

 **Questionnaire**



|  |  |
| --- | --- |
| **Name of Company:** |  |
| **Company Address:** |  |
| **City, State, zip code:** |  |
| **Website:** |  |
| **Contact Person:** |  |
| **Title:** |  |
| **Phone:**  |  |
| **Email:**  |  |

|  |
| --- |
| **Background*****Note:*** *Generally, AEPA will not accept an offer from a business which fails to demonstrate and/or establish a proven record of business. If the respondent has recently purchased an established business or has proof of prior success in either this business or a closely related business, provide written documentation and verification in response to the questions below.*  |
| **This business is a:** |  | **public company** |  | **privately owned company** |
|  |  |  |  |  |
| **In what year was this business started under its present name?** |  |
|  |  |  |
| **Under what additional, or, former name(s) has your business operated?** |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this business a corporation?** |  | **No** |  | **Yes. If yes, complete the following:** |
| **Date of Incorporation:** |  |
| **State of Incorporation:** |  |
| **Name of President:** |  |
| **Name(s) of Vice President(s):** |  |
| **Name of Treasurer:** |  |
| **Name of Secretary:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this business a partnership?** |  | **No** |  | **Yes. If yes, complete the following:** |
| **Date of Partnership:** |  |
| **State Founded:** |  |
| **Type of Partnership, if applicable:** |  |
| **Name(s) of General Partner(s):** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this business individually owned?** |  | **No** |  | **Yes. If yes, complete the following:** |
| **Date of Purchase:** |  |
| **State Founded:** |  |
| **Name of Owner/Operator:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this business different from those identified above?** |  | **No** |  | **Yes** |
| **If yes, describe the company’s format, year and state of origin and names and titles of the principles below.** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this business women-owned?** |  | **No** |  | **Yes** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is this business minority-owned?** |  | **No** |  | **Yes** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does this business have an Affirmative Action plan/statement?** |  | **No** |  | **Yes** |

|  |
| --- |
| **Business Headquarter Location** |
| **Business Address** |  |
| **City, State, zip code** |  |
| **Phone** |  |
| **How long at this address?** |  |

|  |
| --- |
| **Business Branch Location(s) (If Applicable)** |
| **Branch Address** |  |
| **City, State, zip code** |  |
| **Branch Address** |  |
| **City, State, zip code** |  |
| **Branch Address** |  |
| **City, State, zip code** |  |
| **Branch Address** |  |
| **City, State, zip code** |  |

*\*If more branch locations exist, insert information here or add another sheet with the above information.*

|  |
| --- |
| **Provide a list of email addresses (comma separated) for the purpose of scheduling demonstration invites. Zoom video conferencing will be utilized for this purpose.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Work Force** |
| **Key Contacts and Providers:** Provide a list of the individuals, titles, and contact information for the individuals who will provide the following services on a national and/or local basis: |
| **Function** | **Name** | **Title** | **Phone** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| ***Company’s Site URL*** |
| Click or tap here to enter text. |

|  |
| --- |
| **Provide an overview of your proposed service; how and who it is hosted, average uptime, reliability statistics, available storage, scalability, browser compatibility, etc.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **How do you see a typical life cycle of a solicitation from start to finish (Images, Flowcharts may be used)?**  |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe** **in detail the primary features of your eSourcing service and how it meets or exceeds the scope of work described in the RFI/RFP.** **Include information on the aesthetics and ease of use or functionality not identified in in this RFI/RFP.** You may attach additional information.  |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe in detail your Vendor Management capabilities. Included unique features that will differentiate your solution that your competitors may not have.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe in detail your Solicitation Management capabilities. Included unique features that will differentiate your solution that your competitors may not have.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe in detail your Award Management capabilities. Included unique features that will differentiate your solution that your competitors may not have.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe in detail your Contract Management capabilities. Included unique features that will differentiate your solution that your competitors may not have.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe in detail your Vendor Performance and Contract Evaluation capabilities. Included unique features that will differentiate your solution that your competitors may not have.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Provide a description of how users are managed or the level of rights they may have.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe the audit capabilities of your service.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe in detail your company’s security protocols. How do you protect the service and data from loss, ransomware and other cybersecurity threats?** |
| Click or tap here to enter text. |

|  |
| --- |
| **Do you have additional functions available (e.g., reporting with custom forms, catalog capability, punchout or direct purchase capability, payment capability)? If so, can they be added at a later date or are they included in the service?**  |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe in detail your company’s training, service and support capabilities.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe any additional information you would like AEPA to know about your service and capabilities.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **What is your proposed fee, contract terms and length, for the esourcing and contract management full-service software? Tell us how you structure your pricing, any additional module costs and any discounts available.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **References** |
| Provide contact information of your business’s largest public agency customers, three or more.  |
| **Agency** | **Name** | **Title** | **Phone Number** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |