

Attachment Y SaaS ITSM Demonstration and Scenarios

1. Demonstration and Oral Presentation Agenda

In accordance with Section ~~1.16~~ 4.5 of the TORFP, each Offeror will be provided a ~~3 hour~~ 6 hour time period to discuss ~~its~~ their proposal and to demonstrate ~~its~~ their solution to the Evaluation Committee. Two screens, projectors, and Internet connections will be provided upon request to facilitate your demonstration. As stated in Section ~~1.16~~ 4.5, this time period will be divided into several parts:

1. **Demonstration that the proposed solution meets Minimum Requirements (30 minutes ~~one hour~~):** This will be accomplished by successfully completing all elements of Scenario 1 in this document. Should the system demonstration fail to pass all elements of Scenario 1, the Demonstration and Oral Presentation will be terminated and the proposal shall be deemed not susceptible to award.
- ~~2. **Oral Presentation (one hour):** Offeror will be provided the opportunity to provide a 30 minute presentation, followed by a 30 minute question and answer period. The presentation and follow on questions may cover any aspect of the Offeror's proposal.~~
2. **General Presentation (one hour):** During this time, Offerors are encouraged to demonstrate the enterprise functionality of their proposed System. The demonstration should cover, but is not limited to the areas listed below:
 - Knowledge Base (Build and Maintain);
 - Service Catalog (Build and Maintain);
 - Standard Reporting;
 - Ad hoc Reporting to include collecting and reporting information related to different groups of customers;
 - Asset management;
 - Service level management;
 - Configurable "dashboards";
 - Configurable "e-mail notifications";
 - Functions included in the self-service portal
3. **Perform Scenarios (90 minutes ~~3 hours~~):** During this time period, Offeror shall demonstrate scenarios 2 – 4 which are provided below.

2. Scenarios

Offerors shall configure the demonstration to illustrate the following scenarios.

Scenario Name:	Minimum Requirements Demonstration
Scenario Number	1

Background

This Scenario shall be performed at the beginning of the Demonstration to verify that the System meets Minimum Requirements. Failure to successfully execute this Scenario will result in the cancellation of the remainder of the presentation.

This Scenario will follow the steps provided below:

Step #	Req Ref	Action	Pass/ Fail	Comments
1	MINREQ - 001	Vendor attests in Comments that no User or administrator interaction requires use of an interface other than a Web Browser. Any required use of other than a Web Browser during System Demo will fail this Step.		
2	MINREQ - 002	Save one of each in the System: <ol style="list-style-type: none"> 1. Incident 2. Problem 3. Asset 4. Service Level Agreement 5. Knowledge Base Article 6. Service Catalog Item 7. Change Management Request 		
3	MINREQ - 003	Using a Customer Account, go to the Self Service Portal and: <ol style="list-style-type: none"> 1. Create an Incident 2. Create a Service Request 		
4	MINREQ - 004	Using same account as in step 3, view Incident and Service Request that were just created.		
5	MINREQ - 004	Using same account as in step 3 access the Knowledge Base and an article in the Knowledgebase.		

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Step #	Req Ref	Action	Pass/ Fail	Comments
6	MINREQ - 005	Access and use a feature of the system that generates an email to a User		
7	MINREQ - 005	From a Customer email account, send an email to the system demonstrating any function.		
8	MINREQ - 006	Bring up an input form in the System that has both required and optional fields. Fail to fill in a required field and attempt to save the record. Save action should fail		
9	MINREQ - 006	Bring up an input form in the System that has both required and optional fields. Fail to fill in an optional field (fill in all required fields) and attempt to save the record. Save action should succeed.		
10	MINREQ - 007	Bring up an input form with Alphanumeric, Numeric and Date Fields. Insert incorrect values in the following field types and verify that the record fails to Save. <ul style="list-style-type: none"> • Numeric • Date field 		
11	MINREQ - 008	View a record from the following record types and display the unique identifier: <ol style="list-style-type: none"> 1. User 2. Customer 3. Incident 4. Problem 5. Service Request 6. Asset 7. Knowledge Article 8. Service Catalog Item 9. Service Level Agreement 10. Change Request 		

