

**IT STAFFING SERVICES SOLICITATION**  
**UNDER**  
**DEPARTMENT OF INFORMATION RESOURCES**  
**IT STAFF AUGMENTATION CONTRACT (ITSAC)**

<b>Solicitation Number: 1211012</b>	<b>Working Title: PeopleSoft ELM Consultant</b>
<b>ITSAC Level Description: System Analyst 2</b>	<b>ITSAC Technology Type: Emerging</b>

**I. DESCRIPTION OF SERVICES**

The Department of Information Resources (DIR) requires the services of one PeopleSoft ELM Consultant, hereafter referred to as Worker(s), who meets the general qualifications of *ITSAC System Analyst 1 Category, Emerging Technology Type* and the specifications outlined in this document for Collin County (COLLINCO).

All work products resulting from the project shall be considered “works made for hire” and are the property of the COLLINCO. COLLINCO may include pre-selection requirements that potential Vendors (and their Workers) submit to and satisfy criminal background checks as authorized by the Texas law. COLLINCO will pay no fees for interviews or discussions, which occur during the process of selecting a Worker(s).

**ADD DESCRIPTION OF SERVICES YOU WANT WORKER TO PERFORM HERE**

Installation, configuration, testing and training in Test/Production for the PeopleSoft ELM module. Perform data transfer from HRMS HR and the ELM module, for constant communication between both sets of databases, within the Production environment, as well as the Testing environment. Design, develop and implementation of custom modification and system processes defined through pre-implementation meetings performed by vendor under start of project.

**II. WORKER SKILLS AND QUALIFICATIONS**

**Minimum Requirements:**

Years	Skills/Experience
<b>3</b>	PeopleSoft Technical experience in Installation, Configuration, Testing, and Training in Test/Production for the PeopleSoft ELM module.
<b>3</b>	Knowledge of data transfer from HRMS HR and the ELM module, for constant communication between both sets of databases, within the Production environment, as well as the Testing environment.

**Preferences:**

Years	Skills/Experience
<b>5</b>	Experience with design/develop/implementation of Custom modification and system processes.

**III. TERM OF SERVICE**

Services expect to start as soon as possible are expected to be completed by July 31, 2011. Total estimated Worker hours shall not exceed 720 hours. This service may be amended, renewed, and/or extended providing both parties agree to do so in writing.

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**IV. WORK HOURS AND LOCATION**

- A. Services shall be provided during normal business hours unless otherwise coordinated through the COLLINCO. Normal business hours are Monday through Friday from 8:00 AM through 5:00 PM, excluding State holidays when the agency is closed.
- B. The primary work location(s) will be at 2300 Bloomdale Road, Suite 3198, McKinney, Texas 75071. Any and all travel, per diem, parking, and/or living expenses shall be at the Worker's and/or Vendor's expense.
- C. COLLINCO will provide pre-approved, written authorization for travel for any services to be performed away from the primary work location(s). Pre-approved travel expenses are limited to the rates and comply with the rules prescribed by the State of Texas for travel by its classified employees, including any requirement for original receipts.
- D. The Worker(s) may be required to work outside the normal business hours on weekends, evenings and holidays, as requested. Payment for work over 40 hours will be at the hourly rate quoted and must be coordinated and pre-approved through COLLINCO.

**V. SOLICITATION CONTACT**

Submit questions by telephone, e-mail, or in writing to:

Joan Scott, CTPM

Department of Information Resources

300 W. 15th Street, Suite 1300

Austin, TX 78701

Phone: 512-475-3290

Internet: [joan.scott@dir.state.tx.us](mailto:joan.scott@dir.state.tx.us)

All vendor response information and working papers pertaining to this solicitation are confidential until the Solicitation has been awarded or cancelled.

**VI. RIGHT TO AMEND OR WITHDRAW SOLICITATION**

DIR reserves the right to alter, amend or modify any provisions of this solicitation, or to withdraw this solicitation, at any time prior to the award of a Work Order pursuant hereto, if it is determined by DIR to be in the best interest of the State to do so.

**VII. RESPONSE DEADLINE**

Vendor shall e-mail response to [DIRStaffAugmentation@dir.texas.gov](mailto:DIRStaffAugmentation@dir.texas.gov) for consideration and should be received by Tuesday, **January 17, 2011 @ 11:00 AM (CT)**. Late responses will be disqualified. DIR time is synchronized to official U.S. time provided by the National Institute of Technology (NIST) and U.S. Naval Observatory (USNO) for determining compliance with response deadline. **Vendor will receive an auto response confirming receipt of response.**

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**VIII. EVALUATION OF RESPONSES**

**Summary:** Failure to comply with itemized sections/items shall result in disqualification of response/candidate as applicable.

