

# Exhibits

Exhibit A – Back Office System Contractual Components

Exhibit B – Payment Schedule – (To Be Provided to Short-listed Proposers)

Exhibit C – Price Proposal Form - (To Be Provided to Short-listed Proposers)

Exhibit D - Forms

## Exhibit A

### Back Office System Contractual Components

# Back Office System Contractual Components



For illustrative purposes only – not meant to be comprehensive. Refer To Section III for detailed requirements

## Exhibit B

### Payment Schedule

(To Be Provided to Short-listed Proposers)

## Exhibit C

### Price Proposal Form

(To Be Provided to Short-listed Proposers)

# Exhibit D

## Forms

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Form D-I

Qualification Package  
Cover Sheet Form

**NORTH CAROLINA TURNPIKE AUTHORITY  
BACK OFFICE SYSTEM  
REQUEST FOR PROPOSALS**

**EXECUTION:** In compliance with this Request for Proposal, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all Services or goods upon which prices are offered, at the price(s) offered herein, within the time specified herein. By executing this offer, I certify that this offer is submitted competitively and without collusion.

Failure to execute/sign offer prior to submittal shall render Proposal invalid. Late offers are not acceptable.

BIDDER:		
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
PRINT NAME & TITLE OF PERSON SIGNING:		FAX NUMBER:
AUTHORIZED SIGNATURE:	DATE:	E-MAIL:

Offer valid for two hundred and forty days (240) days from Proposal Due Date.

Form D-2  
Reference Form

Proposer shall use this form to clearly demonstrate how it meets the qualification requirements with regard to experience in **Section IV, Qualification Package Response and Submission Instructions, Section I.2 Qualification Requirements**. Each reference provided may be contacted by NCTA. Copy this form as needed to comply with the requirements outlined in the RFP for each of the Implementation and Operations and Maintenance Phase minimum requirements.

**Proposer's Name:** \_\_\_\_\_

☐ Prime ☐ Subcontractor

Reference Company/Agency Name:		
City:	State:	
Project Manager/Owner Reference:	Project Manager/Owner Reference Contact Information (Phone Number and/or E-mail Address):	
Start and End Dates of the Project:	Cost of the Project:	
Number and Cost of Change Orders (to date):		
<b>Alternate Reference*:</b>		
Phone Number:	E-mail:	
Alternate Reference Role on Referenced Project:		
<b>*Must be completed in addition to the Project Manager/Owner Reference</b>		
<b>Back Office System (BOS):</b>		
a. Please place a mark next to each item for which this reference is intended to address.		
<input type="checkbox"/> Design	<input type="checkbox"/> Call Center Dashboards	<input type="checkbox"/> Southern States Interoperability
<input type="checkbox"/> Implementation	<input type="checkbox"/> Developed and managed real-time data exchange interfaces to external entities	<input type="checkbox"/> E-ZPass Interoperability
<input type="checkbox"/> Development	<input type="checkbox"/> Transponder Inventory Management and Fulfillment	<input type="checkbox"/> Legacy Data Conversion and Migration
<input type="checkbox"/> Operations and Maintenance	<input type="checkbox"/> Integrated with DMVs	<input type="checkbox"/> Integrated with Collection Agency
<input type="checkbox"/> Private cloud	<input type="checkbox"/> Integrated with Cloud-based Telephony/IVR	<input type="checkbox"/> Integrated with Banks
<input type="checkbox"/> Infrastructure-as-a-Service	<input type="checkbox"/> Integrated with Automatic Call Distributor (ACD)	<input type="checkbox"/> Integrated with 3 <sup>rd</sup> Party Printing/Mail Services
<input type="checkbox"/> Disaster Recovery	<input type="checkbox"/> Integrated with Bank/Credit Card Gateway	<input type="checkbox"/> Integrated with 3 <sup>rd</sup> Party Credit Card Processing Hosts
<input type="checkbox"/> Data Mart Reporting	<input type="checkbox"/> Integrated with Roadside Systems	<input type="checkbox"/> Integrated with 3 <sup>rd</sup> Party Parking Entities
<input type="checkbox"/> Customer account creation, management and maintenance	<input type="checkbox"/> Integrated with Collection Agency Systems	<input type="checkbox"/> Integrated with SAP
<input type="checkbox"/> Transaction processing		<input type="checkbox"/> Retail Transponder Sales
<input type="checkbox"/> Customer Billing		
<input type="checkbox"/> Case Management		

