



**FRANKLIN COUNTY**  
**PURCHASING DEPARTMENT**  
**REQUEST FOR PROPOSALS (RFP) COVER PAGE**

RFP NO: #202420

TITLE: Inmate Tracking System

Solicitation Schedule & Deadlines:

February 2, 2024	Solicitation Release Date
February 13, 2024 10AM	Mandatory Site Visit
February 20, 2024 10AM	Deadline for Submitting Questions
February 21, 2024 4:30PM	Deadline to post Addendum
February 29, 2024 2:00PM	Deadline to Submit Response

Responses must be received no later than "Deadline to Submit Response"

February 29, 2024 2:00PM

Shakara Bray, Purchasing Agent

Meagan Johnson, Assistant Purchasing Agent

Phone: 636-584-6274    Email: [purchasing@franklinmo.gov](mailto:purchasing@franklinmo.gov)

Submittal Instructions: Print this Packet in its entirety and complete all pages per instructions. Print the SEALED RESPONSE LABEL found in Attachment 1 of this packet and attach to the front of your envelope.

## PURPOSE/ INTRODUCTION/ BACKGROUND

Franklin County Sheriff's Office is soliciting a Request for Proposals from qualified Firms/Contractors to provide an Inmate Tracking System utilizing wireless communications with wearable devices to improve the overall safety of inmates and Franklin County Sheriff's office employees.

The tracking system will be used to monitor inmate movement in real time, enable contact tracing of inmates and will track inmate heart rate and pulse. The system needs to be able to be configured to send alerts in a manner that can alert staff in real-time.

## SCOPE OF SERVICES

The awarded vendor will be responsible for procuring and installing their own networking equipment, wireless communication equipment, wearable devices, cabling, servers, along with redundancy for use of communication and service for tracking devices. Individual access points do not need redundancy, but the core systems such as the server, switches, and wireless access controller shall have redundancy.

The system must be able to monitor up to 272 inmates. The awarded vendor shall supply the software needed to monitor any dashboards produced by the system. The system shall maintain at least 90 days of history on inmate locations and inmate vital signs. The system shall have a mechanism to generate a report on specific inmates extending through the entire stored history. The report needs to be saved off-line.

The wearable must be waterproof, shock-proof, tamper-proof, rechargeable, compact in size and lightweight. Strap must be adjustable. Notification needs to send location of emergency at the time through dashboard application and access point monitor notification. Medical notification would include declining heart rate or pulse.

*\*Please see Floor plan PDF Documents: A1.1.10 Area D and A1.1.11 Area E*

*\*Please see Partition Type PDF Document: A2.2.0 Partition Type*

*\*Please see Wall Type PDF Document: A2.2.4 Wall Type*

The proposal must include on-site training for Sheriff's Office staff. Please list how many hours/days training will last. A training manual or link for information on training to be accessible 24/7 is required.

Franklin County will be considered the owner of any equipment purchased by vendor for this project. Any on-going services costs, and software or hardware maintenance plan costs need to be included in the bid response.

## PROPOSAL REQUIREMENTS

The Vendor shall carefully examine the proposal and all other documents and data pertaining to the Project. Failure to do so shall not relieve the awarded Vendor of obligation to perform the provisions of the agreement.

The County will consider proposals from Vendors with specific experience and success in Inmate Tracking equipment. All proposals must include:

1. Vendor name, address, telephone number and contact persons(s) email address.
2. Brief history of the Company.
3. Description of the Vendor's processes, method of approach, and timeline for implementation, including identification of specific services to be provided listed in the above Specific Requirements section of this RFP.
4. List of recent (last 24 months) organizations that have used the Vendor's services on similar projects, with contact names and contact information for reference checks
5. Pricing form, completed and signed.
6. All forms and/or tasks performed that are listed on the submission checklist below are completed and/or included with the Proposal:

*\*Only use the forms provided*

- I have reviewed the proposal schedule and deadlines, located on the solicitation cover page
- I have read ALL Terms and Conditions and proposal documents closely (Located at [www.franklinmo.org/current](http://www.franklinmo.org/current))
- Solicitation Cover Page
- Affidavit for Work Authorization is completed and Notarized
- Certificate of Insurance(COI)

## INSURANCE REQUIREMENTS

1. The Contractor shall furnish County with a certificate of insurance indicating proof of the following insurance from company's license in the State of Missouri:

A. Worker's Compensation and Employers' Liability: Worker's Compensation Statutory in compliance with the Compensation law of the State and Employers' Liability Insurance with a limit no less than \$1,000,000.00 each accident.

B. Comprehensive or Commercial General Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include, but not be limited to, the following coverage.

1. Premises – Operations
2. Products and Completed Operations
3. Broad Form Property Damage
4. Contractual
5. Personal Injury

C. Automobile Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate Combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include coverage for all the following:

1. Owned Automobiles
2. Hired Automobiles
3. Non-Owned Automobiles

D. The certificate shall list the Certificate Holder and Address as follows: Franklin County, 400 E Locust Street, Room 206, Union, Mo 63084. The services provided to Franklin County shall be listed under "Description of Operations."

