

**Request for Resume (RFR)
CATS+ Master Contract
All Master Contract Provisions Apply**

Section 1 – General Information			
RFR Number: (Reference BPO Number)	J02B5400077 - Mobility & Productivity Tool Technician		
Functional Area (Enter One Only)	Functional Area (FA) 16		
Labor Category/s			
<p><i>A single support staff or support groups of up to five members may be engaged for up to six months without renewal options. Awards for Major IT Development Project (MITDP)/Program Manager/Deputy PMs may have tenure of one base year with up to two optional years, or through the end of the project within the Master Contract term. An RFR is limited to only labor categories defined in the CATS+ RFP.</i></p>			
Enter the labor category/s to be provided:			
1. Help Desk Specialist (Senior)			
Anticipated Start Date	One week after award.		
Duration of Assignment	6 months		
Designated Small Business Reserve?(SBR): (Enter "Yes" or "No")	No		
MBE Goal, if applicable			N/A
Issue Date: mm/dd/yyyy	03/27/15	Due Date: mm/dd/yyyy	04/17/15
		Time (EST): 00:00 am/pm	2:00 pm
Place of Performance:	Maryland State Highway Administration (SHA) 707 North Calvert Street Baltimore, MD 21202		
Special Instructions: (e.g. interview information, attachments, etc.)	Interviews will be held at Maryland State Highway Administration (SHA) HQ, at the address listed above		
Security Requirements (if applicable):	Visitors must obtain a visitor badge upon entering all of the SHA buildings		
Special Invoicing Instructions:	<p>Invoice must be received by the 10th. of the month and shall identify TO Agreement number and Title, date of invoice, period of performance covered by the invoice, Contractor point of contact with telephone number.</p> <p>The TO Contractor shall e-mail each invoice and supporting documentation (itemized billing including detail of work hours) to:</p> <p style="padding-left: 40px;">E-Mail: sha-oit-invoices@sha.state.md.us</p> <ul style="list-style-type: none"> • The Task Order number & Project Manager's name must be shown on the E-mail Subject Line. 		

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Section 2 – Agency Procurement Officer (PO) Information			
Agency / Division Name:	Maryland SHA/ Office of Information Technology (OIT)		
Agency PO Name:	Dave Devlin	Agency PO Phone Number:	410-865-1230
Agency PO Email Address:	ddevlin@mdot.state.md.us	Agency PO Fax:	410-865-1388
Agency PO Mailing Address:	Same as above		
Section 3 – Scope of Work			
Agency / Project Background			
SHA has been using various desktop, mobile devices and productivity tools throughout the agency. We have a requirement to provide technical assistance and training to end-users of these devices and productivity tools. These efforts will be small in scope, ad-hoc and an experienced enterprise mobility & productivity tool technician is required to create a training program, as well as, to provide technical assistance for existing and/or future end-users.			
Job Description/s			
1. Help Desk Specialist (Senior)	Duties / Responsibilities		
	<ul style="list-style-type: none"> Develop and implement a Train-the-trainer program to internal SHA employees including instructional materials Meet with end users to assist with current mobile projects including mobile device management and office automation on mobile platforms Device provisioning with implementing/supporting Tablets, iPad, iPhone, Android, PCs in a large corporate environment. Track all support using the OIT Ticketing tool. Setting Enterprise Activation passwords and resetting device passwords. End users training and empowerment 		
Minimum Qualifications			
For minimum qualifications, see the labor category description in the CATS+ RFP for the subject RFR labor category. In addition, qualified candidates <u>must</u> meet the minimum qualifications specified below. Candidates that do not meet minimum qualifications will be deemed not reasonably susceptible for award and will not progress to full evaluation.			
Labor Category/s (From Section 1 Above)	Minimum Qualifications		
1. Help Desk Specialist (Senior)	<p>Enter the minimum required education, general experience, and specialized experience for this position as described in Section 2.10 of the CATS+ RFP.</p> <p>Education:</p> <p>A Bachelor's Degree from an accredited college or university with a major in Computer Science, Information Systems, Engineering, Business, or other related scientific or technical discipline <u>or</u> three (3) years of equivalent experience in a related field.</p>		

