



## Request for Proposals For Information Technology (IT) Managed Services

### INSTRUCTIONS TO BIDDERS

1. Requests for proposals (RFP) for Managed Services for Information Technology (IT) will be received by the Deputy Director of MetroParks of Butler County (MetroParks), until 4:00 pm local time, on Friday November 20, 2020, at the Administrative Office of MetroParks, 2051 Timberman Road, Hamilton, Ohio 45013. RFP responses should be submitted in a sealed envelope bearing the caption "RFP RESPONSE FOR MANAGED SERVICES FOR INFORMATION TECHNOLOGY".
2. All RFP responses shall be in strict accordance with all provisions and specifications as set forth herein. Responses of selected respondent will unless otherwise approved in writing become part of the contract specifications.
3. RFP responses shall be submitted on the printed forms provided herein, and all forms shall be completely filled out and signed where required to be considered responsive. Also, any other requested documentation as hereinafter described must be included for the RFP submittal to be considered responsive. Partial RFP responses for less than all the work as specified within will not be considered and will be rejected.
4. Prospective respondent should thoroughly examine and familiarize themselves with all specifications and contract documents pertinent to the work.

Questions related to the RFP may be directed in writing to:

**Chad Smith, Deputy Director**  
MetroParks of Butler County  
2051 Timberman Road  
Hamilton, Ohio 45013  
E-mail: [csmith@yourmetroparks.net](mailto:csmith@yourmetroparks.net)

5. All RFP responses will be valid for a time of 45 days from the date submitted. MetroParks reserves the right to review and evaluate all proposals for a period of forty-five (45) days.
6. MetroParks reserves the right to reject any or all RFP responses or to accept any RFP response which may be deemed to be in the best interest of MetroParks. Thus, the contract may be awarded to the contractor with the lowest **and** best RFP response, as determined by MetroParks, regardless of whether or not it is the lowest RFP response. All RFP responses received after the closing date and hour specified will be returned unopened to the contractor.
7. During the lifetime of the contract, the successful respondent shall maintain insurance as it will protect him/her from claims under Worker's Compensation Acts and other employee benefits acts, from claims for damages because of bodily injury, including death, to his/her employees and all others, and from claims for damages to property resulting from the respondent's operations under the contract. Such insurance protection shall cover the respondent's operations or those by any sub-contractor or anyone directly or indirectly employed by either while on the property of MetroParks during the performance of the contract work.



The respondent shall furnish proof of insurance coverage to MetroParks in the form of a copy of the Certificate of Premium Payment issued by the Industrial Commission of Ohio for Worker's Compensation coverage, and certificates of insurance executed by the insurance company for bodily injury/property damage liability coverage. The minimum limit of liability for such insurance coverage shall be \$2,000,000 per occurrence. **MetroParks of Butler County shall be listed as additional insured on the responder's liability policy.**

As insurance is required to be maintained for the duration of the contract, failure to maintain insurance shall constitute grounds for termination of the contract. The insurance carrier may not be changed unless MetroParks is notified in writing not less than ten (10) days prior to such change.

8. Each RFP response shall be accompanied by a non-collusion affidavit (submittal form 1) executed on the form provided herein.
9. Respondent shall submit a list of references (submittal form 2) detailing past work experiences and jobs they have had similar in nature to that covered by this contract. Such list of references shall include the name, address, and telephone number of a contact person at each place of previous work experience or job and a brief description of each said experience or job listed.
10. Respondent shall provide MetroParks with a SUB W-9 form (submittal form 3) to be included with the RFP response. See attached form.
11. Any subcontractor that the respondent wishes to use during the course of the contract shall be approved by MetroParks in writing before said subcontractor will be approved to do any work.

## **INFORMATION TECHNOLOGY SPECIFICATIONS**

### **Term of Contract(s)**

The contract(s) will cover the Information Technology Managed Services for MetroParks, as hereinafter described, for the general period of January 1, 2021 through December 31, 2023.

### **Background Information**

MetroParks does NOT have an IT department and is currently using an outside vendor service to provide maintenance and support on an as needed basis for its user community. There are 51 laptops and 7 desktops being used by staff at approximately 10 locations throughout the large park district, as well as working from home when necessary. The PC's vary by manufacturer, age, specifications, and software. Windows 10 is the main operating system for all workstations at this time, as well as Adobe software. A complete inventory, addresses and locations are available upon request.

