DATE POSTED: May 18, 2012

We have received a request for the questions to be placed in a word format to allow typing onto the page.

OFFERORS <u>MUST</u> PROVIDE THE FOLLOWING INFORMATION:

_____   _____
NAME OF COMPANY   **MAILING ADDRESS**

_____   _____
(AREA CODE) PHONE NUMBER   **CITY   STATE   ZIP CODE**

_____   _____
FACSIMILE NO.   **FEDERAL ID OR SOCIAL SECURITY NO.**

_____
SC Contractor's License # (if applicable)

EMAIL ADDRESS: _____ **SC CERTIFIED MINORITY VENDOR: Yes or No (circle one)**

I/WE THE UNDERSIGNED UNDER PENALITIES OF PERJURY CERTIFY:
1. SUBMISSION OF A RESPONSE TO THIS PROPOSAL DOES NOT VIOLATE ANY FEDERAL OR STATE ANTI-TRUST LAWS.

2. COMPLIANCE WITH ALL REQUIREMENTS OF THE SOUTH CAROLINA DRUG-FREE WORKPLACE ACT, SECTION 44-107-10, ET SEQ. S.C. CODE ANN, (1976). *(Applicable to awards in excess of $50,000.00).*

3. COMPLIANCE WITH THE CODE OF LAWS OF SOUTH CAROLINA REGARDING THE ETHICS, GOVERNMENT COMPLIANCE WITH S.C. TAX WITHHOLDING AMENDMENTS SECTION 12-9-310 (A) 2(3).

4. TO FURNISH ITEM(S) AND OR SERVICE(S) IDENTIFIED HEREIN, AT THE PRICE(S) QUOTED, PURSUANT TO ALL TERMS, CONDITIONS, PROVISIONS, AND SPECIFICATIONS CONTAINED IN THIS DOCUMENT OR ANY SUBSEQUENT WRITTEN AMENDMENTS, WHICH CLEARLY REFERENCE THIS PROPOSAL NUMBER.

5. COMPLIANCE WITH ALL PROVISIONS AND CLAUSES BY REFERENCE IDENTIFIED HEREIN.

6. RECOGNITION THAT THIS SOLICITATION IS GOVERNED BY THE SCHOOL DISTRICT OF NEWBERRY COUNTY PROCUREMENT CODE.

_____   _____
AUTHORIZED SIGNATURE   AUTHORIZED SIGNATURE (PRINT/TYPE)

PROPOSAL MUST BE SIGNED BY AUTHORIZED AGENT TO BE VALID**

<u>**Evaluation Questions for Vendors**</u>
*Note: Please provide a thorough response to each question below. These questions must be complete and attached to bid form. Failure to complete may result in disqualification. Keep the order and sequence provided to complete this section.

1. Please provide the company history, location of corporate office(s) and describe how long your company has been providing Parent/Staff Notification services on behalf of K-12 customers.

2. Identify your point of contact by name/title/e-mail for any follow-up questions.

3. Is your service fully hosted? Are there any hardware, software, and /or any additional phone lines required by the district to utilize any aspect of your service? If so, please provide the specific components required and the fee per each requirement.

4. Indicate the number of K-12 districts/schools currently using your service solution.

5. Please provide the following data on your call delivery volume:
   a. How many voice message calls were successfully delivered (live answer and answering machine) by your solution on behalf of K-12 schools in 2011?
   b. How many voice message calls have been successfully delivered year to date?
   c. What was the volume of voice message calls for the most recent calendar quarter broken down by type (live answer, answering machine, busy, etc.)
   d. What is the highest volume of voice messages delivered exclusively through your solution, on behalf of your K-12 customers only and to unique phone numbers, within a concurrent 24 hour period?

6. According to your written, contracted Service Level Agreements with telecommunication providers, what is the minimum number of 30 second voice message calls you are capable of sending out in a 30 minute period through your solution?

7. Describe the geographic dispersion and redundancy of your corporate facilities including data centers, customer support centers, and telecommunication providers. How will you provide service should your facilities be without functionality?

8. Describe your application's primary functions. Describe the ability of system users to send messages as general messages (one phone number per contact) or emergency messages (multiple phone numbers per contact). Describe your solutions ability to be managed via district and/or school level administrators.

9. Describe your student attendance application and process using your solution

10. Describe your emergency communications application and process, including the ability to reach multiple devices simultaneously.

11. Describe your email application process.

12. Describe your ability to manage surveys through your solution.

13. Describe your Bullying Hotline and its process through your solution.

14. Describe the type of reporting available in your solution.

15. Describe the process for transferring and updating data from PowerSchool into your solution.

16. Describe how your solution deals with caller-ID blocking, tele-zappers and other call blocking devices designed to restrict unsolicited inbound calls.

17. Describe how the district can communicate with parents and staff, in the designated administrator's voice, when there is no electrical power, no internet connection or access to a computer.

18. Describe how your solution handles the call retry process with undelivered messages.

19. Describe how recording, targeting, scheduling and distribution of voice message calls are managed by the system user. Describe the text to speech capabilities for all messages.

20. Describe how your solution handles voice messages to homes where English is not the primary language spoken.

21. Describe the process and typical timeline for technical integration, implementation, training, technical support and customer service for your solution.

22. Please provide any independent research that validates your results in the following areas:
    a. Improvements in attendance
    b. Reductions in truancy
    c. Cost savings as a result of your solution
    d. Customer satisfaction data from K-12 administrators

23. Describe any other service your solution offers.