# **SCHEDULE B - Submission Form**

The Proponent must not amend this Form in any way other than by providing the requested information. This form must be completed, signed and submitted as part of the Proponent’s Proposal.

**To the Canadian Partnership Against Cancer:**

**Proponent Information**

|  |  |
| --- | --- |
|  | The full legal name of the Proponent is: |
|  |  |
|  | Any other relevant name under which the Proponent carries on business is: |
|  |  |
|  | The jurisdiction under which the Proponent is governed is: |
|  |  |
|  | The name, address, telephone, facsimile number and e-mail address of the contact person for the Proponent is: |
|  |  |
|  | The Proponent is: *Proponents must select one of the following choices.* [ ]  an individual {Provide HST/GST #}[ ]  a sole proprietorship {Provide HST/GST #}[ ]  a corporation {Provide HST/GST #}[ ]  a partnership {Provide HST/GST #}[ ]  a joint venture {Provide HST/GST #}[ ]  an incorporated consortium {Provide HST/GST #}[ ]  a consortium that is a partnership {Provide HST/GST #}[ ]  other legally recognized entity: {Specify type, provide HST/GST # or state "N/A".} |

1. Acknowledgment of Non-Binding Procurement Process

The Proponent acknowledges that the RFP process will be governed by the terms and conditions of the RFP, and that, among other things, such terms and conditions confirm that this procurement process does not constitute a formal, legally binding bidding process (and for greater certainty, does not give rise to a Contract A bidding process contract), and that no legal relationship or obligation regarding the procurement of any good or service will be created between the Partnership and the Proponent unless and until the Partnership and the Proponent execute a written agreement for the Services.

1. Ability to Provide Services

The Proponent has carefully examined the RFP documents and has a clear and comprehensive knowledge of the Services required. The Proponent represents and warrants its ability to provide the Services in accordance with the requirements of the RFP for the rates set out in its Proposal.

1. **Price**

The Proponent has submitted its price in accordance with the instructions in the RFP and in the form set out at Schedule C.

1. **Addenda**

The Proponent is deemed to have read and accepted all Addenda issued by the Partnership prior to the Deadline for Issuing Addenda. The onus remains on the Proponent to make any necessary amendments to the Proposal based on the Addenda. The Proponent confirms that it has received the following Addenda:

|  |
| --- |
| {List Addenda numbers or, if no Addenda were issued, state “None”.} |
|  |
|  |
|  |

1. **Conflict of Interest**

The Proponent, by submitting the Proposal, confirms that to its best knowledge and belief no actual or potential Conflict of Interest exists with respect to the submission of the Proposal or performance of the contemplated Agreement other than those disclosed in this Submission Form. Where the Partnership discovers a Proponent’s failure to disclose all actual or potential Conflicts of Interest, the Partnership may disqualify the Proponent or terminate any Agreement awarded to that Proponent as a result of this procurement process.

Conflict of Interest includes, but is not limited to, any situation or circumstance where:

1. in relation to the RFP process, the Proponent has an unfair advantage or engages in conduct, directly or indirectly, that may give it an unfair advantage, including but not limited to
	* 1. having or having access to information in the preparation of its Proposal that is confidential to the Partnership and not available to other Proponents;
		2. communicating with any person with a view to influencing preferred treatment in the RFP process; or
		3. engaging in conduct that compromises or could be seen to compromise the integrity of the RFP process and render that process non-competitive and unfair; or
2. in relation to the performance of its contractual obligations under the Agreement, the supplier’s other commitments, relationships or financial interests
	* 1. could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgment; or
		2. could or could be seen to compromise, impair or be incompatible with the effective performance of its contractual obligations;

*Proponents must choose one of the following two options.*

[ ]  The Proponent declares that: (1) there was no Conflict of Interest in preparing its Proposal; and (2) there is no foreseeable Conflict of Interest in performing the contractual obligations contemplated in the RFP.

