

**ATTACHMENT 14
TECHNICAL PROPOSAL**

Instructions: Please complete all sections of this template.

Prospective Bidder's Basic Information	
Prospective Bidder's Name: (As shown on most recent W-9)	
Business Address: (Include mailing address if different)	
Telephone Number:	
Fax Number:	
Email Address:	
Federal Tax Identification Number: Note: if the Prospective Bidder is a sole proprietor using his or her social security number, the social security number will be required before finalizing a contract.	

Prospective Bidder's Designated Representative	
Name:	
Title:	
Address:	
Telephone Number:	
Email Address:	

Minimum Requirements

Instructions: Please check Yes or No for each minimum requirement. Any notes can be added in the space provided below each requirement.

1. Able to provide in-person services to all Court locations as listed in RFP section 2.6

☐ Yes ☐ No

Notes:

2. Able to provide installation services upon completion of ergonomic evaluations

☐ Yes ☐ No

Notes:

3. Offer online self-evaluation services

☐ Yes ☐ No

Notes:

4. Offer online training for preventative best practices

☐ Yes ☐ No

Notes:

5. Ability for Court staff to request ergonomic evaluation through an online web portal

☐ Yes ☐ No

Notes:

6. Online web portal has functionality to send notifications to Court project manager upon evaluation request for approval

☐ Yes ☐ No

Notes:

7. Able to coordinate and schedule in-person evaluations

☐ Yes ☐ No

Notes:

8. Able to perform evaluations within 3 to 5 business days from the date of evaluation request

☐ Yes ☐ No

Notes:

9. Able to complete written ergonomic report and provide it to the Court within 3 to 5 business days from completion of evaluation

☐ Yes ☐ No

Notes:

10. Able to perform evaluations within 1 business day from the date of the evaluation request sent by the Court for urgent requests

☐ Yes ☐ No

Notes:

11. Will use the Court's existing inventory prior to purchasing new ergonomic items

☐ Yes ☐ No

Notes:

12. Will provide standardized list of recommended ergonomic equipment for staff to select from upon evaluation completion

☐ Yes ☐ No

Notes:

13. Goods will be offered to the Court at fair market value

☐ Yes ☐ No

Notes:

Questionnaire

Instructions: Please provide a detailed response to the items below. Any incomplete technical proposal lacking a detailed response may be deemed non-responsive. **Please attach a separate sheet with your responses and reference the organization and numbering of all questions (e.g. Question 1 Response...)**

1. Please provide an overview of your organizational structure, history, services, market position, unique qualifications, and strategic initiatives.
2. Please provide a description of all necessary business licenses, professional certifications, or other credentials your organization holds to perform ergonomic evaluation and consulting services.
3. Please describe your organization's ergonomic evaluation timeline from receipt of claim from a client to delivery of ergonomic evaluation report to the client and any post-report remedies.
4. Please describe your organization's maximum capacity for ergonomic evaluation requests per day/week/month and how your organization prioritizes requests when at capacity.
5. Please explain how the on-site evaluator will communicate and coordinate to provide the services requested by the Court.
6. Please explain how the installation team (if necessary) will communicate and coordinate to provide the services needed post-evaluation.
7. Please describe the procedures that you have in place to deliver high quality customer service and problem resolution.
8. Please describe your organization's ability to procure products, goods, and materials based on an ergonomic recommendation for an evaluated court employee.
9. Describe your organization's approach to correct and manage any deficiencies identified by the Court in the performance of any task.
10. Describe your dispute resolution process for invoices the Court does not agree with.
11. Please provide a minimum of three specific examples describing your experience completing previous ergonomic assessment and consultation services. Be sure to detail

previous work for organizations with multiple facilities. Include project valuation and duration.

- 12.** How will you ensure compliance with the security policies, procedures, and work specifications of the Court?
- 13.** If emergency services are requested, how quickly will you be able to respond?
- 14.** Describe how you would handle an unexpected cancellation of an evaluation and state whether you would charge any fees to compensate for that lost appointment. Note: If there is a fee for cancellation, please include it on the Cost Proposal.
- 15.** If awarded the Contract, how soon will your organization be able to offer Services?
- 16.** If awarded the contract, please describe the start-up procedures that will be required to begin services with the Court.