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	<p>General Experience: This position requires a minimum of seven (7) years of experience in a business IT environment with emphasis on PC computer hardware and applications. General experience includes, but is not limited to: information systems development, work in the client/server field, or related fields.</p> <p>Specialized Experience: At least five (5) years comprehensive knowledge of PC operating systems, e.g., DOS, Windows, as well as work on a help desk. Demonstrated ability to effectively communicate orally and in writing and to have a positive customer service attitude.</p>
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<p>Preferred Qualifications The additional Experience/Knowledge/Skills listed below are preferred by the State.</p>
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<p>1. Help Desk Specialist (Senior)</p>	<p>General Experience (a minimum of seven (7) years):</p> <ul style="list-style-type: none"> • Experience in using and managing mobile device management and office automation on mobile platforms & PCs • Experience with Microsoft Office tools: Excel, Access, PowerPoint Outlook, Word, Vision, SharePoint as well as Adobe products • Experience with new edge mobile technologies such as Tablets, iPhone, iPad, Android, Mobile Device Management (MDM), as well as Blackberry & PC device environments • Must work well in a team-oriented environment • Must be customer-focused • Must possess good verbal and written communication skills with great; Must be able to communicate with all levels of users • Attention to detail • Proven experience and ability to manage small projects <p>Specialized Experience (a minimum of five (5) years):</p> <ul style="list-style-type: none"> • iOS, Android, Blackberry, and Windows device configuration, security, and management experience. • Client side security experience using products like Juniper and Entrust. • Configuration and support of mobile devices with wireless technologies such as LTE, 802.11. • Configuration and support of mobile printing. • Modernizing processes and increasing conformity through the implementation of mobile technologies. • MDM experience including products like Good MDM. • Ability to support data acquisition, manipulation, and visualization on mobile devices including products like Salesforce and Qlikview • Self-service provisioning and workflow automation support for mobility solutions • Identifying requirements to achieve a Mobility strategy, in conjunction with architecture, application development and production management colleagues • Experience with the “Bring Your Own Device” BYOD support for mobility solutions • Teaching/Training experience
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- MS Office (Word, Excel, and Powerpoint) Level 3 or equivalent competent

Section 4 - Required Submissions

NOTE:

- Master Contractors may propose only one candidate for each position requested.
- Master Contractors electing not to propose in response to the RFR must submit a “Master Contractor Feedback Form” via the “Master Contractor Login” on the CATS+ web site.
- Master Contractors proposing in response to the RFR must submit the documents below as separate files contained in two separate emails as follows:

Email 1 of 2 with “Technical”: Master Contractor Name, RFR number, & candidate name in the subject line

- Attachment 1 - Resume for the labor category described in the RFR
- Three (3) current references that can be contacted for performance verification of the submitted consultant’s work experience and skills. Telephone number and email address of reference is needed.
- Conflict of Interest Affidavit (Attachment 3)
- Living Wage Affidavit (Attachment 5)

Email 2 of 2 with “Financial”: Master Contractor Name, RFR number, & candidate name in the subject line

- Price Proposal (Attachment 2)

1. References from no less than two (2) and no more than three (3) customers that received formal training and/or services from this applicant.
2. Criminal Background Check (Attachment 4) Completed Criminal Background Check Affidavit is due prior to commencement of work of the selected resource.