**OR**

[ ]  The Proponent declares that there is an actual or potential Conflict of Interest relating to the preparation of its Proposal, and/or the Proponent foresees an actual or potential Conflict of Interest in performing the contractual obligations contemplated in the RFP. The details of the actual or potential Conflict of Interest are as follows:

|  |
| --- |
|  |

1. **Disclosure of Information**

The Proponent hereby agrees that any information provided in this Proposal, even if it is identified as being supplied in confidence, may be disclosed where required by law or if required by order of a court or tribunal. The Proponent hereby consentsto the disclosure, on a confidential basis, of this Proposal by the Partnership to its advisers retained for the purpose of evaluating or participating in the evaluation of this Proposal. The Proponent acknowledges that the Partnership may make public the name of any and all Proponents.

I confirm that this Submission Form has been completed with no changes to the text provided in the RFP.

|  |  |
| --- | --- |
| Signature of Witness: | Signature of Proponent representative: |
|  |  |
| Name of Witness: | Name and Title of Proponent representative: |
|  |  |
|  | Date: |
|  | I have authority to bind the Proponent. |

#

# **SCHEDULE C - Pricing Sheet**

All Proponents must complete the fee schedule and interest rate form below. All prices proposed shall be in Canadian Currency.

1. **Fee schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service description** | **Flat** | **Monthly Fee** | **Fee per Transaction** | **Other Fees** | **Comments** |
| **Disbursements - Cheque services** |  |  |  |  |  |
|   | Cheque processing |  |  |  |  |  |
|   | Image Extraction |  |  |  |  |  |
|  | Positive Pay |  |  |  |  |  |
|   | Stop payment request |  |  |  |  |  |
|   | Online enquiries |  |  |  |  |  |
| **Electronic Funds Transfer (EFT)** |  |  |  |  |  |
|   | Payments to Suppliers |  |  |  |  |  |
|   | Payments to Employees |  |  |  |  |  |
|  | Debits/Credits received |  |  |  |  |  |
| **Wire Transfer Transaction** |  |  |  |  |  |
|   | Basic service fee |  |  |  |  |  |
|   | Outgoing payment |  |  |  |  |  |
|   | Incoming payment |  |  |  |  |  |
| **Deposits** |  |  |  |  |  |
|   | Over the counter deposit |  |  |  |  |  |
| **Information access - online** |  |  |  |  |  |
|   | Account administration fee |  |  |  |  |  |
|   | Fee per account |  |  |  |  |  |
|   | Fee per users |  |  |  |  |  |
|   | Fee for transaction details |  |  |  |  |  |
|   | Fee for transaction details export |  |  |  |  |  |
|   | Fee for custom report templates |  |  |  |  |  |
| **Pre-authorized payments** |  |  |  |  |  |
| **Printed account statements** |  |  |  |  |  |
| **Corporate Credit Cards** |  |  |  |  |  |
|  | Activation Fee |  |  |  |  |  |
|  | Annual Fee |  |  |  |  |  |

1. **Transition and EFT implementation, if any**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Hours** | **Rate (per hour)** | **Total (rate x # of hours)** |
|  |  |  |  |
|  |  |  |  |
| Subtotal (pre-tax amount) |  |

1. **Hardware and or Software for Transition and EFT implementation, if any**

|  |  |
| --- | --- |
| **Name of Hardware/Software\*** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |

\*Please provide details on licensing fees if applicable

1. **Additional fee schedule:**
* Please provide a complete service fee schedule your Institution provides to business customers.

**Interest rate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Account/Service description** | **Interest Formula** | **Minimum Balance (if applicable)** | **Comments** |
| Operating bank account |  |  |  |
| High Interest Savings Account(Please insert additional lines, if multiple savings products are available) |  |  |  |
| Proponent’s Prime Rate |  |  |  |

Note: Please outline your calculation methodology for interest rates on bank balances, including the various criteria that would have to be met.

**Proponent’s Expenses**

Proponents are solely responsible for their own expenses in preparing, and submitting Proposals, and for any meetings, negotiations or discussions with the Partnership or its representatives relating to or arising from this RFP. The Partnership and its representatives will not be liable to any Proponent for any claims, whether for costs, expenses, losses or damages, or loss of anticipated profits, or for any other matter whatsoever, incurred by the Proponent in preparing and submitting a Proposal, or participating in negotiations for a Contract, or other activity related to or arising out of this RFP.

