



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
Delivery Order

Order Date: 03-30-2022

CORRECT ORDER NUMBER MUST APPEAR
 ON ALL PACKAGES, INVOICES, AND
 SHIPPING PAPERS. QUESTIONS
 CONCERNING THIS ORDER SHOULD BE
 DIRECTED TO THE DEPARTMENT
 CONTACT.

Order Number:	CDO 0511 2632 HHR2200000005 1	Procurement Folder:	1019206
Document Name:	Prospective delivery order for FIS Services	Reason for Modification:	
Document Description:	Prospective delivery order for FIS Services		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Hustead		
Telephone:	(304) 558-2402		
Email:	crystal.g.hustead@wv.gov		
Shipping Method:	Best Way	Master Agreement Number:	CMA 0511 HHR1700000001 1
Free on Board:	FOB Dest, Freight Prepaid		

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VC0000051921 FIDELITY INFORMATION SERVICES LLC 601 RIVERSIDE AVE JACKSONVILLE FL 32204 US Vendor Contact Phone: 866-275-6868 Extension: Discount Details: <table border="1"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Jacquelyn P Hoppe Requestor Phone: (304) 558-0458 Requestor Email: jacquelyn.p.hoppe@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">22</div> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES ADMINISTRATION AND FINANCE ONE DAVIS SQUARE, RM 300 CHARLESTON WV 25301 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES ADMINISTRATION AND FINANCE ONE DAVIS SQUARE, RM 300 CHARLESTON WV 25301 US

Purchasing Division's File Copy

Total Order Amount:	\$869,000.00
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ENTERED

CH 4/11/22

PURCHASING DIVISION AUTHORIZATION DATE: <i>Linda Harper 4-12-22</i> ELECTRONIC SIGNATURE ON FILE
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ENCUMBRANCE CERTIFICATION DATE: <i>Beverly Toler 4-13-22</i> ELECTRONIC SIGNATURE ON FILE

Extended Description:

The amounts included in this delivery order are estimates. Payment will only be made for actual commodities and/or services received.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93150000	0.00000		\$0.0000	\$800,000.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-04-01	2022-06-30				

Commodity Line Description: Electronic Benefits Transfer (EBT) System SNAP /TANF/Cash

Extended Description:

Contract Year 6 (1st One Year Renewal)
Pricing Schedule A

The amounts included in this delivery order are estimates. Payment will only be made for actual commodities and/or services received.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93150000	0.00000		\$0.0000	\$2,300.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-04-01	2022-06-30				

Commodity Line Description: Electronic Benefits Transfer (EBT) System Equipment/Developm

Extended Description:

Contract Year 6 (1st One Year Renewal)
Pricing Schedule G

The amounts included in this delivery order are estimates. Payment will only be made for actual commodities and/or services received.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93150000	0.00000		\$0.0000	\$66,700.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-04-01	2022-06-30				

Commodity Line Description: Electronic Benefits Transfer (EBT) System WIC

Extended Description:

Contract Year 6 (1st One Year Renewal)
Pricing Schedule F

The amounts included in this delivery order are estimates. Payment will only be made for actual commodities and/or services received.



Office of EBT Banking Services

SNAP/EBT Monthly Fee Estimates

CDO Q4FY2022

PO Master #HHR1700000001

FIS - SNAP/EBT Services Historical Costs			
Service Month	Date Invoiced	Reference Commodity Code Line 1	InvoiceAmount
January-22	02/23/2022, plus est. for PEPT *	\$ 418,203.61	\$ 418,203.61
February-22	Est. based on Nov 21 SNAP, Est. PEPT*	\$ 182,675.90	\$ 182,675.90
March-22	Est. on Dec 21 SNAP, Est. PEPT*	\$ 185,097.22	\$ 185,097.22
Historical Cost for Comparison		\$ 785,976.73	\$ 785,976.73
1 month paid/estimates for 2 months		\$ 785,976.73	\$ 785,976.73
Average		\$ 261,992.24	\$ 261,992.24

FIS - SNAP/EBT Services Basis for CDO			
To Pay in Q4FY 2022			
Monthly estimate	<i>Jacqueline Phillips</i>	\$ 261,992.24	\$ 261,992.24
April 2022 - June 2022			3 months
Estimated Total to Be Paid in Q4FY2022			\$ 785,976.73

Request for SNAP/EBT CDO Q4 FY 2022	\$ 800,000.00
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Account coding:	0511-5362-2022-2632-0900-3206-4169	SNAP	\$ 370,000.00
	0511-5362-2022-3989-0900-3206-4169	PEBT	\$ 430,000.00

* Estimates for SNAP and TANF charges based on historical invoices for the months referenced, with additional projected PEPT costs