Section	Disqualification of Entire Response	Disqualification of Worker Candidate
VII.	Late	
VIII.	A, B, C, D, F, G, H	E, I
IX.	A1	A2, A3, A4, A5
X.	1	2, 3, 4, 5, 6
Form C, Minimum Requirements		Non-responsive (required field)

DIR shall screen the responses in accordance with the screening factors described below.

- A. Response must be submitted by the response deadline listed in Section VII of this solicitation. **Failure to do so will result in disqualification of the entire response.**
- B. Subject line of e-mail response must include and adhere to following nomenclature (**Solicitation Number and Customer Initials, e.g. 1211012 COLLINCO**). **Failure to do so will result in disqualification of the entire response.**
- C. Vendor hereby represents to DIR they are registered as a Texas Vendor, with all necessary Texas taxpayer identification numbers with the Comptroller of Public Accounts and be in good standing with that office, and otherwise be authorized to do business with the State of Texas.
- D. Vendor shall have a current Staffing Services Contract on file with DIR. **Receipt of responses from Non-contracted vendors will result in disqualification of the entire response.**
- E. A Worker whose name is submitted by more than one vendor for the same opportunity will be disqualified. **Worker submitted by more than one Vendor will result in disqualification of Worker.**
- F. The Vendor and any of its representatives or Workers will not contact the customer agency regarding this opportunity prior to the award. **Failure to do so will result in disqualification of the entire response.**
- G. **Work Order Solicitation is restricted to the specified quantity of resumes defined in Section IX. Non-responsive submissions will result in disqualification of entire response. Candidate substitution(s) cannot be made if the originally submitted candidate becomes unavailable after the response deadline.**
- H. The Vendor and/or its subcontractors, if any, shall certify that they are not suspended or debarred from doing business with the federal government as listed in the *Excluded Parties List System (EPLS)* maintained by the General Services Administration, and (x) as of the effective date of the Contract, are not listed in the prohibited vendors list authorized by Executive Order #13224, "*Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism*", published by the United States Department of the Treasury, Office of Foreign Assets Control. DIR will verify EPLS status via the TPASS web site at <http://www2.cpa.state.tx.us/cmb1/cmb1hub.html> **Vendors listed on the prohibited vendors list will result in disqualification of the entire response.**
- I. Form C – shall be page one (1) of Worker resume. **Vendor must insert corresponding number of years experience Worker has with skills / qualifications. Failure to do so will result in disqualification of Worker.**

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Worker resumes and references from the qualified responses shall be forwarded to the customer. The determination of candidates to be interviewed and the final award shall be made by the customer.

**IX. RESPONSE FORMAT**

The Vendor response shall follow the format described below.

A. Submit **only** the following:

1. Form A - Vendor Information / Worker List Form, submit **1** copy.
2. Form B – Worker Reference Form, submit copy for each Worker.
3. Form C – Vendor must complete and merge with resume.
4. Worker Resume – submit copy for each Worker.
5. **Vendor can submit no more than one (1) candidate resume for this job.**

B. Form B, Form C and Worker Resume to be merged into one (1) document and submitted in PDF Format.  
**Order of merge is to be: Form C, Worker Resume, Form B.**

**X. INSTRUCTIONS FOR PREPARING VENDOR RESPONSE**

Follow these instructions carefully:

1. Complete Form A; do not leave any items blank.
  - a. All workers **must** be included on Form A.
  - b. Quote **one** hourly rate for each worker.
  - c. Rates for hours worked over 40 will not be accepted.
  - d. **Rates shall not exceed the Not-to-Exceed rates contained in Vendor’s Information Technology Staff Augmentation Contract (ITSAC) Services contract with DIR for the noted position(s).**
  - e. Vendors certified as Historically Underutilized Businesses (HUBs) by the **Texas Procurement and Support Services (TPASS)** shall include HUB Ethnicity & Gender Codes as defined by the TPASS. Insert HUB Ethnicity/Gender code assigned to the Vendor by the TPASS. If vendor is not a HUB insert N/A. Vendor shall use the HUB Ethnicity & Gender Codes assigned to the Vendor by the TPASS. DIR shall verify Vendor’s HUB Ethnicity & Gender Codes status via the TPASS web site at <http://www2.cpa.state.tx.us/cmb1/cmb1hub.html>
2. Copy of resume must be included for each worker.
3. Form B must be completed for each Worker. Submit copy for each Worker.
4. Complete Form C. Vendors are to provide:
  - a. Worker’s name,
  - b. Years of experience and specific skill/experience that addresses each customer requirement (information to be entered into the “Years” and the “Vendor Comments” sections, respectively).
5. **Form A to be submitted in Word Format. File name of document must adhere to following nomenclature: (Solicitation Number, Customer Initials and Vendor Name, i. e. 1211012\_COLLINCO\_Vendor Name.doc).**
6. **Form B, Form C and Worker Resume to be merged into one (1) document and submitted in PDF Format. File name of document must adhere to following nomenclature: (Solicitation Number, Vendor Name and Worker Name (first and last) i. e. 1211012\_VendorName\_WorkerName.pdf). Order of merge is to be: Form C, Worker Resume, Form B.**