This Proponents Submission is made entirely in accordance with **RP213-2019-02** by your signature hereunder, it is deemed that you have read and agreed to all terms and conditions in the same manner as had such terms and conditions appeared above your signature, and that you have the authority to bind the Proponents.

|  |
| --- |
| Signature of Proponent representative: |
|  |
| Name and Title of Proponent representative: |
|  |
|  |
| Date: |
| I have authority to bind the Proponent. |

#

# **SCHEDULE D - Reference Form**

**Form D1**

*Each Proponent should provide references from three (3) different clients* (excluding the Partnership) *who have obtained services similar to those required in this RFP from the Proponent within the last* ***five (5)*** *years.*

*The Partnership is not required to contact all references provided by the proponent. In addition, references other than those provided by the proponent (including but not limited to Partnership staff) may be contacted to obtain additional information that will be used in evaluating the Proponent’s past performance.*

*Past performance will be evaluated on a pass/fail basis. Items to be evaluated include but is not limited to:*

* 1. *Conformance to contract requirements*
	2. *Adherence to contract schedules*
	3. *Cost Performance*
	4. *Risk Management*
	5. *Reasonable and Cooperative behavior (Business relations)*
	6. *Commitment to Customer Service*
	7. *Concern for the interest of the Customer*

|  |  |
| --- | --- |
| Proponent: |  |

**Reference #1**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number and email address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #2**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number and email address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #3**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number and email address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Form D2**

*Each Proponent should provide references from two (2) different clients* (excluding the Partnership) *to whom each candidate proposed for a key role has provided services within the* ***last five (5) years*** *in a role similar to that set out for the candidate in the Proposal.*

*Please include in the Proposal a separate copy of this part of the reference form for each candidate proposed for each key role set out in the Proposal.*

|  |  |
| --- | --- |
| Name of Candidate: |  |
| Proposed Role: |  |

**Reference #1**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number and email address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

**Reference #2**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Title: |  |
| Contact Telephone Number and email address: |  |
| Date Work Undertaken: |  |
| Nature of Assignment: |  |

# **SCHEDULE E – Rated Criteria Response Form - Technical, Privacy and Security Requirements**

|  |  |
| --- | --- |
| **E1: Technical Requirements (10%)** | **Responses** |
| Please specify the supported network protocols and proposed connectivity approach to the online banking site. |  |
| Please describe your institution’s solutions to data transmission encryption approach for file transfers and information over public networks. |  |
| Please provide browsers are supported by your application, including vendor, browser version and operating system. |  |
| Please provide exact hardware and software requirements including all backend infrastructure requirements, servers, specialized Hardware Appliances, etc., and all desktop/PC requirements, including but not limited to specialized or proprietary software, customized or proprietary plugins, etc., and all network traffic related routing requirements, including but not limited to, specific firewall routing requirements, port assignments, Virtual Private Network (VPN) requirements, etc.We anticipate that any software will be no-charge. Indicate if otherwise and provide details under schedule C. |  |
| Please describe your data center back-up procedures. |  |
| Please elaborate the existing disaster and backup plans and capabilities. The plan must always ensure the Partnership have access to cash and information any time. |  |
| **E2: Privacy Requirements** |  |
| Please confirm your institution is compliant with the Personal Information Protection and Electronic Documents Act (PIPEDA). |  |
| Please provide an overview of your institution’s privacy program and policies |  |
| **E3: Security Requirements** |  |
| Please describe the security certifications of the hosting environment, such as – ISO 27001, SOC 2 Type II, NIST 800-53, and provide on request certification evidence |  |
| Please confirm that data is hosted in Canada |  |
| Please confirm ability of the Partnership to audit hosting environment and cybersecurity program including policies, procedures, physical systems or equivalent attestation. |  |
| Please confirm that an independent vulnerability assessment and penetration testing of your institution’s infrastructure has been conducted and provide certification that no critical or high vulnerabilities exist or equivalent attestation |  |
| Please confirm that your institution can offer strong authentication option and have ability to federate directory services using industry standard technologies |  |
| Please provide service level agreements (define expected response times, availability times, and performance requirements) |  |
| Please confirm your institution will have conducted cloud security alliance assessment and will share with the Partnership |  |

