

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

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
- 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 Sate 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			
first being duly sworn on my oath, affirm enrolled and will continue to participate employees hired after enrollment in the related tosubgrant, contractor, or subcontractor, i also affirm that	in the E-Verify program who (Bid/Grant/Subgr f awarded in a	Federal Work Authors are proposed to wor ant/Contract/Subcontract/Subcontract/Subcontract/Subcontract/Subcondance with subsections	k in connection with the services ct) for the duration of the grant, ection 2 of section 285.530, RSMo.
does not and will not knowingly employ contracted services related to	-		
In Affirmation thereof, the facts stated as statements made in this filing are subject			_
Authorized Representative's Signature	Prir	nted Name	
Title	Dat		·
Subscribed and sworn to before me this	of	Month, Year	I am
commissioned as a notary public within t			, State of
Signature of Notary	Dat	e	,,,,,,

AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

CURRENT BUSINESS ENTITY STATUS

	siness Entity Name) <u>MEETS</u> the definition of a business entity as pertaining to section 285.530, RSMo as stated above.
Authorized Business Entity	Authorized Business Entity
Representative's Name	Representative's Signature
(Please Print)	
Business Entity Name	Date
As a business entity, the grantee, sub grantee, following. The grantee, sub grantee, contracto completion/submission:	, contractor, or subcontractor must perform/provide the or, or subcontractor shall check each to verify

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) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

O 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 <u>Terms</u> and <u>Conditions</u> 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.

Vendor/Contractor Signature	Date	le.
Vendor/Contractor Name and	l Title	

VENDOR INFORMATION

Company Name	· · · · · · · · · · · · · · · · · · ·	
Mailing Address		
Phone number		
Contact Name		
Contact Name Title		
Email Address		

ATTACHMENT 1

SEALED RFP LABEL

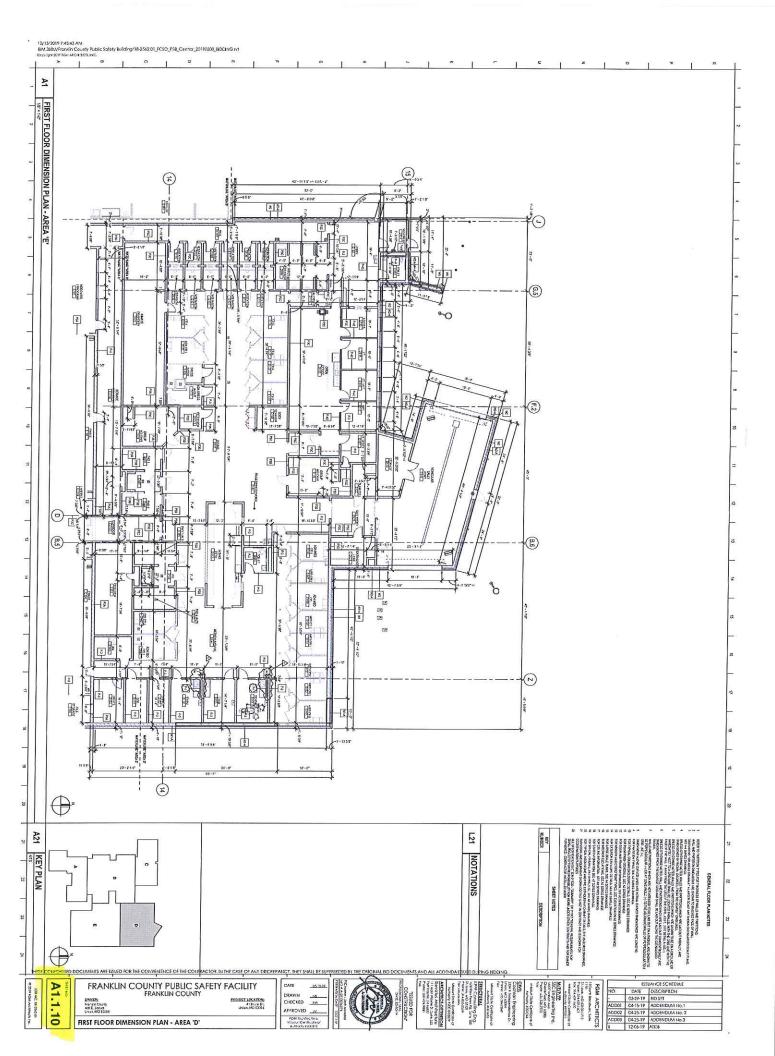
PLEASE ATTACH LABEL TO OUTSIDE OF RFP PACKAGE

