

REQUEST FOR PROPOSAL

WorkForce West Virginia
Fraud Case Management System

Attachment A: Cost Sheet

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Column Case Management

Authorized Signature: [Signature] Date: 3-4-2022

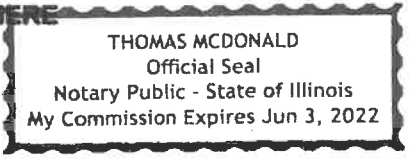
State of Illinois

County of Whitestale, to-wit:

Taken, subscribed, and sworn to before me this 4th day of March, 2022

My Commission expires June 3rd, 2022.

AFFIX SEAL HERE



NOTARY PUBLIC [Signature]

Exhibit A Pricing Page Fraud Case Management System

One-Time Implementation of a WEB Based Software Application for a Fraud Case Management System. This Implementation Includes Project Management, Installation, Configuration, Testing, Training, and full Production Implementation for the Fraud Case Management System.				
A. Cost for One-Time Set-up of System into full Production (Section 4.2.1.2)				Lump Sum Amount: \$297,838.00
				Subtotal for A. \$
Yearly Software Fees <i>Note: Reference the RFP Sections: 4.2.1.1</i>				
Description	Time Period	Quantity	Unit Cost	Extended Cost
Licensing Fees	Year 1 (Initial Term)	1	\$14,000 Application Servers \$54,750/ann	\$68,750.00
Licensing Fees	Year 2 (Optional Renewal)	1	None	\$ -
Licensing Fees	Year 3 (Optional Renewal)	1	None	\$ -
Licensing Fees	Year 4 (Optional Renewal)	1	None	\$ -
B. Software Yearly Fees				Subtotal for B. \$68,750.00
Customization <i>Note: Work could involve all areas mentioned in RFP Sections: 4.2.1.3</i>				
Description	Time Period	Number of Hours (estimated)	Unit Cost per Hour	Extended Cost
Custom Work	Year 1 (Initial Term)	600	\$ -	\$ -
Custom Work	Year 2 (Optional Renewal)	600	\$ -	\$ -
Custom Work	Year 3 (Optional Renewal)	600	\$ -	\$ -
Custom Work	Year 4 (Optional Renewal)	600	\$ -	\$ -
C. Customization				Subtotal for C. \$
Support and Maintenance <i>Note: Work could involve all areas mentioned in RFP Sections: 4.2.1.4</i>				
Description	Time Period	Quantity	Unit Cost	Extended Cost
Support and Maintenance	Year 1 (Initial Term)	1	\$ -	\$13,750.00
Support and Maintenance	Year 2 (Optional Renewal)	1	\$ -	\$13,750.00
Support and Maintenance	Year 3 (Optional Renewal)	1	\$ -	\$13,750.00
Support and Maintenance	Year 4 (Optional Renewal)	1	\$ -	\$13,750.00
D. Support and Maintenance				Subtotal for D. \$55,000.00
Grand Total Bid Amount - (A + B + C + D = Grand Total)				\$421,588.00

*Please See Attached Statement of Work

*Please see Software/License Quote

*\$200/hr for Any custom work After one-time setup

Costs provided For Implementation and Integration in (Section A), shall be fixed and cannot be modified after Bid submission. For Yearly Software Maintenance and Support fees (Section B), Vendor shall enter fixed yearly fee and take into any consideration any anticipated pricing increases and bid accordingly. For Custom Work (Section C), Vendor should enter an Hourly rate based on an estimated number of hours. For Support and Maintenance (Section D), Vendor shall enter a yearly fee for maintenance and support as needed.

Do not alter this cost sheet or provide any additional pricing not specifically requested hereinabove. Doing so will result in disqualification of your bid. If you have questions about the Pricing Page, please submit questions prior to the question deadline.

