**ATTACHMENT A**

**FORMS**

**Request for Proposal Number #NST082017 Z1**

**Bidders are required to complete all forms provided in this attachment.**

Forms A.1 – A.5 are to be included as part of the Technical Approach.

Form A.1: Mandatory Project Requirements

Form A.2: Functional and Technical Proposal Requirements

Form A.3: Functional and Technical Proposal Requirements for NDCS

Form A.4: Cost to User Proposal Template

Form A.5: State Rebate Proposal Template

**FORM A.1**

**Mandatory Project Requirements**

**Request for Proposal Number NST082017 Z1**

**Please answer the following eight (8) mandatory questions with a check mark after the appropriate response. Any “No” answer will eliminate the bidder from further evaluations.**

**Yes\_\_\_\_\_ No\_\_\_\_\_ Is the bidder a state or national bank licensed to do business in the State of Nebraska and of approved standing and responsibility pursuant to Neb. Rev. Stat. §77-2387(2)?**

**Yes\_\_\_\_\_ No\_\_\_\_\_ Bidder agrees to supply ATMs that comply with Americans with Disabilities Act (ADA) Accessibility Guidelines.**

**Yes\_\_\_\_\_ No\_\_\_\_\_ Bidder must have a minimum of five (5) years’ experience in providing ATMs.**

**Yes\_\_\_\_\_ No\_\_\_\_\_ Bidder agrees to comply with all Nebraska State Statutes.**

**Yes\_\_\_\_\_ No\_\_\_\_\_ Bidder agrees to comply with all banking and industry regulations in the operation of the ATMs.**

**Yes\_\_\_\_\_ No\_\_\_\_\_ Does the ATM support the following transaction types in both English and Spanish language formats?**

**Cash withdrawal from checking account**

**Cash withdrawal from savings account**

**Yes\_\_\_\_\_ No\_\_\_\_\_ Does the ATM support the following transaction types in both English and Spanish language formats?**

**Transfer from checking to savings**

**Transfer from savings to checking**

**Yes\_\_\_\_\_ No\_\_\_\_\_** **Does the ATM support the following transaction types in both English and Spanish language formats?**

