**Important Instructions:**

If Bidder has any deviations to the requirements outlined in Section V. of the Request for Proposal (RFP), all must be listed and included with the proposal response. Deviations to Section V. will be factored into the scoring. The evaluation committee will rely upon the information provided to assist in ascertaining responsiveness and/or determining whether a proposed alternative will be acceptable and discern its impact on the System. The State reserves the right to determine if proposed alternatives, individually or collectively, have a material impact on the system. Submitting deviations that do not conform to the system requirements may result in your proposal response being deemed as non-responsive.

Any deviations to requirements outlined in Section V. of the RFP are to be listed in continuous formation and submitted in a separate PDF file, clearly labeled “Deviations to Section (V)(\_) – System \_” – see Exhibit 1 directly below for the sample format.

When submitting, use the respective document(s) provided within this attachment for each system and sections as labeled. There are two forms for each system. The first covers deviations to Section (V)(A), (V)(B), (V)(D) and (V)(E). The second form covers deviations to Section (V)(C). Additional tables may be added or deleted under “DEVIATIONS”. Bidder to sign a signature at the end of the last deviation for each respective section of deviations.

*Note: Please do not include any of your acknowledgements and/or deviations to Sections II. through IV. of the RFP in Attachment 1. Acknowledgements and/or deviations to those sections are to be clearly labeled and need to be submitted in accordance with the instructions outlined in the RFP.*

Exhibit 1 – Sample Format

|  |  |
| --- | --- |
| Emergency Medical Services (EMS) | |
| Identify RFP Section:  Section (V)(\_)(\_) | Requirement Description: [Indicate the requirement as listed in the RFP document] |
| Provide information regarding why requirement cannot be met and/or provide the proposed alternative for evaluation and approval or rejection:  Bidder’s Response:  [Provide an explanation as to why the specification cannot be met and your proposed alternative and/or information for consideration.] | |

**RFP 118155 O3** **Bidder’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**System A – Emergency Medical Services Patient Care Reporting System (EMS PCR)**

Bidder to complete the appropriate OPTION that reflects either “NO DEVIATIONS” or “DEVIATIONS” to the requirements as outlined in Sections (V) (A, B, D & E) of the RFP using the format provided.

**OPTION 1 – NO DEVIATIONS**

Our company declares that our response to the Request for Proposal (RFP) does not contain any deviations to Sections (V) (A, B, D & E). We can meet all the requirements as outlined in the RFP for these specific sections.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Duly Authorized Representative]

# OPTION 2 – DEVIATIONS

Our company is submitting deviations to the requirements as outlined in Sections (V) (A, B, D & E) of the RFP. The deviations for consideration are outlined in the tables below. In submitting deviations for consideration, we understand and agree that proposed deviations need to be completed in the correct format using the tables provided and any associated costs must be reflected in the Cost Proposal. Further, we understand proposed deviations will be reviewed by the evaluation committee to determine approval or rejection and any impact on responsiveness:

*(Note: To receive due consideration for approval or denial of proposed deviations, complete the tables below for any respective requirement(s) that are not being met as indicated in the RFP for the above-mentioned section.)*

|  |  |
| --- | --- |
| **EMS PCR** | |
| Identify RFP Section:  Section (V)(\_)(\_) | Requirement Description: [Indicate the requirement as shown in the RFP document] |
| Bidder’s Response:  [Provide an explanation as to why the specification cannot be met and include detailed information about any proposed alternative.] | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Duly Authorized Representative]

**RFP 118155 O3** **Bidder’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**System A – Emergency Medical Services Patient Care Reporting System (EMS PCR)**

Bidder to complete the appropriate OPTION (1 or 2) that reflects either “NO DEVIATIONS” or “DEVIATIONS” to the requirements as outlined in Section (V)(C) only from Attachment 2 of the RFP using the format provided.

