Contract Number *(VA-210625-CAI)*

Contents

[**STATEMENT OF REQUIREMENTS (SOR)** 2](#_Toc283151016)

[**STATEMENT OF REQUIREMENTS TEMPLATE INSTRUCTIONS** 9](#_Toc283151017)

|  |
| --- |
| **STATEMENT OF REQUIREMENTS (SOR)****SOR # *Authorized User-yymmdd-01-*CAI*****(Service or Project Name)*** |

**Note:** To complete the Statement of Requirements (SOR) template, replace all italicized text *(italicized text)* with the requested information, complete information tables as requested, and, for questions with a check box, double-click the appropriate check box, and click on “Checked” to insert an “X” next to the selection that reflects Authorized User’s requirement.

Instructions for using this template may be included throughout the document and are noted in red. Delete these instructions after completing each section. Detailed instructions for the completion of the SOR template begin on page 9.

1. **Date:** (*Month Day, 202X*)
2. **Authorized User**: (*Agency or Organization Name*)
3. **Authorized User Contact Information:**

*(Authorized User Point of Contact, Title)*

*(Street Address)*

*(City, State, Zip)*

Phone: (*Telephone Number*)

E-mail: *(E-mail address)*

PLEASE NOTE: ALL questions related to this SOR should be directed to the CAI Account Manager. Suppliers may NOT contact the Authorized User.

1. **Solicitation Schedule:**

*(Enter the dates for each solicitation event below. For small to medium sized projects, allow a minimum of 2 weeks response time after Authorized User responds to Supplier questions. For large or complex projects, provide 3-4 weeks response time after Authorized User responds to questions. Estimated project start date should be 10 to 14 business days after award decision to ensure adequate time to execute contracts, complete required background checks, and get a Purchase Order in place.)*

|  |  |
| --- | --- |
| **Event** | **Date** |
| Release SOR | (*mm/dd/yyyy*) |
| Supplier Questions Due to CAI | *(mm/dd/yyyy)* |
| Authorized User Responds to Questions | *(mm/dd/yyyy)* |
| Supplier Response Due | (*mm/dd/yyyy)* |
| Award Decision | (*mm/dd/yyyy*) |
| Estimated Project Start Date | (*mm/dd/yyyy*) |

1. **Evaluation and Scoring**

Supplier’s Response must be submitted in the specified Statement of Work (SOW) format and will be evaluated for format compliance.

Supplier’s Response will be evaluated for technical merit based on its appropriateness to the performance of Authorized User’s requirements, its applicability to the environment, and its effective utilization of Supplier and Authorized User’s resources.

*(Include any additional evaluation and scoring criteria that will be used).*

1. **Project/Service:**

(*Project Name or Service*)

1. **Specialty Area** (Check one)**:**

|  |  |
| --- | --- |
| [ ]  Application Development | [ ]  Information Security |
| [ ]  Business Continuity Planning | [ ]  IT Infrastructure |
| [ ]  Business Intelligence | [ ]  IT Strategic Planning |
| [ ]  Business Process Reengineering | [ ]  Project Management |
| [ ]  Enterprise Architecture | [ ]  Public Safety Communications |
| [ ]  Enterprise Content Management | [ ]  Radio Engineering Services |
| [ ]  Back Office Solutions | [ ]  IV&V Services |
| [ ]  Geographical Information Systems |  |

1. **Contract Type: Fixed Price, Deliverable-based**
2. **Introduction:**

Project History

*(Brief history of the project, description of the current situation, background of the business situation, architecture, technical environment, etc.)*

Business Need

*(Brief description of the business problem, the project objectives and expectations)*

Project Complexity

*(Authorized User’s determination of complexity and risk)*

Project Management and Organizational Structure

*(Description of project’s management and oversight structure)*

1. **Scope of Work:**

This SOR defines the services required by Authorized User in support of the Project/Service.