**Balance inquiry from checking**

**Balance inquiry from savings**

**FORM A.2**

|  |  |
| --- | --- |
|  | **Functional and Technical Requirements** |
| 2.1 | Does the bidder agree that ATM’s will be placed in existing locations as provided on page 29 and 30 of the RFP?  Yes\_\_\_ No\_\_\_ |
| 2.2 | Please list the space requirements for the proposed ATM’s. |
| 2.3 | Currently a 110 volt 20 amp dedicated circuit is available for use of the ATM, will this circuit be acceptable to the bidder?  Yes\_\_\_ No\_\_\_  If no, please list the electricity requirements. |
| 2.4 | Does the bidder agree to pay all installation costs and phone lines as necessary?  Yes\_\_\_ No\_\_\_ |
| 2.5 | Does the bidder agree to pay all on-going service for communications media (in any form) as necessary to operate the ATM?  Yes\_\_\_ No\_\_\_ |
| 2.6 | Does the bidder understand that the state will provide the electrical power for the operation of the ATM’s?  Yes\_\_\_ No\_\_\_ |
| 2.7 | Does the bidder agree to post a phone number on each machine so users may report any machine problems?  Yes\_\_\_ No\_\_\_ |
| 2.8 | Does the bidder agree it is their responsibility to maintain and service the ATM’s?  Yes\_\_\_ No\_\_\_ |
| 2.9 | Does the bidder agree they will provide maintenance for necessary problem resolution and repairs by qualified technicians?  Yes\_\_\_ No\_\_\_ |
| 2.10 | The bidder must list what their response time will be to a maintenance call, Monday thru Friday 8 AM to 5 PM.  Within 1 hour\_\_\_ Between 1 to 3 hours\_\_\_ Over 3 hours\_\_\_ |
| 2.11 | The availability of the ATM system must be Ninety Five Percent (95%) uptime (22.8 hours) for each twenty-four (24) hour period, seven (7) days per week, does the bidder agree to provide this availability?  Yes\_\_\_ No\_\_\_ |
| 2.12 | Does the bidder agree to inspect the machines for signs of tampering and to ensure the ATM has not been compromised while balancing and filling the ATM?  Yes\_\_\_ No\_\_\_  If yes, how often will the machines be filled, balanced and inspected?  Monthly\_\_\_ Biweekly\_\_\_  Weekly\_\_\_ As necessary\_\_\_ |
| 2.13 | Does the bidder agree to be insured to cover the cost of the machine and its contents in case of theft or robbery?  Yes\_\_\_ No\_\_\_ |
| 2.14 | Does the bidder agree they will provide operational support for ATM balancing, settlement, adjustment and captured card processing?  Yes\_\_\_ No\_\_\_ |
| 2.15 | Please list **all** the Cash Access Networks the bidder uses in operating their ATM’s (example: Nets, Cirrus, Plus, Interlink, Cirrus, other). |
| 2.16 | Does the bidder agree that ATM’s must accept universally branded ATM, debit and Visa/MasterCard branded cards?  Yes\_\_\_ No\_\_\_ |
| 2.17 | Does the bidder agree that ATM’s must accept EMV or “chip” cards?  Yes\_\_\_ No\_\_\_ |
| 2.18 | Does the bidder agree to stock the ATM’s with $10 and/or $20 bills depending on the location?  Yes\_\_\_ No\_\_\_ |
| 2.19 | Does the bidder agree that prior approval is needed if new or modifications of existing equipment is required?  Yes\_\_\_ No\_\_\_ |
| 2.20 | Does the bidder agree, if a rebate will be paid to the State, payment will be paid on a monthly basis?  Yes\_\_\_ No\_\_\_ |

**FORM A.3**

|  |  |
| --- | --- |
|  | **Functional and Technical Requirements for**  **Nebraska Department of Correctional Services (NDCS)** |
| 3.1 | Does the bidder agree that they will make all employees aware of the provisions of Neb. Rev. Stat. §28-322.01 that states it shall be a felony for individuals working for or under contract to the NDCS to engage in sexual contact or relations with an inmate or parolee within the State Correctional system, and that no inmate nor parolee is legally capable of giving consent to any such relationship?  Yes\_\_\_ No\_\_\_ |
| 3.2 | Does the bidder agree that they are responsible for making their employees aware of NDCS Administrative Regulation 112.31 – Code of Ethics and Conduct before going to any NDCS facilities? (Code of Ethics and Conduct can be found at http://www.corrections.nebraska.gov/policieshr.html)  Yes\_\_\_ No\_\_\_ |
| 3.3 | Does the bidder agree that they are responsible to inform their personnel of the NDCS Tobacco Policy, which states that tobacco and tobacco-related products are contraband and must not be carried into any NDCS owned or controlled property? Such products must remain in Contractor’s locked vehicle while on NDCS property.  Yes\_\_\_ No\_\_\_ |
| 3.4 | Does the bidder agree that the Contractor will be responsible for ensuring all personnel, equipment, tools, keys, and supplies/materials comply with any and all rules, regulations, and procedures of the NDCS and the individual facilities?  Yes\_\_\_ No\_\_\_ |
| 3.5 | Does the bidder agree that all equipment, tools, supplies, and materials will be subject to search and inventoried at any time?  Yes\_\_\_ No\_\_\_ |
| 3.6 | Does the bidder agree that tools and materials must be carefully controlled at all times and locked when not in use?  Yes\_\_\_ No\_\_\_ |
| 3.7 | Does the bidder agree that all Contractor personnel entering a correctional institution will be subject to a search of their person and personal items?  Yes\_\_\_ No\_\_\_ |
| 3.8 | Does the bidder agree that cellphones and other electronic devices will not be brought into correctional institutions without prior authorization from the facility warden or designee?  Yes\_\_\_ No\_\_\_ |
| 3.9 | Does the bidder agree that personnel shall be subject to departmental security checks prior to their arrival on NDCS property?  Yes\_\_\_ No\_\_\_ |
| 3.10 | Does the bidder agree that personnel must carry proper identification with them **at all times** while on NDCS property?  Yes\_\_\_ No\_\_\_ |
| 3.11 | Does the bidder agree to abide by all NDCS policies and review them with all new contractor staff?  Yes\_\_\_ No\_\_\_ |
| 3.12 | Does the bidder agree to only stock $10 bills in the ATMs at the Omaha and Lincoln Correctional facilities?  Yes\_\_\_ No\_\_\_ |

