Proposal Submission Attachments

o

Volume I (RFP Submittals – All but Financials) – MUST SUBMIT

Volume II (RFP Submittal – Financials) – MUST SUBMIT

REQUEST FOR PROPOSAL – ANNOUNCEMENT

RFP 31179, GI Lab Software

Sealed or Emailed Proposals Accepted Until

FRIDAY, FEBRUARY 7, 2025 @ 3:00 PM Central Time

PROPOSALS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE CONSIDERED

MUHC

GI Lab Software

RFP 31179, GI Lab Software

To ensure inclusion of all RFP correspondences, Register as Participant

RFP 31179, GI Lab Software

SCHEDULE OF EVENTS, TENTATIVE

MU Health Care

1.0 GENERAL INFORMATION FOR RESPONDENTS

MUHC

Respondent
Supplier

Solicitation

Contract

1.1 Solicitation Document:

1.2 Preparation of Solicitations:

1.8 Payment:

3.5 Appropriation:

3.6 Equal Opportunity and Non-Discrimination:

3.9 Anti-Discrimination Against Israel Act:

-of-the-art outpatient surgery center attached to the hosp
procedures performed within the main hospital.

MU Health Care GI provides a wide range of services and procedures.
Health Care provides specialized advanced endoscopy procedures t

1.8 I I·yŘťλy∃ ƻŦ tǋƻǇƻăI·ťă

- Proposals received prior to the closing date and time will remain unopened and secured until after the established proposal opening date and time.
- ! ǇǊƻǇƻăI·ť ǿλťť yƻű ōŜ ŏƻyãλŘŜǊŜŘ λŦ λű λă ǊŜŎŜλǾŜŘ I·ƫŜǊ űKŜ ŜÈI·Ŏű ŘI·űŜ I·yŘ əYŜ ăǇŜŎλŪŜŘ ŦƻǊ ǊŜŎŜλǇű. A

ATTACHMENT B
STATEMENT OF WORK WITH REQUIRED RESPONSES
RFP 31179, GI Lab Software

1.1 Objective:

To enter a long-term partnership with a professional team of experts in the support and maintenance [illegible]

1.2 Proposal Submission

See **Attachment A** [illegible]

1.3 Proposal Requirements

[illegible]

Shall provide thorough responses to all Statement of Work items below.

[illegible]

- **Proposal Cover Letter** [illegible] GI Lab [illegible] .

  [illegible] this program?

  [illegible] this program [illegible]

o **General Experience and Expertise:**

[illegible] GI Lab [illegible]

[illegible]

[illegible]

Confirm that key staff will be readily available to begin implementation by Monday, May 9, 2025,

- **Previous Experience:**

tǊƶǾƛŘŜ ŘŜǕl·ƛfă ƶy l·ǘ fŜl·ăǘ ăƛȅ ócú ŎdzǊǊŜyǘ l·LJLJfƛŎl·əƶyã ƶŦ DL [l·ō {ƶĎǿl·ǊŜ t

1.4 SPECIFICATIONS

Criterion 1 – IT, IT Security, HIPAA

Mandatory

ϺΦ /ƧY ǈʄƭŜă Ɩ·ƴŘ Ɩ·ōƭŜ ǘƧ ǈǊƧǾƛŘŜ ILt!! audit results for storing Ɩ·ƴŘ ǈǊƧǘŜǎǘƛƴƎ tŜǊăƧƴƖ·ƭ IŜƖ·ƭǘK ǇƴŦƧǊY Ɩ·ǘƛƧƴ όtIL ƖƴŘ ǿƛƭƭƴƎ ǘƧ ŜƴǘŜǊ Ɩ· .ǳăƛƴŜăă !ăăƧǾƛƖ·ǘŜ !ƎǊŜŜYŜƴǘ ό.!!ύΦ

Provided? Yes ___ No ___

Response:

ΗΦ No ƧŦŦăKƧǊŜ ăǳǇǇƧǊǘ ƛŦ ƛǘ ƛƴǾƭǳŘŜă tIL Ǿƛăƛōƛƭƛǘȅ όǘKƛă ƛă Ɩ· /a{ ǊŜƎǳƭƖ·ǘƛƧƴ ǘKƖ·ǘ ǿƛƭƭ ōŜ ǊŜƲǳƛǊŜŘ ŦƧǊ ǘKŜ .!!ύΦ

Provided? Yes ___ No ___

Res

Provided? Yes __No ___

8.

c. Date and time of action.

d.