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Step #	Req Ref	Action	Pass/ Fail	Comments
12	MINREQ – 009	Demonstrate, on a screen or in a report, the ability to Link an Incident to a: <ol style="list-style-type: none"> 1. Customer 2. User 3. Asset 4. Configuration Change 5. Knowledge Base Article 		
13	MINREQ – 009	Demonstrate, on a screen or in a report, the ability to Link a Problem <ol style="list-style-type: none"> 1. to a: 2. Customer 3. User 4. Asset 5. Configuration Change 6. Knowledge Base Article 		
14	MINREQ – 010	Access the Reporting System and provide an example of a Standard report.		
15	MINREQ – 010	Access the Reporting System and create and save an Ad Hoc report		
16	MINREQ – 011	Using an existing report in the System, perform the following actions: <ol style="list-style-type: none"> 1. Edit the report 2. Save the edited report 3. Share the Report with another User 4. Print the report (sufficient to demonstrate that the capability exists in the System) 5. Export the Report to PDF, XML and CSV formats. 		

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Step #	Req Ref	Action	Pass/ Fail	Comments
17	MINREQ – 012	<p>Demonstrate the creation of a Workflow having the following characteristics:</p> <ol style="list-style-type: none"> 1. Assign an Incident to a User for Support Action. 2. Demonstrate the User receiving an email notifying him/her of the new Incident. 3. Have User request an Asset in response to the incident. 4. Demonstrate the Asset Request going to multiple approvers in parallel for approval. 5. Have User insert a Change Request for the Incident. 6. Demonstrate sequential approval of the Change Request by two other Users. 7. Have users change status on Incident to “Resolved” 8. Demonstrate System Automatic action to notify customer of Incident status change. 		
18	MINREQ – 013	<p>Have a User access a Knowledge Base Article that is restricted to use by Users, not Customers. Using a Customer account and the Self Service Portal, demonstrate that a Customer cannot access this article.</p>		
19	MINREQ – 014	<p>Demonstrate a User logon using Single Sign On.</p>		
20	MINREQ – 014	<p>Demonstrate a User logon using a user name and password.</p>		

Scenario Name:	Onboarding New Staff
Scenario Number	2

Background

A new hire needs all of their technology resources available on the first day to perform training and increase productivity.

For the vendor demonstration:

Process Name: IT Onboarding using self-service portal

Description: A supervisor uses the self-service portal to create a service request for a new hire. This includes; name of supervisor, new employee name, and office location. The location is required to provision phone and computer before the arrival of the new hire. A new service request is created with three assignments (create accounts, provide appropriate technology hardware/software resources, and provides desk phone). The assignments can be completed in any order. The service request cannot be closed until all three assignments are closed.

Step No.	Requirement Reference	Description
1	MINREC - 003, GEN - 914, SC-006, MINREQ - 012	Using a self-service portal, supervisor initiates service request and selects resources <ul style="list-style-type: none"> • New hire name • Location • Identifies IT equipment preference (desktop or laptop) • Identify required software applications (menu selection and/or comment box for special ad-hoc requests). If a selected application involves a State restricted system (ex. Access to the States' financial management or the States' personnel system), additional authorization signatures would be required. Explain how that workflow would be accomplished and documented.
2	GEN - 015, MINREQ -012	Automatically create assignment 1 - Create Active Directory (AD) and e-mail accounts
3	GEN - 015, MINREQ -012	Automatically create assignment 2 - Provision hardware and software
4	GEN - 015, MINREQ -012	Automatically create assignment 3 - Provision desk phone
5	MINREQ - 008, AM-002	Assign computer from available assets and modify record in asset management
6	MINREQ -012	Close assignment - Create AD and email accounts
7	MINREQ -012	Close assignment - Provision phone
8	MINREQ -012	Close assignment - Provision end-user hardware and software
9	MINREQ -012	Close service request only after all assignments have been closed
10	MINREQ - 005	Email notification of closed service request sent to supervisor who

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Step No.	Requirement Reference	Description
		originated the request.