Section 5 – Evaluation Criteria

Candidates meeting the Minimum Qualifications listed in Section 3 above will be evaluated for overall best value, as follows:

1. Relevant Desktop, Mobile Device and productivity tools experience as per section 3 minimum requirements and preferred requirements
2. Price
3. Review of References

Basis for Award Recommendation

The Agency PO will recommend award to the Master Contractor whose proposal is determined to be the most advantageous to the State, considering price and the evaluation factors set forth in the RFR. The Agency PO will initiate and deliver a Task Order Agreement to the selected Master Contractor. **Master Contractors should be aware that if selected, State law regarding conflict of interest may prevent future participation in procurements related to the RFR Scope of Work, depending upon specific circumstances.**

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**ATTACHMENT 1
RFR RESUME FORM
RFR # J02B5400077**

Instructions: Enter resume information in the fields below; do not submit other resume formats. Submit only one resume per Labor Category described in Section 1 of the RFR. If the RFR requests multiple Labor Categories, use a separate resume form for

Labor Category: **Help Desk Specialist (Senior)**

Candidate Name:

Master Contractor:

A. Education / Training

Institution Name / City / State	Degree / Certification	Year Completed	Field Of Study
<add lines as needed>			

B. Relevant Work Experience

Describe work experience relevant to the Duties / Responsibilities and Minimum Experience / Knowledge / Skill described in Section 3 of the RFR. Starts with the most recent experience first; do not include non-relevant experience.

[Organization] *Description of Work...*
 [Title / Role]
 [Period of Employment / Work]
 [Location]
 [Contact Person (Optional if current employer)]

[Organization] *Description of Work...*
 [Title / Role]
 [Period of Employment / Work]
 [Location]

<add lines as needed>

C. Employment History

List employment history, starting with the most recent employment first

Start and End Dates (MM/YY thru MM/YY)	Job Title or Position	Organization Name	Reason for Leaving
<add lines as needed>			

D. References

List persons the State may contact as employment references

Reference Name	Job Title or Position	Organization Name	Telephone / Email

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<add lines as needed>			
LABOR CATEGORY PERSONNEL RESUME SUMMARY (ATTACHMENT 1 CONTINUED) *"Candidate Relevant Experience" section must be filled out. Do not enter "see resume" as a response.			
Proposed Individual's Name/Company:		How does the proposed individual meet each requirement?	
LABOR CATEGORY TITLE – Help Desk Specialist (Senior)			
Requirement		Candidate Relevant Experience *	
Education: <ul style="list-style-type: none"> <i>A Bachelor's Degree from an accredited college or university with a major in Computer Science, Information Systems, Engineering, Business, or other related scientific or technical discipline or three (3) years of equivalent experience in a related field.</i> 		Education:	
General Experience: <ul style="list-style-type: none"> <i>This position requires a minimum of seven (7) years of experience in a business IT environment with emphasis on PC computer hardware and applications. General experience includes, but is not limited to: information systems development, work in the client/server field, or related fields.</i> 		General Experience:	
Specialized Experience: <ul style="list-style-type: none"> <i>At least five (5) years comprehensive knowledge of PC operating systems, e.g., DOS, Windows, as well as work on a help desk. Demonstrated ability to effectively communicate orally and in writing and to have a positive customer service attitude.</i> 		Specialized Experience:	
<i>Describe additional professional experience, knowledge, and skills required for this position in accordance with the preferred qualifications in Section 3.</i>			
The information provided on this form for this labor category is true and correct to the best of my knowledge:			
Master Contractor Representative:			
_____	_____	_____	_____
Print Name	Signature	Date	
Proposed Individual:			
_____	_____	_____	_____
Signature	Date		

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**ATTACHMENT 2
PRICE PROPOSAL
RFR # J02B5400077**

(This form is to be filled out by Master Contractors - Submit with the Financial Response)

	A	C	D
<i>Help Desk Specialist (Senior)</i>	Fully Loaded Hourly Labor Rate	Evaluation Hours	Evaluation Price (A x C)
(Enter the proposed resource name)	\$	1040	\$

Authorized Individual Name

Company Name

Title

Company Tax ID #

The Hourly Labor Rate cannot exceed the Master Contract rate, but may be lower. Proposed rates must be fully loaded, all inclusive, and shall include all direct and indirect costs for the Master Contractor to perform under the TOA. Evaluation Hours are for evaluation purposes only and do not represent actual hours to be worked or invoiced.