м͸ What are the limitations for integrating with other systems?

Response:

н͸ LŦ è2dzΝ ăèăűŜϒ λă Κ2ăűŜŘΣ ǿΚl·ű cloud hosting provider do you use?

Response:

о͸ If your system is hosted does your cloud architecture support high availability?

Response:

4. If your solution is Κ2ăűŜŘΣ is all data stored in the ¦{ and accessed ƻƴƪè ōè ¦{-based resources?

Response:

р͸ What additional security controls are available for external users?

Response:

с͸ What security certifications/reports does your company have that are pertinent to this solution ǾL{hκL9/ нтллм or {h/ н ¢èLJŜ II ΝŜLJ2ΝűΣ ŜűǑǗΚ

Response:

т͸ I2ǿ Ř2 è2dz manage the image repository? Which t!/{ systems do you interface with?

Response:

8. tΝ2ǾλŘŜ an overview of è2dzΝ ǑdzΝΝŜƴű l·ƴŘ LJƒl·ƴƴŜŘ λƴǑ2ΝLJ2Νl·űλ2ƴã 2Ŧ !ΝűλŦλǑλl·ƒ LƴűŜƒƒλ∃ŜƴǑŜ ǿ!Lǘ Ŧ2Ν this solution. Include anticipated timelines for planned applications.

Response:

Criterion 2 - Imaging Functionality

Mandatory

м͸ Images are upload immediately from processor to product.

Provided? Yes ___ No ___

Response:

н͸ The functional saved λϒl·∃Ŝă ϒdzăű ōŜ Řλl·∃ƴ2ăűλǑ Ǉdzl·ƒλűè͸

Provided? Yes ___ No ___

Response:

o Images shall be easily exported for printing.

Provided? Yes ___ No ___

Response:

4. /ʎyŜ clips must be able to be ŏƻffŜŏűŜŘƩ ŜŘʎűŜŘ ᴺ ŏƻffŜŏűŜŘƩ ŜŘʎ╫ ﻠﺨ l ǿϓ

Ϊ Images shall beclips ŜŏfŜ ſ

Ϊ Images shall l

Hϕ Are there limited numbers of diagnostic images that can be attached per procedure note? What is your maximum?

Response:

Oϕ What is the minimal resolution of functional saved images?

Response:

Criterion 3 - Reporting Capabilities

Mandatory

Mϕ wŜLJ2Ǌǖӑ shall electronically interface with Oracle and easily retrievable by Oracle users.

Provided? Yes ___ No ___

Response:

Hϕ wŜLJ2Ǌǖӑ ΰλуŎƒdzŘλуᴟ λϒΙ·ᴟŜӑΰ can be uploaded to the patient's /ƘΙ·Ǌǖ for their review.

Provided? Yes ___ No ___

Response:

Oϕ a dzӑǖ ƘΙ·ǾŜ Ι·уˊŜΙ·ӑλƒѐ ӑŜΙ·ǊŎƘΙ·ōƒŜ LJǊ2ŎŜŘdzǊŜ findings and interventions.

Provided? Yes ___ No ___

Response:

4. a dzӑǖ ōŜ Ι·ōƒŜ ǖ2 enter procedural complications into the report ad hoc.

Provided? Yes ___ No ___

Response:

Desired

Mϕ ! ŘλǊŜŎǖΣ ŜƒŜŎǖǊ2уλŎ LJΙ·ǖƘ2ƒ2ᴟѐ λуǖŜǊŦΙ·ŎŜ ǖƘΙ·ǖ ŎΙ·уˊΙ·ŘŘŜуŘ ǖƘŜ LJǊ2ŎŜŘdzǊŜ report with the pathology ǊŜLJ2ǊǖΣ Ι·уŘ Ŏ2ϒLJΙ·ǖλōƒŜ ǿλǖƘ ŎdzǊǊŜуǖ ¦уλǾŜǊӑλǖѐ 2Ŧ a λӑӑ2dzǊλ IŜΙ·ƒǖƘ /Ι·ǊŜΩӑ LJΙ·ǖƘ2ƒ2ᴟѐ ǊŜLJ2Ǌǖλуᴟ program.