There are three (3) Windows servers and an Active Directory setup that replicates across these three (3) servers. The network setup between all locations varies, however, to have communication between locations there are Meraki Firewalls in place with a VPN Mesh setup, so they are all on the same Windows network. Antivirus is provided by the current managed services provider through Solarwinds N-Able remote agent, it is using BitDefender.

MetroParks is interested in an Office 365 Migration. MetroParks currently uses Office 365 for email and Office software licensing. MetroParks is interested in utilizing the Sharepoint/Onedrive file storage portion of Office 365 by having the central file storage migrated off the local file server into centrally



managed cloud storage. MetroParks records retention policy will need to be followed during the migration. This will be considered a standalone project with fees to be determined at a future date at a future date to be determined by MetroParks. Selected responded will be required to provide an approved equal firewall anti-virus protection.

### **Service Expectations**

Preventative services, as needed maintenance and projects are needed to accommodate departmental computer system activities and user equipment performance.

- a. Initial and Ongoing Assessment - Review of the inventory, assessment of the system architecture and equipment for efficiency, life expectancy, capacity, speed, and current processes, and make recommendations for improving routine support criteria and eliminating emergency maintenance situations. This assessment will also include the deployment of management and monitoring software, setup new security, check all VPN's and firewalls and backup configuration files.
- b. Desktop Application Support Performance of basic support functions, including the installation of PC's, laptops, printers, peripherals, and office software; diagnosis and correction of desktop application problems, configuring of PC's and laptops for standard applications; identification and correction of user hardware problems, with advanced troubleshooting as needed.
- c. Server and Workstation Administration Services Management of networks and computer systems, including complex applications, databases, messaging, servers and associated hardware, software, communications, and operating systems.
- d. Resolve computer systems and network issues in accordance with standard and acceptable maintenance and support benchmarks. The successful respondent will be expected to organize "Help Desk" tickets and service calls efficiently and to ensure that there is no significant computer downtime during normal working hours, generally 8:00 AM-6:00 PM Monday through Friday. Responses to "Help Desk" tickets are expected to be within 2 business hours. The successful respondent is expected to report on status of technology issues and communicate effectively to the Deputy Director.
- e. Managing existing vendors in relation to supporting software programs and hardware. Configuration management, including changes, upgrades, patches, etc. is maintained; management of user logins and password security is documented; and support of software products relating to servers and workstations.
- f. Network Administration Services - Maintenance and support of network equipment, including switches, firewalls, routers, and other security devices are included. Installation and maintenance of printers, scanners, network devices; analysis, routine configuration changes, and installation of patches and upgrades; minor cabling if needed.
- g. Email (Microsoft Outlook 365), Security and Backup Efforts - Maintenance of email accounts, adding, changing, and/or deleting employee accounts as requested; maintenance of virus prevention programs on the servers and user computers and laptops.



- h. Planning - Engineering, planning, and design services for major system enhancements and/or upgrades to existing systems; recommendations for future purchasing and technology needs, when requested or as necessary. Installation of new equipment, software, and transfer existing data when required and as needed.
- i. Equipment - Successful respondent shall support all inventory of hardware, software, and telephone for Client. Respondent will service this equipment and any replacement/upgrades of specified equipment during the contract period. This is a labor only contract. All parts will be purchased by the client as deemed necessary.
- j. Projects - All projects or service requests requiring more than 45 collective hours of successful respondent's time will be considered a standalone project. Such projects are not covered by the service contract and will be quoted separately.

### **Personnel and Supervision**

The successful respondent shall furnish all labor, supervision, supplies, software, hardware and equipment needed for the performance of the services described herein. MetroParks will not provide supplies, software, hardware and equipment to the successful respondent, nor will it be responsible for any damages to the respondent's tools or equipment. All personnel shall perform the work in a safe, professional, and workmanlike manner that doesn't reflect negatively upon MetroParks. The successful respondent's personnel shall dress and conduct themselves appropriately on the job site. It is expected that the successful respondent will adhere to all applicable laws pertaining to hiring practices, and that all personnel employed by the respondent are legally eligible to work in the United States pursuant to federal and state law.

### **Payment Procedure**

The successful respondent will submit billing invoices to MetroParks on a semi-annual basis or as otherwise determined based on the terms of the contract. Due dates for payment will be determined once a successful respondent has been chosen and a contract is completed.