**OPTION 1 – NO DEVIATIONS**

Our company declares that our response to the Request for Proposal (RFP) does not contain any deviations to Section (V)(C) only. We can meet all the requirements as outlined in the RFP for these specific sections.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Duly Authorized Representative]

**OPTION 2 – DEVIATIONS**

Our company is submitting deviations to the requirements as outlined in Section (V)(C) of the RFP. The deviations for consideration are outlined in the tables below. In submitting deviations for consideration, we understand and agree that proposed deviations need to be completed in the correct format using the tables provided and any associated costs must be reflected in the Cost Proposal. Further, we understand proposed deviations will be reviewed by the evaluation committee to determine approval or rejection and any impact on responsiveness:

*(Note: To receive due consideration for approval or denial of proposed deviations, complete the tables below for any respective requirement(s) that are not being met as indicated in the RFP for the above-mentioned section.)*

|  |  |
| --- | --- |
| **EMS PCR** | |
| Identify RFP Section:  Section (V)(\_)(\_) | Requirement Description: [Indicate the requirement as shown in the RFP document] |
| Bidder’s Response:  [*Response(s) must include specific information regarding why it’s not being met as requested and must also include detailed information about any proposed alternative.]* | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Duly Authorized Representative]

**RFP 118155 O3**  **Bidder’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**System B – Trauma Registry**

Bidder to complete the appropriate OPTION that reflects either “NO DEVIATIONS” or “DEVIATIONS” to the requirements as outlined in **Sections (V) (A, B, D & E)** of the RFP using the format provided.

**OPTION 1 – NO DEVIATIONS**

Our company declares that our response to the Request for Proposal (RFP) does not contain any deviations to **Sections (V) (A, B, D & E).** We can meet all the requirements as outlined in the RFP for these specific sections.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Duly Authorized Representative]

# OPTION 2 – DEVIATIONS

Our company is submitting deviations to the requirements as outlined in **Sections (V) (A, B, D & E)** of the RFP. The deviations for consideration are outlined in the tables below. In submitting deviations for consideration, we understand and agree that proposed deviations need to be completed in the correct format using the tables provided and any associated costs must be reflected in the Cost Proposal. Further, we understand proposed deviations will be reviewed by the evaluation committee to determine approval or rejection and any impact on responsiveness:

*(Note: To receive due consideration for approval or denial of proposed deviations, complete the tables below for any respective requirement(s) that are not being met as indicated in the RFP for the above-mentioned section.)*

|  |  |
| --- | --- |
| **TRAUMA REGISTRY** | |
| Identify RFP Section:  Section (V)(\_)(\_) | Requirement Description: [Indicate the requirement as shown in the RFP document] |
| Bidder’s Response:  [Provide an explanation as to why the specification cannot be met and include detailed information about any proposed alternative.] | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Duly Authorized Representative]

**RFP 118155 O3**  **Bidder’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**System B – Trauma Registry**

Bidder to complete the appropriate OPTION (1 or 2) that reflects either “NO DEVIATIONS” or “DEVIATIONS” to the requirements as outlined in **Section (V)(C)** only from Attachment 3 of the RFP using the format provided.

**OPTION 1 – NO DEVIATIONS**

Our company declares that our response to the Request for Proposal (RFP) does not contain any deviations to **Section (V)(C)** only. We can meet all the requirements as outlined in the RFP for these specific sections.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Duly Authorized Representative]

**OPTION 2 – DEVIATIONS**

Our company is submitting deviations to the requirements as outlined in **Section** **(V)(C)** of the RFP. The deviations for consideration are outlined in the tables below. In submitting deviations for consideration, we understand and agree that proposed deviations need to be completed in the correct format using the tables provided and any associated costs must be reflected in the Cost Proposal. Further, we understand proposed deviations will be reviewed by the evaluation committee to determine approval or rejection and any impact on responsiveness:

*(Note: To receive due consideration for approval or denial of proposed deviations, complete the tables below for any respective requirement(s) that are not being met as indicated in the RFP for the above-mentioned section.)*

|  |  |
| --- | --- |
| **TRAUMA REGISTRY** | |
| Identify RFP Section:  Section (V)(\_)(\_) | Requirement Description: [Indicate the requirement as shown in the RFP document] |
| Bidder’s Response:  [*Response(s) must include specific information regarding why it’s not being met as requested and must also include detailed information about any proposed alternative.]* | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Duly Authorized Representative]