E. Such insurance shall include under the General Liability and Automobile Liability policies Franklin County, its employees, elected officials, representatives, and members of its board and/or commissioners as "Additional Insured's".

2. The Agreement of Insurance shall provide for notice to the County of amendment or cancellation of insurance policies 30 days before such amendment or cancellation is to take effect.

### **Employment of Unauthorized Aliens Prohibited**

- (a) Vendor agrees to comply with Missouri Revised Statute section 285.530.1 in that it shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri.

- (b) As a condition for the award of this contract, the Vendor shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. The Vendor shall also sign an affidavit affirming that it does not knowingly
  
- (c) Vendor shall require each subcontractor to affirmatively state in its contract with Vendor that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri and shall not henceforth do so. Alternatively, Vendor shall require each subcontractor to provide Contractor with a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

## OFFER AND SCHEDULE OF FEES

The undersigned has thoroughly examined the entire RFP, including all addenda thereto, hereby offers to furnish all services in accordance with the requirements of the Request for Proposal, as described in the proposal attached hereto and incorporated herein.

The offeror is to make a written proposal which presents an understanding of the work to be performed. The proposal should demonstrate and provide evidence that the Firm has the capacities, professional expertise and experience to provide the necessary services as described in this RFP. The Firm shall ensure that all information required is submitted with the proposal. All information provided should be verifiable by documentation requested by the County. Failure to provide all information, in accuracy or misstatement may be sufficient cause for rejection.

## EVALUATION CRITERIA

The criteria used to select a Firm include the following factors:

- A. Quality and responsiveness of the proposal. (10%)
- B. Ability, capacity, and experience of the Vendor to perform the services. (35%)
- C. Vendor's plan/processes, services to be provided, method of approach, and schedule. (20%)
- D. Price to provide the services requested. (35%)

## SELECTION PROCESS

The County will review and evaluate the proposals based on the evaluation criteria. Firms may be selected for interviews or questions for clarification. However, the County may choose to proceed without interviewing any Firms.

The County reserves the right, in its sole discretion, to reject any or all proposals, or portions thereof, to waive technicalities or deficiencies in any or all the proposals. The County reserves the right to cancel this RFP in part or in its entirety.

Pricing RFP 202420

The County requires a firm, fixed fee for each of the following:

Inmate worn device (per device) \_\_\_\_\_

Access point (if needed) (per) \_\_\_\_\_

Floorspace \_\_\_\_\_

Network equipment and server any/all \_\_\_\_\_

Software Licenses-Year 1 \_\_\_\_\_

Software Licenses-Year 2 \_\_\_\_\_

Installation and Set Up \_\_\_\_\_

Training \_\_\_\_\_

Maintenance Support for hardware \_\_\_\_\_

Maintenance Support for Software \_\_\_\_\_

Other Equipment/Hardware-(Please specify what all is included in this)

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

Other information needed:

\*Please specify wireless technology (RFID, Bluetooth, etc.)

\_\_\_\_\_

\*Please specify on-site training how many hours/days

\_\_\_\_\_

\*Please Specify Battery Life

\_\_\_\_\_

\*Please list warranty information on equipment

\_\_\_\_\_

**AFFIDAVIT OF WORK AUTHORIZATION**

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now \_\_\_\_\_ (Name of Business Entity Authorized Representative)  
as \_\_\_\_\_ (Position/Title)

first being duly sworn on my oath, affirm \_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to \_\_\_\_\_ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_ (Business Entity Name)

does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to \_\_\_\_\_ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, I am  
Day Month, Year

\_\_\_\_\_  
commissioned as a notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_ and my commission expires on Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date



# AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

## CURRENT BUSINESS ENTITY STATUS

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

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Authorized Business Entity  
Representative's Name  
(Please Print)

Authorized Business Entity  
Representative's Signature

---

Business Entity Name

Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify Federal Work Authorization Program  
(Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218  
Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

# CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published in the Vendor Information Packet on the Franklin County Official Website located at:

<http://www.franklinmo.org>

(Hold cursor over Departments, scroll down under Purchasing heading, and you will find Terms and Conditions section)

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.

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Vendor/Contractor Signature

Date

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Vendor/Contractor Name and Title

## VENDOR INFORMATION

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name Title \_\_\_\_\_

Email Address \_\_\_\_\_

# ATTACHMENT 1

## SEALED RFP LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF RFP PACKAGE

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### SEALED RFP RESPONSE ENCLOSED

DELIVER TO:

Purchasing Department  
400 East Locust St, Rm 004  
Union, MO 63084

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RFP #202420 DATE: February 29, 2024 2:00PM

DESCRIPTION: Inmate Tracking System

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

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