*(Define the scope of work. Provide details on Supplier tasks and deliverables, acceptance criteria, Authorized User responsibilities/dependencies, and any assumptions the Supplier should make when drafting their SOW response).*

1. **Period of Performance:**

Delivery of all products and services defined in the Statement of Work will occur within *(XX)* months of project execution date.

1. **Place of Performance** (Check one)**:**

[ ]  Authorized User’s Location

[ ]  Supplier’s Location

[ ]  Authorized User’s and/or

 Supplier’s Location (see below explanation)

*(Define whether the work can be delivered remotely or whether the Authorized User will require onsite work. If a hybrid model is selected, provide specific details on when Supplier will be required to be onsite and/or what activities will be required to be performed at the Authorized User versus Supplier locations.)*

1. **Project Staffing**
2. **Supplier Personnel** (Check One)**:**

[ ]  The roles listed in the table below represent the minimum Supplier personnel requirements for this engagement. The Supplier shall provide resumes for all proposed personnel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Technical****Skills Required** | **Years of Experience** | **Certifications****Required**  | **References Required****(Y/N)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

[ ]  Supplier shall propose the roles and skillsets of the resources needed to deliver the scope of work as defined in this SOR. Supplier shall provide resumes for all proposed personnel.

PLEASE NOTE: The use of offshore resources for any SOW is prohibited.

1. **Authorized User Staff**

The roles listed in the table below represent Authorized User’s staff and the estimated time each will be available to work on the project.

|  |  |  |
| --- | --- | --- |
| **Role** | **Description** | **% Project Availability** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Milestones and Deliverables:**

The minimum required milestones and deliverables, and the estimated completion date for each deliverable, are listed in the following table.

| **#** | **Milestone****Event(s)** | **Deliverable(s)** | **Estimated Completion Date**  |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

The Supplier should provide all deliverables in electronic form, using the following software standards (or lower convertible versions):

|  |  |
| --- | --- |
| **Deliverable Type** | **Format** |
|  |  |
|  |  |

1. **Travel Expenses**

[x]  Supplier travel expenses, if required, must be included in the total fixed price of the solution

1. **Payment** (Check all that apply)**:**

[x]  Payment made based on successful completion and acceptance of deliverables

[ ]  All payments, except final payment, are subject to a *(XX)*% holdback

1. **Acceptance Criteria:**

The Project Manager will have *(XX)* business days from receipt of each deliverable to provide Supplier with the signed acceptance receipt.

Final acceptance of services provided under the SOW will be based upon (Check one):

[ ]  User Acceptance Test

Acceptance Criteria for this solution will be based on a User Acceptance Test (UAT) designed by Supplier and accepted by Authorized User. The UAT will ensure that all of the functionality required for the solution has been delivered. The Supplier will provide the Authorized User with a detailed test plan and acceptance checklist based on the mutually agreed upon UAT plan. This UAT plan checklist will be incorporated into the SOW.

[ ]  Final Report

Acceptance criteria for this solution will be based on a final report. In the SOW, Supplier and Authorized User will agree on the format and content of the report to be provided to Authorized User for final acceptance.

[ ]  Acceptance of all individual deliverables

1. **Project Roles and Responsibilities:**

*(Use this chart to clearly define the Authorized User versus Supplier responsibilities/tasks.)*

| **Responsibility Matrix** | **Supplier** | **Authorized User** |
| --- | --- | --- |
| *(Responsibility 1)* |  |  |
| *(Responsibility 2)* |  |  |
| *(Responsibility 3)* |  |  |

1. **Criminal Background Checks and Other Security Requirements (**Check all that are required):

*[x]* Standard CAI Required Background Check

*[ ]* Agency Specific Background Check

*(Please provide details surrounding agency specific background check and/or other security requirements).*

1. **Performance Bond** (Check one)**:**

[ ]  Required for *(XXX)*% of the SOW value

[ ]  Not Required

1. **Reporting** (Check all that are required):

[ ]  **Weekly Status Update**

The weekly status report, to be submitted by Supplier to Authorized User, should include: accomplishments to date as compared to the project plan; any changes in tasks, resources or schedule with new target dates, if necessary; all open issues or questions regarding the project; action plan for addressing open issues or questions and potential impacts on the project; risk management reporting.