Scenario Name:	networkMaryland Provisioning and Invoicing
Scenario Number	3

Background

The State operates a high-speed wide area network (networkMaryland) with equitable access to network services regardless of location for all State agencies/entities. It is comprised of a wide range of network circuits inter-connected to create an information network. If there are requests for additional or new network services, the State agency/entity would be responsible for those costs. The State agencies/entities that use services associated with network Maryland are called Customers. The State coordinates with contractors and Customers to ensure that requested network services are:

- Available at the requested location;
- Well planned to maximize existing infrastructure investments;
- Professionally implemented;
- Services/circuits are documented; and
- Costs associated with requests are agreed upon in advance of implementation.

The workflow associated with the requests involves multiple approvals (Customers, DoIT management, and contractors). Potentially, unexpected change may adversely impact previous approvals (ex. The remote location requires a level of effort and additional equipment that may increase the Customer’s previously agreed upon price estimate).

For the vendor demonstration:

Process Name: Customer requesting new network services

Description: A State agency is requesting that a new high speed network connection be added to a remote location. The Customer requests services from networkMaryland. The requested speed of the Internet connection impacts costs. There are installation costs and monthly rates associated with the requested service. As the new service is implemented, a Configuration Item (CI) is created and maintained to document information about this service (ex. Circuit number, location, capacity, and Customer). Demonstrate the workflow and how our staff can perform this function:

Step No.	Requirement Reference	Description
1	MINREQ - 003	Customer submits request for high speed network connection using a Service Catalog; Information such as; name of requestor, contact information, location of desired network connection, etc. is captured and retained.
2	MINREQ -012	Request is reviewed by DoIT, edited as necessary, and estimated costs and estimated schedule are provided to the Customer for approval. If approved by the Customer, move to

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		step 3.
3	MINREQ -012	Approval required by DoIT Management. If approved by DoIT Management, move to step 4.
4	MINREQ -012	DoIT coordinates with the contractor and the contractor anticipates additional infrastructure improvements would be required to satisfy this request. The Contractor prepares time & materials estimate for approval by DoIT Management.
5	MINREQ -012 MINREQ – 005, GEN 005	DoIT approves the time and materials estimate. However, this action significantly impacts the schedule for Customer installation. The Customer is notified of the delay.
6	MINREQ -012	The contractor implements the services.
7	MINREQ -012	Once implemented DoIT reviews and approves the contractor implementation to ensure compliance.
8	AM-008	Upon DoIT approval of the successful implementation, a CI is created for that asset. For this example, the CI would contain the circuit number, location, capacity, and Customer.
9	MINREQ -012	Customer approves and accepts services.
10	MINREQ -012 FM-006, FM - 007	DoIT provides automated invoice to Customer.
11	MINREQ -012	Customer pays invoice.

Scenario Name:	Maryland Accessible Telecommunications
Scenario Number	4

Background

The Maryland Accessible Telecommunications (M.A.T.) program provides free assistive telecommunications equipment to qualified residents of the State of Maryland.

The required qualified resident data maintained for M.A.T. customers contains different fields than data maintained by a typical State customer. Data includes information collected from the M.A.T. Application (Parts 1 – 4). Notable differences in data collected for M.A.T. customers include:

- Social Security Number (or last 4 digits if the application cannot support Personal Identifiable Information);
- County (24 possibilities);
- Type of phone – (Voice, TTY, VCO, HCO, Video); Note: The customer may have one or more than one type of phone;
- Date of application;
- Alternate phone point of contact;
- Means of communication – (Voice, Read lips, ASL, Signed English, Written Notes, TTY, Braille) Note: The customer may have one or more than one means of communication;
- Applied before; (Boolean Yes/No and Year applied if ‘Yes’)
- In addition to check boxes related to age, residency, existing home phone service, financial benefits, income (Ideally, the system would allow entry of scanned documents)
- The team would also like to have the ability to retain a scanned version of the M.A.T. Application –Part 1 form and associate that form with the customer record.