**BOS Account Management Website:**

- |   |  |
|---|--|
| <input type="checkbox"/> Design                           | <input type="checkbox"/> Website Integration with a Mobile Application                                 |
| <input type="checkbox"/> Development on Multiple Browsers | <input type="checkbox"/> Formatting Websites for Smart Phones  |
| <input type="checkbox"/> Implementation                   | <input type="checkbox"/> Integrated web applications associated with a Back Office System              |
| <input type="checkbox"/> Operations and Maintenance       | <input type="checkbox"/> Developed and managed real-time data exchange interfaces to external entities |

**BOS Mobile Application:**

- |   |  |
|---|--|
| <input type="checkbox"/> Design                                   | <input type="checkbox"/> Mobile Application with full website capability   |
| <input type="checkbox"/> Development on Apple Operating Systems   | <input type="checkbox"/> Integrated mobile applications associated with a Back Office System                                       |
| <input type="checkbox"/> Development on Google Operating Systems  | <input type="checkbox"/> Experience with the mobile application certification process for both Google Play and the Apple App Store |
| <input type="checkbox"/> Development for Multiple Android Devices | <input type="checkbox"/> Developed and managed near real-time data exchange interfaces to external entities                        |
| <input type="checkbox"/> Implementation                           |  |
| <input type="checkbox"/> Operations and Maintenance               |  |

**Please provide detailed explanation for each item below:**

- b. Description of the referenced project, and its relevance to NCTA's Back Office System project with regard to successfully designing, developing, and implementing a back office solution for at one (1) toll agency project (or similar Project type) in the United States.
- Note:** The back office solution must be able to process financial, account-based transactions (including the production and mailing of toll bills or similar), and it must support account quantities and annual transaction volumes similar to, in excess of, NCTA's current numbers listed in Attachment I. The Proposer shall have maintained the system for at least one (1) year as of October 2017.

- c. For the referenced project, describe your approach to system enhancements and change order management:

- d. For the referenced project, describe the number and types of real-time data exchange interfaces to internal and external entities, and the process undertaken and coordination efforts needed to develop, implement and maintain those interfaces. Highlight any experience with regard to interface development with interoperable agencies for the exchange of transactions and revenue:

e. For the referenced project, describe your approach to schedule/deliverable management, and how your team performed with regard to meeting schedule milestone delivery dates for design, development, testing and implementation of the a back office system:
f. For the referenced project, describe any performance requirements you had to meet, and your approach to ensuring your system met those requirements:
g. For the referenced project, describe any required data migration tasks. Also describe your approach to planning the migration of legacy system data into a new account-based solution, and your experience in implementing your migration plan (e.g. migrating, testing, and implanting the new system inclusive of both legacy and new system data).
h. Description of the certification processes undertaken for the Back Office System mobile application developed for the referenced project, and its relevance to NCTA's Back Office System project (e.g. successfully designed, developed, tested, and obtained certification for mobile applications within the last two (2) years for both Google Play and the Apple Application store(s)):

Form D-3

Key Team Qualifications Form

Proposer shall use this form for Key Personnel Team member references. Each reference provided may be contacted. Copy this form as needed to comply with the requirements of the RFP and the number of references cited.

Key Team Member's Name:	Position:
Relevant Prior Project and Role:	
Agency/Client:	Agency/Client Contact Name and Role:
Agency/Client Phone Number:	Agency/Client Email Address:
Total number of years of experience Key Personnel team member has in similar role to one proposed for NCTA's Back Office System Project:	
Description of prior project scope, cost, start / end dates, etc.:	
Description of their role on prior project, including dates of participation and job description:	
Key Personnel team member's major contributions and highlights:	

## Form D-4

List of Subcontractors Form  
(Separate attachment)

Form D-5

Subcontractor RS-2 Form

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
SUBCONSULTANT  
TO BE USED WITH PROFESSIONAL SERVICES CONTRACT ONLY  
RACE AND GENDER NEUTRAL**