[ ]  **Other(s)** (Specify)

1. **Federal Funds** (Check one):

[ ]  Project will be funded with federal grant money

[ ]  No federal funds will be used for this project

1. **Training and Documentation:**
2. **Training is:**

[ ]  Required as specified below

[ ]  Not Required

Training Requirements:

*(Specify specific training requirements)*

1. **Documentation is:**

[ ]  Required as specified below

[ ]  Not Required

Documentation Requirements:

*(Specify specific documentation requirements)*

1. **Instructions Regarding Freedom of Information Act and Public Availability/Inspection of Records**

Authorized User reserves the right to use, copy, and reproduce all submitted documents, data, and other information in any manner Authorized User may deem appropriate in evaluating the fitness of the solution(s) proposed, and in complying with applicable law. All data, materials, and documentation originated and prepared for Authorized User shall be subject to public inspection in accordance with the *Virginia Freedom of Information Act*.

Consistent with the Code of Virginia, Authorized User will, as permitted by law, hold confidential trade secrets or proprietary information that is submitted by a Supplier in connection with the transaction contemplated by this SOR if the Supplier, to Authorized User’s satisfaction:

1. invokes the protections of the Code of Virginia in writing prior to or upon submission of the data or other materials,
2. identifies specifically the data or other materials to be protected, and
3. states the reasons why protection is necessary.

**FAILURE TO COMPLY WILL RESULT IN THE DATA OR OTHER MATERIALS BEING RELEASED TO SUPPLIERS OR THE PUBLIC AS PROVIDED FOR IN THE VIRGINIA FREEDOM OF INFORMATION ACT.**

The Supplier will use this form to identify the information that they deem trade secrets or proprietary information. **The designation of an entire proposal or SOR as proprietary or trade secret is not acceptable, and pricing may not be designated as a trade secret or proprietary information.**

**Supplier Trade Secrets / Proprietary Information Designations Table**

| **SOR/Other Document** | **Section/Page** | **Trade Secret / Proprietary Information** | **Reason** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Additional Terms and Conditions:**

The services to be provided are subject to the following additional provisions:

1. Effective July 1, 2020, the Code of Virginia requires contractors with the Commonwealth who spend significant time working with or in close proximity to state employees to complete sexual harassment training.  As a result of the new code, VITA and the Department of Human Resource Management (DHRM) are requiring that all contractors working through the CAI contract complete DHRM's "Preventing Sexual Harassment" training.  This training is available as either a short video or a written transcript on the DHRM website: <https://www.dhrm.virginia.gov/public-interest/contractor-sexual-harassment-training>. The selected Supplier must agree that any assigned resource will complete the training.
2. The selected Supplier must agree that any assigned resource will review and conform to the IT Contingent Labor Program (ITCL) Contractor Code of Conduct. The Code of Conduct can be reviewed on VITA’s website at the following link:

<https://www.vita.virginia.gov/media/vitavirginiagov/supply-chain/pdf/Contingent-Worker-Code-of-Conduct.pdf>

*(List any additional terms and conditions specific to this engagement)*

1. **Scheduled Work Hours:**

 *(Specify any restriction on work hours and building access, if applicable)*

1. **Facility and equipment to be provided by Authorized User:**

*(Describe the facility and equipment Authorized User will provide to Supplier staff)*

|  |
| --- |
| **STATEMENT OF REQUIREMENTS TEMPLATE INSTRUCTIONS** |

The purpose of this document is to assist Authorized Users in completing the Statement of Requirements (SOR) for the acquisition of information technology services.

For additional assistance in developing the requirements for this engagement, please refer to *Chapter 12 – Statements of Work for IT Procurement* on VITA’s Web site.