**FORM A.4**

**Cost to User Proposal Template**

**Request for Proposal Number NST082017 Z1**

Section 1:

The bidder must detail the cost for the user to withdraw cash ‘In Network’ and ‘Out of Network’. Enter the cost per withdraw in the “User Cost” column, multiply the number of transactions by the “User Cost” and the total will be the “Total Cost for Users”.

Section 2:

The bidder must complete the “User Cost” per balance inquiry for an ‘In Network’ and ‘Out of Network’ transaction.

Section 3:

The bidder must detail any other fees to the user associated with all possible type of transactions.

Reminder: No fees shall be charged to the State of Nebraska for any services provided under this contract.

The Nebraska State Treasurer’s Office reserves the right to review all aspects of the Cost to User Proposal for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Institution Name:** |  | | |
| **Section 1:** |  |  |  |
| **User Cost Per Withdraw In Network** | **Number of Transactions 1 Year Period** | **User Cost Per Transaction** | **Total Cost for Users** |
| **From checking** | 10,441 | $ | $ |
| **From savings** | 1,842 | $ | $ |
|  |  |  |  |
|  |  |  |  |
| **User Cost Per Withdraw Out of Network** | **Number of Transactions 1 Year Period** | **User Cost Per Transaction** | **Total Cost for Users** |
| **From checking** | 27,333 | $ | $ |
| **From savings** | 4,824 | $ | $ |
|  |  |  |  |
|  |  |  |  |
| **Section 2:** |  |  |  |
| **User Cost per**  **Balance Inquiry** | **In Network** | **Out of Network** | **Other Fees** |
| **From checking** | $ | $ | $ |
| **From savings** | $ | $ | $ |
|  |  |  |  |
|  |  |  |  |
| **Section 3:** |  |  |  |
| **List any Additional User Costs** | **In Network** | **Out of Network** | **Other** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |

**FORM A.5**

**State Rebate Proposal Template**

**Request for Proposal Number NST082017 Z1**

The bidder must complete the State Rebate Proposal based on the transaction count listed below, listing the rebate per transactions and calculating the rebate for the State.

|  |  |  |  |
| --- | --- | --- | --- |
| **State Rebate Fee Schedule for ATM transactions** | | | |
| **Financial Institution Name:** |  | | |
| **Section 1:** |  |  |  |
| **State Rebate Per “In Network” Transactions** | **Number of Transactions 1 Year Period** | **Rebate Per Transaction** | **Total Rebate for State** |
| **From checking** | 10,441 | $ | $ |
| **From savings** | 1,842 | $ | $ |
|  |  |  |  |
| **State Rebate Per “Out of Network” Transactions** | **Number of Transactions 1 Year Period** | **Rebate Per Transaction** | **Total Rebate for State** |
| **From checking** | 27,333 | $ | $ |
| **From savings** | 4,824 | $ | $ |
|  |  |  |  |
| **Section 2:** |  |  |  |
| **State Rebate Per**  **Balance Inquiry** | **In network** | **Out of network** | **Other Fees** |
| **From checking** | $ | $ | $ |
| **From savings** | $ | $ | $ |
|  |  |  |  |
| **Section 3:** |  |  |  |
| **List Other ATM Services rebate options** | **In network** | **Out of network** | **Other** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |