June 29, 2022

RFP. 2023-12

FALSE ALARM MANAGEMENT

The Board of Police Commissioners (BOPC), Kansas City, Missouri Police Department is seeking Proposals for False Alarm Management in accordance with the City of Kansas City Ordinance 970277.

CONDITIONS

1. Only proposals received prior to the specified opening time and contained in a sealed envelope marked with the proposal number will be considered.

   OPENING: 1:00 p.m., Wednesday, August 10th, 2022
   2nd Floor, Police Headquarters Building
   1125 Locust
   Kansas City, Missouri  64106

2. Proposals delivered by courier will be accepted by the Purchasing Section, located on the second floor of Police Headquarters. Couriers will be required to sign-in at the first floor guard station. Couriers will be required to show a picture identification card. A visitor pass will be issued and the courier will be directed to the second floor.

3. Proposals will be received Monday through Friday, 8:00 a.m. to 3:00 p.m. The Kansas City, Missouri Police Department will not be accessible on holidays. The BOPC will NOT guarantee receipt of bids delivered to Police Department elements other than the Purchasing Section.

4. BOPC will not accept electronically transmitted proposals.

5. It is the responsibility of the respondent to deliver the proposal or proposal modifications on or before the date and time of the proposal receipt deadline. Proposals will NOT be accepted after the date and time of closing under any circumstance.
6. The BOPC strives to notify all prospective respondents of any issued addenda. **It is important to note, however, that it remains the responsibility of the respondent to determine if any addenda have been issued and to obtain those addenda prior to submitting their proposal.**

7. Respondents shall comply with the Affirmative Action Program as administered by the Director of Human Relations, City of Kansas City, Missouri.

8. The successful vendor must comply with all State of Missouri laws, which are applicable in this area.

9. Pricing must include ALL costs associated with each service requested and be F.O.B., Kansas City, Missouri Police Department, 1125 Locust, Kansas City, Missouri, 64106.

10. Any questions regarding the information outlined in this bid must be submitted in writing, by fax or mail, to be received no later than **1:00 p.m., July 26, 2022.**

   **Fax Number:** (816) 234-5307

   **Mailing Address:** Board of Police Commissioners
   ATTN: Tony Rizzo
   1125 Locust
   Kansas City, Missouri 64106

11. Bidders who require a contract after award of bid should submit a sample contract with their bid(s).

12. Price quotes shall exclude all federal and state excise tax.

13. State whether your quotation is net or subject to a cash discount.

14. Terms and conditions of proposals must be valid for ninety (90) days, from the date the proposal is received.

15. Respondent shall complete all forms included in this request for proposal and return with vendor's submittal.

16. **All respondents submitting proposals will be required to provide the information requested in this Request For Proposal. Any deviations must be clearly indicated. Additional information may be used in describing your services and may be provided with your proposal.**

17. The BOPC reserves the right to reject any and all proposals as well as determine the lowest and best proposal.

18. This proposal will be awarded to one (1) vendor as an all or none contract.

19. All proposals in their entirety and resulting records shall become the property of the BOPC. The respondent(s) may not use this information for any reason without the expressed written consent of the BOPC.
20. The respondent selected must agree to indemnify and hold the BOPC harmless from and against all liability, losses, damages, costs, expenses (including attorney fees), interest, and penalties arising out of or resulting from the negligence or willful act or omissions of the vendor's employees, agents, servants or contractors engaged in service related to this project. The only exception to this is to the extent such acts or omissions are based on and caused by reliance on any written information supplied by the BOPC.

21. By submitting a response to this request for proposal, the vendor certifies that neither the vendor nor its principals are suspended or debarred from contracting for goods or services to be purchased from federal awards.

22. It is mutually agreed and understood that, without exception, the proposal prices shall include all royalties, licensing fees or costs arising from the use of such design, device, or materials in any way involved in the work. The contractor and or his sureties shall indemnify and save harmless the BOPC and/or its agents from any and all claims for infringement by reason of the use of such patented or copyrighted design, device, or materials or any trademark or copyright in connection with work agreed to be performed under this contract, and shall indemnify the BOPC and/or its agents for any cost, expense, or damage which it may be obligated to pay by reason of such completion of the work.

23. During the evaluation process, the Board of Police Commissioners reserves the right, where it may serve its best interest, to request additional information or clarifications from proposing firms, or to allow corrections of errors or omissions. At the discretion of the Board of Police Commissioners, firms submitting proposals may be requested to make oral presentations or be interviewed as part of the evaluation process.

24. Responding firms must submit one (1) original proposal and four (4) complete copies for distribution to members within our organization.

25. In order to compare proposals, respondents will submit proposals following the format listed below:
   Proposal Response
   Vendor Application Form
   Reference Information Sheet
   Federal Award Verification Clause
   W-9 Form

**TERMINATION OF CONTRACT**

The successful vendor will permit cancellation by the BOPC for good cause upon thirty (30) days written notice. Such cancellation shall require approval by the BOPC. The Financial Services Unit Commander may suspend this contract pending subsequent approval of cancellation by the BOPC. Examples of good cause are:

A. Major changes in user requirements.

B. Repeated unsatisfactory service performed by the successful Vendor, which is not rectified within a reasonable period of time.

C. Unforeseen cancellation of a program.
LIQUIDATION OF DAMAGES

If the successful respondent fails to deliver the equipment or perform the services within the time specified in this contract, or any extension thereof, the actual damage to the BOPC for the delay will be difficult or impossible to determine. Therefore, in lieu of actual damages, the successful bidder shall pay to the BOPC as fixed, agreed, and liquidated damages for each calendar day of delay, the amount set forth below. Alternatively, the BOPC may terminate this contract in whole or in part as provided in TERMINATION OF CONTRACT, and in that event the successful bidder shall be liable, in addition to the excess costs provided in TERMINATION OF CONTRACT, for such liquidated damages accruing until such time as the BOPC may reasonably obtain delivery or performance of similar equipment or services. The successful bidder shall not be charged liquidated damages when the delay arises out of causes beyond the reasonable control and without the faults of negligence of the successful bidder, as defined in TERMINATION OF CONTRACT. The BOPC shall ascertain the facts and extent of the delay and shall extend the time for performance of the contract when in their judgment the findings of fact justify an extension.

A. The liquidation damages are fixed and agreed to in the amount of Five Hundred Dollars ($500.00) per calendar day of default. The total liability of liquidated damages shall not exceed five percent (5%) of the total contract price.

B. There shall be two (2) events of default and the liquidated damages will occur on the first calendar day thereafter.

C. The BOPC shall have the right to deduct the liquidated damages from any money due, or to become due, to the successful bidder, or to sue for and recover compensation for damages for nonperformance of this contract within the time stipulated.

Final award of proposal will be determined through evaluation of respective proposals as to experience of responding firm, prior proficiency in performing like studies, specific cost and methodology proposed.

BOARD OF POLICE COMMISSIONERS

Captain Joshua Heinen
Commander
Financial Services Unit
SCOPE OF WORK

Alarm Registration:
Provide an online software application that allows for the registration of alarms within the City of Kansas City Missouri in accordance with City Ordinance 970277

False Alarm Management Services
1. Provide a software package that maintains and tracks false alarm data, alarm activation, alarm ordinance rules, letters, invoices, account histories, hearing and appeals, accounts receivable and management reports.
2. Send letters and invoices to residences, businesses, and other alarm users for false alarms as per ordinance.
3. Respond in a timely manner to all quarries from citizens and businesses.
4. Follow up with delinquent alarm users that have not paid their fees by the due date.
5. Utilize public information campaigns to help raise awareness in regards to false alarms reduction programs.
6. Provide secure online access to alarm management information to include reports on:
   a. Alarm registration
   b. Billing
   c. False alarm statistics
   d. Top offenders
   e. Account history
   f. Overall program performance