*https://www.vita.virginia.gov/procurement/it-procurement-manual/chapter-12---statements-of-work-for-it-procurements/122-preparing-a-quality-it-statement-of-work-sow.html*

**Title Block:**

**SOR #:**

Replace the “*Authorized User-yymmdd-01”* portion of the SOR# where:

* *“Authorized User”* is the Agency’s or Organization’s abbreviation (e.g., VITA).
* *“yymmdd”* is the date the SOR is submitted into Vector.
* *“01”* is a counter; in order to keep the SOR # unique, increment the counter **only** if you submit more than one SOR into Vector on the same day (e.g., the second SOR submitted on the same day would be “02”).

**Note**: “- CAI” will remain constant in the SOR #; please do not change this portion of the SOR #.

The SOR # will also be used as the SOW # for the corresponding SOW, which will link the two documents to each other.

**Service or Project Name:**

Replace “*(Service or Project Name)”* with the type of service or the project name for this engagement.

1. **Date:**

Enter today’s date.

1. **Authorized User**:

Enter the name of the Agency or Organization that is seeking to procure information technology services.

1. **Authorized User Contact Information:**

Authorized User Point of Contact (POC) is the person who CAI should contact for questions relating to the SOR.

1. **Solicitation Schedule:**

Enter the date for each event in the Solicitation schedule. Event names can be modified to meet the needs of the specific type of engagement for which services are being procured. Allow Suppliers adequate time to respond to the requisition with a quality SOW – minimum response times recommended for:

* small – medium size project: 2 week response time *after* Supplier questions have been answered by Authorized User
* medium – large size project: 3 – 4 week response time *after* Supplier questions have been answered by Authorized User

When estimating the project start date, please assume a minimum timeframe of 10 to 14 business days from the date of the award decision. This will ensure adequate time to execute the final SOW, complete required background checks, and get a Purchase Order in place.

1. **Evaluation and Scoring**

For evaluation and scoring of Suppliers’ responses to the SOR, include any additional evaluation and/or scoring criteria that will be used (e.g., technical proposal, cost, SWaM commitment).

1. **Project/Service:**

Enter the type of service or the project name for this engagement.

1. **Specialty Area** (Check one)**:**

Check the box next to the Specialty Area that best matches the information technology services to be procured. Only one Specialty Area should be selected.

1. **Contract Type: Fixed Price, Deliverables-based**

Nothing to enter here. All SOWs are fixed price.

1. **Introduction:**

Project History

Provide a short history of the project, including any pertinent dates. Provide additional information including, but not limited to, the current situation, the business situation, the architecture and technical environment.

Business Need

Provide a brief description of the business problem, the project objectives (e.g., in-house development, contractor development, COTS implementation), as well as a description of the project expectations (e.g., performance or service-level expectations).

Project Complexity

Provide a statement of Authorized User’s determination of the risk and complexity of the project (i.e., high, medium, low). Some factors that determine a project’s complexity level are: large size (staff and/or budget), new/emerging technology, fixed schedule, or fixed cost.

Project Management and Organizational Structure

Provide a description of the project’s management and oversight structure and composition.

1. **Scope of Work:**

Document the scope of work (i.e., work to be performed) for this engagement. Describe post-implementation support that is required.

1. **Period of Performance:**

Enter the number of months or years to replace the *italicized text* to complete the paragraph that defines the period of performance for this engagement.

1. **Place of Performance** (Check one)**:**

Work can be performed at Authorized User’s work location, Supplier’s work location or a combination of the two. Check the box next to the selection that indicates where the work is to be performed, and enter the city, state or additional information as requested. It is vital that the Supplier understand the onsite requirements, if any, in order to include their travel expenses in the fixed price.