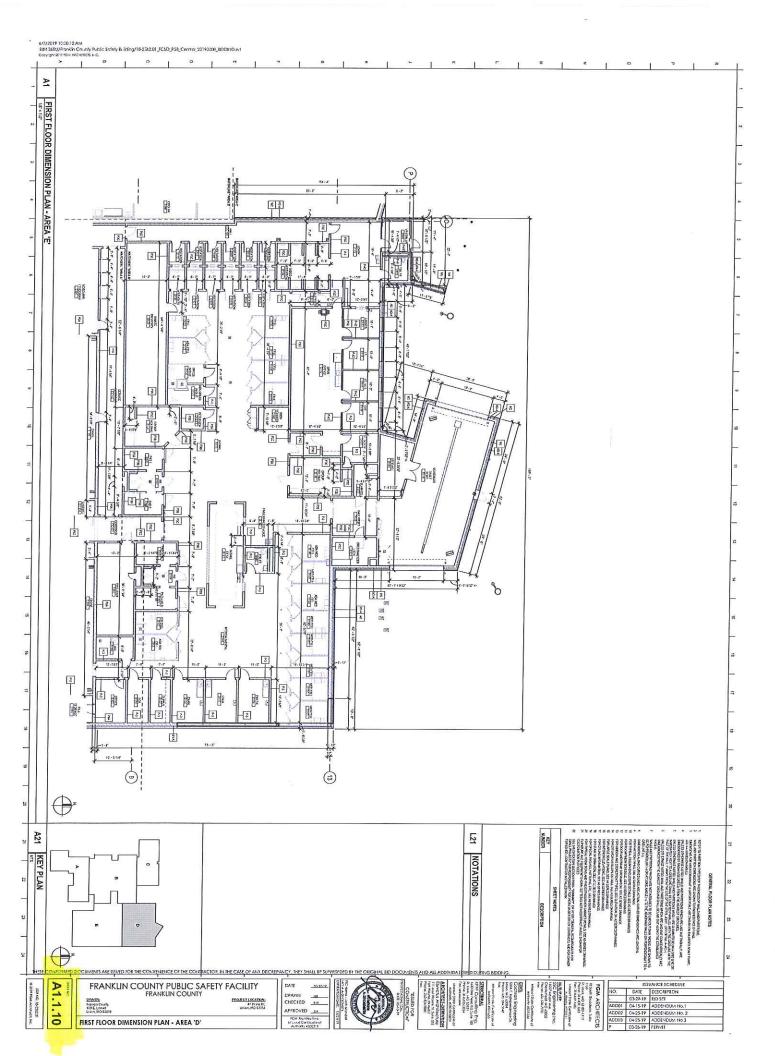
SEALED RFP RESPONSE ENCLOSED

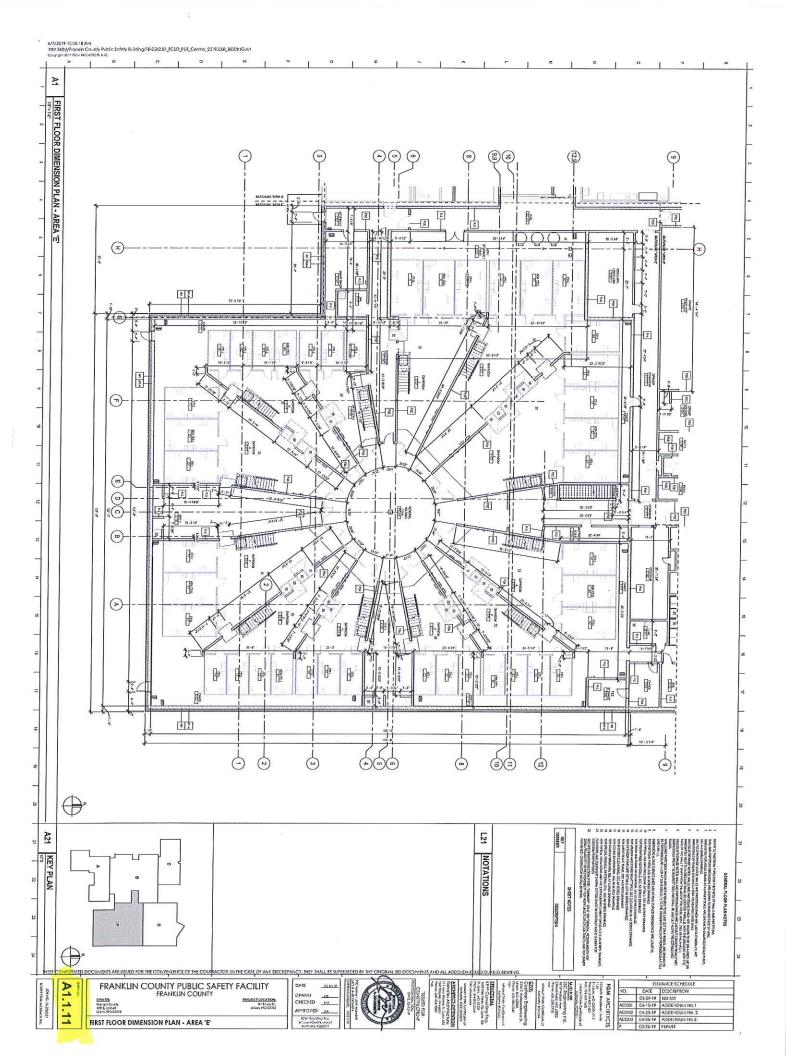
DELIVER TO:
Purchasing Department
400 East Locust St, Rm 004
Union, MO 63084