Provided? Yes ___ No ___

Response:

Additional Information

Mɸ I2ǿ are ljdzl·ƒǘè metrics - cecal ƛy̗ǘdzōl·ǘƛ2yΣ withdrawal time and adenoma detection rates determined and reported?

Response:

Criterion 4 – Support

Mandatory

Mɸ {dzLJLJ2NJǘ ăK2dzƒŘ ōŜ l·Øl·ƛƒl·ōƒŜ нпȨтȨocp l·yŘ ǿƛƒƒ ăƛ∃y l· ăŜNJØƛŎŜ ƒŜǿŜƒ l·∃NJŜŜϒŜyǘ ŘŜǘl·ƛƒƛy∃ ăLJŜŎƛŦƛŎ response times.

Provided? Yes ___ No ___

Response:

Hɸ Dashboards are available for data tracking/trending.

Provided? Yes ___ No ___

Response:

Desired

Mɸ Your company supports and maintains an active user community where ideas can be discussed.

Provided? Yes ___ No ___

Response:

Hɸ a l·ȨƛϒdzϒM-hour response window. What is your guaranteed response time?

Provided? Yes ___ No ___

Response:

Oɸ Vendor must have proactive monitoring and alerting for solution performance and uptime.

Provided? Yes ___ No ___

Response:

Additional Information

Mɸ Describe your organizations support and maintenance policy for this solution?

Response:

Hɸ What are the support options and are the time frames for the support availability?

Response:

oϕ What is your planned patch ŦŊŜǇdzŜƴŎè and downtime maintenance windows for hosted solutions?

Response:

4. What is your functional uptime commitment for hosted solutions?

Response:

pϕ What are your SLA response times?

Response:

cϕ What is your escalation methodology from triage to issue resolution?

Response:

тϕ What data tracking/trending reporting options are there?

Response:

8. What tools do you provide for teaching and research?

Response:

Criterion 5 -Strategic Roadmap

Additional Information

мϕ tſŜl·ăŜ provide a description of significant product line enhancements planned for the near future ǿƨØŜŊ ŰKŜ ƴŜÈŰ м-н èŜl·Ŋăύϕ

Response:

нϕ 9ØŜƴ ʎŦ ƨdzŰăʎŘŜ ŰKŜ ăŎƨǈŜ ƨŦ ŰKʎă wCtΣ ŘŜăŎŊʎōŜ l·ƴè ŊŜſl·ŰŜŘ l·ƴŘ ƴƨŰl·ōſŜ ϒƨŘdzſŜă óŎdzŊŊŜƴŰ ƨŊ ǇſlƴƴŜŘύ ŦƨŊ ŰKŜ ʎƴŰŜƎŊl·ŰŜŘ risk management platform.

Response:

ATTACHMENT C

SUPPLIER DIVERSITY PARTICIPATION FORM

MUHC is committed to and supports supplier diversity because it is essential to MUHC's mission and core values. MUHC's Supplier Diversity efforts reflect this mission.

Tier 2 Supplier Diversity Information - MUHC stron þ ontract, primary suppliers will be asked to submit Tier 2 informat companies. Suppliers have two options in reporting Tier 2 dollars depending on the contract: Direct and Indirect. Awarded suppliers may be asked to utilize CVM Soluti 2 spending.

- Direct dollars - those dollars directly spent with Women and Diverse O گ
    - Total MUHC Attributable WBE $: $ 60,000 (#3 multiplied by
    - Total MUHC Attributable MWBE $: $ 120,000 (Sum of #6 and
    - MUHC % Attributable Revenue: 3% (#8 divided by #2)

1. Does your company have a Supplier Diversity Program? If so, describe effort made to increase business with Women and Diverse Owned businesses (i.e., doe have a policy statement, participate in outreach activities, promote diverse firm

2.

ATTACHMENT D

SUPPLIER REGISTRATION INFORMATION

[illegible]

tfŜl·ăŜ ăŜŜ tdzōfƚŎ [l·ǿ млс-ррп ŦϩǋɎ ϒϩǋŜ ŘŜǘl·ƛfΦ

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мΦ !ăƛl·y-LyŘƛl·y-! ¦Φ{Φ Ŏƛə ÎŜy ǿKϩăŜ ϩǋƛƎƛyă l·ǋŜ ŦǋϩϒLyŘƛl·Σ tl·ƙƛăǘl·y l·yŘ .l·yƎfl·ŘŜăK ψψψψψψψ ó!ú

