

## Part D - Questionnaire

### AEPA 022-B Health & Wellness

### **Instructions**

This questionnaire contains forms and requests for information required by AEPA for vendor evaluation for responsiveness and responsibility.

To submit the required forms, follow these steps:

1. Read the documents in their entirety.
2. Respondents must use Part D – Questionnaire to its capacity. Attached exhibits and/or supplemental information should be included only when requested.
3. Complete all questions.
4. Save all pages in the correct order to a single PDF format titled “***Part D – Questionnaire – Name of Company***”.
5. Submit Part D, along with other required documents in Public Purchase.

The following sections will need to be completed prior to submission and submitted as one single PDF titled “Part D – Questionnaire – Name of Company”:

[Company Information](#)

[Service Questionnaire](#)

[Exceptions](#)

[Deviations](#)

## Company Information

Name of Company: \_\_\_\_\_

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

City, State, zip code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Background

**Note:** Generally, AEPA will not accept an offer from a business that is less than five (5) years old or which fails to demonstrate and/or establish a proven record of business. If the respondent has recently purchased an established business or has proof of prior success in either this business or a closely related business, provide written documentation and verification in response to the questions below. AEPA reserves the right to accept or reject newly formed companies based on information provided in this response and from its investigation of the company.

This business is a: \_\_\_\_\_ public company \_\_\_\_\_ privately owned company

In what year was this business started under its present name? \_\_\_\_\_

Under what additional, or, former name(s) has your business operated? \_\_\_\_\_

Is this business a corporation? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, complete the following:

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Name of President: \_\_\_\_\_

Name(s) of Vice President(s): \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Is this business a partnership? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, complete the following:

Date of Partnership: \_\_\_\_\_

State Founded: \_\_\_\_\_

Type of Partnership, if applicable: \_\_\_\_\_

Name(s) of General Partner(s): \_\_\_\_\_

Is this business individually owned? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, complete the following:

Date of Purchase: \_\_\_\_\_

State Founded: \_\_\_\_\_

Name of Owner/Operator: \_\_\_\_\_

Is this business different from those identified above? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, describe the company's format, year and state of origin and names and titles of the principles below.

Is this business women-owned? \_\_\_\_\_ No \_\_\_\_\_ Yes

Is this business minority-owned? \_\_\_\_\_ No \_\_\_\_\_ Yes

Does this business have an Affirmative Action plan/statement? \_\_\_\_\_ No \_\_\_\_\_ Yes

### Business Headquarter Location

Business Address \_\_\_\_\_

City, State, zip code \_\_\_\_\_

Phone \_\_\_\_\_

How long at this address? \_\_\_\_\_

### Business Branch Location(s)

Branch Address \_\_\_\_\_

City, State, zip code \_\_\_\_\_

Branch Address \_\_\_\_\_

City, State, zip code \_\_\_\_\_

Branch Address \_\_\_\_\_

City, State, zip code \_\_\_\_\_

Branch Address \_\_\_\_\_

City, State, zip code \_\_\_\_\_

*\*If more branch locations exist, insert information here or add another sheet with the above information.*

### Sales History

Provide your business's annual sales for in the United States by the various public segments.

	2019	2020	2021 YTD
K-12 (public & private), Educational Service Agencies			
Higher Education Institutions			
Counties, Cities, Townships, Villages			
States			
Other Public Sector & Non-profits			
Private Sector			
<b>Total</b>			

Provide your business's annual sales for **products and services that meet this solicitation's scope of work** in the United States by the various public segments.

	2019	2020	2021 YTD
K-12 (public & private), Educational Service Agencies			
Higher Education Institutions			
Counties, Cities, Townships, Villages			
States			
Other Public Sector & Non-profits			
Private Sector			
<b>Total</b>			

### Work Force

**Key Contacts and Providers:** Provide a list of the individuals, titles, and contact information for the individuals who will provide the following services on a national and/or local basis:

Function	Name	Title	Phone	Email
Contract Manager				
Sales Manager				

Customer & Support Manager				
Distributors, Dealers, Installers, Sales Reps				
Consultants & Trainers				
Technical, Maintenance & Support Services				
Quotes, Invoicing & Payments				
Warranty & After the Sale				
Financial Manager				

**Sales Force:** Provide total number and location of salespersons employed by your business in the United States by completing the following: *(To insert more rows, hit the tab key from the last field in the State column.)*

Number of Sales Reps	City	State

**Certified Practitioners:** Provide total number of certified providers and location employed by your business in the United States by completing the following: *(To insert more rows, hit the tab key from the last field in the State column.)*

Category Field and Number of Teleservice Providers	City	State

**Describe** how your company will implement training and knowledge of the contract with your respective sales force. Furthermore, describe how your company plans to support and train your sales force on a national, regional, or local level and generally assist with the education of sales personnel about the resulting contract.