RFP #202420 DATE: February 29, 2024 2:00PM DESCRIPTION: Inmate Tracking System

vendor Name:		Tomas III	
Vendor Address: _	:		







THE TOTAL THE TO P42 P64 OLIVE GOVET
PERMINO
PE 2 PARTITION TYPE PARTITION TYPE A THE CONTRACT OF THE CONTRACT SONGATIN MITS P41 P65 DE AT D POED DE AT SALINO DE ENTINO DESTA ALION DANS NEET ALION DANS DE ENTE ENTE DE ENTE ENTE DE ENTE ENTE DE ENTE ENTE DE EN PARTITION TYPE a B PARTITION TYPE THE COLUMN TO THE CONTROL OF THE COLUMN THE PRO DESCRIPTION DE LA CONTROL PER DE LA CONTROL DE LA CONT P73 PARTITION TYPE STID SATE
STID SATE
STID SPACES
OFFICE OFFICE
STID SPACES
OFFICE
STID SPACES
STID SATE
STID SATE P P5 3 AN ENERTHOLOGY THE MANIBOR SMILE IN PORTICAL VALUE AND INFOCUTION OF BUILDING SCANICAL COUNTY OF CHARACTER WILL BE STAUCED OF MIL.
STAUCHT ALL OFFICIAL HOME DEVILE THE MOD SPACEL, ALL OFFICIAL SOURCE STAUCH STAUCHT OF STAUCHT AND SPACEL, ALL OFFICIAL SOURCE STAUCHT ALL OFFICIAL SOURCE STAUCHT AND SPACEL, ALL OFFICIAL SOURCE STAUCHT AND SPACEL AND SPACEL SOURCE STAUCHT STAUCHT STAUCHT STAUCHT SPACEL SOURCE STAUCHT STAUCHT STAUCHT STAUCHT STAUCHT SPACEL SOURCE STAUCHT STAUCHT STAUCHT STA PARTITION TYPE PARTITION TYPE **F**3 STANDALLING OF STANDARD OF STA SATE ORDERS - CECT, ON TO A TYPE OR THE ORDERS - CECT, ON TO A TYPE OR THE ORDERS - CECT, ON TO A TYPE OR THE ORDERS - CECT, ON TO A TYPE OR THE ORDERS - CECT, ON TO A TYPE OR THE ORDERS - CECT, ON TO A TYPE OR THE ORDERS - CECT, ON TO A TYPE OR THE ORDERS - CECT, ON TO A TYPE OR THE ORDER - CECT, ON THE OR CALINGAMIA THEORETS
CALINGAMIA
NALINGAMIA
NALINGAMIA (3) GLYY & DAGE BLOW WE HER STORYNG SHE HER HOW SHE HE HOW SHE HOW SHE HE HOW SHE HE HOW SHE HE HOW SHE HOW S P-1 P45 PARTITION TYPE PARTITION TYPE PARTITION TYPE THE CONTROL OF THE CO 1 TO THE MAN 1
1 TO T AT PROPERTY OF COLUMN TO THE PROPERTY OF COL STANDARD CHARLAND ON BER DEFAL O NAC CHUPREN DEFACEND HEALTH DEFECTION WILL READ NO HEALTH DEFECTION DEFECTION HEALTH DEFECTION DEFECTION HEALTH DEFECTION DEFECTION DEFECTION HEALTH DEFECTION DEFETION DEFE EST OF THE STATE O MILLS STORY OF THE P43 P53 2 PARTITION TYPE PARTITION TYPE PARTITION TYPE ALL DESTRUMENTS

ALL DE C PTOS.

SPENDADA-BILLERINO PERE
SPENDADA-BILLERINO PERE
SPENDADA-BILLERINO PERE
SPENDADA-BILLERINO DE SENDO
BILLERINO COMPANDA DE SENDO PERE
SPENDADA DE SENDADA DE SENDO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST MOSTO PERE
SPENDADA DE SENDADA DE SENDADA DE SENDADA DE SENDADA
SE DELL'ARREST DE SENDADA DE SENDA NUMBER 2 NOTATIONS SHEET NOTES FGM ARCHITECTS

Ill Start Backwar, star

Ill Start Backwar, start

In Start Backwar, start

MATENTE

SEE Engineering Inc.