03.17.2022 Rmb

Jacqueline Phillips

Ok

Althea Greenhow

Schedule A: Proposal Response Sheet EBT Cost Worksheet – 1st One Year Renewal

Column 1	Column 2	Column 3	Column 4	Column 5
Service Cost for 1st One Year Renewal	Average Caseload/Units per Month	CPCM	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost
Caseload / CPCM				
SNAP Only cases	204,402	\$.66	\$ 134,905	\$ 1,618,864
TANF / Cash Only cases	2,133	\$.73	\$ 1,557	\$ 18,685
Combined SNAP / TANF cases	7,019	\$.86	\$ 6,036	\$ 72,436
All Other Cash except Child Care	13,909	\$.73	\$ 10,154	\$ 121,843
Transaction Fee	Average Units Per Month	Cost per Transaction	Total Cost per Month	Col 4 x 12 = Total Yearly Cost
Cash Only Withdrawals ATM / POS	10,118	\$.38	\$ 3,845	\$ 46,138
Denials-ATM	2,185	\$.00	\$ 0	\$ 0
Denials-POS	3,342	\$.00	\$ 0	\$ 0
Bal. Inquiry-ATM	3,981	\$.00	\$ 0	\$ 0
Bal. Inquiry-POS	81	\$.00	\$ 0	\$ 0
Total EBT Cost-1st One Year Renewal				\$ 1,877,966
(Enter Total on Line 6 of the Summary of Proposal Response Sheet)				



Office of EBT Banking Services

WIC Monthly Fee Estimates
for CDO

Q4 Fiscal Year 2022

PO Master #HHR1700000001

FIS - WIC Services Historical Costs				
Service Month	Date Invoiced	Reference Commodity Code Line 5	Reference Commodity Code Line 6	Invoice Amount
January-22	12/08/2021	\$ 600.00	\$ 21,222.57	\$ 21,822.57
February-22	Estimate based on November 2021	\$ 600.00	\$ 21,278.46	\$ 21,878.46
March-22	Estimate based on December 2021	\$ 600.00	\$ 21,235.78	\$ 21,835.78
Historical Cost for Comparison		\$ 1,800.00	\$ 63,736.81	\$ 65,536.81
1 month invoiced/ 2 months estimate		\$ 1,800.00	\$ 63,736.81	\$ 65,536.81
Average		\$ 600.00	\$ 21,245.60	\$ 21,845.60

FIS - WIC Services Basis for CDO				
To Pay in Q4FY 2022				
Monthly estimate		\$ 750.00	\$ 22,183.90	\$ 22,933.90
April -June 2022			3 months	

Estimated Total to Be Paid in Q4FY2022	\$ 68,801.70
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Request for WIC CDO Q4 FY 2022	\$69,000.00
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Account coding:

Fund	8802
Sub Fund:	0
Object:	3206
Sub Object:	4169
Revenue:	n/a
Dept:	0506
Unit:	2640
Appr Unit:	13000
Major Program:	CVWICA
Program Name:	CVWICAFCE
Program Period:	FY2022

03.17.2022 Rmb
[Signature]

The proposed fee structure is based on the following assumptions:
 1. Estimated terminals per month = 95
 2. Cost per terminal = \$20



WIC Proposal Response Sheet Schedule G: State-Deployed WIC Only Terminals

Column 1	Column 2	Column 3	Column 4	Column 5
Service Cost for	Estimated Terminals per month	Cost per Terminal	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost
Year 1	95	\$ 20	\$ 1,900	\$ 22,800
Year 2	95	\$ 20	\$ 1,900	\$ 22,800
Year 3	95	\$ 20	\$ 1,900	\$ 22,800
Year 4	95	\$ 20	\$ 1,900	\$ 22,800
Year 5	95	\$ 20	\$ 1,900	\$ 22,800
1 st One Year Renewal	95	\$ 20	\$ 1,900	\$ 22,800
2 nd One Year Renewal	95	\$ 20	\$ 1,900	\$ 22,800
Total WIC Cost (Enter Total on Lines 22 through 29 Summary of Proposal Response Sheet)				\$ 159,600

WIC Proposal Response Sheet Schedule F: Cost Per Case Month (CPCM) Pricing

Column 1	Column 2	Column 3	Column 4	Column 5
Service Cost for	Estimated Cases per month	CPCM	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost
Year 1	27,150	\$.97	\$ 26,336	\$ 316,026
Year 2	27,150	\$.97	\$ 26,336	\$ 316,026
Year 3	27,150	\$.97	\$ 26,336	\$ 316,026
Year 4	27,150	\$.97	\$ 26,336	\$ 316,026
Year 5	27,150	\$.97	\$ 26,336	\$ 316,026
1 st One Year Renewal	27,150	\$.97	\$ 26,336	\$ 316,026
2 nd One Year Renewal	27,150	\$.97	\$ 26,336	\$ 316,026
Total WIC Cost (Enter Total on Lines 14 through 21 Summary of Proposal Response Sheet)				\$ 2,212,182