

## Exhibits

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# Exhibit A

## Proposer Questions Form

(A Word version of the Proposer Questions Form is “paper clipped” to this Exhibits file for ease of completion.)

## Proposer Questions Form

Proposers are to submit questions using this form. Insert more rows as necessary.

#	Page	Section	Section Description	Proposer Question	NCTA Response
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

## Exhibit B-I

# Acknowledgement of Receipt of Addenda

(A Word version is “paper clipped” to this Exhibits file for ease of completion.)

## 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 Technical Proposal.

Failure to confirm receipt of addenda may result in rejection of the Proposer’s Proposal.

Note: Fill out both tables below and insert more rows as necessary.

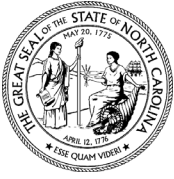
Addenda Number	Addenda Date	Acknowledged By

Proposer Information and Signature of Acknowledgement
Legal Name of Proposer:
Print Name and Title of Signatory:
Authorized Signature:
Signed Date:

# Exhibit B-2

## HUB Supplemental Vendor Information Form

(A fillable PDF version is “paper clipped” to this Exhibits file for ease of completion.)



## Exhibit B-2: HUB Supplemental Vendor Information

RFP Name : \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Historically Underutilized Businesses (HUBs) consist of minority, women, and disabled business firms that are at least fifty-one percent owned and operated by an individual(s) from one of these categories. Also included in this category are disabled business enterprises and non-profit work centers for the blind and severely disabled.

Pursuant to G.S. 143B-1361(a), 143-48 and 143-128.4, the State invites and encourages participation in this procurement process by businesses owned by minorities, women, the disable, disabled business enterprises, and non-profit work centers for the blind and severely disabled. This includes utilizing individual(s) from these categories as subcontractors to perform the functions required in this Solicitation.

The Vendor shall respond to questions below, as applicable.

### PART I: HUB CERTIFICATION

Is Vendor a NC-certified HUB entity?  Yes  No

If **yes**, provide Vendor #: \_\_\_\_\_

If **no**, does Vendor qualify for certification as HUB?  Yes  No

Vendors that check "yes" will be referred to the HUB Office for assistance in acquiring certification.

### PART II: PROCUREMENT OF GOODS - SUPPLIERS

For *Goods* procurements, are you using Tier 2 suppliers?  Yes  No

If **yes**, then provide the following information:

Company Name	Company Address	Website Address	Contact Name	Contact Email	Contact Phone	NC HUB certified?	Percent of total bid price

**PART III: PROCUREMENT OF SERVICES - SUBCONTRACTORS**

For *Services* procurements, are you using Subcontractors to perform any of the services being procured under this solicitation?  **Yes**  **No**

If **yes**, then provide the following information:

Company Name	Company Address	Website Address	Contact Name	Contact Email	Contact Phone	NC HUB certified?	Percent of total bid price

**Need more information?**

Questions concerning the completion of this form should be presented during the Q&A period through the process defined in the Solicitation document.

Questions concerning NC HUB certification, contact the [North Carolina Office of Historically Underutilized Businesses](#) at 984-236-0130 or [huboffice.doa@doa.nc.gov](mailto:huboffice.doa@doa.nc.gov)

## Exhibit B-3

### List of Subcontractors and RS-2 Form

(PDFs of all forms are presented below. A fillable PDF of the RS-2 Form and a Word version of the List of Subcontractors Form are both “paper clipped” to this Exhibits file for ease of completion.)

### List of Subcontractors

Please duplicate this page as necessary to provide the requested information.

Requested Info.	SUBCONTRACTOR	SUBCONTRACTOR	SUBCONTRACTOR
Legal Name of Company			
Company's FEID Number			
Company Contact Name			
Company Address			
City, State, Zip Code			
Company Telephone No.			
Company Fax Number			
Company E-mail address			
Legal Name of Principal(s)			
Address of Principal(s)			
City, State, Zip Code			
Telephone No. of Principal(s)			
Fax Number of Principal(s)			
E-mail address of Principal(s)			
Corporate Number (if applicable)			
License Number (if applicable)			
Status of License (if applicable)			

Requested Info.	SUBCONTRACTOR	SUBCONTRACTOR	SUBCONTRACTOR
Work to be Performed			
Expected Percentage of Total Work			

By: \_\_\_\_\_  
President or Vice President of Proposer

Signature: (1) \_\_\_\_\_

Attest: \_\_\_\_\_  
Secretary (or Assistant Secretary) of Proposer

Signature: (2) \_\_\_\_\_

**AFFIX CORPORATE SEAL IN THE SPACE PROVIDED BELOW:**

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

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

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

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

<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: <input style="width: 50px;" type="text"/>
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 Technical Proposal 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 this Subconsultant Form RS-2 form by entering the word “None” or the number “ZERO” and signing the form.**

# Exhibit B-4

## Non-Collusion Forms

(Please complete a single form that is applicable to your firm structure. Fillable PDFs of each form are “paper clipped” to this Exhibits file for ease of completion.)