The M.A.T. program also has an interest in asset management of telecommunications equipment. Requested data associated with this equipment includes:

- Manufacturer; (Drop down with the ability to add manufacturers)
- Model number; (Drop down with the ability to add models)
- Model recommended replacement; (Optional drop down that will be used for obsolete models with recommended replacement items – Staff will have the ability to add replacement models)
- Vendor; (Drop down with the ability to add vendors)
- Serial number;
- Telecommunications Access of Maryland (TAM) number;
- Unit Cost;

- End Warranty Date;
- Assigned to: (Note: This would be the qualified resident or a State storage area);
- Assigned to date;
- Warranty work performed on this unit; (Note: this would include a history of each incident of warranty work associated with this unit, the resident who was assigned the equipment, and provide the reason and date of service. The reasons for warranty would be a drop down menu with the ability to warranty explanations.);

For the vendor demonstration:

Process Name: Returned Equipment

Description: A family member drops off a piece of equipment that belonged to a family member who passed away. This person has no idea of anything to do with the equipment and TAM sticker is missing. They are helping another family member by turning in the equipment.

Demonstrate how our staff can:

Step No.	Requirement Reference	Description
1	R-008	Look up the name of the qualified resident who was issued this equipment;
2	R - 006	Obtain a history of all equipment given to this qualified resident and the asset history associated with each piece of equipment assigned to this qualified resident;
3	MINREQ -012, AM – 004.	Accept the returned equipment and update Asset Records appropriately.

Process Name: Asset Quality Assurance and Planning

Description: TAM wants to know which manufacturer’s models are reliable and which have experienced repeated warranty service. Demonstrate how our staff can:

Step No.	Requirement Reference	Description
1	R - 008	Obtain a report of warranty asset history (date of warranty and type of warranty service) by: <ul style="list-style-type: none"> • Model number; • Serial number; • Qualified resident; • Reseller; and/or • Warranty service provided between specified dates.
2	R-010	TAM wants to keep track of hardware applications received by

	R-001	county to measure the impact of their Outreach programs. Demonstrate that staff can determine the number of new hardware applications by county during a selected period of time. (Using “Date of Application”)
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Process Name: Data Entry

Description: TAM works with a multitude of qualified residents and equipment. Demonstrate methods of how our staff can quickly add data via:

Step No.	Requirement Reference	Description
1	AM-005	Data entry using a Barcode Reader, CSV, automated form and/or other methods

Process Name: On-site Visits to Qualified Residents – Equipment Repair

Description: TAM provides on-site services to qualified residents. Using Internet access only, demonstrate how TAM staff can:

Step No.	Requirement Reference	Description
1	AM-009	Identify asset record for equipment that needs warranty repair;
2	MINREQ - 010	Verify the warranty service is available on the asset;
3	MINREQ - 005	If warranty service is available, automatically generate a request to the warranty vendor that: <ul style="list-style-type: none"> • Identifies the equipment and current location (address) • Identifies the malfunction
4	R-001	Check existing stock to see if existing inventory is available for temp loan until the warranty service has been completed

M.A.T. Application

M.A.T. APPLICATION—PART 1

MARYLAND ACCESSIBLE TELECOMMUNICATIONS
301 W. Preston Street, Suite 1008A, Baltimore, MD 21201
800-552-7724 (V/TTY) • www.mdrelay.org

Please print. Please use ink.

Name: First MI Last

Mailing Address (must not be a PO Box): Apt.

City State Zip Code

Social Security Number Date of Birth: m m / d d / y y y y

E-mail

Your County (check one):

- | | | | |
|---|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Carroll | <input type="checkbox"/> Harford | <input type="checkbox"/> Saint Mary's |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Cecil | <input type="checkbox"/> Howard | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Charles | <input type="checkbox"/> Kent | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Calvert | <input type="checkbox"/> Frederick | <input type="checkbox"/> Prince George's | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Caroline | <input type="checkbox"/> Garrett | <input type="checkbox"/> Queen Anne's | <input type="checkbox"/> Worcester |

Phone Number Voice TTY VCO HCO Video
Circle all that apply

No phone? Can't use the phone? Who can we call?