1000 Face Act 200 200

Fore Act 200 200 ISSUAVICE SCHEDULE
NO. DATE DESCRIPTION
- 03/22-19 H0 SET
ADD01 D4-15-19 ADDENDUM No.
ADD02 04/25-19 ADDENDUM No.
ADD03 04/25-19 ADDENDUM No. FRANKLIN COUNTY PUBLIC SAFETY FACILITY
FRANKLIN COUNTY 308 ND. 14-25/2.01 © 2019 FGM AVG1/56/51 No A2.2.0 DRAWN CHECKED APPROVED Prantin County 400 E. Licoutt Livery MO 60044 PARTITION TYPES

HOWARD AND LOSSES AND P42 P64 DELAT & MAD DELAT & MAD BAL WITHOU DAT INSTAUD BATCHE SLID BATCHE SLID BATCHE PARTITION TYPE PARTITION TYPE BUT KROW MANNETS

BUT KROW MANNETS

BUT KROW MANNETS LITERATE NA CANCENTRATE OF REEL CO. THE CONTRACT OF THE CONTRACT O ALE O 1700, SOUR ATEX BAT'S THE HOLD FRA STUD SELL.
STUD SELL. P41 P65 BLIVETAL BITTOPE a B PARTITION TYPE PARTITION TYPE THE ORD CASE IN HE THEN EAST, OR COMPANY
AND CASE IN THE CASE IN T B UP O2

IN THE CHARLES BLOW FOR THIS

LATER OF CHARLES BLOW FOR THIS

LOVAL TEXT AND S

THE

PILE

PI ONINCHINAL TREMICES

ONINCHINAL TREMICES

NALL REMICHES

ONT CANADO

ONT CANAD PARTITION TYPE STAL GRADE

OCULL 25 3 STANDARY TO CALLET SANT THE SPOKE THE CALLET SHE CONTROL TO CHILL SANT IN SHE CALLET SANT THE SHE CALLET SANT THE SHOCK SHE CALLET SANT THE SHOCK SHE CALLET SANT THE SANT THE SHE CALLET SANT THE SANT T PARTITION TYPE W SCHOOL SEE WHICH REGISTRATE OF STATE Z 3 F. CLEANING MATHEMATICS

CLEANING MATHEMATIC An Am.

An Am. CAL HOUSE, I PETRUZE CAL PRICE I PRICE WALL FOR STUDY CALL CROUNDS WALL ATTO: (3) P45 PARTITION TYPE PARTITION TYPE ¥ \$ \$ 0 STANDARD CHARMS SOTH SIDES

THEA - SEE SECURITY PLANS

THEM - SEE SECURITY PLANS

THEM - SEE SECURITY PLANS THE STATE AND THE STATE OF COURSE AND THE STATE OF COU AL CORE COMPANDE FRANCE POR SERVED.

SEE LOND STOCK COMPANDE FRANCE POR SERVED, INVESTIGATION

SEE LOND STOCK COMPANDE FRANCE POR SERVED, INVESTIGATION

SEE LOND STOCK COMPANDE FRANCE POR SERVED, INVESTIGATION

SEE LOND STOCK COMPANDE FRANCE POR SERVED.

SEE LOND STOCK COMPANDE FRANCE CALINDRAL TH COURSE CALINDRA WALE REPORTED CALINDRA HER TESTAG DETAG QUENC DETAG QUENC DETAG QUENC DETAG QUENC THORNE THE PERSON OF THE PERSO ETAL DOCUMENTO OFFICE O P43 P53 2 PARTITION TYPE PARTITION TYPE PARTITION TYPE 3 15 ACT MICHONES DULI MENT POPES.

RECEINACHMAN.

RECEI THE COLUMN CLAYDING CAN HONGH BOLH SIGES CLAYDING LAND HONGH BOLH SIGES C PLOS CONTROL NUMBER 2 NOTATIONS SHEET NOTES DESCRIPTION ITS ARE ISSUED FOR THE CONVENEINCE OF THE CONTRACTOR. IN THE CASE OF ANY FGAN ARCHITECTS

I III. ARCHITEC Cocinio Froheering
Dock All Statements D.
Disk All Statements D.
Dis | ISSUANCE SCHEDULE | DATE | DESCRIPTION | 03-27-19 | EID SET | C4-15-19 | ADDENDUM NO.1 | C4-25-19 | ADDENDUM NO.2 SOR NO. 15-25(28) IS 2019 FGM AVENING THE DATE SCIOLE

CPAYM IS

CHECLED IS

APPROVED AS

ECH Approveding FRANKLIN COUNTY PUBLIC SAFETY FACILITY
FRANKLIN COUNTY A2.2.0 CONER; Franch Court 400 E. Lonat Union, MO 6009 APPROVED SON AND NO PARTITION TYPES