Task	Est. Hrs.	Rate/Hour	Estimated Costs
Project Initiation			
Creation of the PID	4	\$175.00	\$700.00
Review/Approve PID	2	\$175.00	\$350.00
Project Kick Off Meeting	2	\$175.00	\$350.00
Case Investigative Phase One Requirements Analysis			
Case Foundation Workshop			
Case Management Application Workshop	16	\$200.00	\$3,200.00
Customer Process Review	32	\$200.00	\$6,400.00
Case Foundation Data Workshop	8	\$200.00	\$1,600.00
Integration Workshops			
Integration Workshops	56	\$200.00	\$11,200.00
Functional Requirements Review			
Create and Review FRO with Customer	32	\$200.00	\$6,400.00
Create/Review Use Cases	4	\$200.00	\$800.00
Create/Review FRD	40	\$200.00	\$8,000.00
Case Investigative Implementation – Phase 2			
Configurations			
Case Form	16	\$200.00	\$3,200.00
Case Console	16	\$200.00	\$3,200.00
Intake Form	8	\$200.00	\$1,600.00
Intake Console	8	\$200.00	\$1,600.00
Task Form	8	\$200.00	\$1,600.00
People Form	8	\$200.00	\$1,600.00
Organization Form	8	\$200.00	\$1,600.00
Location Form	8	\$200.00	\$1,600.00
Milestones	4	\$200.00	\$800.00
Task Templates	4	\$200.00	\$800.00
Approvals	4	\$200.00	\$800.00
Integrations			
LDAP (Authentication)	2	\$200.00	\$400.00
Email (Inbound and Outbound)	2	\$200.00	\$400.00
Data Science	80	\$200.00	\$16,000.00
Business Intelligence	80	\$200.00	\$16,000.00
Integration #3	80	\$200.00	\$16,000.00
Integration #4	80	\$200.00	\$16,000.00
Integration #5	80	\$200.00	\$16,000.00
Integration #6	80	\$200.00	\$16,000.00

Integration #7	80	\$200.00	\$16,000.00
Integration #8	80	\$200.00	\$16,000.00
Case Foundation Data			
Review Case Foundation data provided	8	\$200.00	\$1,600.00
Load Case Foundation data (2 loads)	32	\$200.00	\$6,400.00
Review data loaded/make necessary adjustments	8	\$200.00	\$1,600.00
Testing			
Unit Testing	141	\$200.00	\$28,200.00
Tester Demonstration	4	\$200.00	\$800.00
UAT Testing / Remediation	72	\$200.00	\$14,400.00
Documentation and Knowledge Transfer			
Finalize Documentation and Review	40	\$200.00	\$8,000.00
Knowledge Transfer	16	\$200.00	\$3,200.00
Production Rollout			
Go live preparation activities	16	\$200.00	\$3,200.00
Migration to Production /Go Live	8	\$200.00	\$1,600.00
Post Live Support	60	\$200.00	\$12,000.00
Training Activities			
Training Discovery	8	\$175.00	\$1,400.00
Presentation Materials for End User Session	24	\$175.00	\$4,200.00
Presentation Materials for Admin Session	16	\$175.00	\$2,800.00
End User Training Session	16	\$175.00	\$2,800.00
Administrator Training Session	16	\$175.00	\$2,800.00
Project/Technical Management			
Project Management	254	\$175.00	\$44,450.00
Solution Architect Oversight	40	\$225.00	\$9,000.00
TOTAL ESTIMATED HOURS / COST	1711		\$334,650.00
One-Time 11% Discount for services			\$36,812.00
TOTAL COST FOR SERVICES			\$297,838.00

Proposal Prepared For:
West Virginia Workforce Commission

Proposal Prepared By:
Column Case Management
David Steele
10 E 22nd St
Suite 300
Lombard, IL 60148
Phone: (630) 518-2857



3/7/2022

Item#	Description	Qty	Unit Price	GOV Discounted Price	Total Price
Case Management Software On Premise Licensing Costs					
1	Column Case Licenses	50	\$1,695.00	\$1,095.00	\$54,750.00
2	Column Case Investigative Application	1	\$20,000.00	\$14,000.00	\$14,000.00
Software Licensing Total					\$68,750.00
Annual Support and Maintenance					\$13,750.00
Grand Total					\$82,500.00

NOTES:

- Prices are in US dollars.
- Payment Terms: Net 30 days.
- This quote does not include applicable sales tax. If your purchase qualifies for a tax exempt status, please send a copy of your "Tax Exempt Certificate" with your PO. If a certificate is not received at the time the order, Column will charge the appropriate sales tax for your location.
- Purchase Orders** must include: PO number, Company Letterhead or Logo, Bill To & Ship To Addresses, Payment Terms, Items to be Purchased (product descriptions, related prices), & Customer Signature.
- Unit price is based per user.
- Product quote is valid until **May 2022**.