Click or tap here to enter text.

**What is** your company's plan, if your company were awarded the contract, to service up to 29 states. Describe if your company has a national sales force, dealer network, or distributor(s) with the ability to call on eligible agencies in the participating states in AEPA.

Click or tap here to enter text.

## Products, Services & Solutions

Provide a description of the Products, Services & Solutions to be provided by the product category set forth in Part B - Specifications. Teleservice providers include Face to Face Platforms. The primary objective is for each Supplier to provide its complete product, service, and solutions offerings that fall within the scope of this solicitation so that participating agencies may order a range of products as appropriate for their needs.

Click or tap here to enter text.

**Teleservice Providers:** Do you assess annual fees for service beyond calculated rates?

Click or tap here to enter text.

**Teleservice Providers:** How is your fee calculated (i.e. to the minute, quarter, hour, half hour, hour)? Provide Sample Invoicing per teleservice available protecting identity of services provided; submit as Exhibit A.

Click or tap here to enter text.

**Teleservice Providers:** Are your services structured to include Medicaid/Medicare Options?

Click or tap here to enter text.

## Distribution

**Describe** how your company proposes to distribute the products and services nationwide, regionally, or at the local level.

Click or tap here to enter text.

**Service/Support and Distribution Centers:** Provide the type (service/support or distribution) and location of centers that support the United States by completing the following: *(To insert more rows, hit the tab key from the last field in the State column.)*

Center Type	City	State

**Describe** the criteria and process by which your company selects and approves subcontractors, distributors, installers, and other independent services.

Click or tap here to enter text.

**Provide** a list of current subcontractors, distributors, installers, and other independent service providers who are contracted to perform the type of work outlined in this solicitation in the member agency states. Include, if applicable, contractor license or certificate information and the state(s) wherein they are eligible to provide services on behalf of the business.

Click or tap here to enter text.

**If applicable,** describe your company's ability to do business with manufacturer/dealer/distribution organizations that are either small or MWBE businesses as defined by the Small Business Administration.

Click or tap here to enter text.

**If applicable,** describe other ways your company can be sensitive to a participating agencies desire to utilize local and/or MWBE companies, such as the number of local employees and offices with a geographic region, companies your firm uses that may be local (i.e. delivery company), your own company's diversity of owner employees, etc.

Click or tap here to enter text.

**If applicable,** provide details on any products or services being offered by your company where the manufacturer or service provider is either a small or MWBE business as defined by the Small Business Administration. Provide product/service name, company name and small/MWBE designation.

Click or tap here to enter text.

## Marketing

**Key Marketing Contact(s):** List the name(s), title(s) and contact information of the business's key national and regional marketing office(s). *To insert more rows, hit the tab key from the last field in the Email column.*

Name	Title	Phone	Email
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**Describe** how this business marketed its products and services to schools, nonprofit organizations, and other public sector audiences in Fiscal Year 2019– 2020 (July 1 – June 30). List all conventions, conferences, and other events at which this company exhibited.

Click or tap here to enter text.

**Describe** how your company will market the resulting contract to eligible Member Agencies. Describe how your company differentiates the new agreement from existing contracts that your company may hold today. Please be specific and detailed in your response.

Click or tap here to enter text.

**Cooperative Marketing.** Describe ways in which your company will collaborate with AEPA Member Agencies in marketing the resulting contract. Submit any supplemental materials as PDFs and title it Exhibit B – Marketing Plan.

- Process on how the contract will be launched to current and potential agencies.
- The ability to produce and maintain in full color print advertisements in camera-ready electronic format, or electronic advertisements, including company logos and contact information.
- Anticipated contract announcements, planned advertisements, industry periodicals, other direct or indirect marketing activities promoting the AEPA awarded contract.
- How the contract award will be displayed/linked on the Respondent’s website.

Click or tap here to enter text.

## Environmental Initiatives

**Describe** how your products and/or services support environmental goals.

Click or tap here to enter text.

**Indicate** if your company has any products in your offering that have any third-party environmental certifications.

Click or tap here to enter text.

**Describe** the business’s “green” objectives (i.e. LEED, reducing footprint, etc.).

Click or tap here to enter text.

**Describe** what percentage of your offering is environmentally preferable and what are your company’s plans to improve this offering.

Click or tap here to enter text.

## Additional Information

**Describe** any/all features, advantages and benefits of your organization that you feel will provide additional value and benefit to a participating AEPA agency.

Click or tap here to enter text.