Submittal Form 1
NON-COLLUSION AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned being first duly sworn as provided as law, deposes and says:

1. His/her name is \_\_\_\_\_
and he/she resides at \_\_\_\_\_
and his/her office is at \_\_\_\_\_

2. He/she makes this affidavit with the knowledge and intent that it is to be filed with MetroParks and that it will be relied upon by said MetroParks in any consideration which it may give to and any action which it may take with respect to this/these proposal(s).

3. He/she makes and is authorized to make this affidavit on behalf of:
(Name of Corporation, Partnership, Individual, etc.)

a \_\_\_\_\_, formed under the laws of \_\_\_\_\_ of which he/she
(Corporation, Partnership, etc.) (State)

is \_\_\_\_\_
(Sole Owner, Partner, President, etc.)

4. Neither the undersigned nor any other person, firm or corporation, named in above Paragraph 3 nor anyone else to the knowledge of the undersigned, have themselves solicited or employed anyone else to solicit favorable action for this/these proposal(s) by MetroParks; also, that no employee therein, or any officer of the MetroParks is directly or indirectly interested therein.

5. The undersigned certifies in connection with this/these proposal(s) that:
a. The price in this/these proposal(s) has been independently arrived at without collusion with any other contractor or offerer or with any competitor:
b. Unless otherwise required by law, the price in this/these proposal(s) has not been knowingly disclosed and will not be knowingly disclosed prior to award of a proposal, directly or indirectly to any other competitor; and
c. No attempt has been or will be made to induce any other person or firm to submit or not to submit a proposal.
6. The affiant certifies that he has fully informed himself/herself regarding the accuracy of the statements contained in this certification.

(Affiant)

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notarial Seal)

(Notary Public)



Submittal Form 2  
REFERENCE LIST

MetroParks of Butler County has my permission to contact any of the references hereinafter listed for information regarding past contracts I have held and/or related work experiences.

\_\_\_\_\_  
Signature/Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Description of Work: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Description of Work: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Description of Work: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Description of Work: \_\_\_\_\_

\_\_\_\_\_

Attach additional sheets as needed.





### Submission Form 3

Form <b>SUB W-9</b> (Rev JUN 2015)	<b>Butler County Ohio</b> <b>Substitute Form W9 / Ohio Reporting Form</b> <b>Request for Taxpayer Identification Number and Certification</b>
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In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with tax cover sheet to 513-887-3129; or by mail to:

Auditor of Butler County  
 130 High Street, Fiscal Services Dept.  
 Hamilton, OH 45011

To **properly complete** the form, the following information must be provided:

1. Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
2. Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
3. Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the "Yes" box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
4. Part IV, You must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS).
5. Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

**Part I Business Ownership and Address Information**

Name (as shown on your income tax return). **DO NOT LEAVE BLANK.** If you are an individual or file under your name put your name here.

Business name/disregarded entity name, if different from above.

Check appropriate box for federal tax classification: (check only one box) If individual PART III below is ALWAYS "YES"

- Individual/Sole Proprietor (or single-member LLC)  
  C Corporation  
  S Corporation  
  Partnership  
  Trust/Estate  
 Limited Liability Company – Tax classification (C = C Corp, S = S Corp, P = Partnership)  
 NOTE: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other \_\_\_\_\_  
  Exempt from backup withholding

Address Line 1 (number, street, and apt. or suite no.)  Address Line 2  City, state, and ZIP code	Requestor's name and address  <b>Auditor of Butler County</b> <b>130 High Street, Fiscal Services Dept.</b> <b>Hamilton, OH 45011</b>
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**Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)**

For suppliers that have a TIN, this must be entered.

For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.

Taxpayer Identification Number (TIN):  
 [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 and / or  
 Social Security Number (SSN):  
 [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

**Part III Additional Information Required by the State of Ohio for Independent Contractors**

Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" is checked, you <b>MUST</b> complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.
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Printed first name, middle initial, and last name	Date good or service provided (MM / DD / YY) / /	Birth date (MM / DD / YY) / /
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Describe the Nature of the transactions you will be engaged in with Butler County

**Part IV Additional Information Required by the State of Ohio for Public Employees**

Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", You must answer this question "Yes" or "No". If you answer "Yes" Please fill out the SR-8 Form (Notice of Re-Employment of an OPERS Benefit Recipient)
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**Part V Certification**

*Under penalties of perjury, I certify that:*

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a US person (including a US resident alien).

**Certification Instructions:** You must cross out exempt from backup withholding above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of U.S. person \_\_\_\_\_ Date \_\_\_\_\_