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**FORM A – VENDOR INFORMATION/WORKER LIST FORM**

<b>Solicitation Number: 1211012</b>				<b>Working Title: PeopleSoft ELM Consultant</b>						
<b>ITSAC Level Description: System Analyst 1</b>				<b>ITSAC Technology Type: Emerging</b>						
<b>Primary Vendor Information</b>	<b>Vendor Name:</b> <b>Address:</b>  <b>Vendor Contact:</b> <b>Phone Number:</b> <b>Email:</b>									
<b>Primary Vendor HUB Ethnicity &amp; Gender Codes</b>  (Only check one)	Asian		American Indian		Black		Hispanic		Woman Owned Female	N/A
	Male	Female	Male	Female	Male	Female	Male	Female		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Worker # 1										
<b>Worker Name</b>										
<b>Hourly Rate</b>										
<b>Date of availability</b>										
<b>Is the Worker being Sub-Contracted?</b>			NO ____ YES ____ If YES, complete the SUB-Contracting information below.							
<b>Sub – Contracted Vendor Name</b>										
<b>Sub Contract Percentage</b>										
<b>Sub- Contracted Vendor HUB Ethnicity &amp; Gender Codes</b>	Asian		American Indian		Black		Hispanic		Woman Owned Female	N/A
	Male	Female	Male	Female	Male	Female	Male	Female		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Worker # 2 (as applicable)										
<b>Worker Name</b>										
<b>Hourly Rate</b>										
<b>Date of availability</b>										
<b>Is the Worker being Sub-Contracted?</b>			NO ____ YES ____ If YES, complete the SUB-Contracting information below.							
<b>Sub – Contracted Vendor Name</b>										
<b>Sub - Contract Percentage</b>										
<b>Sub - Contracted Vendor</b>	Asian		American Indian		Black		Hispanic		Woman Owned	N/A
	Male	Female	Male	Female	Male	Female	Male	Female		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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HUB Ethnicity & Gender Codes	Male	Female	Male	Female	Male	Female	Male	Female	Female	

*By submission of this form Vendor acknowledges familiarity with DIR Staffing Services Contract and agrees to abide by all the terms and conditions as specified in the contract.*

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**Form A – Worker Information / List Form**  
**INSTRUCTIONS**

**Complete steps 1 – 6 for each Worker.** Form B must be completed in its entirety for each Worker. Failure to complete Form B in its entirety will result in disqualification of Worker as applicable. Make sure all columns are filled in for each Worker. If any information is "Not Applicable" notate "N/A".

1. **Primary Vendor Name** – Fill in your company’s name.
2. **Primary Vendor HUB Ethnicity & Gender Codes** - In the boxes below the Ethnicity & Gender Code that represents the Primary Vendor, please put an “x” in the box that represents the ethnicity and gender code as certified by the **Texas Procurement and Support Services (TPASS)**. If the Primary Vendor is not a HUB, please put an “x” in the box that says N/A.
3. **Worker Name** – Fill in Worker’s first and last name.
4. **Hourly Rate** – Fill in the hourly rate. Rate shall not exceed the maximum hourly rate designated by the Vendor in their Staffing Services contract with DIR for the category on the Professional Staffing Hourly Rates Form. If the category was omitted or left blank, the Worker will be disqualified.
5. **Date of availability** – Insert realistic date the Worker is available to begin working.
6. **Is the Worker being sub-contracted?** Yes or No. Mark an “x” next to the appropriate answer.  
If the answer is YES, follow the instructions below.
  - a) **Sub-Contracted Vendor Name** – Fill in the name of the Sub-Contracted Vendor. A list of TPASS HUB certified vendors that may perform the subcontracting opportunities is available through the Internet at:  
<http://www2.cpa.state.tx.us/cmb/cmbhub.html>
  - b) **Sub-Contract Percentage** – The percentage information required refers to the actual dollars the Sub-Contracted Vendor will receive from the Primary Vendor. This is the information that will be reported as part of the HSP reporting requirements. Insert applicable percentage.
  - c) **Sub-Contracted Vendor HUB Ethnicity & Gender Codes** - In the boxes below the Ethnicity & Gender Code that represents the Sub-Contracted Vendor, please put an “x” in the box that represents the ethnicity and gender code as certified by the **Texas Procurement and Support Services (TPASS)**. If the Sub-Contracted Vendor is not a HUB, please put an “x” in the box that says N/A.