нΦ !ăƛl·y-tl·ŎƛŬŎ-! ¦Φ{Φ Ŏƛə ÎŜy ǿKϩăŜ ϩǋƛƎƛyă l·ǋŜ ŦǋϩϒWl·LJl·yΣ /KƛyɎl·Σ LyŘϩyŜăƛl·Σ al·fl·èăƛl·Σ ¢Kl·ƛǿl·yΣ ϒϩǋŜl·Σ ±ƛŜǘyɎl·ϒΣ [l·ϩăΣ /l·ϒōϩŘƛl·Σ ǘKŜ tKƛfƛLJLJƛyŜăΣ ¢Kl·ƛfl·yŘΣ {l·ϒϩl·Σ Ddzl·ϒΣ ǘKŜ ¦Φ{Φ ¢ǋdzăǘ ¢ŜǋǋƛǘǋϩǋƛŜă ϩŦ ǘKŜ tl·ŎƛŬŎ ϩǋ ǘKŜ bϩǋǘKŜǋy al·ǋƛl·yl·ăΦ ψψψψψψψ ótú

оΦ .fl·Ŏƙ-! ¦Φ{Φ Ŏƛə ÎŜy Kl·Ǿƛyg ϩǋƛƎƛyă ƛy l·yè ϩŦ ǘKŜ .fl·Ŏƙ ǋl·Ŏƛl·f Ǝǋϩdzǜă ϩŦ !ŦǋƛŎl·Φ ψψψψψψψ ó.ú

пΦ Il·ăLJl·yƛŎ-! ¦Φ{Φ Ŏƛə ÎŜy ϩŦ ǘǋdzŜ-ōϩǋy Il·ăLJl·yƛŎ KŜǋƛǘl·ƎŜΣ ŦǋϩϒI·yè ϩŦ ǘKŜ {LJl·yƛăK-ăLJŜl·ƙƛyƎ l·ǋŜl·ă aŜȄƛŎϩΣ /Ŝyǘǋl·f !ϒŜǋƛŎl·Σ {ϩdzǘK !ϒŜǋƛŎl· l·yŘ ǘKŜ /l·ǋƛōōŜl·y .l·ăƛy ϩyfèΦ ψψψψψψψ óIú

рΦ bl·əǿŜ !ϒŜǋƛŎl·y-! LJŜǋăϩy ǿKϩ ƛă l·y !ϒŜǋƛŎl·y LyŘƛl·yΣ 9ăƙƛϒϩΣ !fŜdzǘ ϩǋ bl·əǿŜ Il·ǿl·ƛƛl·yΣ l·yŘ ǋŜƎl·ǋŘŜŘ l·ă ădzŎK ōè ǘKŜ Ŏϩϒϒdzyƛǘè ϩŦ ǿKƛŎK ǘKŜ LJŜǋăϩy Ŏfl·ƛϒă ǘϩ ōŜ l· LJl·ǋǘΦ ψψψψψψψ óbú

! ±ŜǘŜǋl·y ϩǋ {ŜǋǾƛŎŜ-5ƛăl·ōfŜŘ ±ŜǘŜǋl·y ōdzăƛyŜăă ƛă ŘŜŬyŜŘ l·ă l·y ϩǋƎl·yƛÎl·əϩy ǘKl·ǘ ƛă p℮ ϩǿyŜŘΣ Ŏϩyǘǋϩƒ ŜŘ l·yŘκϩǋ ϒl·yl·ƎŜŘ ōè ±ŜǘŜǋl·yăΦ ¢KŜ ŬǋϒY ăKϩdzƒŘ ōŜ ŎŜǋəŬŜŘ ōè l· ǋŜŎϩƎyƛÎŜŘ l·ƎŜyŎè óŜΦƎΦΣ ăǘl·ǘŜΣ ƒϩŎl·ƒΣ ŦŜŘŜǋl·ƒΣ ŜǘŎΦύΦ tfŜl·ăŜ ăŜŜ tdzōfƚŎ [l·ǿ млф-псм ŦϩǋɎ ϒϩǋŜ ŘŜǘl·ƛfΦ

±9¢9w!b .¦{Lb9{{ 9b¢9wtwL{9 ψψψψψ¸Ŝă ψψψψψbϩ

{9w±L/9-5L{!.[95 ±9¢9w!b .¦{Lb9{{ 9b¢9wtwL{9 ψψψψψ¸Ŝă ψψψψψbϩ aL{{h¦wL CLwaY ψψψψψ¸Ŝă ψψψψψbƻ