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ATTACHMENT #3**

CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

A. "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the State, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

B. "Person" has the meaning stated in COMAR 21.01.02.01B(64) and includes a bidder, offeror, contractor, consultant, or subcontractor or sub consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a bid or offer is made.

C. The bidder or offeror warrants that, except as disclosed in §D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.

D. The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain detail—attach additional sheets if necessary):

E. The bidder or offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the bidder or offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the bidder or offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____

By: _____

(Authorized Representative and Affiant)

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ATTACHMENT #4

CRIMINAL BACKGROUND CHECK AFFIDAVIT

AUTHORIZED REPRESENTATIVE

I HEREBY AFFIRM THAT:

I am the _____ (Title) _____ and the duly authorized representative of _____ (Master Contractor) _____ and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

I hereby affirm that _____ (Master Contractor) _____ has complied with Section 2.4, Security Requirements of the Department of Information Technology's Consulting Technical Services Master Contract Number 060B2490023 (CATS+).

I hereby affirm that the _____ (Master Contractor) _____ has provided _____ (Agency) _____ with a summary of the security clearance results for all of the candidates that will be working on this RFR _____ (Title and Number) _____ and all of these candidate(s) have successfully passed all of the background checks required under Section 2.4.3.2 of the CATS + Master Contract.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Master Contractor

Typed Name

Signature

Date

This affidavit is due prior to commencement of work.

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ATTACHMENT 5**

Maryland Living Wage Requirements Affidavit of Agreement

(Submit with Bid/Proposal)

Contract No. _____

Name of Contractor _____

Address _____

City _____ State _____ Zip Code _____

If the Contract Is Exempt from the Living Wage Law

The Undersigned, being an authorized representative of the above named Contractor, hereby affirms that the Contract is exempt from Maryland's Living Wage Law for the following reasons (check all that apply):

- Bidder/Offeror is a nonprofit organization
- Bidder/Offeror is a public service company
- Bidder/Offeror employs 10 or fewer employees and the proposed contract value is less than \$500,000
- Bidder/Offeror employs more than 10 employees and the proposed contract value is less than \$100,000

If the Contract Is a Living Wage Contract

A. The Undersigned, being an authorized representative of the above-named Contractor, hereby affirms its commitment to comply with Title 18, State Finance and Procurement Article, Annotated Code of Maryland and, if required, to submit all payroll reports to the Commissioner of Labor and Industry with regard to the above stated contract. The Bidder/Offeror agrees to pay covered employees who are subject to living wage at least the living wage rate in effect at the time service is provided for hours spent on State contract activities, and to ensure that its Subcontractors who are not exempt also pay the required living wage rate to their covered employees who are subject to the living wage for hours spent on a State contract for services. The Contractor agrees to comply with, and ensure its Subcontractors comply with, the rate requirements during the initial term of the contract and all subsequent renewal periods, including any increases in the wage rate established by the Commissioner of Labor and Industry, automatically upon the effective date of the revised wage rate.

B. _____(initial here if applicable) The Bidder/Offeror affirms it has no covered employees for the following reasons: (check all that apply):

- The employee(s) proposed to work on the contract will spend less than one-half of the employee's time during any work week on the contract

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- The employee(s) proposed to work on the contract is 17 years of age or younger during the duration of the contract; or
- The employee(s) proposed to work on the contract will work less than 13 consecutive weeks on the State contract.

The Commissioner of Labor and Industry reserves the right to request payroll records and other data that the Commissioner deems sufficient to confirm these affirmations at any time.

Name of Authorized Representative: _____

Signature of Authorized Representative Date

Title

Witness Name (Typed or Printed)

Witness Signature Date