# **Schedule F- Rated Criteria Response Form - Services**

Please complete the table below. Responses will be used to evaluate each proposal.

|  |  |
| --- | --- |
| **F.1 Banking Service & Support (20%)** | **Responses** |
| Regular banking services | Can your institution provide a single Canadian dollar operating bank account and multiple investment/savings products? Please answer Yes or No.  |  |
| Can cash deposits be made at branches other than the Partnership's home branch? Please answer Yes or No. |  |
| Does your institution have the ability to provide a positive pay solution that detects fraudulent checks at the point of presentment and prevents them from being paid? Please answer Yes or No. If yes, elaborate on the process that your institution utilizes. |  |
| Does your institution have the ability to offer Pre-Authorized Payment Plans? If yes, what is required lead-time for the payment setup? |  |
| Please confirm the following services can be offered in relation to the bank statements.* issuance of monthly bank statements, both in paper and electronic.
* online access to allow for more timely review
* electronic copies of bank statements compatible with ***Unit4 Agresso*** system to help facilitate bank reconciliations (System required mandatory data fields will be provided by the Partnership to the successful Proponent) Please confirm system compatibility is guaranteed.
 |  |
| Please elaborate electronic/online banking services features can be provided |  |
| The Partnership would require any proposed online business banking platform to successfully interface directly with the Partnership’s financial (Unit4 Business World ERP - Agresso) system. Please indicate whether your institution will absorb the cost of any additional hardware/software the Partnership would need to acquire, or if your institution would provide an allowance for customizations the Partnership would need to meet any hardware/software requirements. If the Partnership is expected to absorb entire/partial costs, please submit details of any associated costs under Schedule C. |  |
| Please submit a sample package of online reports. Detailed descriptions of all costs, if any, including those pertaining to user fees, flat rate and connect charges, responsibility for equipment and software servicing and training and support are to be submitted under Schedule C. | A sample package of reports is to be submitted as an attachment. |
| Does your institution have ability to issue US fund cheques or US fund credit card transactions against the Canadian funds bank account without being required to establish a separate US funds account? If yes, what are the requirements? |  |
| Would the service allow to send and receive domestic, U.S.A and international wire transfer payments? |  |
| What are your notification tools for situations such as returned cheques, incoming wires, deposit confirmations and back up? |  |
| What level of details can online banking can provide for wire transfer transactions and direct deposits? |  |
| Will your institution be outsourcing or contracting with a third party for any service or technology aspect(s) of your proposal? If so, please elaborate. |  |
| Please provide a view of new products that are in the development phase/near release? |  |
| Can your institution offer provision for new services at a reasonable rate as they come online? If successful in this proposal, would the Partnership receive preferential access to, and pricing for, these new opportunities? Elaborate. |  |
| Do you recommend any other banking services that you can supply? |  |
| Please describe the details of your deposit insurance. |  |
| Does your system comply with the following Audit Trail Requirements?1. Ability to track all changes made within the banking software
2. Ability to date and time stamp all changes made
3. Ability to identify which users made which changes
4. Ability to track approval(s) streams
 |  |
| Please elaborate the existing disaster and backup plans and capabilities. The plan must always ensure the Partnership have access to cash and information. |  |
| Investment Services | What types of savings products do you provide?  | Corresponding interest rates are to be included Schedule C |
| Corporate Credit Cards | What specific corporate credit card platform(s) does your program utilize (i.e., MasterCard or VISA)? Which would you recommend for the Partnership and why? Are there any rebates/incentives associated with the recommendation to achieve a revenue stream? Please provide further details. |  |
| Please describe your institution’s options for ordering new cards during the conversion process (from the existing program), roll-out and implementation period. |  |
| Does the corporate credit card platform have online payment capability?  |  |
| What are online capabilities of cardholder management and expense tracking? Please provide few standard sample reports. | Required information may be submitted as an attachment  |
| **F.2 Project Management: Transition & EFT implementation (15%)** |
| Regular Banking Services Transition | Please provide detailed information on the level of assistance your institution is willing to provide to help with the transition including training of online services features. Will there be any costs? If yes, please provide a separate fee schedule pertain to the transition under Schedule C. |  |
| Please provide a transition plan with a timeline schedule in Gantt format. |  |
| EFTImplementation | Please elaborate on the use of EFT vs wire transfers when paying suppliers. Describe the differences, including timing, security, etc. |  |
| Please describe your implementation strategy with regards to: a. Project management methodology b. Project plan c. Implementation Team d. Implementation timeline e. Acceptance criteria f. Go-Live Plan g. Service Level Agreement details h. Post-go live support and escalation procedures i. Governance structure | Required information may be submitted as an attachment  |
| **F.3 Account Management and team experience (20%)** |  |
| Regular Banking Services | Please indicate what resources will be included for the transition and what the Partnership staffing resources will be required? |  |
| Will there be a designated account representative? If yes, please provide what their role will be, applicable credentials, CV, references, years experiences and management structure and responsibilities. A minimum 5-year’s experience is required, and not-for-profit client management experience is preferred. | Required information may be submitted as an attachment  |
| What is your customer support escalation process? |  |
| EFT Implementation | Provide an outline of the key personnel that will be assigned to the project, and include what their roles will be, any applicable credentials, years worked for the company, years experienced in the field. CVs shall also be provided for all proposed project team members | Required information may be submitted as an attachment  |
| Provide an Organizational Chart for the proposed project team that will be assigned to this project.  | Required information may be submitted as an attachment  |