! aƛăăƻdzNJƛ CƛNJY ƛă ŘŜŬyŜŘ Iǉă IǉyƳ ƻNJƎIǉyƛÎIǉəƻyƩ ǿKƛŎK KIǉă IǉyŘ YIǉƛyűIǉƛyã ǿƛűKƛy űKŜ {űIǉűŜ ƻŦ aƛăăƻdzNJƛ Iǉ NJŜƎdzſIǉNJ LJſIǉŎŜ ƻŦ ōdzăƛyŜăă ŦƻNJ űKŜ űNJIǉyãIǉŎəƻyƳƻŦ űKŜƛNJ ōdzăƛyŜăăΦ

. ¦{Lb9{{ ¢¸ t9Y

University of Missouri
Information Security Requirements

Vendors must demonstrate compliance with the security criteria listed below by responding in writing to every statement and question in the identified categories. Validation of the answers provided by the vendor may be conducted during the review/audit process. Any erroneous information could limit the vendor's ability to finalize implementation of a new solution or place a hold on continued use of a current solution. Vendors are expected to maintain an awareness of the laws and regulations applicable to the use of the solution in a University environment.

Data Classification **LINKS:** https://www.umsystem.edu/ums/is/infosec/classification-definitions

The University uses a "Data Classification System" (DCS) to assign "Data Classification Levels" (DCL) for all University owned or hosted IT-based systems. This system will have a DCS Level of 4. Security requirements for the DCS can be found at: https://www.umsystem.edu/ums/is/infosec/classification & .../classification-definitions (links above). The University of Missouri reserves the right to periodically audit any or all hardware and/or software infrastructure provided by the vendor to ensure compliance with industry standards and best practices as well as the requirements of the University's DCS. When applicable, the University of Missouri requires compliance with the Health Insurance Portability and Accountability Act (HIPAA), FERPA, GLBA, PCI specifications, and all other applicable state, local and federal laws and regulations.

Vendor Name and Contact Information

Product Name and Brief Description

Does this solution store and/or transmit any of the following types of restricted and/or highly restricted data? Check all that apply.

___ Protected Health Information (PHI); ___ Payment Card Industry (PCI); ___ Gramm-Leach-Bliley Act (GLBA); ___ Social Security Numbers (SSN); ___ Federal Educational Rights & Privacy Act (FERPA)

___ Biometric Data (fingerprints, handprints, etc.); ___ Personally Identitiable Information (PII); ___ Intellectual Property; ___ Confidential Research

University of Missouri
Information Security Requirements

Requirements	This is DSC Level 4 Please respond to all that include this DCS Level (These are Links to DCS)	Meets "X"	Does Not Meet "X"	Comments/Compensating Control
Authentication, Authorization and Password Security				
1. The University requires that the vendor allow authentication to their system through existing University authentication methods. For on-campus systems, Shibboleth/SAML2.0 (preferred) or Microsoft Active Directory (AD) is required. For vendor-hosted systems, Shibboleth/SAML 2.0 (SP ini(i)-10.1 (c)-12.6 9.2 (u)9.19 (EMC 2 (e)-9 (d(x)-2.6 (i)-10.2)-11.3 (y r)-15.1 (e)-9 (qui)-10.(y r)-15.ddsueon uisy y (e)-9 3 (i)-10.1 (e)-9 (qud(v)-1.5)-10.1 (ut)-11.3heir Tw T[(S)-12.3 (hi)-10.1 (bbo)-15.7 (l)-10.2 (e)-9 (t)-11.38(h/)-13.9 (S)-12.3 (A)				

This is DSC Level4

Data Breach Insurance Addendum

THIS AGREEMENT is made and entered into this ___ day of __________ , _____ , by and between THE CURATORS OF THE UNIVERSITY OF MISSOURI ON BEHALF OF UNIVERSITY OF MISSOURI HEALTH CARE, a public corporation of the State of Missouri, (hereinafter "MUHC") and __________________________ (hereinafter "Vendor").