Name

Relationship Phone number

Under 18? Have a Guardian?

Parent/Guardian Name E-Mail

Phone number Voice TTY VCO HCO Video
Circle all that apply

Your means of communication—please check all that apply:

- | | | | |
|--|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Voice | <input type="checkbox"/> Read lips | <input type="checkbox"/> ASL | <input type="checkbox"/> Signed English |
| <input type="checkbox"/> Written notes | <input type="checkbox"/> TTY | <input type="checkbox"/> Braille | |

Applied before?

- No Yes—What year? _____

For additional applications, please visit www.mdrelay.org
Or, email: moreinfo@mdrelay.org

M.A.T. APPLICATION—PART 2 ELIGIBILITY

MARYLAND ACCESSIBLE TELECOMMUNICATIONS
301 W. Preston Street, Suite 1008A, Baltimore, MD 21201
800-552-7724 (V/TTY) • www.mdrelay.org

ARE YOU (if yes, put a check)

- more than 5 years old?
- a Maryland resident?
- someone who has trouble using a regular phone because of a disability?

DO YOU (if yes, put a check)

- have land line telephone service in your home now?
If not, have you applied to get telephone service? Yes No
- Receive one of the following financial benefits:**
 - Social Security (SSA)
 - SSI (Supplemental Security Income)
 - SSDI (Social Security Disability Insurance)
 - TANF (Temporary Assistance for Needy Families)
 - TDAP (Temporary Disability Assistance Program)
 - Pharmacy Assistance
 - Veteran's Benefits
 - HUD housing assistance
 - Medical Assistance
 - Other state or federal benefits (please list): _____

**If you receive any of these benefits—please send a COPY of paperwork as proof.
PLEASE DO NOT SEND ORIGINALS (they will not be returned)!**

IF YOU DO NOT RECEIVE THESE BENEFITS BUT HAVE A LIMITED INCOME, WE WILL STILL CONSIDER YOU! PLEASE SEND US THE FOLLOWING:

- Copy of ONE of these: **last 2 pay stubs, OR;
unemployment pay stubs, OR;
last year's income tax forms**
- Copy of your telephone bill (or other Utility Bill)
- Copy of your Photo ID, Driver's license or Identification card

PLEASE DO NOT SEND ORIGINALS (they will not be returned)!

For additional applications, please visit www.mdrelay.org
Or, email: moreinfo@mdrelay.org

M.A.T. APPLICATION—PART 3

STATEMENT OF TERMS AND CONDITIONS

for Acceptance of State Property for Personal Use

I understand and agree to the following:

1. The telecommunications equipment is the property of the State of Maryland. The equipment is loaned to me for my personal use to access the telephone and I may use it for as long as I am a resident of this State. The conditions of my use are: (1) I will not sell, pawn, give away, loan it or otherwise transfer any rights I might have to this equipment to others and (2) I will comply with all of the terms and conditions of this statement which I voluntarily agree to sign.
2. I will protect the equipment from damage by liquid, extreme temperatures and poor care. I understand if the equipment is deliberately damaged, I may be required to pay for repairs.
3. If the equipment is damaged, I will NOT try to repair or disassemble equipment. I will return equipment to the vendor. I understand if I try to repair or disassemble equipment, it will void the manufacturer's warranty and I will be required to pay for repairs on equipment.
4. When equipment repair is needed due to NORMAL WEAR & TEAR, it will be provided to me at no cost. I must send the equipment back to the vendor for service.
5. If my equipment is STOLEN, I will report it to the police immediately. I will send a copy of the police report to the MAT office immediately. I can not be issued a replacement until I have done this.
6. If I LOSE my specialized telephone equipment, I must report the loss to the State of Maryland/MAT office. I understand that the State will NOT give me another piece of equipment if lost.
7. I understand that it is against the law to file false statements regarding loss, damaged or stolen State property. I understand that false statements filed by me can result in my being criminally prosecuted. I understand that if I SELL or PAWN the equipment, I can be criminally prosecuted. I understand and agree to defend, indemnify, and hold harmless the State of Maryland, and its units, agents, agencies, departments, officials, representative and employees from any and all claims, damages and expenses of whatever nature arising out of use or misuse of equipment by me or any person of equipment given to me for my personal use. I further understand and agree that the State of Maryland, and its units, agents, agencies, departments, officials, representative and employees are not responsible for equipment furnished by the supplier of the equipment, for any acts of omissions of the supplier of the manufacturer of the equipment. Any claims or disputes over the equipment or maintenance of the equipment may be asserted solely against the supplier or the manufacturer of the equipment. The State shall not be considered a seller of the equipment and shall not be considered in any way a party to any transaction(s) between the customer and the supplier or manufacturer of the equipment.
8. Failure to comply with these Conditions of Acceptance may result in my being denied the privilege of having specialized telephone access equipment provided by the State of Maryland.
9. Upon approval of an application form, I understand I will be notified of acceptance in writing. If necessary, I will request training specific to the device I will receive. If I am a minor, a parent/guardian will accompany me to the required training to sign this statement. If I am physically unable to attend training, I can call 1-800-552-7724 to arrange for alternative site training.