**Repeat Steps 3 – 6 for each Worker.**

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**HUB Subcontracting Plan (HSP) Compliance**

Once a Staffing Services contract has been awarded, the awarded vendor shall maintain business records documenting its compliance with the HSP and shall submit compliance reports to DIR periodically and in a format required by the Staffing Services contract.

If circumstances necessitate changes to the awarded vendor's HSP, the awarded vendor must notify DIR in writing and must comply with the provisions of 1 TAC §111.14(b) relating to developing and submitting a subcontracting plan before any modifications to the HSP can be considered by DIR. If the awarded vendor subcontracts any of the work under the awarded contract without prior DIR authorization and compliance of 1 TAC §111.14(b), the awarded vendor may be considered in breach of the awarded contract and subject to any remedial actions provided by state law and HUB rules, including termination of the contract.

DIR may audit the electronic and non-electronic records of the awarded vendor to determine contract and HSP compliance.

Vendors shall be required to provide this information directly to Agency Hub Coordinators as well as a copy to this office quarterly. Refer to the website "<http://www.window.state.tx.us/procurement/prog/hub/contactlist/>" for agency contact information.

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**FORM B – WORKER REFERENCE FORM**

<b>Solicitation Number: 1211012</b>	<b>Working Title: PeopleSoft ELM Consultant</b>
<b>ITSAC Level Description: System Analyst 1</b>	<b>ITSAC Technology Type: Emerging</b>

**Worker Name** (Required): \_\_\_\_\_

**Reference Name** (Required): \_\_\_\_\_

Title (Optional) \_\_\_\_\_

**Company Name** (Required): \_\_\_\_\_

**Phone Number** (Required include area code): \_\_\_\_\_

E-mail address (Optional): \_\_\_\_\_

Professional Relationship: (Optional): \_\_\_\_\_

- |                                   |                                    |                                      |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Peer     | <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Supervisor  |
| <input type="checkbox"/> Customer | <input type="checkbox"/> End-User  | <input type="checkbox"/> Subordinate |

**Reference Name** (Required): \_\_\_\_\_

Title (Optional) \_\_\_\_\_

**Company Name** (Required): \_\_\_\_\_

**Phone Number** (Required include area code): \_\_\_\_\_

E-mail address (Optional): \_\_\_\_\_

Professional Relationship: (Optional): \_\_\_\_\_

- |                                   |                                    |                                      |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Peer     | <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Supervisor  |
| <input type="checkbox"/> Customer | <input type="checkbox"/> End-User  | <input type="checkbox"/> Subordinate |

**Reference Name** (Required): \_\_\_\_\_

Title (Optional) \_\_\_\_\_

**Company Name** (Required): \_\_\_\_\_

**Phone Number** (Required include area code): \_\_\_\_\_

E-mail address (Optional): \_\_\_\_\_

Professional Relationship: (Optional): \_\_\_\_\_

- |                                   |                                    |                                      |
|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Peer     | <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Supervisor  |
| <input type="checkbox"/> Customer | <input type="checkbox"/> End-User  | <input type="checkbox"/> Subordinate |

**NOTE: ONLY INCLUDE THE INFORMATION REQUESTED ON THIS FORM. DO NOT INCLUDE ADDITIONAL INFORMATION.**

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**FORM C – WORKER REQUIREMENTS GRID SHEET**

<b>Solicitation Number: 1211012</b>	<b>Working Title: PeopleSoft ELM Consultant</b>
<b>ITSAC Level Description: System Analyst 1</b>	<b>ITSAC Technology Type: Emerging</b>

(This is Page 1 of the Worker Resume)

**Worker Name (Required):**

<b>Minimum Requirements:</b> Candidates that do not meet or exceed the <b>minimum</b> stated requirements (skills/experience) will not be considered for this opportunity and the resume will not be submitted to the customer.			
Years (Required, leave no blanks)	Years	Skills/Experience	Vendor Comments (as applicable)
	<b>3</b>	PeopleSoft Technical experience in Installation, Configuration, Testing, and Training in Test/Production for the PeopleSoft ELM module.	
	<b>?</b>	Knowledge of data transfer from HRMS HR and the ELM module, for constant communication between both sets of databases, within the Production environment, as well as the Testing environment.	

**Preferences:**

Years	Skills/Experience
	Experience with design/develop/implementation of Custom modification and system processes.

**NOTE: ONLY INCLUDE THE INFORMATION REQUESTED ON THIS FORM. DO NOT INCLUDE ADDITIONAL INFORMATION. DO NOT MODIFY THE INFORMATION IN THE SHADED AREAS.**