# Exhibit C

## Proposal Cover Sheet

(A Word version of the Proposal Cover Sheet is “paper clipped” to this Exhibits file for ease of completion.)

NORTH CAROLINA TURNPIKE AUTHORITY  
CSC OPERATIONS STAFFING & CUSTOMER CONTACT TECHNOLOGY  
REQUEST FOR PROPOSALS  
**Proposal Cover Sheet**

**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.

Offer valid for one hundred and eighty (180) calendar days from Proposal Due Date.

**Proposer Information**

- Legal Name of Proposer:
- Street Address:
- P.O. Box (if applicable):
- City, State, and Zip Code:
- Primary Telephone Number:
- E-mail Address:

**Authorization**

- Print Name and Title of Signatory:
- Authorized Signature:
- Signature Date:

# Exhibit D

## Proposer Company Reference Form

(A Word version of the Proposer Company Reference Form is “paper clipped” to this Exhibits file for ease of completion.)

## Proposer Company Reference Form

**INSTRUCTIONS:** Duplicate this form for each project contract reference. See further instructions in RFP Part IV, Section I.I.D - Proposal Section I: Firm Qualifications.

### I. Proposer Details

Provide a response to each item below for this contract reference.

Item	Proposer Response
Proposer's Name	
Proposer's Role on the Project (Prime or Subcontractor)	

### 2. Primary Reference

Provide a response to each item below for this contract reference.

Item	Proposer Response
Reference Company / Agency Name	
City & State	
Project Manager / Owner Reference	
Project Manager / Owner Reference Phone Number & Email Address	
Start & End Dates of the Contract	
Contract Value	
Proposer's Contract Project Manager	
Number of Proposer Staff on Contract	
Customer Management System Contractor	

### 3. Alternate Reference

Provide a response to each item below for this contract reference.

Item	Proposer Response
Reference Name	
Reference Phone Number & Email Address	
Reference Role on Reference Project	

### 4. Services Provided

In the text box below, describe the services your firm provided on this contract.

### 5. Customer Service Center Operations (CSCO) Experience

For this contract reference, if Customer Service Center Operations were provided, respond to each item below. Use 'N/A' if not applicable to this contract reference.

Item	Proposer Response
Staffing Size Total	
Total Number of Agents (Call Center & Production)	
Number of Team Leads/Supervisors/Managers	
Call Center Operations (Number of Inbound Calls Per Day)	
Customer Account Management (Number of Registered & Unregistered Accounts)	
In-Person Customer Service (Number of Persons Serviced Per Day)	
Payments & Exceptions Processing (Average of the Total Number Processed Per Day)	
Financial Reconciliation Experience (Yes or No)	

Item	Proposer Response
Customer Dispute-Case Management (Number of Cases Handles Per Day)	
Average Agent Tenure Per Year	
PCI Compliance Experience (Yes or No)	
SOC2 Type 2 Experience (Yes or No)	

## 6. Contact Center Technologies (CCT)

For this contract reference, if a Contact Center Technology service was provided, respond to each item below. Use 'N/A' if not applicable to this contract reference.

Item	Proposer Response
CCaaS Platform Name	
Number of Monthly Customer Contacts Managed through IVR/Voice	
Number of Monthly Customer Contacts Managed through Live Chat	
Number of Monthly Customer Contacts Managed through Chatbot	
Call/Contact Containment	
First-Time Resolution Rate/Percentage	
Number of Cases Handled Per Day	
Number of Case Classifications/Categories	
Intakes for Cases: Web / Mobile App (Yes or No)	
Intakes for Cases: Agent (Yes or No)	
Managed Compliance Standards for PCI-DSS (Yes or No)	
Managed Compliance Standards for SOC2 - Type 2 (Yes or No)	

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# Exhibit E

## Bill of Materials

(A Word version of the Bill of Materials is “paper clipped” to this Exhibits file for ease of completion.)

### Bill of Materials

The table below is a Bill of Materials template for Proposers to use as a basis. If additional columns or rows are needed, please update the table as applicable.

Sl. #	Core Component Description (e.g.: CCaaS, Case, IVR, Chat, AI, etc.)	Purpose of the Component	Product Name	Make/ Model	Remarks (if any)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

# Exhibit F

## Technology Conformance Matrix

(An Excel version is “paper clipped” to this Exhibits file for completion.)

# Exhibit G

## Pricing Forms & Instructions

(An Excel version is “paper clipped” to this Exhibits file for completion.)