# **SCHEDULE G –Non-Disclosure Agreement (NDA)**

[Organization name and Complete address]

*Request for Proposal for For Banking Services*

*RFP No. RP213-2019-02*

Dear Procurement team:

On behalf of [organization name], we would like to indicate our interest in the above Request for Proposal (RFP). We understand that we may receive confidential information as a part of this RFP process and have signed the attached Non-Disclosure Agreement to confirm our compliance with your terms.

Sincerely,

[Signature]

[Contact name]

[Complete address of the prospective provider]

[Phone and fax]

[Email address]

THIS NON-DISCLOSURE AGREEMENT (this “NDA”) is made and entered into as of the last date written below, by and between The Canadian Partnership Against Cancer (“Partnership”) and the Company indicated below (“Company”).

WHEREAS the parties wish to explore a business opportunity of mutual interest regarding services related to RP213-2019-02 (“Opportunity”) and in connection with the Opportunity, the Partnership may disclose to the Company certain technical and business information which should be treated as confidential;

NOW THEREFORE in consideration of the mutual promises set out in this NDA, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, the parties agree as follows:

“Confidential Information” means any information disclosed by the Partnership to the Company, either directly or indirectly, in writing, orally or by inspection of tangible objects which is or ought reasonably to be considered as confidential from its nature or from the circumstances surrounding its disclosure.

Exclusions. Confidential Information shall not, include any information which the Company can establish:

* was publicly known prior to the time of disclosure by the Partnership or became publicly known after disclosure by the Partnership through no action or inaction of the Company;
* is already known by the Company at the time of disclosure by the Partnership or is received by the Company after disclosure by the Partnership from a third party without breach of any obligation of confidentiality;
* is developed independently by the Company without recourse to the Confidential Information; or is required by law to be disclosed by the Company.

Non‑use; Non‑disclosure. The Company shall only use the Confidential Information for purposes related to the Opportunity and shall only disclose it to those of its employees who have a need to know the Confidential Information in order to evaluate or engage in discussions concerning the Opportunity.

Maintenance of Confidentiality. The Company shall take all reasonable measures to protect the secrecy of the Confidential Information and shall take at least those measures that it takes to protect its own highly confidential information.

Return of Materials. The Company shall return any Confidential Information in tangible form to the Partnership within five business days following such a request from the Partnership. On the termination of this Agreement, the Company shall return or destroy all tangible Confidential Information as the Partnership may require.

No Obligation. Nothing in this NDA shall obligate the Partnership to proceed with any transaction with the Company.

Term and Termination. The term of this NDA commences as of the date signed below and shall continue in effect for one (1) year unless earlier terminated earlier. Either party may terminate this NDA upon ten (10) days prior written notice to the other party.

