**ATTACHMENT 1**

**NG9-1-1 GIS Data Remediation Services Project Assessment Quotation (PAQ), continued**

**TO BE COMPLETED BY THE CONTRACTOR**

The contractor’s PAQ response must provide a detailed description, availability, and firm, fixed total price for the project to fulfill the PAQ request. At a minimum, the contractor’s PAQ response should include the following: Project Overview, Resources, Approach/Methodology, Availability and Cost Response.

**NG9-1-1 GIS DATA REMEDIATION SERVICES PROJECT OVERVIEW, RESOURCES, APPROACH/METHODOLOGY, and AVAILABILITY:**

Subjective Evaluation: 150 points

The contractor should complete the tables below providing a PAQ response to the following: Project Overview, Resources, Approach/Methodology, and Availability.

|  |
| --- |
| PROJECT OVERVIEW: The contractor should provide a statement of the contractor’s understanding of the GIS data remediation project and the technical needs of the project. |
| RESOURCES: The contractor should provide a description of the contractor’s personnel and facility/supply resources to be provided in order to fulfill the project.  The contractor should provide a description of the minimum qualifications for the contractor’s personnel being offered for the project, including a description outlining their skills, experience, and knowledge/education. |
| APPROACH/METHODOLOGY: The contractor should provide a description of the contractor’s approach for completion of the project work. The contractor’s description should include:  1) Project Management Plan, project tracking, and reporting the progress of the project, etc.  2) Functional definition of requirements that outlines how the services shall be provided by the contractor. This description should describe how the requirements/specifications will be fulfilled by the proposed service offerings and to what degree the requirements are met and/or exceeded. This description should also include by whom, when, with what, why, where, etc., the requirements shall be satisfied by the contractor’s proposed solution for the project.  3) Change Control Plan  4) Issue Tracking Plan  5) Quality Assurance (QA) Plan: A description should be included of the contractor’s QA process to be utilized for the project tasks, schedule, deliverables, and testing in order to ensure that project work is on track and expectations are met or exceeded. The QA process shall be expected to be proactive to ensure not only that the schedule is met, but also that product and service quality is maintained. |
| AVAILABILITY: The contractor should provide a statement of the contractor’s availability to meet the mandatory deadlines and estimated project start and end dates provided by the local entity for the GIS data remediation project.  Contractor’s availability to meet the mandatory deadline(s):  Contractor’s availability to meet the estimated Project Start and End Date: |

**ATTACHMENT 1**

**NG9-1-1 GIS Data Remediation Services Project Assessment Quotation (PAQ), continued**

**NG9-1-1 GIS DATA REMEDIATION SERVICES COST RESPONSE:**

Objective Evaluation of Cost: 50 points

The contractor shall provide a firm, fixed total price to fulfill the project defined in the PAQ. The contractor’s PAQ cost response must delineate hourly rates and the number of hours used to derive the firm, fixed project cost(s). The hourly rates of personnel classifications outlined in the PAQ cost response must match the contractor’s firm, fixed PAQ pricing quoted in Exhibit A, Pricing Page of the contractor’s awarded proposal. All expenses, including travel-related expenses, must be included within the firm, fixed total price. No separate or additional reimbursement shall be made for travel related expenses.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personnel Classifications | Firm, Fixed Hourly Rates (including travel) |  | Total Project Hours |  | Firm, Fixed Extended Price |
|  | $ | X |  | = | $ |
|  | $ | X |  | = | $ |
|  | $ | X |  | = | $ |
| **FIRM, FIXED TOTAL PRICE:** | | | | | **$** |

**APPROVALS REQUIRED TO PROCEED:**

|  |  |  |
| --- | --- | --- |
| **Printed Name:** | **Signature:** | **Date** |
| Contractor: |  |  |
| Local Entity: |  |  |
| Missouri 911 Service Board: |  |  |