Billing Services
1. Provide detailed invoices with history of false alarm dates and locations
2. Collect and process all fines and fees, and distribute as delineated in the contract; accept online payments
3. Provide a customer portal for citizens to register, manage, and review their account.
4. Provide a system for recovery of unpaid fees.
5. Provide the Board of Police Commissioners the ability to view online payments, outstanding fees, and account history

Training
1. Provide customer training and support to citizens to assist with website access and account management.
2. Provide training and customer support to department staff on website management and report generation.
3. Identify any specific training requirements necessary to successfully implement this project. Also identify the scope and amount, location or method of delivery, potential additional costs and any other considerations that could be expected.
**Computer Aided Dispatch Interface**

1. Collaborate with the Department’s Computer Aided Dispatch (CAD) system provider, Intergraph/Hexagon to create a bi-directional interface.
   a. Interface should allow for false alarm incident CAD data to be retrieved or pushed to alarm billing system provider automatically.
   b. Interface should allow for citizen to register or update their alarms online with alarm billing system provider and have that information imported in the Department’s CAD system automatically.
   c. Contractor shall cooperate with the Board of Police Commissioners other contractors to ensure a smooth transition at the time of termination of this Agreement, regardless of the nature or timing of the termination. Contractor shall cooperate with the Board of Police Commissioners efforts to ensure there is no interruption of work required under this Agreement and no adverse impact on the provision of services or Department’s activities.

**System Requirements, Maintenance, Security and support**

1. Describe maintenance agreements and requirements offered for the type of solution which is being described. Include any standard maintenance and support programs offered, as well as any expanded maintenance and support options. Describe whether this support would be provided by third party contractors.
2. Define the type of response(s) and other provisions the Board of Police Commissioners might require, such as 24/7 coverage, and any costs related with the level of support.
3. Describe the system requirements including hardware, network connections and peripherals.
4. Articulate the ability of comprehensive operations (call centers, mailing centers, data systems, etc.) to withstand natural and man-made disasters; the redundancy and backup capacity of these systems.
5. Articulate protocols and procedures for vetting employees who handle confidential information, including call center employees.
6. Describe the systems security that ensures the privacy of customers alarm information, residence address, billing information, and all other sensitive customer data.
7. Upon termination of contract contractor shall deliver to the Board of Police Commissioners or its designee, all documentation and data related to Board of Police Commissioners, including, but not limited to, the BOPC Data and client files, held by Contractor within sixty (60) days of the request, and Contractor shall destroy all copies thereof not turned over to the BOPC, all at no cost to the Board of Police Commissioners.”

**Pricing Options**

Describe in detail the pricing strategy for a complete outsource of false alarm billing and alarm registration.
Format

Proposals are to be straightforward, clear, concise and responsive to the information requested. In order for proposals to be considered complete, proposers must provide all requested information.

Each proposer must submit one original proposal and four (4) additional copies of the proposal.

Deliverables

1. Cover Letter:
Each Proposer shall submit with their proposal a cover letter identifying the Proposer and the proposal package being submitted. An authorized representative of the Proposer must sign the cover letter. Proposer’s representative shall identify name, title, main or corporate office location, telephone number, and email address.

2. Table of Contents:
Include a Table of Contents listing the various sections included in the proposal.

3. Approach:
In a narrative form, describe the scope of services (including major tasks and subtasks) that the Proposer intends to provide for services described in Section IV. The Proposer may identify additional services in the narrative if the Proposer believes the changes will assist the BOPC in more efficiently and effectively meeting the BOPC expectations. This narrative shall establish that the Proposer understands the County’s objectives and work requirements and Proposer’s ability to satisfy those objectives and requirement.

4. Experience:
Clearly articulate the firms history, including size of organization, locations of offices, years in business, years working with public safety organizations, years of experience in false alarm billing systems, state of incorporation, name of owners and principle parties,

5. References:
Provide a minimum of three (3) client references. References should who use similar Systems as the BOPC as their CAD provider are preferable. Provide the designated person’s name, titles, organization, address, telephone number.

