which checks will be mailed.

### **SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER**

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This is used to indicate what type of number is being used as the taxpayer identification number. Check **one** box only to indicate what type the taxpayer identification number is.

### **NUMBER USED ON IRS TAX RETURN**

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This number should be that which is assigned to the named indicated on the form. Be sure to fill in all 9 digits.

### **DESIGNATION**

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Please select the designation which best describes your business. The following is a brief description of each:

Corporation: You are incorporated.

Government: You are federal/state/local government agency.

Non-Profit: You are a non-profit agency. You will need to supply a comply of your tax exemption.

Rental Agency: You would check there.

Estate or Trust: You would need to list trustees.

Rental: You will have to let us know if you are Sole Proprietor or Individual.

### **TYPE OF SERVICES**

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List the type of services or goods that you provide. The following is a brief description of each.

Services: Child Care, tutoring, tuition, fees, rental, counseling, case management, transportation, etc.

Goods: Books, supplies uniforms, tools of the trade etc.

### **MISCELLANEOUS**

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Please complete the form by printing or typing in your name and title (if applicable), signature, date, and telephone number where you may be reached during the week day. This information should be accurate and readable in the event that we need to contact you for clarification or additional information. Remember, if you need any assistance in completing the form or have any questions, call the number in the letter.