**If applicable**, describe your company’s ability to integrate into other ecommerce sites:

Include details about your company’s ability to create punch out sites and accept orders electronically (cXML, OCI, etc.). Provide detail on where your company has integrated with a public agency’s ERP (Oracle, Infor Lawson, SAP, etc.) system in the past and include some details about the resources you have in place to support these integrations. List, by ERP provider, the following information: name of public agency, ERP system used, “go live” date, net sales per calendar year since “go live”, and percentage of agency sales being processed through this connection.

## Disclosures

**Financial Health (REQUIRED):** AEPA requires reports that describe the financial soundness of your organization. Accepted financial reports include balance sheets and Profit & Loss statements for the past three years (2018, 2019, 2020), a Letter of Credit or Line of Credit from a bank or lending institution indicating the line of credit limit and the average outstanding balance, Dun & Bradstreet reports, a complete Annual Financial Report (for publicly traded companies). Reports must be for the three years prior to this solicitation. Scan the report(s) into a PDF document and title as per the instructions.

**For confidentiality, respondents may choose to send the report(s) by email directly to the AEPA Executive Director, George Wilson, at [georgewilson.aepa@outlook.com](mailto:georgewilson.aepa@outlook.com). The reports will be held through the end of the protest period for the solicitation after which they will be destroyed. The pdf report(s) must be received by the AEPA Executive Director before the due date and time of the solicitation opening.**

**Legal: Does this business have actions currently filed against it?** No                      Yes                     

If Yes, **AN ATTACHMENT IS REQUIRED:** List and explain current actions, such as, Federal Debarment (on US General Services Administration's "Excluded Parties List"), appearance on any state or federal delinquent taxpayer list, or claims filed against the retainage and/or payment bond for projects.

## References

Provide contact information of your business's five largest public agency customers.

Agency	Name	Title	Phone Number	Email
1.				
2.				
3.				
4.				
5.				

## Service Questionnaire

The following chart indicates which AEPA Member States intend to participate in this solicitation category. Respond to Yes/No and choice questions by using an (X). **Note: A Respondent must be willing and able to deliver the proposed products and/or services to 90% of the participating AEPA Member States.**

AEPA Member States	Participating in this category.	In which states has this company sold products/services in the past 3 years? (Place an X where applicable)	If awarded, which states does this company propose to sell in? (Place an X where applicable)	Indicate which states this company has sales reps, distributors or dealers in. (Place an X where applicable)
California	Yes			
Colorado	Undecided			
Connecticut	Yes			
Florida	Yes			
Georgia	Yes			
Illinois	No			
Indiana	Yes			
Iowa	No			
Kansas	Yes			
Kentucky	Yes			
Massachusetts	Yes			
Michigan	Yes			
Minnesota	Yes			
Missouri	Yes			
Montana	Yes			
Nebraska	Yes			
New Jersey	Yes			
New Mexico	Yes			
North Dakota	Yes			
Ohio	Yes			
Oregon	Yes			
Pennsylvania	Yes			
South Carolina	Yes			
Texas	Yes			
Virginia	Yes			
Washington	Yes			
West Virginia	Yes			
Wisconsin	Yes			
Wyoming	Yes			
	Yes			

**e-Commerce:** Does this business have an e-commerce website? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

If YES, what is the website? \_\_\_\_\_

**Customer and Support Service:** It is understood depending on the type, kind and level of products and/or services being proposed in response to this solicitation will impact and determine the type and level of services required and these are identified in Part B Specifications of this solicitation.

Does this business have online customer support options? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

Does this business have a toll-free customers support phone option? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**



Does this business offer local customer and support service options? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

**State** your normal delivery time (in days) and any options for expediting delivery.

Click or tap here to enter text.

**State** your backorder policy. Do you fill the order when available, or cancel the order and require participating agencies to reorder if items are backordered?

Click or tap here to enter text.

**Describe** your company's payment terms as well as any quick pay discounts.

Click or tap here to enter text.

**State** your company's return policy and any applicable State restocking fees.

Click or tap here to enter text.

**Describe** any special program that your company offers that will improve customers' ability to access products, on-time delivery, or other innovative strategies.

Click or tap here to enter text.

## Pricing

Is your pricing methodology guaranteed for the term of the contract? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

Will you offer customized price lists to participating entities as required per the pricing terms of Part A? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

Will you offer hot list pricing (optional) as described in the pricing terms of Part A? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

Will you offer volume price discounts as described in the pricing terms of Part A? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

**Competitiveness:** In order for your response to be considered, your company must offer AEPA prices that are equal to or lower than those normally offered to individual entities or cooperatives with equal or lower volume.

Is the pricing that is proposed to AEPA equal to or lower than pricing your company offers to individual entities or cooperatives with equal to or lower volume? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

Indicate which of the following apply and the **level of competitive range** you are offering in response to this solicitation.