6. Implementation plan:
Provide a detailed implementation plan outlining major task and the roles and responsibilities of each party.

7. Staff to be Assigned
a. The personnel who will have responsibility for administration of this contract.
b. Include an organizational chart with names and titles of individuals and subcontractors.
c. Names of any proposed subcontractors that the Proposer plans to use (Proposer acknowledges that they will assume responsibility for work quality and remain sole contact for the City).

8. Cost:
The proposal shall include detailed pricing for all services. Pricing shall be all inclusive, covering all service, including rates for professional, technical, and support personnel and all other charges related to the completion of this project. Pricing shall also include a proposal on how the payment for service will be collected.
Name of Organization (as registered with IRS):
__________________________________________________________________________________

List Any applicable “Doing Business As” (“DBA”) Names:
__________________________________________________________________________________
__________________________________________________________________________________

Vendor Category:
___Manufacturer ___Wholesaler ___Retailer ___Distributor ___Service

Vendor Type:
___Individual ___Partnership ___Corporation

Minority Business: ___ Yes ___ No
Type: ___African American ___Asian ___ American Indian ___

Hispanic
___ Other (Specify: ____________________________________________)

Woman Owned Business: ___ Yes ___ No
If you answered yes to either of the above questions, You MUST indicate below, the primary agency with which your special status is registered.

Payment Terms:

Old Addresses: If this is an update request, there may be an attached list of all addresses currently on file for your company. If so, please make any corrections or deletions directly on the sheet and return it with this form.

New Addresses: Please list ALL addresses, not on the above mentioned attachment, for your company on a separate sheet. You must clearly indicate to which address orders and bids should be sent and to which addresses payments should be sent. If any part of your “DBA” names have addresses associated with them, please indicate. Each address MUST have an accompanying phone number (including FAX number if applicable)

W-9 Information: You MUST complete and return the enclosed Form W-9 regardless of weather or not you will be providing any services you feel qualify you to receive a Form 1099. If you are incorporated, please indicate so in the name block and in the vendor type of the form.

Date You Signed This Form: ________________
Name, Title and Phone Number of Person Completing This Form: ___________________________________________________________________________
Federal Award Verification Form

<table>
<thead>
<tr>
<th>Name of Company</th>
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<tbody>
<tr>
<td>___________________________</td>
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| Street Address: |
|______________________________|

| City, State, Zip Code: |
|______________________________|

| Phone Number: |
|_________|
|_________|

We here by certify:

Vendor certifies that neither it nor its principals are suspended or debarred from contracting for goods or services that are purchased from federal awards.

____________________________________ |
Signature of Authorized Person Certifying

Date

____________________________________ |
Print Name and Title
REFERENCE INFORMATION SHEET

List current customer references that acquired services and products from your company.

1. Company Name: _____________________________________________________________

   Address: ____________________________________________________________________
   _____________________________________________________________

   Contact Person: ____________________________________________________________________

   Phone Number: ___________________________________________________________________

   Description of services and or products purchased through your company:
   ____________________________________________________________________________
   _____________________________________________________________

2. Company Name: _____________________________________________________________

   Address: ____________________________________________________________________
   _____________________________________________________________

   Contact Person: ____________________________________________________________________

   Phone Number: ___________________________________________________________________

   Description of services and or products purchased through your company:
   ____________________________________________________________________________
   _____________________________________________________________
REFERENCES INFORMATION SHEET

List current customer references that acquired services and products from your company.

3. Company Name: ____________________________________________________________
   Address: __________________________________________________________________
   __________________________________________________________________________
   Contact Person: ______________________________________________________________
   Phone Number: __________________________________________________________________
   Description of services and or products purchased through your company:
   __________________________________________________________________________
   __________________________________________________________________________

4. Company Name: ____________________________________________________________
   Address: __________________________________________________________________
   __________________________________________________________________________
   Contact Person: ______________________________________________________________
   Phone Number: __________________________________________________________________
   Description of services and or products purchased through your company:
   __________________________________________________________________________
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