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*TIP No. and/or Type of Work (Limited Services)*

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*(Consultant/Firm Name and Federal Tax Id)*

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*(Subconsultant/Firm Name and Federal Tax Id)*

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<b><i>SERVICE / ITEM DESCRIPTION</i></b>		<b><i>Anticipated Utilization</i></b>
	<b>TOTAL UTILIZATION:</b>	
<b>SUBMITTED BY:</b> SUBCONSULTANT:	<b>RECOMMENDED BY:</b> CONSULTANT:	
*BY:	*BY:	
TITLE:	TITLE:	
SPSF Status:      Yes <input type="checkbox"/> No <input type="checkbox"/>		

**“SUBCONCONSULTANT” (FORM RS-2)**  
**RACE AND GENDER NEUTRAL**

**Instructions for completing the Form RS-2:**

1. Complete a Subconsultant Form RS-2 for each Subconsultant firm to be utilized by your firm.
2. Insert TIP Number and /or Type of Work (Limited Services)
3. Complete the Consultant/Firm name and Federal Tax ID Number for the primary firm information.
4. Complete the Subconsultant/Sub Firm name and Federal Tax ID Number for the sub firm information.
5. Enter Service/Item Description – describe work to be performed by the Sub Firm
6. Enter Anticipated Utilization – Insert dollar value or percent of work to the Subconsultant/Sub Firm
7. \*Signatures of both Subconsultant and Prime Consultant **are required** on each RS-2 Form to be submitted with the Letter of Interest (LOI) to be considered for selection
8. Complete “SPSF Status” section - Subconsultant shall check the appropriate box regarding SPSF Status, check Yes if SPSF or No if not SPSF

In the event the firm has **no** subconsultant, **it is required that this be indicated on the Subconsultant Form RS-2 form by entering the word “None” or the number “ZERO” and signing the form.**

Form D-6

Recent Client List Form  
(Separate attachment)

Form D-7

Proposer Qualifications and  
Financial Stability Form

## Proposer Qualifications and Financial Stability

Proposer shall use this form to clearly demonstrate how it meets the minimum qualification requirements for Proposals with regard to experience in **Section IV Qualification Package Response and Submission Instructions, Section 1.2 Qualification Requirements**. Each reference provided may be contacted by NCTA. Copy this form as needed to comply with the requirements outlined in the RFP for each of the Implementation and Operations and Maintenance Phase minimum requirements.

**Proposer's Name:** \_\_\_\_\_

Company Name:	
1.	A brief history and description of the Proposer's organizational structure, including size, number of employees, capability and area(s) of specialization:
2.	A detailed discussion of the Proposer's qualifications and experience related to <b>Section III, Scope of Work and Requirements</b> :
3.	Registration to do business with the North Carolina Office of the Secretary of State:
4.	Annual revenues for the firm and for the subsidiary, division or group responsible for this Project:
5.	<p>Attach financial statements for the past two years:</p> <p><input type="checkbox"/> Audited financial statements <input type="checkbox"/> Unaudited financial statements</p> <p>Types of Statements:</p> <p><input type="checkbox"/> Lines of Credit <input type="checkbox"/> Balance Sheet <input type="checkbox"/> Statement of Income <input type="checkbox"/> Statement of Cash Flow <input type="checkbox"/> Tax Return</p>

## Form D-8

### Requirements Conformance Matrix (Separate attachment)

Form D-9

Proposer Questions Form

(Separate attachment)

Form D-I0

Proposer Industry Comment Form

(Separate attachment)

Form D-II

Acknowledgement of Receipt  
of Addenda Form

**ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA**

The Proposer shall acknowledge receipt of each addendum to this Request for Proposal by completing this form and including it in the Qualification Package.

<u>Addenda</u>	<u>Date</u>	<u>By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Failure to confirm receipt of addenda may result in rejection of the Proposer's Qualification Package.

Dated \_\_\_\_\_, 2017

\_\_\_\_\_  
Legal Name of Firm

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

NOTE: Attach additional pages as necessary.

## Forms D-12 to D-16

### Non-Collusion Forms

(Separate attachments. Please complete a single form that is applicable to your firm's structure.)