\_\_\_\_\_ Pricing offered to AEPA is EQUAL TO pricing offered to individual customer and/or cooperatives.

\_\_\_\_\_ Pricing is LESS THAN individual customer and/or cooperatives. Lower by \_\_\_\_\_%

**Cooperative Contracts:** Does your business currently have contracts with other cooperatives (local, regional, state, national)? \_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

If YES, identify which cooperative and the respective expiration date(s).

Click or tap here to enter text.

If YES, and your business is awarded an AEPA contract, explain which contract your business will lead with in marketing and sales representative presentations (sales calls)?

Click or tap here to enter text.

**Administrative Fee:** Which of the following best reflects how your pricing includes the individual AEPA Members' administrative fee. Mark with an "X".

	The pricing for the products and/or services are the same for each AEPA Member Agency, shipping, handling, administrative fee and other specific state costs are added to arrive at total price offered to the Individual AEPA Member Agency.
	The pricing for the products and/or services is inclusive of the administrative fee and therefore the pricing is the same for all AEPA Member Agencies. Shipping, handling and other state specific costs are added to the adjusted AEPA Member Agency's price.
	The pricing for the products and/or services includes <b>ALL</b> (shipping, handling, administrative fee, other) costs to arrive at a single price for all AEPA Member Agencies.

**Leasing:** Do your business offer leasing arrangements under this solicitation? No Yes

If Yes, please indicate how the rate factor is determined and other cost factors below.

**If an AEPA contract is approved and awarded by the Member Agencies, as a Vendor Partner, I agree to:**

<b>Responsibilities</b>	<b>Yes, indicate with an "X"</b>	<b>No, indicate with an "X"</b>
1. Designate and assign a dedicated senior-level contract manager (one authorized to make decisions) to each of the Member Agency accounts. This employee will have a complete copy and must have working knowledge of the AEPA contract.		
2. Train and educate sales staff on what the AEPA contract is: including pricing, who can order from the contract (by state), terms/conditions of the contract, and the respective ordering procedures for each state. It is expected that Vendor Partners will lead with AEPA contracts.		
3. Develop a marketing plan to support the AEPA contract in collaboration with respective AEPA Member Agencies. The marketing plan should include, but not be limited to, a website presence, electronic mailings, sales flyers, brochures, mailings, catalogs, etc.		
4. Create an AEPA-specific sell sheet with a space to add a Member Agency logo and contact information for use by the Member Agencies and the Vendor Partner's local sales representatives to market within each state.		
5. On a quarterly basis, complete the sales and administrative fee report (see attached PDF example) and submit to each Member Agency along with the respective administrative fees to be paid. If there are no sales, the Vendor Partner is required to submit a \$0 report to the AEPA Member Agency.		
6. Have ongoing communication with the Category Oversight Chairperson, AEPA Member Agencies and the Member Agencies Participating Entities.		
7. Attend two (2) AEPA meetings each year (see Part A)		
8. Participate in national and local conference trade shows to promote the AEPA contracts including, but not limited to the Association of School Business Officials (ASBO), the National Institute of Governmental Purchasing (NIGP), and the National Association of Educational Procurement (NAEP).		
9. Increase sales over the term of the contract with all participating AEPA Member Agencies.		

## Exceptions

### Instructions:

1. If "no" is marked with an "X" below, complete this form by signing it at the bottom.
2. If "yes" is marked with an "X" below, insert answers into the form shown below, providing narrative explanations of exceptions. *(To insert more rows, hit the tab key from the last field in the last row and column.)*
3. If adding pages, the company name and identifying information as to which item the response refers must appear on each page.
4. Exceptions to local, state or federal laws cannot be accepted under this solicitation.

	<b>No</b> , this respondent does not have exceptions to the Terms and Conditions incorporated in Parts A and B of this IFB.
	<b>Yes</b> , this respondent has the following exceptions to the Terms and Conditions incorporated in Parts A and/or B of this solicitation.

IFB Section and Page Number	Outline Number	Term and Condition	Exception

## Deviations

### Instructions:

1. If “no” is marked with an “X” below, complete this form by signing it at the bottom.
2. If “yes” is marked with an “X” below, insert answers into the form shown below, providing narrative explanations of deviations. *(To insert more rows, hit the tab key from the last field in the last row and column.)*
3. If adding pages, the company name and identifying information as to which item the response refers must appear on each page.
4. Deviations to local, state, or federal laws cannot be accepted under this solicitation.

	<b>No</b> , this respondent does not have deviations (exceptions or alternates) to the specifications listed in Part B of this solicitation.
	<b>Yes</b> , this respondent has the following deviations to the specifications listed in Part B of this solicitation.

Outline Number Part B	Specification (describe)	Details of Deviation