Remedies: The Company agrees that any violation or threatened violation of this NDA may cause irreparable injury to the Partnership, for which monetary damages alone would be inadequate. The Partnership shall be entitled to seek injunctive or other form of equitable relief in addition to all other remedies available at law or in equity without proof of actual damages and without posting any bond or other security.

Miscellaneous:

The obligations of the Company hereunder shall survive indefinitely after any termination or expiration of this NDA.

Neither party shall assign, pledge, or otherwise transfer its rights or delegate its duties or obligations under this NDA without the prior written consent of the other party.

This NDA shall bind and inure to the benefit of the parties hereto and, except as otherwise prohibited, their respective successors and assigns.

This NDA shall be governed by the laws of the Province of Ontario and the federal laws of Canada applicable therein, without reference to conflict of laws principles.

This document contains the entire agreement between the parties with respect to the subject matter hereof, and neither party shall have any obligation, express or implied by law, with respect to trade secret or proprietary information of the other party except as set forth herein.

Any failure to enforce any provision of this NDA shall not constitute a waiver thereof or of any other provision.

IN WITNESS WHEREOF this NDA has been executed by the representatives of the parties on the date first set forth above.

CANADIAN PARTNERSHIP AGAINST CANCER COMPANY:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Schedule H – Additional Information Request (Optional)**

Please confirm whether the following travel agency services can be provided along with the banking services. This information will not be considered for evaluation of banking services RFP.

|  |  |
| --- | --- |
| **Available Services** | **Response (Yes/No)** |
| The travel agency is capable of providing travel services for domestic, US and international air passengers travel including airlines, trains, hotels, car rentals and ground transportation |  |
| The travel agency is capable of providing 24-hour, seven-days/week emergency reservation service “by 800 number”, available to the Partnership travelers who may require travel assistance at any time. This service must be staffed by agency employees or may be contracted to a third party with access to the Partnership’s specific programs and policies.  |  |
| The lowest logical airfares will be offered for the itinerary requested – this, in keeping with the Partnership’s travel policy. Travel agency personnel will suggest alternate routings within departure and arrival parameters as specified by the Partnership, where lower fares or total lower trip costs will result. |  |
| Please confirm all tickets issued will be audited through quality control by the agency prior to departure to ensure that all documents are complete, accurate and the tickets processed at the lowest logical rate for the itinerary booked. |  |
| Upon request, the travel agency is able to provide internal audit details to the Partnership to ensure and verify the lowest logical airfare for each reservation ticketed.  |  |
| Upon request, the travel agency is capable of conducting seminars for the Partnership’s travelers and travel personnel at the Partnership’s office or other mutually agreed upon locations. Such seminars include, but not be limited to, general rules and regulations pertaining to travel, procedures for processing of reservations, definitions of terms frequently used and the Partnership specific policy and procedures information.  |  |
| Please confirm electronic tickets will be used whenever possible. Travel documents issued from the agency’s offices, when e-tickets are not sufficient, will be delivered by the agency to the travelers and deliveries will be by means of agency/courier delivery services or overnight express services. |  |
| Please confirm the travel agency will pay prepaid ticket charges if charges are incurred due to agency negligence.  |  |
| Please confirm timely post-travel reports can be submitted to the Partnership each month, covering the prior calendar month’s travel activity. Such report(s) will be specified by the Partnership and will include, but not be limited to: 1. Executive Summary with YTD detail
2. Detailed Air Travel Reports, including air/rail, hotel and car, sorted by Work Order Numbers
3. The travel agency must also provide:
	1. All complaints received from the travelers
	2. All errors/omissions brought to the agency’s attention
	3. The action(s) taken to resolve each complaint
 |  |
| Please confirm the travel agency will assign a fully qualified Account Manager for travel services to the Partnership. The Account Manager’s primary responsibility will be to keep the Partnership informed of travel-related activities and serve as a liaison to help resolve service issues, assist with vendor negotiations and update our travel policy.  |  |
| Please confirm the travel agency will provide fully bilingual services.  |  |
| Please confirm event planning assistance in terms of venue searches and coordination leading up to and including contract negotiations is available |  |

**End of RFP**