MUHC desires to obtain from Vendor, and Vendor desires to provide to MUHC, the following product(s)/service(s):

____

____

____

____

B and
University of Missouri policy or, in the absence
-standard best practices.

e Family Educational Rights and Privacy Act
Gramm-Leach-Bliley Act (GLBA), Payment Card
ederal laws and regulations.

rsity of Missouri's guidelines for application
-sysapp) and sall applicab-4(le)- (p e)- (ple)- (pm)-3(e)- (pn-4(t)1(s)-4( )o-4(pf)2.9()thpe

with MUHC in good faith to maintain compliance with any new and applicable statutory and/or regulatory requirements imposed upon MUHC and/or to improve the security of the application(s)/system(s) in accordance with industry best practices.

In accordance with the University's Data Classification System, MUHC may assess any web page/ application solely for the purpose of determining if any security vulnerabilities exist which could adversely affect the operation, integrity, privacy or security of MUHC's IT assets. Vendor agrees to remediate any vulnerability identified at its own costs.

Detailed Requirements – Insurance and Indemnification

Vendor agrees to maintain Data Breach coverage to cover claims arising out of the negligent acts, errors or omissions
2(U)-4(H)-2 (g)-2.7(m)-8(s)0.6(r (n)-0.9(b)-3(e)-7.06Tw 0 28)0..04mecn(i)5.3()-(f) (t)-3(h)7(m)-8(y (b)-0.9( )0.2 M(t)-9.2 (f)8(t)-32

8

g (n4(6(d)2]0-0.(d)2m)32 . (l)-53bTj0. bTj5-5 (v)-9)-08(b(d)28-1(y)w5/ e-9(8)T-4/.1(9a)-5.2 (9M) (v)- .41e-5ur (o)-1 02)60.8

UM System IdP (ID Providers) Integration Questionnaire

Requestor Contact Information (the University/department contact)

Requestor Name:

Requestor Email Address:

Requestor Phone Number:

Requesting Department Name:

Requesting Business Unit:

External/Third Party Contact Information

Sales Contact Name:

Technical Contact Name:

Company:

Email address:

Service Provider (SP) Information

1.

ATTACHMENT PA

PROPOSAL AGREEMENT

By signing below:

- We have thoroughly examined the Scope of Work, and being familiar with the requirements, hereby agree to furnish all labor, supplies, licenses, and fees to offer the services as stipulated and set forth herein.tgy [illegible] By signing below, the representatives of th

____

- The Proposal is genuine and is not made in the interest of or on behalf of any undisclosed person, firm or corporation, and is not submitted in conformity with any agreement or rules of any group, association or corporation.
- We have not directly or indirectly induced or solicited any other firm to put in a false or sham proposal.
- We have not solicited or induced any person, firm, or corporation to refrain from proposing.
- We have not sought by collusion or otherwise to obtain for themselves any advantage over any other firm or over MUHC.
- We will not discriminate against any employee or applicant for employment because of race, color, national origin, ancestry, sex, religion, disability/handicap, marital status, sexual orientation, or age.

By signing below, the representatives of this firm declare that:

- We received amendment ___ through ___.
- We had an opportunity to inquire about any uncertainties and have a general understanding of the requirements of this project.
- We have carefully prepared this Proposal, and the cost of the services required is accurate.
- All information submitted in this Proposal is correct and it contains no falsified records.

Respectfully submitted by:

Authorized Signature　　　　　　　　Date

Printed Name　　　　　　　　Title

Company Name:	
Mailing Address:	
City, State, Zip:	
Phone No:	**Fed Employer ID No**:
Fax No:	**E-Mail Address**:
Number of calendar days delivery after receipt of order: ______________________________	Payment Terms: _______________________ Note: Net 30 is default. Early pay discounts encouraged.
Select Payment Method: SUA ACH Check	
Type of Business: Individual Partnership Corporation Other: _____________________	
If a corporation, incorporated under the laws of the State of:	
Licensed to do business in the State of Missouri? ____yes _____no	
Maintain a regular place of business in the State of Missouri? _____yes _____no	

RFP 31179

GI Lab Software

Request for Proposals

VOLUME II

Required Submittal

(Financials)

Attachment FW: “Financial Worksheet”

____

ii. ____ $__________________

iii. ____ $__________________

iv. ____ $__________________

v. $____________________

____

ix. ____ $__________________

b. Maintenance & Support Year 2 $__________________

c. Maintenance & Support Year 3 $__________________

d. Maintenance & Support Year 4 $__________________

e. Maintenance & Support Year 5 $__________________