1. **Project Staffing**
2. **Supplier Personnel**

List the minimum Supplier personnel roles required for this engagement. For each role, indicate if the role is a Key Personnel position, the minimum number of years of experience and any certifications required (e.g., PMP, MCSD). Supplier personnel references may be required at Authorized User’s discretion. The table below provides an example of a completed table for Supplier personnel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Key Personnel (Y/N)** | **Years of Experience** | **Certifications** | **References Required (Y/N)** |
| Project Manager | Y | 5 | PMP | Y |
| Tester | N | 3 | N/A | N |
| .Net Developer 2 | N | 5 | MCSD | N |

1. **Authorized User Staff**

Specify Authorized User staff that will be assigned to the project and the percentage each will be available to work on the project. The table below provides an example of a completed Authorized User Staff table.

|  |  |  |
| --- | --- | --- |
| **Role** | **Description** | **% Project Availability** |
| Project Manager | Manage project for Authorized User | 100% |
| Subject Matter Experts | Provide business knowledge and expertise | 50% |
| Developers | Perform coding and unit test | 100% |
| Database Administrator | Database support | 10% |

1. **Milestones and Deliverables:**

Enter the engagement’s major milestone events, the deliverable(s) associated with each milestone and an estimated completion date for each deliverable. Below is an example that shows the milestones and associated deliverables for an application development project.

The description of the final milestone deliverable should include the return of all Authorized User’s assets (e.g., security card, VPN token, equipment) and the turnover of all documentation (e.g., knowledge transfer, application) by Supplier. The Authorized User should verify that all assets and documentation have been returned prior to approving the final milestone deliverable for payment.

| **#** | **Milestone****Event(s)** | **Deliverable(s)** | **Estimated Completion Date** |
| --- | --- | --- | --- |
| 1 | Project Kick-off  | Meeting Presentation | 1/15/11 |
| 2 | Requirements Complete | Detailed Design Document | 3/21/11 |
| 3 | Code and Unit Test Complete | Source Code | 8/16/11 |
| 4 | User Acceptance Testing | UAT Test Results and Acceptance Checklist | 9/30/11 |
| 5 | Training Complete | Training Manual | 10/30/11 |
| 6 | Implementation Complete | Completed Production Checklist | 11/11/11 |

List the deliverable types (e.g., Excel spreadsheet, presentations) that will be used on the engagement along with the required standard format for each. The example below illustrates a completed table.

|  |  |
| --- | --- |
| **Deliverable Type** | **Format** |
| Text Document | Microsoft Word 2010 |
| Spreadsheets | Microsoft Excel 2010 |
| Presentation | Microsoft PowerPoint 2010/Visio 2010 |
| Project Management | Microsoft Project 2016 |

1. **Travel Expenses** (Check one)**:**

Supplier travel expenses must be included in the fixed price proposed. As a result, it is vital that the Authorized User has defined the onsite vs remote requirements in Section 12 of the SOR.

1. **Payment** (Check all that apply)**:**

Check the box(es) next to the Payment terms for this engagement.

For this “Fixed Price, Deliverable-based” Contract Type, payments will always be made based on successful completion and acceptance of deliverables.

If a holdback is required for this contract, check the box next to the “All payments, except final payment, are subject to a *(XX)*% holdback” selection, and enter the percentage holdback (e.g., 10%) that will apply to all approved milestone/deliverable payments. The net payment for each milestone/deliverable on Supplier’s invoice must be reduced by the holdback amount. Following completion of solution implementation and final milestone/deliverable approval, Supplier will submit a final invoice to Authorized User for the final milestone payment amount plus the total holdback amount retained by Authorized User.

1. **Acceptance Criteria** (Check one)**:**

Final acceptance of services provided under the SOW is typically based on User Acceptance Testing or a Final Report depending on the type of engagement. Check the box next to the selection that identifies the final acceptance criteria for this engagement. If another form of acceptance criteria is more appropriate for this engagement, check the box next to the “Other” selection and specify the acceptance criteria.

