

WISCONSIN EHEALTH PROGRAM PROJECT-BASED WORK 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 a project-based engagement. An authorized user can acquire one or more individuals with the various job titles and levels needed to establish a project team from Deloitte Consulting or Public Consulting Group (PCG).

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 ehealth@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 contractors shall propose the job titles and levels needed using the job descriptions in Appendix I of RFP S-0190 DHCAA-14 as a guide, and bid a rate and a specified number of hours for each proposed candidate based on the services and deliverables needed for the project. The hourly rates bid shall be at or below the ceiling rates in the Rate Card at Exhibit A in the contract. 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 contractors' responses, the authorized user shall review the candidates and rates proposed by each contractor and select the project team with the candidates that best meet the skill and experience required at the best total cost for the project. 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 selection and inform Deloitte Consulting and PCG of the results in writing.

Date of Request	Response Due Date / Time	
Estimated Engagement Start Date	Estimated Engagement End Date	
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

ENGAGEMENT REQUEST INFORMATION

Project 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 for the project team. 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	Project Hours	Total Cost			
Full Name		Company Name							
Job Title / Level		Contact Name							
		Telephone Number							
Candidate		Reference							
Full Name		Company Name							
Job Title / Level		Contact Name							
		Telephone Number							
Candidate		Reference							
Full Name		Company Name							
Job Title / Level		Contact Name							
		Telephone Number							
Candidate		Reference							
Full Name		Company Name							
Job Title / Level		Contact Name							
		Telephone Number							

Project total cost to complete deliverables. The total cost shall be based on the number of project hours the vendor estimates for each proposed candidate multiplied by the candidate's hourly rate.

SIGNATURE – Authorized User	Date Signed
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Printed Name of Authorized User