REQUEST FOR PROPOSAL

WorkForce West Virginia Fraud Case Management System

Proposal 1: Step 1 – $\$1,000,000 / \$1,000,000 =$ Cost Score Percentage of 1 (100%)
Step 2 – $1 \times 30 =$ Total Cost Score of 30

Proposal 2: Step 1 – $\$1,000,000 / \$1,100,000 =$ Cost Score Percentage of 0.909091 (90.9091%)
Step 2 – $0.909091 \times 30 =$ Total Cost Score of 27.27273

6.8. Availability of Information: Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). All other information associated with the RFP, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded pursuant to West Virginia Code of State Rules §148-1-6.3.d.

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Column Case Management LLC
(Company)

David Steele, Business Development Manager
(Representative Name, Title)

630-518-2857
(Contact Phone/Fax Number)

3-7-22
(Date)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phillips Bros Agency, LLC 917 W. Washington Suite 315 Chicago IL 60607		CONTACT NAME: Phillips Bros Agency PHONE (A/C No, Ext): (312) 346-3090 E-MAIL ADDRESS:		FAX (A/C, No): (312) 346-3098	
INSURED Column Case Management LLC 10 E 22nd St Lombard IL 60148-4977		INSURER(S) AFFORDING COVERAGE INSURER A : Hartford Underwriters Insurance Company			NAIC # 30104
		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

COVERAGES**CERTIFICATE NUMBER:** Proof**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		83SBAAE1MRA	11/14/2021	11/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			83SBAAE1MRA	11/14/2021	11/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			83SBAAE1MRA	11/14/2021	11/14/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	83WECAL6ADL	05/04/2021	05/04/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> FAILSAFE TECH E&O LIABILITY Retro: 11/14/19			83SBAAE1MRA	11/14/2021	11/14/2022	EACH ACT \$1,000,000 AGGREGATE \$3,000,000 DEDUCTIBLE \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

State of West Virginia named as Additional Insured with regards to General Liability as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

WV DHHR 1900 KANAWHA BLVD E BLDG 6, RM 817-B Charleston WV 25305	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>W. E. Phillips</i>
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Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Centralized Request for Proposals
 Info Technology

Proc Folder: 997064
Doc Description: Addendum No. 2 Web Based Fraud Case Management System
Reason for Modification: Addendum No. 2 is issued to publish question and answers
Proc Type: Central Contract - Fixed Amt

Date Issued	Solicitation Closes	Solicitation No	Version
2022-02-24	2022-03-10 13:30	CRFP 0323 WWV2200000001	3

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Customer Code: VS0000027804
Vendor Name: Column Case Management LLC
Address: 10 E. 22nd Street
Street: Suite 100
City: Lombard
State: IL **Country:** U.S. **Zip:** 60148
Principal Contact: David Steele
Vendor Contact Phone: (630) 518-2857 **Extension:**

FOR INFORMATION CONTACT THE BUYER

Toby L Welch
 (304) 558-8802
 toby.l.welch@wv.gov

Vendor Signature X *D. J. [Signature]* **FEIN#** 83-4650484 **DATE** 3-7-22

All offers subject to all terms and conditions contained in this solicitation

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

D-JSA Manager
(Name, Title)
David Steele Manager
(Printed Name and Title)
10 E. 22nd St. Suite 100 Lombard, FL 60148
(Address)
630-518-2857
(Phone Number) / (Fax Number)
dsteele@columnCase.com
(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

Column Case Management LLC
(Company)

D-JSA Business Development Manager
(Authorized Signature) (Representative Name, Title)

David Steele B.D. Manager
(Printed Name and Title of Authorized Representative)

3-7-2022
(Date)

630-518-2857
(Phone Number) (Fax Number)

**ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:**

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Column Case Management LLC
Company

D. J. SA
Authorized Signature

3-7-2022
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.