1. **Project Roles and Responsibilities:**

Use this section to clearly define the Supplier vs Authorized User responsibilities/tasks for the engagement. For each area of responsibility, indicate with a check mark whether each item listed is the responsibility of Supplier, Authorized User or a shared responsibility. The table below provides an example of a completed Supplier and Authorized User Responsibility Matrix.

| **Responsibility Matrix** | **Supplier** | **Authorized User** |
| --- | --- | --- |
| Infrastructure – Preparing the system infrastructure that meets the recommended configuration |  |  |
| Server Hardware |  |  |
| Server Operating |  |  |
| Server Network Connectivity |  |  |
| Relational Database Management Software (Installation and Implementation |  |  |
| Server Modules – Installation and Implementation |  |  |
| PC Workstations – Hardware, OS, Network  |  |  |
| PC Workstations – Client Software |  |  |
| Application Installation on PC Workstations |  |  |
| Wireless Network Access Points |  |  |
| Cabling, Electric and User Network Connectivity from Access Points |  |  |
| Wireless Mobile Computing Products – Scanners, Printers |  |  |
| Project Planning and Management |  |  |
| Requirements Analysis |  |  |
| Application Design and Implementation |  |  |
| Product Installation, Implementation and Testing |  |  |
| Conversion Support |  |  |
| Conversion Support – SME |  |  |
| Documentation |  |  |
| Training |  |  |
| Product Maintenance and Support |  |  |
| Problem Tracking |  |  |
| Troubleshooting – IT Infrastructure |  |  |
| Troubleshooting – Solution |  |  |

1. **Security Requirements:**

The ITCL program requires that the Supplier provide standard background checks on all resources engaged as SOW resources. Define any additional agency specific background checks that are required, if needed.

Provide (or reference as an Attachment) Authorized User’s security requirements. For any individual Authorized User location, security procedures may include but may not be limited to: background checks, records verification, photographing, and fingerprinting of Supplier’s employees or agents. Supplier may, at any time, be required to execute and complete, for each individual Supplier employee or agent, additional forms that may include non-disclosure agreements to be signed by Supplier’s employees or agents acknowledging that all Authorized User information with which such employees and agents come into contact while at Authorized User site is confidential and proprietary. Any unauthorized release of Authorized User’s proprietary or confidential information by Supplier or an employee or agent of Supplier shall constitute a breach of the SOW.

1. **Performance Bond** (Check one)**:**

Check the box next to the selection that indicates whether a performance bond is required for this engagement.

1. **Reporting**

Check the box indicating whether weekly status reports are required for this engagement. If additional reports are required, list them under the “Other” category.

1. **Federal Funds** (Check one):

Check the box next to the selection that indicates whether federal funds or no federal funds will be used for this project.

1. **Training and Documentation:**
2. **Training:**

Check the box next to the appropriate response to indicate whether training is required for this engagement. If training is required, specify the specific training requirements for this engagement.

1. **Documentation:**

Check the box next to the appropriate response to indicate whether documentation is required for this engagement. If documentation is required, specify the specific documentation requirements for this engagement.

1. **Instructions Regarding Freedom of Information Act and Public Availability/Inspection of Records**

The terms pre-populated in this section may not be altered or removed.

1. **Additional Terms and Conditions:**

List the additional terms and conditions specific to this engagement, if any. The terms pre-populated as a. and b. may not be removed.

1. **Scheduled Work Hours:**

Specify any restriction on work hours and building access, if any.

1. **Facility and equipment to be provided by Authorized User:**

Describe the facility and equipment Authorized User will provide to Supplier staff. The paragraphs that follow provide an example that can be used in its entirety, or the paragraphs can be modified to meet the requirements for the specific Authorized User’s facility.

**Example**:

The Authorized User may provide furniture and equipment within limited workspace on a temporary basis. Permanent office space, furniture and equipment are the responsibility of the Supplier. While on-site at the project location, Authorized User will provide access to a copier, fax, the agency LAN and the internet (for up to two connections). Authorized User will also provide temporary desk space. Supplier must provide any cell phones, personal computers or laptops required by the Team. For Commonwealth Executive branch agencies, VITA technical staff supporting the agency’s network must verify that any personal computers or laptops meet minimum-security configuration standards (e.g., current virus protection) before any equipment may be connected to the agency’s LAN.

Authorized User will also provide access to all Project/Service-related information, including, but not limited to, technical documentation and project status and financial data and to project and Supplier personnel for information related to the project.