Having read the above conditions or having had them read and explained to me, I agree to comply with all of the terms and conditions that I, or the minor for whom I am signing, is eligible to received the requested equipment having (1) the required medical certification of disability; (2) met the income guidelines by currently receiving SSL, SSDI, TDAP or TANF; (3) signed the statement of terms and conditions for acceptance of State property; and (4) am not receiving similar equipment through other State or Federal agencies, or departments.

Print Name

Signature (Applicant or parent/guardian, if under 18 years old)

Date

Witness

Date

Signature of Interpreter (if forms were interpreted)

M.A.T. APPLICATION—PART 4 DISABILITY CERTIFICATION FORM

Applicant: Please complete this part and give the form to your doctor, audiologist, rehabilitation counselor or speech pathologist.

Applicant's Name	Date of Birth: m / m / d d / y y y y
Address	Apt.
City	State
Zip Code	
Social Security Number	Phone Number

I authorize TAM/MAT to have access to and use the information contained in this Disability Certification Form.

Applicant's signature	Date
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PROFESSIONAL CERTIFICATION SECTION

Note to Health Care Provider: This form must be filled out by a practicing Maryland licensed physician, audiologist, rehabilitation counselor, or speech pathologist acting within the scope of his or her license or by an authorized representative of a Stage agency or educational institution approved by Telecommunications Access of Maryland.

I certify that the above named person has the impairment(s) marked below and is limited in his/her ability to use a regular phone.

Signature: _____ Date: _____

Printed name: _____

Check one: Physician Audiologist Rehabilitation Counselor Speech Language Pathologist
 Other health care professional (specify) _____

Office Address: _____

City, State, Zip Code: _____

Phone Number: _____ MD State Lic/Cert # _____

DISABILITY (check all that apply)

Deaf/Deafened—severe to profound hearing loss; cannot benefit from telephone amplification

Hard of Hearing—needs amplification to use effectively use a telephone. Hearing loss is:
 mild moderate severe

Low/Vision/Blind—vision with correction is 20/200 or less in the better eye or the visual field is 10 degrees or less

Deafblind—severe to profound hearing loss and vision with correction of 20/200 or less in the better eye or the visual field is 10 degrees or less

Speech Impaired—unable to speak intelligibly or requires amplification to be heard on the phone

Mobility Impaired— upper body lower body both—impaired ability to grip, lift, hold or dial the telephone or impaired ability to get to the phone when it rings

Cognitively Impaired—impaired ability to dial a series of numbers, to access (or memorize) a list of phone numbers or to use the phone to get emergency services.

Note to Health Care Provider—This form can be faxed directly to: 410-767-4276.
 Or FOLD and MAIL to the address on the back.
 Questions? Call Customer Service at 800-552-7724 (V/TTY)