

WISCONSIN EHEALTH PROGRAM HOURLY ENGAGEMENTS REQUEST FOR SERVICES
Health Information Technology (HIT) Services Suppliers
(Contract Number 435400-P15-eHealth)

Authorized users should use this form to acquire Health IT Services Supplier contracted personnel for individual hourly engagements. An authorized user can acquire one or more individuals with the same or different job titles and levels for an engagement. If an authorized user needs several contracted personnel for a single project, i.e., a project team, the authorized user should use form [F-01446](#) to request candidates and rates for a project team.

Authorized User: Select the job title and level needed based on the job descriptions in Appendix I of RFP S-0190 DHCAA-14.*

After completing the form, the authorized user shall send a single email requesting services and a bid response with a due date/time for the response and attach the RFS form to the email. The email should be addressed to the contractors eligible to bid personnel under Contract 435400-P15-eHealth, i.e., Deloitte Consulting and PCG, using the following addresses with a courtesy copy to ehhealth@wi.gov:

Deloitte Consulting: Russell Pederson, rpederson@deloitte.com, and Heidi Pedder, hpedder@deloitte.com

PCG: Janice Paterson, jpaterson@pgus.com, and Stuart Kaufman, skaufman@pcgus.com

The state does not pay for any expenses for the personnel to travel to and from the worksite.

The contractor shall certify in writing to the authorized user that no relationship exists between the contractor and the procuring or authorized user that interferes with fair competition or is a conflict of interest, and no relationship exists between the contractor and another person or organization that constitutes a conflict of interest with respect to any state contract.

When the authorized user receives the responses from the contractors, the authorized user shall review the candidates and rates proposed by each contractor and select the candidates that best meet the skill and experience required with the best rate for the individual hourly engagement. The authorized user may conduct interviews and check references before making a final decision. The authorized user should document and retain the rationale for the final selection and inform Deloitte Consulting and PCG of the results in writing. For an individual hourly engagement requesting more than one contracted personnel, the authorized user can choose candidates proposed by either contractor or just one contractor, based on best value.

Date of Request		Response Due Date / Time	
Estimated Engagement Start Date	Estimated Engagement End Date	Estimated Total Work Days	
Authorized User / Agency		Location of Engagement	
Contact Name		Email Address	
Telephone Number	Fax Number	Preferred Response Format <input type="checkbox"/> Email <input type="checkbox"/> Postal <input type="checkbox"/> Fax	
No. of Staff	Job Title(s) / Level(s)*	Experience	
		Minimum No. of Years	Preferred No. of Years

Hourly rates quoted below the ceiling rates for specified job titles/levels or a total cost less than \$ (assuming 8 hours per workday for each candidate for the engagement duration) will be given first consideration.

ENGAGEMENT REQUEST INFORMATION

Engagement Description / Specifications [include Deliverables (products/services) and a timetable]. In the space below, outline any special terms and conditions of the engagement. Identify any special skills, knowledge, or certifications required; give enough background information so the vendors can give meaningful estimates and provide the right candidates. All terms and conditions of the Contract apply to each engagement. The authorized user may add and negotiate additional terms and conditions not addressed under this Contract in the Authorized User's Engagement Letter.

VENDOR CONTACT

Complete the information below, and attach this form to **each** resume submitted. The candidates' resumes should address the specific experience that relates to the specifications listed above. **Incomplete responses may be rejected or set aside in favor of completed responses.**

Vendor Name		Contact Person	
Email Address		Telephone Number	Fax Number

CANDIDATES

Each candidate submitted must be listed below and information requested must be provided, even if the same information is provided on the resume. Attach a resume for each candidate. References must be from customers for whom the candidate has done work. The job titles, levels, and descriptions for this contract are in Appendix I of RFP S-0190 DHCAA-14. Proposed hourly rates shall be at or below the ceiling rates in the Rate Card at Exhibit A in the contract.

Candidate		Reference		Hourly Rate
Full Name		Company Name		
Job Title / Level		Contact Name		
		Telephone Number		
Candidate		Reference		Hourly Rate
Full Name		Company Name		
Job Title / Level		Contact Name		
		Telephone Number		
Candidate		Reference		Hourly Rate
Full Name		Company Name		
Job Title / Level		Contact Name		
		Telephone Number		
Candidate		Reference		Hourly Rate
Full Name		Company Name		
Job Title / Level		Contact Name		
		Telephone Number		

Total engagement cost assuming 8 hours per workday for the engagement duration specified on Page 1 for each candidate.

SIGNATURE – Authorized User	Date Signed
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Printed Name of Authorized User
